

## IDPH PREVENTION PROGRAM SURVEY

### Administrative Section

1.a. Is this a pre-test or a post-test?	_____ Pre-test	_____ Post-test
b. What program year is this survey for? (For single-year programs, circle "1".)	1	2
2. What month is it?	3	4
3. What day of the month is it?	5	
4. What year is it?	20	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
5. What is your agency/service area?	_____	
6. What is the prevention program?	_____	
7. How long is this program running for this group (in weeks)?	_____ Weeks	
8. What is this program's <u>curriculum</u> level? <i>[Please select the school level that the curriculum being taught to this student is designed for, regardless of what grade this student is in school.]</i>	<input type="checkbox"/> Elementary Curriculum <input type="checkbox"/> Middle School Curriculum <input type="checkbox"/> High School Curriculum	
9. What is the location of implementation? [Numerical Code]	_____	
10. What IOM population category is this program group?	___ Universal	___ Selective
	___ Indicated	

### Demographics

11. What is your current age?	_____ 11 or younger	_____ 14	_____ 17
	_____ 12	_____ 15	_____ 18
	_____ 13	_____ 16	_____ 19 or older
12. What grade are you in?	_____ 5 <sup>th</sup>	_____ 8 <sup>th</sup>	_____ 11 <sup>th</sup>
	_____ 6 <sup>th</sup>	_____ 9 <sup>th</sup>	_____ 12 <sup>th</sup>
	_____ 7 <sup>th</sup>	_____ 10 <sup>th</sup>	_____ Not in School
13. Are you a male (boy) or a female (girl)?	_____ Male (Boy)	_____ Female (Girl)	
14. Are you Hispanic or Latino?	_____ Yes	_____ No	

15. Which of the following best describes you? (please choose one)

White

Black/African American

American Indian/Alaska Native

Asian

Native Hawaiian/Other Pacific Islander

Another single race

Multiple races (More than one race)

## My Beliefs and Attitudes

**How wrong would most of the students in your school (not just your best friends) feel it would be for you to:**

16. Drink beer, wine, alcoholic drinks, or hard liquor (for example: vodka, whiskey, rum, tequila, gin)?

Very wrong

Wrong

A little wrong

Not wrong at all

17. Smoke cigarettes?

Very wrong

Wrong

A little wrong

Not wrong at all

18. Smoke Marijuana?

Very wrong

Wrong

A little wrong

Not wrong at all

19. Use any illegal drug other than alcohol, cigarettes, or marijuana?

Very wrong

Wrong

A little wrong

Not wrong at all

20. Use prescription drugs that were not prescribed for you?

Very wrong

Wrong

A little wrong

Not wrong at all

21. Use prescription drugs that were prescribed to you but in a way other than the directions?

Very wrong

Wrong

A little wrong

Not wrong at all

22. Use over-the-counter medications different from the directions?

Very wrong

Wrong

A little wrong

Not wrong at all

23. Gamble, which means betting or risking money or something of value to win or gain money or something else of value?

Very wrong

Wrong

A little wrong

Not wrong at all

**How much do you think you risk harming yourself (physically, emotionally, socially, etc.) if you:**

24. Drink 5 or more drinks (glasses, bottles, or cans of beer; glasses of wine, liquor, mixed drinks) within a couple of hours, more than once a week?

No risk

Slight risk

Moderate risk

Great risk

25. Smoke marijuana more than once a week?

No risk

Slight risk

Moderate risk

Great risk

26. Smoke cigarettes every day?

No risk

Slight risk

Moderate risk

Great risk

27. Used e-cigarettes (vape-pens, JUUL, hookah-pens, e-hookahs, e-cigars, e-pipes, personal vaporizers, or mods) every day?

No risk

Slight risk

Moderate risk

Great risk

28. Use any other illegal drug (other than alcohol, cigarettes, or marijuana) once a week?

No risk

Slight risk

Moderate risk

Great risk

29. Use medication prescribed for someone else?

No risk

Slight risk

Moderate risk

Great risk

30. Use over the counter medications different from the directions?

No risk     Slight risk     Moderate risk     Great risk

31. Gamble (which means betting or risking money or something of value to win or gain money or something else of value) once a week?

No risk     Slight risk     Moderate risk     Great risk

### My Experiences

**(For the Pre-Test) In the past 30 days, have you:**

**(For the Post-Test) In the past 30 days, or since you started the program – whichever is a shorter time – have you:**

32. Had at least one drink of alcohol (glass, bottle or can of beer; glass of wine, liquor or mixed drink)?

Yes     No

33. Had 5 or more drinks of alcohol (glasses, bottles or cans of beer; glasses of wine, liquor, mixed drinks) in a row, that is within a couple of hours?

Yes     No

34. Smoked or used tobacco products including cigarettes, cigars, smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco, snus), cigarillos, etc.?

Yes     No

35. Used e-cigarettes (vape-pens, JUUL, hookah-pens, e-hookahs, e-cigars, e-pipes, personal vaporizers or mods)

Yes     No

36. Used marijuana (pot, grass, hash, bud, weed)?

Yes     No

37. Taken any other illegal drug (like cocaine, methamphetamines, barbiturates, heroin, hallucinogens)?

Yes     No

38. Used prescription medications that were not prescribed for you by your doctor?

Yes     No

39. Used over the counter medications different from the directions?

Yes     No

**For the purpose of the following questions, “gambling” means betting or risking money or something of value to win or gain money or something else of value. This could be playing cards or dice for money, betting on games of skill or sports games, playing Fantasy Sports (including Daily Fantasy Sports) or other Internet or smartphone application based gaming (including in-game and in-app purchases), etc.**

40. Gambled?

0 Days     6-9 Days  
 1-2 Days     10-19 Days  
 3-5 Days     20+ Days

41. Played a video game or cell phone application (“Fortnite”, “Clash Royale”, “Roblox”, “Candy Crush Saga”, and “Harry Potter”) where money was exchanged to play?

Yes     No

42. Felt guilty about how much money you have lost gambling/betting?

Yes     No

43. Felt bad about the way you gamble/bet or what happens when you gamble/bet?

Yes     No

44. Have your family or friends complained that you gamble/bet too much?

Yes     No

**During the past 12 months, have you:**

45. Talked with at least one of your parents about the dangers of tobacco, alcohol, drug use, or gambling? Parents include biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.

Yes     No