

IDPH PREVENTION PROGRAM SURVEY

Administrative Section (for facilitator to complete)

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". For multi-year programs, circle the year of the program.)	1	2
	3	4
	5	
2. What month is it?	_____	
3. What day of the month is it?	_____	
4. What year is it?	20 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" 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?	_____ Elementary Curriculum	
<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>	_____ Middle School Curriculum	
	_____ 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 (for student to complete)

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 th	_____ 8 th	_____ 11 th
	_____ 6 th	_____ 9 th	_____ 12 th
	_____ 7 th	_____ 10 th	_____ 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

Thank you!