

**IDPH PREVENTION PROGRAM SURVEY
FOR YOUNGER YOUTH (4TH – 5TH GRADES)**

**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.)	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
2. What month is it?	_____
3. What day of the month is it?	_____
4. What year is it?	20 <input type="text"/> <input 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
9. What is the location of implementation? [Numerical Code]	_____
10. What IOM population category is this program group?	_____ Universal _____ Selective _____ Indicated

**Demographics
(for facilitator or student to complete)**

11. How old are you?	_____ 8 or younger	_____ 10
	_____ 9	_____ 11 or older
12. What grade are you in?	_____ 4 th grade	_____ 6 th grade
	_____ 5 th grade	(booster sessions only)
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
(for student to complete)**

How wrong do you think it is for someone your age to:

(Please circle the answer you want to give.)

16. Drink beer, wine or liquor (alcohol) regularly?	Very Wrong	A Little Wrong	Not Wrong at All
17. Smoke cigarettes?	Very Wrong	A Little Wrong	Not Wrong at All
18. Smoke marijuana?	Very Wrong	A Little Wrong	Not Wrong at All
19. Use any illegal drug other than alcohol, cigarettes, or marijuana?	Very Wrong	A Little Wrong	Not Wrong at All
20. Gamble, which means betting money or something of value in order to win money or something else of value?	Very Wrong	A Little Wrong	Not Wrong at All

How much do you think someone

might hurt himself or herself if he or she: (Please circle the answer you want to give.)

21. Drinks 3 or more drinks (glasses of wine, liquor or mixed drinks, cans or bottles of beer) of alcohol nearly every day?	None	A Little Bit	A Lot
22. Smokes cigarettes every day?	None	A Little Bit	A Lot
23. Smokes marijuana once a week?	None	A Little Bit	A Lot
24. Uses any other illegal drug (other than alcohol, cigarettes, or marijuana) once a week?	None	A Little Bit	A Lot
25. Gambles (which means betting money or something of value in order to win money or something else of value) once a week?	None	A Little Bit	A Lot

**My Experiences
(for student to complete)**

26. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, drug use, or gambling? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you. (Please circle the answer you want to give.)

Yes

No

Thank you!