

# Texas State Incentive Program

## Strategies for Success

### Questionnaire

SURVEY ADMINISTRATOR:  
TO SAFEGUARD THE PARTICIPANT'S  
CONFIDENTIALITY, PLEASE REMOVE THIS  
TRACKING INFORMATION PAGE  
***BEFORE*** HANDING THIS  
QUESTIONNAIRE TO PARTICIPANT,  
AND RETAIN THIS PAGE FOR YOUR RECORDS

NAME: \_\_\_\_\_  
(First name & Last name)

–  –   
Coalition ID                  Site ID                  Participant ID

Date of administration:  –  –   
Month                          Day                          Year

Survey Version:

- 1 Baseline
- 2 Posttest
- 3 Follow-up 1
- 4 Follow-up 2
- 5 Follow-up 3
- 6 Follow-up 4
- 7 Follow-up: specify: \_\_\_\_\_

# Texas State Incentive Program

## Strategies for Success

### COVER PAGE

Do not write in this box. For office use only.

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Coalition ID

Site ID

Participant ID

Date of administration:  –  –   
Month Day Year

(Circle appropriate number)

Language of administration: 1 English  
2 Spanish  
3 Other, Specify \_\_\_\_\_

Location of administration: 1 School  
2 Home  
3 Program/evaluation office  
4 Other, Specify \_\_\_\_\_

Type of administration: 1 Individual  
2 Group

Survey Version: 1 Baseline  
2 Posttest  
3 Follow-up 1  
4 Follow-up 2  
5 Follow-up 3  
6 Follow-up 4  
7 Follow-up: specify: \_\_\_\_\_

Name of Control Group: \_\_\_\_\_

Name of Prevention Program: \_\_\_\_\_

Important note: If this is a Posttest or Follow-up, be sure to include the exact same ID# as in the Baseline survey, then begin with question 6.

*Remember-- this is not a test. It is a survey. There is no right or wrong answer to any question. Please answer as honestly and thoughtfully as you can. If you don't feel comfortable answering a question, please skip that question and continue with the next. Your answers are confidential. Nowhere on the survey will you write your name. Before you begin, check that the cover sheet with your name has been removed.*

*Thank you for your participation.*

**Tell us about YOU. Please read each question carefully. Circle or write the answer that best describes you.**

1. Are you male or female? (circle)                      Male                      Female

2. When were you born? \_\_\_ \_\_\_ (Month) / \_\_\_ \_\_\_ (Day) / \_\_\_ \_\_\_ \_\_\_ \_\_\_ (Year)

3. Was your mother born in the United States?

No      Yes      **If No**, where was she born? \_\_\_\_\_ (country)

4. Was your father born in the United States?

No      Yes      **If No**, where was he born? \_\_\_\_\_ (country)

5. Did you grow up in a home where a language other than English was spoken most of the time?

No                      Yes      **If Yes**, what language was spoken in your home? \_\_\_\_\_

6. How old are you? \_\_\_\_\_ (fill in)

7. What grade are you in right now? (circle)

6<sup>th</sup> grade      7<sup>th</sup> grade      8<sup>th</sup> grade      9<sup>th</sup> grade                      10<sup>th</sup> grade  
11<sup>th</sup> grade      12<sup>th</sup> grade      Not in school      Other: \_\_\_\_\_

8. Were you born in the United States?

No      Yes      **If No**, Where were you born? \_\_\_\_\_  
**If No**, how many years have you been in this country? \_\_\_\_\_

9. How many times have you moved in the last 12 months? \_\_\_\_\_ (number of times)

<p>10. How would you best describe yourself? What do you call yourself? (<u>Circle all that apply.</u>)</p> <p>a. "White"/ Anglo Saxon (non Hispanic)</p> <p>b. "Black or African American" (non Hispanic)</p> <p>c. "Asian / Asian American"</p> <p>d. "American Indian "</p> <p>e. "Hispanic" / Latino</p> <p>f. "Mexican/Mexican American/Chicano"</p> <p>g. "Central American" (specify country: _____)</p> <p>h. Other: specify _____</p>	<p>11. With whom are you currently living? (<u>Circle all that apply.</u>)</p> <p>a. Mother</p> <p>b. Father</p> <p>c. Stepmother</p> <p>d. Stepfather</p> <p>e. Foster parent(s)</p> <p>f. Grandparent(s)</p> <p>g. Other adult relative(s) (such as aunts, uncles, or cousins)</p> <p>h. Other: specify _____</p>
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**The next questions ask about young people's use of substances IN THE LAST 30 DAYS—  
"occasions" and "how frequently" means how many times you have done something.  
Read each question carefully and circle the answer that best describes your opinion.**

**12. How frequently have you smoked cigarettes during the past 30 days?**

- 0 Not at all
- 1 Less than one cigarette per day
- 2 One to five cigarettes per day
- 3 About one-half pack per day
- 4 About one pack per day
- 5 About one and one-half packs per day
- 6 Two packs or more per day

**13. How often have you taken smokeless tobacco during the past 30 days?**

- 0 Not at all
- 1 Once or twice
- 2 Once or twice per week
- 3 Three to five times per week
- 4 About once a day
- 5 More than once a day

**14. To be more precise, during the past 30 days about how many cigarettes have you smoked per day?**

- 0 None
- 1 Less than 1 per day
- 2 1 to 2
- 3 3 to 7
- 4 8 to 12
- 5 13 to 17
- 6 18 to 22
- 7 23 to 27
- 8 28 to 32
- 9 33 to 37
- 10 38 or more

**15. During the LAST MONTH, about how many marijuana cigarettes (joints, reefers), or the equivalent, did you smoke a day, on average?**

- 0 None
- 1 Less than one a day
- 2 1 a day
- 3 2 to 3 a day
- 4 4 to 6 a day
- 5 7 to 10 a day
- 6 11 or more a day

**WHAT IS IT?**

- "Alcoholic beverage" are beer, wine, wine coolers, and liquor.
- "Malt liquor" like Colt 45 and Zima is a type of beer.
- "smokeless tobacco" is also known as chewing tobacco, or "snuff"

16. On how many occasions during the last 30 days have you had alcoholic beverages to drink (more than just a few sips)?

- 0 0 occasions
- 1 1 to 2 occasions
- 2 3 to 5 occasions
- 3 6 to 9 occasions
- 4 10 to 19 occasions
- 5 20 to 39 occasions
- 6 40 or more occasions

17. On how many occasions during the last 30 days (if any) have you . . .  
(circle an answer for each question a, b, and c in the table below)

	Number of occasions (Number of times)							
a. . . . been drunk or very high from drinking alcoholic beverages?	0	1-2	3-5	6-9	10-19	20-39	40+	
b. . . . used marijuana (grass, pot) or hashish (hash, hash oil)?	0	1-2	3-5	6-9	10-19	20-39	40 +	
c. . . . sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays to get high?	0	1-2	3-5	6-9	10-19	20-39	40 +	

**WHAT IS IT?**

- "Tranquilizers" are used for panic attacks, and severe anxiety; these include Librium, Valium, and Xanax.
- "Barbiturates" help people with anxiety, tension and sleep problems; these include the barbitals like Nembutal.
- "Amphetamines" help people lose weight, give them energy; sometimes called "uppers"

18. On how many occasions (if any) have you \_\_\_\_\_ on your own that is, without a doctor telling you to take them...during the last 30 days? (circle an answer for each question a- d in the table below)

	Number of occasions (Number of times)							
a. taken tranquilizers	0	1-2	3-5	6-9	10-19	20-39	40+	
b. taken barbiturates	0	1-2	3-5	6-9	10-19	20-39	40 +	
c. taken amphetamines	0	1-2	3-5	6-9	10-19	20-39	40 +	
d. taken narcotics other than heroin	0	1-2	3-5	6-9	10-19	20-39	40 +	

19. On how many occasions (if any) during the last 30 days have you . . .

	Number of occasions							
a. . . .taken LSD ("acid")?	0	1-2	3-5	6-9	10-19	20-39	40+	
b. . . .taken amphetamines on your own that is, without a doctor telling you to take them?	0	1-2	3-5	6-9	10-19	20-39	40 +	
c. . . .taken crack (cocaine in chunk or rock form)?	0	1-2	3-5	6-9	10-19	20-39	40 +	
d. . . .taken cocaine in any other form (like cocaine powder)?	0	1-2	3-5	6-9	10-19	20-39	40 +	
e. . . .used levaniil (cosma)?	0	1-2	3-5	6-9	10-19	20-39	40 +	

20. On how many occasions (if any) have you \_\_\_\_ during the last 30 days? (circle an answer for a-d below)

	Number of occasions							
	0	1-2	3-5	6-9	10-19	20-39	40+	
a. smoked (or inhaled the fumes of) crystal meth (ice)	0	1-2	3-5	6-9	10-19	20-39	40+	
b. used heroin	0	1-2	3-5	6-9	10-19	20-39	40+	
c. used MDMA (ecstasy)	0	1-2	3-5	6-9	10-19	20-39	40+	
d. used Rohypnol (nophies, roofies)	0	1-2	3-5	6-9	10-19	20-39	40+	

21. During the last 30 days, on how many occasions (if any) have you used . . .

	Number of occasions							
	0	1-2	3-5	6-9	10-19	20-39	40+	
a. . . GHB (liquid G, grievous bodily harm)?	0	1-2	3-5	6-9	10-19	20-39	40+	
b. . . Ketamine (special K, super K)?	0	1-2	3-5	6-9	10-19	20-39	40+	

Now we ask about YOUR FEELINGS. Read each question carefully. Circle a number that best describes your opinion to answer each question (answer all questions in each table).

22. How wrong do you think it is for someone your age ... (circle a number for each question a-e in the table below)

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. to take a handgun to school?	1	2	3	4
b. to steal anything worth more than \$5?	1	2	3	4
c. to pick a fight with someone?	1	2	3	4
d. to attack someone with the idea of seriously hurting them?	1	2	3	4
e. to stay away from school all day when their parents think they are at school?	1	2	3	4

23. How wrong do you think it is for someone your age ... (circle a number for each question a-d in the table below)

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. to drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?	1	2	3	4
b. to smoke cigarettes?	1	2	3	4
c. to smoke marijuana?	1	2	3	4
d. to use LSD, cocaine, amphetamines or another illegal drug?	1	2	3	4

24. How much do you think people risk harming themselves (physically or in other ways) if they...

	No risk	Slight risk	Moderate risk	Great risk	CAN'T SAY/DRUG UNFAMILIAR (data entry: =5)
a. Smoke one or more packs of cigarettes per day?	1	2	3	4	<input type="checkbox"/>
b. Try marijuana once or twice?	1	2	3	4	<input type="checkbox"/>
c. Smoke marijuana regularly?	1	2	3	4	<input type="checkbox"/>
d. Take one or two drinks nearly every day?	1	2	3	4	<input type="checkbox"/>
e. Have five or more drinks once or twice each weekend?	1	2	3	4	<input type="checkbox"/>
f. Smoke one or more packs of cigarettes per day?	1	2	3	4	<input type="checkbox"/>

25. How many of your closest friends do you think have \_\_\_\_\_ during the past 30 days?  
(circle a number for each question a-d in the table below)

	All of them	Most of them	Some of them	None of them
a. used marijuana	1	2	3	4
b. been drunk	1	2	3	4
c. had some kind of alcoholic beverage	1	2	3	4
d. used a drug like cocaine or heroin	1	2	3	4

26. How do you think your closest friends feel about these statements?

	They would strongly agree	They would agree	They would disagree	They would strongly disagree
a. People who use drugs are stupid.	1	2	3	4
b. It is cool to get drunk.	1	2	3	4

27. What would your best friends think if you...

	They would Be angry	They would Be a little upset	They wouldn't care one way or the other	They would Accept me	They would be glad
a. tried using marijuana?	1	2	3	4	5
b. got drunk once in a while?	1	2	3	4	5

28. How hard or easy is it for you to get along with other people?

	Very easy	Pretty easy	Pretty hard	Very hard
28. How hard or easy is it for you to get along with other people?	1	2	3	4

29. Please circle the answer that best describes your opinion.

	Never	Sometimes, but not often	Often	All the time
a. How often do you stop to think about your options before you make a decision?	1	2	3	4
b. How often do you stop to think about how your decisions may affect others' feelings?	1	2	3	4
c. How often do you stop and think about all of the things that may happen as a result of your decisions?	1	2	3	4
d. I make good decisions	1	2	3	4

30. Please circle the answer that best describes your opinion.

	True	Maybe	False
a. It is clear to my friends that I am committed to living a drug-free life.	1	2	3
b. I have made a final decision to stay away from marijuana.	1	2	3
c. I have decided that I will smoke cigarettes.	1	2	3
d. I plan to get drunk sometime in the next year.	1	2	3

The next few questions ask about YOUR FAMILY and PARENTS. Read each question carefully and circle the response that best describes your opinion.

Remember, you don't have to answer any question that makes you feel uncomfortable

31. Please circle the answer that best describes your opinion.

	Never	Sometimes	Usually	Always
a. My parents ask if I've gotten my homework done.	1	2	3	4
b. My parents want me to call if I'm going to be late getting home.	1	2	3	4
c. Would your parents know if you did not come home on time?	1	2	3	4
d. When I am not at home, one of my parents knows where I am & who I am with	1	2	3	4
e. The rules in my family are clear.	1	2	3	4
f. My family has clear rules about alcohol and drug abuse.	1	2	3	4

This section asks you to describe your relationship with the person who is most responsible for raising you. This may be your mother, stepmother or foster mother; or your father, stepfather or foster father

32. Please circle the answer that best describes your opinion.

	NO	YES
a. Do you get along well with your mother/father (person most involved in raising you)?	0	1
b. Do you feel safe with your mother/father (person most involved in raising you)?	0	1
c. Do you have respect for your mother/father (person most involved in raising you)?	0	1
d. Does your mother/father (person most involved in raising you) usually know who you are with when you are away from home?	0	1
e. Do you have a curfew or set time to be home on school nights?	0	1

33. How do your parents feel about kids your age...

	Strongly disapprove	Mildly disapprove	Neither approve nor disapprove	Mildly approve	Strongly approve	DON'T KNOW (data entry: =6)
a. smoking cigarettes?	1	2	3	4	5	<input type="checkbox"/>
b. drinking beer?	1	2	3	4	5	<input type="checkbox"/>
c. using marijuana?	1	2	3	4	5	<input type="checkbox"/>

The next few questions ask about YOUR SCHOOL. Read each question carefully and circle the response that best describes your opinion.

34. Do you regularly participate in the following types of extra curricular activities?	NO	YES
a. Athletics	0	1
b. Band/Orchestra	0	1
c. Choir	0	1
d. Drama/Speech	0	1
e. Drill Team/Cheerleader	0	1
f. Student Government	0	1
g. Student Newspaper or Yearbook	0	1
h. Academic Clubs or Societies (math, science, foreign language, etc.)	0	1
i. Service Clubs (e.g., Key Club, Scouts)	0	1
j. VOE/DE/Work-Study	0	1
k. other clubs	0	1

35. IN THE PAST MONTH, on how many DAYS have you...	None	1-3 Days	4-9 days	10+ days
a. Missed a whole day of school because you "skipped" or "cut"?	1	2	3	4
b. Missed a whole day of school because you were ill?	1	2	3	4
c. Missed a whole day for some other reason?	1	2	3	4
d. Been sent by a teacher to someone like the principal, Dean, or Guidance Counselor because of your conduct or attitude?	1	2	3	4
e. Had someone from your home be called to school because of your conduct or attitude?	1	2	3	4

36. If you had a drug or alcohol problem and needed help, would you go to...	NO	YES
a. A counselor or program in school?	0	1
b. Another adult in school (such as a nurse or teacher)?	0	1
c. A counselor or program outside of school?	0	1
d. Your parents?	0	1
e. A medical doctor?	0	1
f. Your friends?	0	1
g. Another adult (such as relative, clergyman, or other family friend)?	0	1
h. I wouldn't go to anyone	0	1

The next few questions ask about **YOUR COMMUNITY**. Read each question carefully and circle the response that best describes your opinion.

37. If you wanted some, how difficult would it be to get. . .

	NEVER HEARD OF IT (data entry: =1)	Impossible	Very difficult	Somewhat Difficult	Somewhat easy	Very easy
a. Cigarettes?	<input type="checkbox"/>	2	3	4	5	6
b. Smokeless Tobacco?	<input type="checkbox"/>	2	3	4	5	6
c. Beer?	<input type="checkbox"/>	2	3	4	5	6
d. Wine Coolers?	<input type="checkbox"/>	2	3	4	5	6
e. Wine?	<input type="checkbox"/>	2	3	4	5	6
f. Liquor?	<input type="checkbox"/>	2	3	4	5	6
g. Inhalants (whiteout, glue, gas, etc.)?	<input type="checkbox"/>	2	3	4	5	6
h. Marijuana?	<input type="checkbox"/>	2	3	4	5	6
i. Cocaine (not crack)?	<input type="checkbox"/>	2	3	4	5	6
j. Crack?	<input type="checkbox"/>	2	3	4	5	6
k. Cosma?	<input type="checkbox"/>	2	3	4	5	6
l. Hallucinogens (LSD, PCP, etc.)?	<input type="checkbox"/>	2	3	4	5	6
m. Uppers?	<input type="checkbox"/>	2	3	4	5	6
n. Downers?	<input type="checkbox"/>	2	3	4	5	6
o. Rohypnol (roches, roofies, etc.)?	<input type="checkbox"/>	2	3	4	5	6
p. Steroids?	<input type="checkbox"/>	2	3	4	5	6

38. How safe do you feel when you are. . .

	Very safe	Somewhat safe	Not very safe	Not safe at all	DON'T KNOW (data entry: =5)
a. in your home?	1	2	3	4	<input type="checkbox"/>
b. Out in your neighborhood?	1	2	3	4	<input type="checkbox"/>
c. at school?	1	2	3	4	<input type="checkbox"/>

***You're done! Thanks again!! Please check that you've answered all the questions that you wanted to; that you didn't accidentally skip any. Please be sure you answered all the drug use questions (p. 3-5) that you had planned to answer.***

**GIVE YOUR SURVEY TO THE PERSON IN CHARGE**