

**Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
Data Coordination and Consolidation Center**

Methamphetamine Use Prevention Initiative

Youth Survey Administration Guide

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I. Overview

The Center for Substance Abuse Prevention's (CSAP) National Methamphetamine Prevention Initiative supports an array of activities to help grantees build a solid foundation for delivering and sustaining effective substance abuse prevention and related services. While grantees have substantial flexibility in designing their own grant activities, all are required to base their project on the five steps of SAMHSA's Strategic Prevention Framework (SPF). Grantees must also conduct an on-going evaluation study of their projects, assessing program effectiveness through common survey instruments (Surveys). These Surveys are available online at <https://www.csapdccc-csams.samhsa.gov/>. They include measures used for Federal reporting to meet the requirements of the Performance Assessment Rating Tool (PART) and SAMHSA's National Outcome Measures (NOMS).

Design of Your Program Evaluation Study

All grantees are required to collect data for evaluating the outcome of each intervention program implemented using CSAP funds. The minimum data collection requirement includes the following:

- 1. A Baseline Survey.** The first data collection round you must conduct is a survey of program participants *before* they start the program. It establishes a *baseline* by gathering information about their attitudes and behaviors going into the program. Baseline data collection must be conducted before the participant has been exposed to any intervention services and can be conducted any time during the 30 days preceding program entry. This data collection will use the standard **Youth or Adult Surveys** developed for the National Methamphetamine Initiative.
- 2. An Exit Survey.** The second data collection round required is a survey of program participants *after* they have completed the program, to provide information about their attitudes and behaviors at program exit. Comparing baseline and exit survey results allows us to assess the program's effect. The exit survey must be administered after the participant has completed the entire program but no later than 10 days after program completion. The **Youth or Adult Exit Surveys** must be used at this second data collection point.
- 3. A Followup Survey.** Third, you must conduct a *followup* survey of program participants at least three months after program exit to provide information about how program results have held up over time. Most CSAP grantee sites schedule their followup surveys three to six months after program completion. The followup schedule should be established at the program planning stage and followup surveys should be conducted within 30 days of the scheduled followup date. The **Youth or Adult Followup Surveys** must be used at this third data collection point.

Additional local evaluation instruments may be administered in conjunction with, but not instead of, CSAP's standard instruments.

Although optional, some grantee sites include a **comparison or control group** in their study design. This group consists of individuals similar to the typical program participant in terms of demographics and other program-relevant characteristics but who do not participate in the program being evaluated. The Baseline, Exit, and Followup surveys are administered to this

group at roughly the same times as the program participants (the intervention group). Study designs including comparison/control groups provide a more rigorous assessment of program effectiveness.

Age-Appropriate Data Collection

Adults and youth have different experiences and prevention needs. CSAP therefore provides two versions of the standard instrument, one for Youth and one for Adults. The Adult and Youth instruments have some shared items, though these may have subtle wording differences depending on the target age group. In addition, there are some youth-only and adult-only questions. *To get good quality data, it is important to administer the appropriate Survey to each age group.*

- The **Youth Survey** should be administered to program participants ages 12-17.
- The **Adult Survey** should be administered to participants 18 years old or older.

Participants who are 12 to 17 years old at the time they take the Survey (that is, before they start the program) should be given the Youth Survey. Participants who are 18 years old or older at baseline should be given the Adult Baseline Survey. **It is important to keep in mind that all participants who were given the Youth Survey at baseline should also be given the Youth Survey at exit and followup, even if some are 18 years old or older by the time of the Exit or Followup Surveys.**

Translation of Survey Instruments

The common Surveys are available in English *only* at this time. Grantees with specific language needs should contact their CSAP Project Officer to discuss these needs. Grantees who choose to translate the standard Surveys and instructions locally should submit a copy of each translated instrument to CSAP's Data Coordination and Consolidation Center using one of the submission methods discussed below.

How to Use the CSAMS Web Site

Finding Forms, Surveys, and other Documents. The CSAP Services Accountability & Monitoring System (CSAMS) Web site (<https://www.csapdccc-csams.samhsa.gov/>) is accessible to all grantees and provides prevention information, data collection tools, documents, data entry and upload functions, data reports, and tracking. All of the Methamphetamine Cohort 3 data collection instruments and supporting documentation are available for download in the "Tools" section of this Web site, in both Microsoft Word and PDF formats. Grant sites can download and make copies of the instruments for administration to program participants.

Entering Your Data Online. In addition to being able to download these documents, you can use the Web site to enter your data online and submit it to CSAP. There are two basic options: You can **either** 1) Transmit your data from your completed paper instruments by entering them directly online, which allows CSAP's Data Coordination and Consolidation Center (CSAP-DCCC) to code and clean it for you; **or** 2) Upload your self-prepared and coded data files, making use of the Codebooks provided on the CSAMS Web site to guide you.

These two options are described in more detail below:

Option 1: Enter your data online directly from your completed Surveys (This is the recommended option.).

This option, which utilizes CSAMS's online data entry functionality, allows grantees to submit their data to CSAP without the need for special data preparation or staff with any data processing skills. **Grantees are strongly encouraged to make use of this Web-based facility.**

To use this option:

- Go to <https://www.csapdccc-csams.samhsa.gov/> and log in, using the login and password information provided to you from CSAP.
- Click on the "Data Entry" tab at the top of the page.
- Select "Enter My Data Online." The system will automatically guide you through the steps of transferring the data from completed Surveys directly to CSAP-DCCC.

Option 2: Upload your complete, self-prepared and self-coded databases (also called data files) to CSAP-DCCC. (This option should be used only by skilled and experienced data personnel.)

This option requires careful data preparation steps following standard data coding and variable naming rules established by CSAP. These rules are described in detail in the Codebooks associated with each standard instrument and available for download in the "Tools" section of CSAMS.

To use this option:

Once you have constructed a data file following the Codebook instructions, you may submit it to CSAP-DCCC as follows:

- Go to <https://www.csapdccc-csams.samhsa.gov/> and log in, using the login and password information provided to you from CSAP.
- Click on the "Data Entry" tab at the top of the page.
- Select "Send my files to CSAP."
- Select **either** "Upload a file from my computer to CSAP" **or**, "Send an e-mail with a file attached."

Uploaded or e-mailed data files must follow DCCC's standard rules and conventions for data file preparation, as described in the Codebooks. Data files that do not conform to these standard conventions cannot be processed by the DCCC. CSAP designs separate coding rules for each major grant initiative and coding rules may vary from one cohort to another *within* a grant initiative. Grantees selecting the data preparation and upload/e-mail option should therefore make sure that they are using the Codebooks specifically designed for their cohort.

Grantees should submit all of the data collected using the standard Surveys to CSAP-DCCC, *including all available survey records for participants who failed to take one or more of the scheduled surveys.*

DCCC will periodically extract and clean the data records that you have entered into CSAMS. Once they have completed this process, you as a grantee may access the cleaned files in order to meet your local data analysis and reporting needs. CSAP's data extraction and cleaning process typically takes several months. *If you need to start your data analysis before your*

cleaned data are available from CSAP, the data you submit online can be extracted from the Web-based tool in Excel format with variable names in the first row. The numeric codes in the extracted spreadsheet can then be matched to the corresponding response options using the Codebook associated with the Survey you used to collect the data.

Questions regarding the use of the standard instruments or data submissions to the DCCC should be directed to the CSAMS Technical Assistance Hotline, by telephoning **(240) 223-3002** or **(877) 654-6740** Mondays through Fridays, from 9am to 6pm Eastern Standard Time. Questions or requests for technical assistance can also be e-mailed to the Hotline either by going to the CSAMS "Contact Us" page or sending an email to csapdcc-csamshelp@samhsa.gov.

II. General Administration Guidelines

The success of your data collection depends on careful preparation. This section provides general guidelines to help you plan and carry out your data activities; you should work out detailed arrangements within the context of your own local program. Major issues concerning the administration of the instruments (e.g., which version to use, targeted group size, the use of translated versions, etc.), will be determined by your local evaluation team in consultation with your assigned CSAP Project Officer.

Guideline: Develop a Storage System

Over the life of this initiative, each grantee will be collecting information that must be documented and organized. Each local evaluation team or the person responsible for data management will be required to store

- 1) completed Surveys until they are entered online or coded and assembled into a data file for upload or e-mail transmission to DCCC via the CSAMS Web site.
- 2) consent forms, and
- 3) tracking forms for each of the participants (intervention and comparison/control) in the study.

Set up your filing and storage system *before* you start to collect data.

Guideline: Maintain a Participant Roster

In order to track participants through the program and the data collection points, it is necessary to maintain a Roster of participant contact information including their unique ID numbers (discussed below). It is crucial that this or any other documents linking participants' names to their ID numbers are kept in a locked cabinet and access is limited to a minimum number of senior project staff. Completed Surveys should never be stored in the same place with the Roster or any other documents linking ID numbers to participants' identity. These measures are essential for preserving the privacy and confidentiality of the data.

Guideline: Choose an Impartial Evaluator to Administer the Surveys

CSAP strongly recommends that the evaluator and/or evaluation staff administer the Surveys. If there are compelling reasons why the evaluator or evaluation staff cannot administer the Surveys, then only program staff who are not service providers for those taking the survey should be involved. Program staff who participate in the administration should be trained by the local evaluator or program evaluation staff. Case managers or other program staff who work closely with a group of participants should not administer Surveys to that group. For actual administration, a program staff person should be onsite to introduce the evaluation staff (or other qualified individuals) who will be administering the Survey. The program staff member may then leave the room and come back later to talk to participants and conduct the debriefing.

Guideline: Arrange for a Time and Place of Administration

Develop a clear understanding with program staff concerning the time and place of

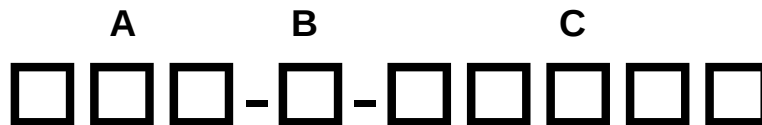
administration for the standard Surveys well ahead of time for both the intervention/treatment and the comparison/control group (if used). The room where the survey is conducted should have adequate seating to accommodate the group(s) being tested, have adequate lighting and ventilation, and the seating should be spaced to ensure privacy.

Guideline: Familiarize Yourself with the Survey

It is critical that the survey administrator be familiar with the Survey prior to administering it to participants. Carefully study the Survey until you become familiar with the wording of all items. Relate the different parts of the Survey to the item structure (outlined in Section V: Review of Survey Items) for an understanding of the purpose of each set of items. The administrator should be prepared to answer questions from Respondents regarding the Survey items.

Guideline: Assign Individual Identification Numbers

Assign an identification number to each study participant in both the intervention/treatment and control/comparison groups (if used). A nine- (9-) digit unique identification number (ID) is used on the forms in order to track the responses of program participants over time and across grantee sites. Each participant’s name and unique 9-digit ID should be written on the face (cover) sheet of the survey and the same 9-digit ID entered on page 2 of the instrument. This should be completed by the Administrator prior to handing the instrument to the participant. Participant names must not be written on any other page but the face (cover) sheet. The 9-digit ID has the following components:



- Grantee Site Identifier (Field A): Each grantee has been assigned a site identification number by CSAP. The site identification numbers range from 301 to 310. Each grantee’s identifier is a constant. Refer to Table 1 on the following page for your grantee site identifier.
- Treatment/Comparison Group Type (Field B): This field indicates whether the Respondent is receiving the intervention (coded as “1”) or is a control or comparison group member (coded as “2”).
- Individual Participant Identifier (Field C): This 5 digit number serves as the unique Individual Identifier for each program participant. The unique identifier is assigned by the Program Administrator or Project Director at the grantee site. This should be a **numeric value** (not alphanumeric) and each 5-digit combination should be unique to each individual participant. The 5-digit numbers can range from 00001 to 99999. Programs with multiple service locations may want to consider assigning a range of individual identifiers to each location to allow for easy identification of a participant’s service location. For example, one location could be assigned numbers 10000 to 19999, numbers 20000 to 29999 to a second location, and so forth.

Example: A program participant might have the following ID number:

301-1-13543.

The number tells us that this person received intervention services provided by site 301 (Field A=301), that the participant is a member of the intervention group (Field B=1), and that s/he was assigned the unique 5-digit numeric combination 13543 by the grantee site's Program Director.

Table 1
Grantee Identification Numbers for Meth Cohort III Grantees

Site ID	Grant ID	Grantee
301	SP14008-01	University of Washington
302	SP14018-01	Colorado State Judicial Branch/State Court Administrator
303	SP14042-01	Centerstone Community Mental Health Centers, Inc.
304	SP14050-01	Cherokee Nation
305	SP14085-01	Native American Rehabilitation Association of the Northwest, Inc.
306	SP14088-01	Ridgeview Psychiatric Hospital and Center, Inc.
307	SP14100-01	Oklahoma Department of Mental Health and Substance Abuse Services
308	SP14113-01	Cra-Wa-La Volunteers in Probation, Inc.
309	SP14142-01	Fenway Community Health
310	SP14156-01	San Antonio Fighting Back, Inc.

III. Survey Administration Procedures

This section goes into more detail, outlining specific procedures for administering the standard Surveys.

Administration Staff

As mentioned in the Guidelines, CSAP strongly recommends that the local evaluator and/or evaluation staff administer all standard Surveys. If the evaluation staff cannot administer the Survey, program staff with research training should conduct the administration.

One or more survey administrators (proctors) should be present during the survey in order to explain the process and to answer any questions that may arise. Additional involvement of the proctor in the Survey administration will vary depending upon the reading level and language skills of the Respondents. Depending on their reading levels, some Respondents may need partial proctoring (certain items read aloud) or full-proctoring (the entire instrument read aloud). In all cases, the Respondent should fill out his or her own instrument.

Administration Time

The Surveys take approximately 45–50 minutes to complete. CSAP recommends a 60-minute administration period to allow time for distributing the Surveys, reading the instructions, collecting the completed Surveys, and any additional local administration activities (e.g., distributing incentives, collecting tracking information).

Administration Setting

The Survey is designed to be administered in individual or group settings. The administration should be conducted in a quiet room with sufficient lighting and space, and with desks or tables to seat the Respondents. Some of the questions are sensitive. Therefore, the seating arrangement should provide privacy for each Respondent and maximize confidentiality.

Pre-administration Tasks

Before each administration, the survey staff should prepare the Surveys by writing in the name of each survey Respondent on the front (cover) page of the Survey and enter their assigned 9-digit ID. It is also recommended that the survey staff enter the Respondent's 9-digit ID on page 2 of the Survey. Preparing the Surveys in advance will help reduce ID number coding errors.

Administration Materials

In addition to the prepared Surveys, the following materials are needed for each administration session:

- No. 2 Pencils: A No. 2 pencil must be used to mark responses on the Survey. Bring enough pencils for everyone who will be in the session and a few extras in case they are needed.

- *Two Large Envelopes or Folders:* One envelope or folder should be used to store the front tear-off pages of the Surveys. These pages will have the Respondents' names and unique 9-digit ID numbers recorded on them. The survey Respondents should be asked to tear off or otherwise remove the front page from the rest of their Survey after they confirm that their name is correct and the 9-digit ID on the front (cover) page is identical to the one on page 2 of the Survey. The cover pages should be destroyed after the administration. The second envelope or folder should be used to store the completed Surveys until they are entered or uploaded into CSAMS.
- *Roster:* It is crucial to have a roster available with the participants' names and 9-digit ID numbers. This roster serves as a crosswalk between the study participants' names and their 9-digit ID numbers. Once the face sheet is separated from the Survey, the roster will be the only means of linking the completed Survey to the Respondent. The roster should also include each Respondent's other local identification number, if another local number is used by the site. This roster and the completed face sheets (until they are destroyed) should be kept in a safe place separate from completed Surveys.
- *Incentive Materials:* These materials will be determined locally. Procedures for documenting the distribution of incentives are the responsibility of the grantees.

Survey Introduction

Introduce the Survey with a statement similar to the following:

This Survey is being used to gather information on how to prevent substance abuse. The questions are being asked of hundreds of other individuals throughout the United States. The findings will be used to help our country learn more about how to keep people from abusing substances such as Methamphetamine.

This Survey is voluntary. If you do not want to answer a question, you do not have to. However, your answers are very important to us. Please answer the questions honestly, based on what you really do, think, and feel. The people who will be analyzing the information you provide on this Survey will not have access to your name.

Survey Instructions

Read the following instructions to the survey Respondents:

1. **Check to make sure that the Survey has your name on the front (cover) page and an ID number written in below your name. Now check to make sure that the ID number marked on page 2 is the same number as the one on the front page. If the Date of Administration has not been marked, please mark today's date, which is (say today's date) .**
2. **Please tear off the front page of your Survey and pass it to me. Do not write your name anywhere on the rest of the Survey.**

- 3. Some of the questions allow you to select more than one answer, by saying “select all that apply” or “select one or more”. If the question does not say either of these, then select only one answer. If you don’t find an answer that fits exactly, choose the one that comes closest.**
- 4. Mark your answers carefully so we can tell which answer you chose. Make heavy dark marks that fill the square completely. Do not mark between the squares.**
- 5. We would like you to work fairly quickly so that you can finish on time. Please work quietly by yourself. Raise your hand to let me know if you have a question or don’t understand something.**
- 6. We think you will find the Survey to be interesting and that you will enjoy filling it out. Before we begin, do you have any questions?**
- 7. Thank you very much for being an important part of this effort!**

Full Proctoring of the Survey

Administering the Survey to Respondents with limited reading abilities may require full proctoring (reading the entire common Survey aloud to Respondents). Full proctoring requires more time than self-administration; therefore, a 90-minute administration session is recommended when full proctoring is conducted. Prior to this type of session, it is recommended that the administrator practice reading the questions aloud several times. At the beginning of the survey, the administrator should instruct the Respondents on how the Survey will be read to them. It is important to tell the Respondents not to answer the questions out loud, but to simply mark their answers in the Survey.

Responses to Questions During the Administration

The Survey is designed to be self-administered. During the administration, it may be necessary to respond to Respondents’ questions about the meaning of certain questions. You can provide verbal clarification to help the Respondents. Answer directly any questions related to the proper reading of a word or understanding of its meaning. If a Respondent indicates that s/he does not know the meaning of a word, define it in simple terms. Section V of this guide provides recommended responses to potential issues and questions that may be raised by Respondents. If a Respondent asks a question about the meaning or intent of a question not covered in Section V, tell him or her to “answer according to what it means to you.”

Answers to Respondent questions should be strictly restricted to clarifying the question in terms of wording and intent and explaining words or expressions that the Respondent does not know. The survey administrator or proctor should not suggest a response category, even if the answer to the question is very obvious. For example, if the Respondent asks what “gender” means, the proctor should not give a response such as “You are male (or female), so mark that square,” no matter how obvious the Respondent’s gender appears. The appropriate response in this case would be “Somebody’s gender is whether they are male or female.”

If Respondents at your site have serious problems understanding the Surveys, please contact

your assigned CSAP Project Officer and explain the situation. Your Project Officer will provide guidance in resolving the issues.

Administration Conclusion

When everyone has completed their Surveys, collect the Survey from each Respondent. Make sure that the cover sheet on each has been torn off. Place the Surveys in the envelope or folder.

Thank all of the Respondents for taking the time to help with the project.

Conclude with this debriefing statement:

Some of the questions on this survey may have raised some troubling questions or issues for some of you. If there is anyone who feels s/he would like to talk to someone about any of your concerns, please see . S/he will be glad to listen to you and provide whatever help s/he can.

Makeup Administrations

When scheduled administrations of the instrument are complete, check the intervention and/or comparison group roster to determine if any scheduled Respondents missed the session. If there are missing Respondents, take the following steps:

- If this was a Baseline survey, the make-up survey administration should occur prior to the first intervention session. All Baseline surveys must be completed prior to the beginning of intervention services.
- Try to arrange another time to administer the Survey; this can be done either in person, by phone, or by sending notes to the Respondents.
- If more than one Respondent missed the administration, try to arrange a group makeup time.
- If a Respondent misses a group makeup, or if a group makeup cannot be arranged, make reasonable efforts to administer the Survey individually.
- If a Respondent misses a survey and a makeup is not possible, the participant should still complete all subsequent surveys and their responses should be included in the submitted data.

IV. Instrument Overview

Outlined in Table 2 are the question items included in the Youth Survey. Some of the items are grouped together to indicate that they are part of the same scale or measurement dimension. The first column of the table identifies the question or group of questions. The second column contains the number of items in the group, and the third column lists the corresponding question number(s) in the Survey. The fourth column displays the original source from which the measure was adapted. Accompanying the source is a numeric notation for the footnote containing the full source reference. The list of full references follows the table.

Table 2
Listing of Measurement Dimensions and Variables for the
CSAP National Methamphetamine Prevention Initiative
Youth Survey

Dimension/ Variable	Number of Items	Question Numbers	Measure Source
Section One: Facts About You (Questions 1–4)			
<i>Dimension: Demographics</i>			
Gender	1	1	CSAP NOMs Youth Program Instrument
Ethnicity/Racial Identity	2	2, 3	CSAP NOMs Youth Program Instrument
Date of Birth	1	4	CSAP NOMs Youth Program Instrument
Section Two: Cigarettes, Alcohol and Other Drugs (Questions 5-12)			
<i>Dimension: Alcohol, Tobacco, and Other Drugs—30-Day Use</i>			
30-Day Tobacco Use—Cigarettes	1	5a	CSAP NOMs Youth Program Instrument
30-Day Tobacco Use—Other Tobacco Products	1	5b	CSAP NOMs Youth Program Instrument
30-Day Alcohol Use	1	5c	CSAP NOMs Youth Program Instrument
30-Day Marijuana Use	1	5d	CSAP NOMs Youth Program Instrument
30-Day Other Illegal Drugs Use	1	5e	CSAP NOMs Youth Program Instrument

Table 2
Listing of Measurement Dimensions and Variables for the
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Dimension/ Variable	Number of Items	Question Numbers	Measure Source
<i>Dimension: Alcohol, Tobacco, and Other Drugs—Age of First Use</i>			
Age at 1 st Use—Cigarettes	1	6a	CSAP NOMs Youth Program Instrument ⁸
Age at 1 st Use—Other Tobacco Products	1	6b	CSAP NOMs Youth Program Instrument ⁸
Age at 1 st Use—Alcohol	1	6c	CSAP NOMs Youth Program Instrument ⁸
Age at 1 st Use—Marijuana or Hashish	1	6d	CSAP NOMs Youth Program Instrument
Age at 1 st Use—Other Illegal Drugs	1	6e	CSAP NOMs Youth Program Instrument ⁸
<i>Dimension: Alcohol, Tobacco, and Other Drugs– Disapproval & Perceptions of Risk</i>			
Disapproval of Peer ATOD Use	5	7a-7e	CSAP NOMs Youth Program Instrument ⁸
Perception of Risk of ATOD Use	3	8a-8c	CSAP NOMs Youth Program Instrument ⁸
Section Three: Attitudes and Experiences (Questions 5-12)			
Employer Drug Test	1	9	CSAP NOMs Youth Program Instrument ⁸
Driving While Under the Influence	1	10	CSAP NOMs Youth Program Instrument ⁸
Parental Involvement in ATOD Prevention	1	11	CSAP NOMs Youth Program Instrument ⁸
Hearing, Reading, Watching Substance Abuse Prevention Advertisement	1	12	CSAP NOMs Youth Program Instrument ⁸
Section Four: You and Your Relationships (Questions 13-17)			
Sexual Orientation	1	13	HIV Cohort 3 #7 ¹ JSI Youth Form ²
Level of Education	1	14	HIV Cohort 3 #14 ¹ GPRA Youth ³

Table 2
Listing of Measurement Dimensions and Variables for the
CSAP National Methamphetamine Prevention Initiative
Youth Survey

Dimension/ Variable	Number of Items	Question Numbers	Measure Source
Living Arrangements	1	15	HIV Cohort 3 ¹ JSI Youth Form ²
Family Closeness	1	16	HIV Cohort 3 ¹ JSI Youth Form ² , $\alpha = .83$ JSI Women's Form ⁴ CSAP Core Measure ^{5, 6}
Peer Support	1	17	Adapted from HIV Cohort 3
Section Five: School (Questions 18-20)			
School Enrollment	1	18	HIV Cohort 3 ¹ Mentoring and Strengthening Families Study ⁷
School Performance	1	19	HIV Cohort 3 #15 ¹ JSI Youth Form ²
Suspension Due to Use	1	20	HIV Cohort 3 #82 ¹ GPRA Youth ³
Section Six: Other Substance Use (Questions 21-29)			
30-Day Inhalant Use	1	21	Adapted from CSAP NOMs Youth Program Instrument ⁸
Age at 1 st Use—Inhalants	1	22	Adapted from CSAP NOMs Youth Program Instrument ⁸
30-Day Cocaine and/or Crack Use	1	23	Adapted from CSAP NOMs Youth Program Instrument ⁸
Age at 1 st Use—Cocaine and/or Crack	1	24	Adapted from CSAP NOMs Youth Program Instrument ⁸
Self-Efficacy	1	25	Created by CSAP
Perceived Likelihood of Use in the Next 3 Months	3	26-28	Created by CSAP
Sources of Prevention Messages	1	29	Created by CSAP

Table 2
Listing of Measurement Dimensions and Variables for the
CSAP National Methamphetamine Prevention Initiative
Youth Survey

Dimension/ Variable	Number of Items	Question Numbers	Measure Source
Section Seven: Methamphetamine (Questions 30-41)			
<i>Dimension: Methamphetamine</i>			
30-Day Methamphetamine Use	1	30	Adapted from CSAP NOMs Youth Program Instrument ⁸
Age at 1 st Use—Methamphetamine	1	31	Adapted from CSAP NOMs Youth Program Instrument ⁸
Disapproval of Peer Methamphetamine Use	1	32	Adapted from CSAP NOMs Youth Program Instrument ⁸
Peer Disapproval of Own Methamphetamine Use	1	33	Adapted from CSAP NOMs Youth Program Instrument ⁸
Perception of Risk of Methamphetamine Use	1	34	Montana Meth Use and Attitudes Survey ⁹
Advantages of Methamphetamine Use Scale	1	35	Montana Meth Use and Attitudes Survey ⁹
Risks of Methamphetamine Use Scale	1	36	Montana Meth Use and Attitudes Survey ⁹
Access to Methamphetamine	2	37, 38	Montana Meth Use and Attitudes Survey ⁹
Hearing, Reading, Watching Methamphetamine Prevention Advertisement	1	39	Adapted from CSAP NOMs Youth Program Instrument ⁸
Sources of Information on Methamphetamine	2	40, 41	Adapted from Montana Meth Use and Attitudes Survey ⁹
Section Eight: About This Survey (Question 42)			
Comfort in Answering Questions	1	42	HIV Cohort 3 #145 ¹ JSI Women's Form ⁴

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8. CSAP NOMS Youth Program Instrument. 2007. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Substance Abuse Prevention (CSAP), Rockville, MD.
9. Montana Meth Use and Attitudes Survey. 2006. Montana Meth Project. Missoula, MT.

V. Review of Survey Items

This section provides a detailed review of the items in each section of the Survey. For each item, or group of items, potential issues are identified, and one or more recommended solutions are provided for each potential issue. The potential issues focus on questions that Respondents may ask about the items in the Survey. The recommended solutions are appropriate responses to questions that Respondents may ask. Following the recommended solutions will allow for consistency in the way the Survey is administered across settings and sites.

Survey Section: Facts About You

1. What is your gender? (Check one)

Potential Issue: Respondent may have gender identity issues. For example, s/he may feel and act like a girl even though biologically male, or vice versa. This may create confusion about which category to select.

Recommended Solution: Say, "Select the answer that you feel closest to at this time."

2. Are you Hispanic or Latino? (Check one)

Potential Issue: Some Respondents may not understand the question.

Recommended Solution: Ask the Respondent if he/she identifies him/herself as a Hispanic/Latino (a) or Chicano/a. More specifically, does s/he believe that her/his ancestors come from Spain, Mexico, Puerto Rico, Cuba, or some other Spanish-speaking country in Central or South America or the Caribbean? In any of these cases, the correct response would be "Yes". The proctor should refrain from making deductions from the respondent's name, accent, or any other ethnic marker and suggesting the correct response. The intent of this question is to learn what the respondent believes about his or her ethnic origins.

3. What is your race? (Mark all that apply)

Potential Issue #1: The Respondent may be confused about which square to fill in.

Recommended Solution: Explain that the Respondents are to mark all of the racial groups they think they belong to. They may mark more than one group. For example, if the Respondent indicates they are half Asian & half African-American, they should fill in both the squares for Asian and African American. The intent of the question is to determine what race the Respondent considers himself or herself. For those Respondents that mark "yes" to the Hispanic ethnicity in Question 5, ask them to also mark any of the races in question 6 that apply to them. If none of the listed races apply to them, ask them to select "Other."

Potential Issue #2: The Respondent has answered "Yes" to the Hispanic ethnicity

question and wonders why s/he has to answer another race question.

Recommended Solution: The Federal Government makes a distinction between Hispanic ethnicity and race because Hispanics may belong to several races. For example, there are White Hispanics as well as Hispanics of African origin. Explain this to the Respondent and suggest that it is possible to select a race even if one defines oneself as Hispanic. Please refrain from suggesting the correct racial category for the respondent even if there are visible race markers. The intent of this question is to learn Respondents' *self* definitions.

Comments on Item 4: These questions are asked to determine the Respondent's age.

4. What is your date of birth?

Potential Issue: Respondent may not remember exact birth date.

Recommended Response: Unlike most of the other questions on this Survey, we are interested in learning the truth about the Respondents' birth date, not their beliefs. It is therefore acceptable for the proctor to help the Respondent remember. For example, the proctor may remind the Respondent that their Drivers' License, Social Security Card, Student ID Card, or other identification document may contain birth date, and help the Respondent transfer the information from such a document to the Survey. If the Respondent has no such document, the proctor should not make a guess. Instead, the Respondent should be instructed to provide their best estimate. Most people remember the month and day of their birth date because it is celebrated every year, but may have forgotten the year of birth. In that case, it is acceptable to ask the Respondent how old s/he was on his/her last birthday and to help them calculate their year of birth. If neither of these solutions is possible, the Respondent should be instructed to provide their best estimate. Proctors should refrain from making a guess themselves.

Survey Section: Cigarettes, Alcohol, and Other Drugs

General Section Comments: This set of questions asks about the use of alcohol, tobacco, and other drugs, and how people feel about substance use. Many of the questions ask about substance use within the past 30 days. These questions do NOT assume that a Respondent has used alcohol, tobacco, or other drugs. Respondents who have not used the substance should report that they have used it zero (0) days.

Potential Issue #1: Respondents may be uncomfortable answering questions about health behaviors and illicit drug usage.

Recommended Solution: Remind Respondents that their names are not on the survey and information will not be reported at an individual level. Also explain that these questions are being asked of everyone and that no assumptions are being made about them, personally.

Potential Issue #2: A Respondent may have difficulty recalling behaviors within certain time frames.

Recommended Solution: Explain that we only expect them to provide their best estimate and ask them to try to recall to the best of their ability.

Potential Issue #3: Respondents may be unclear as to the meaning of certain terms in this section.

Recommended Solution: Definitions are provided throughout this section, and common street terms of certain substances are also included. More detailed solutions are provided on a question-by-question basis.

Comments on Items 5a-5e: These items are asking the Respondents use of tobacco, alcohol, marijuana, and other illegal and specific drugs over the past 30 days. The specific definition of each substance is defined within the question. Again, Respondents who have not used the substance during that time period should mark “zero (0) days” or the answer that indicates that they have never used the substance.

5. Think back over the past 30 days and report how many days, if any, you used the following substances:

5a. During the past 30 days, on how many days did you smoke part or all of a cigarette? (Include menthol and regular cigarettes and loose tobacco rolled into cigarettes)

Potential Issue: Question may be unclear to the Respondent.

Recommended Solution: Tell the Respondent we are interested in the number of days, not the number of cigarettes, drags, puffs or occasions. We are also not asking how many cigarettes per day they smoke.

5b. During the past 30 days, on how many days did you use other tobacco products? (Include any tobacco product other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe)

Potential Issue: Question may be unclear to the Respondent.

Recommended Solution: Tell the Respondent we are interested in the number of days, not the amount of substances or the number of puffs or occasions.

Comments on Item 5c: This question is about alcohol. There are different groups of people in the United States that may use alcohol for religious reasons. However, this may not be true for every Respondent’s religious, cultural, or ethnic group. For example, some churches serve wine during a church service. Tell the Respondent that if he/she drinks wine at church or for some other religious reason, **they should not** count these times in their answers to the questions below.

5c. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage? (Include beer, wine, wine coolers, malt beverages and liquor)

Potential Issue: Question may be unclear to the Respondent.

Recommended Solution: Tell the Respondent we are interested in the number of days, not the amount sips or occasions.

5d. During the past 30 days, on how many days did you use marijuana or hashish? (Also known as grass, pot, hash, or hash oil)

Potential Issue: Question may be unclear to the Respondent.

Recommended Solution: Tell the Respondent we are interested in the number of days, not the number of puffs, or the number of occasions.

Comment on item 5e: These questions are about **OTHER ILLEGAL DRUGS**, excluding marijuana or hashish.

5e. During the past 30 days, on how many days did you use any other illegal drug? (Include substances like: heroin, crack or cocaine, methamphetamine, hallucinogens (drugs that cause people to see or experience things that are not real) such as LSD (sometimes called acid), Ecstasy (sometimes called MDMA), PCP or peyote (sometimes called angel dust); inhalants or sniffed substances such as glue, gasoline, paint thinner, cleaning fluid, or shoe polish (used to “feel good” or to get high); and prescription drugs used without a doctor’s orders, just to “feel good” or to get high.)

Potential Issue: Question may be unclear to the Respondent.

Recommended Solution: Tell the Respondent we are interested in the number of days, not the number of illegal drugs, or the number of occasions.

Comments on items 6a-6e: These items are asking the Respondents about the FIRST TIME they used of tobacco, alcohol, marijuana, and other illegal drugs. The specific definition of each substance is defined within the question. If a Respondent does not remember their age at first use, instruct them to enter their best estimate.

6. Think back over your entire lifetime and try to remember whether you have EVER used any of the following substances. If so, what was your age the FIRST TIME you used the substance:

6a. Ever smoked part or all of a cigarette? (Include menthol and regular cigarettes and loose tobacco rolled into cigarettes)

Potential Issue: The Respondent’s confusion about which square to fill in: might be unsure about how to respond based on the term “part or all.”

Recommended Solution: This question is interested in the age of first use regardless of the amount, even if it was just a few puffs. Someone who has never smoked should fill in the “never smoked” option.

Potential Issue: The Respondent may not be certain of age at first use of substance.

Recommended solution: Ask the Respondent to mark their best guess as to what age they were the first time they smoked a cigarette.

6b. Ever used any other tobacco product? (Include any tobacco product other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe)

Potential Issue: Respondent confusion about which square to fill in.

Recommended Solution: This question is interested in the age of first use regardless of the amount, even if it was just a little bit. Someone who has never used these substances should fill in the “never used” option.

6c. Ever had a drink of an alcoholic beverage? Do NOT include any time when you only had a sip or two from a drink. (Include beer, wine, wine coolers, malt beverages, and liquor)

Potential Issue: The Respondent may not remember exactly when they first had a drink of an alcoholic beverage.

Recommended Solution: Ask the Respondent to mark their best guess as to what age they were the first time they had an alcoholic beverage. Remind them that a sip or drink of alcohol for religious purposes (i.e., first communion, Sabbath dinner, etc.) is NOT what we are asking about here. We are interested in their first drink that was not for a religious ceremony. Someone who has never used alcohol outside of a religious ceremony should fill in the “never used” option.

6d. Ever used marijuana or hashish? (Also known as grass, pot, hash, hash oil)

Potential Issue: The Respondent may not remember exactly when they first tried marijuana or hashish.

Recommended Solution: Have the Respondent mark their best guess as to what age they were the first time they tried marijuana or hashish, even if it was one puff from someone else’s joint. Someone who has never used marijuana or hashish should fill in the “never used” option.

6e. Ever used any other illegal drug? (Include substances like: heroin, crack or cocaine, methamphetamine; hallucinogens (drugs that cause people to see or experience things that are not real) such as LSD (sometimes called acid), Ecstasy (sometimes called MDMA), PCP or peyote (sometimes called angel dust); inhalants or sniffed substances such as glue, gasoline, paint thinner, cleaning fluid, or shoe polish (used to “feel good” or to get high); prescription drugs without a doctor’s orders, just to “feel good” or to get high)

Potential Issue #1: The Respondent may not remember exactly how old they were the first time they used other illegal drugs.

Recommended Solution: Have the Respondent make their best guess as to what age they were the first time they tried an illegal drug other than marijuana or hashish.

Potential Issue #2: Respondent may have used several of these substances and may have started using each at a different age.

Recommended Solution: Instruct the Respondent to report the youngest age. For example, if s/he started using inhalants at age 13 and cocaine at age 18, s/he should fill in 13.

Comments on Items 7a-7e: The next five questions ask about the Respondents’ thoughts on someone their age using alcohol, tobacco and other drugs. The questions do not assume that the Respondent uses any of these substances, but asks if s/he approves or disapproves if someone (anyone) their age uses them.

7. For each of the following five questions below check the box that shows how you think or feel.
- 7a. How do *you* feel about someone your age smoking one or more packs of cigarettes a day?
 - 7b. How do you think *your close friends* would feel about YOU smoking one or more packs of cigarettes a day?
 - 7c. How do *you* feel about someone your age trying marijuana or hashish once or twice?
 - 7d. How do *you* feel about someone your age using marijuana once a month or more?
 - 7e. How do *you* feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?

Potential Issue: The Respondent may have difficulty selecting a response option.

Recommended Solution: Explain the responses as follows:

Neither approve nor disapprove	It doesn't make a difference to me. Neither a good thing nor a bad thing to do.
Somewhat disapprove	It is not a good thing to do but I don't feel very strongly about this.
Strongly Disapprove	It is a very bad thing to do and I feel strongly about this.
Don't know or can't say	I don't know how I would feel about someone my age doing this.

Comments on Items 8a-8c: These questions ask the Respondents about what they **think** happens when people use tobacco, marijuana and alcohol. If there are any questions, remind the Respondents that there are no right or wrong answers. Also mention that we are not implying that they do any of these things. We are only interested in learning how risky they think these actions are when people engage in them.

8. For each of the three questions below check one box that shows **HOW MUCH** you think people **RISK HARMING** themselves physically or in other ways when they do the following things:
- 8a. When they smoke one or more packs of **CIGARETTES** per day?
 - 8b. When they smoke **MARIJUANA** once or twice a week?
 - 8c. When they have five or more drinks of an **ALCOHOLIC BEVERAGE** once or twice a week?

Potential Issue: The Respondent may have difficulty selecting a response option.

Recommended Solution: Explain the response options as follows:

No risk	You think nothing bad will happen if people do this.
Slight risk	You think some bad things may happen some of the time, but

Moderate risk	usually it's safe to do this. You think something bad will happen some of the time when people do this, but the rest of the time, nothing bad will happen. It could go either way.
Great risk	You think something bad will happen most of the time when people do this.
Don't know/Can't say	You really don't know how risky it is to do this.

Survey Section: Attitudes and Experiences

- 9. Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you? (Check one)**

Potential Issue #1: The Respondent may not have been in the work force and may not know how to answer.

Recommended Solution: Explain to the Respondent what the question means and ask them to imagine that they were considering working in a certain workplace, and they learned that the employer tests the employees for drugs or alcohol from time to time, without warning. Would this influence how much s/he wanted to work there? When they learn about the testing, would they want to work there more, less, or would it not make a difference?

Potential Issue #2: The Respondent may not know what a random drug test is.

Recommended Solution: Explain that a person's blood, or urine, or sometimes their hair can provide information about what substances s/he was using recently. If an employer takes samples from their employees to learn what substances they were using, that is a drug test. "Random" means that the employees are not told ahead of time when the test will be.

- 10. DURING THE PAST 12 MONTHS, have you driven a vehicle while you were under the influence of alcohol?**

Potential Issue: The Respondent may not understand what constitutes being "under the influence."

Recommended Solution: Explain to the Respondent that "under the influence" means having had enough alcohol to feel drunk or just high. For most people, more than one beer or one small glass of wine will count as being "under the influence of alcohol."

- 11. Now, think about the past 12 months through today. DURING THE PAST 12 MONTHS, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By PARENTS we mean your biological parents, adoptive parents, stepparents, or adult guardians—whether or not they live with you.**

Potential Issue: The Respondent does not have any parents.

Recommended Solution: Repeat the definition of “parent” included in the question. If the Respondent is still not clear, explain that if s/he had a conversation like this with the person responsible for taking care of her/him and making important decisions for her/him, then the answer is “Yes.”

12. During the past 12 months, do you recall hearing, reading, or watching an advertisement about prevention of substance abuse?

Potential Issue: The Respondent may be unsure about what counts as a prevention advertisement.

Recommended Solution: Explain that sometimes, radio, TV, newspapers, magazines, or fliers and brochures in places like youth centers or hospitals talk about the bad things that can happen when people use drugs. If the Respondent has come across any such messages during the past 12 months, the answer is “Yes”.

Survey Section: You and Your Relationships

Comment on item 13: This question asks about the Respondent's sexual orientation.

13. How would you describe yourself? (Mark the one that fits best)

Potential Issue: The Respondent may be uncomfortable answering this question, or may express confusion over which response option to choose.

Recommended Solution: Remind the Respondent that all of their answers will be kept private and they will not be identified in any way. Acknowledge that these categories may not define everyone perfectly and ask them to choose the response that they feel BEST describes them as an individual.

14. What is the highest level of education you have finished? (Mark the highest grade or degree you have completed)

Potential Issue: The Respondent may not know what grade to select, especially if they left school in the middle of a school year.

Recommended Solution: We are interested in the highest grade the Respondent *completed*. If it is the middle of the school year, have the Respondent mark the grade/level last year. If they left school in the middle of a school year, have them mark their grade/level during the previous school year.

15. With whom do you live? (Mark all that apply)

Potential Issue: Respondents may be confused about which square to fill in.

Recommended Solution: The Respondent should mark all the people with whom he or she is currently living. If his/her current living situation is not represented by any of the categories (i.e., if the Respondent is currently living in a detention center, or group home),

instruct him/her to select “Other.”

16 and 17. Indicate how true you think each of the next two statements is:

16. Members of my family like to spend free time with each other.

Potential Issue: The Respondent has no contact with their family (foster care, detention center, runaway, etc.).

Recommended Solution: Ask the Respondent to answer the question as best as they can, as it applies to their relationship with whomever they consider to be their family at this time.

17. My friends ask each other for help.

Potential Issue: None.

Survey Section: School

18. Are you enrolled in school?

Potential Issue: The Respondent does not understand the question.

Recommended Solution: Ask the Respondent if he/she is currently attending school, or has graduated or dropped out. If Respondent is no longer enrolled in school, have Respondent mark the square for “No”.

19. What were your most recent grades in school?

Potential Issue: The Respondent may not be sure which answer best reflects their grades.

Recommended Solution #1: If the Respondent indicates a combination—for example, mostly As and Bs—have them mark which grades they think they received more of.

Recommended Solution #2: If they are on a school vacation, have them mark the response for the grades they received most during the last school semester.

20. Have you ever been suspended from school for drug or alcohol use?

Potential Issue: None

Survey Section: Other Substance Use

21. During the past 30 days, on how many days have you sniffed glue or breathed the contents of aerosol spray cans, or inhaled (huffed) any other gases or sprays in order to get high?

Potential Issue: The Respondent does not know what an inhalant is.

Recommended Solution: Other terms for inhalant **use** that the Respondents may be more familiar with include sniffing, breathing, and huffing. Other **names** for substances used as inhalants include nitrous oxide, amyl nitrate, glue, solvents, gasoline, toluene, and aerosols (hair spray, Lysol, air freshener).

22. How old were you the first time you sniffed glue or breathed the contents of aerosol spray cans, or inhaled (huffed) any other gases or sprays in order to get high?

Potential Issue: The Respondent may not remember exactly how old they were the first time they sniffed glue or breathed the contents of aerosol spray cans, or huffed any other gases or sprays.

Recommended Solution: Have the Respondent make their best guess as to what age they were the first time they tried any of these behaviors.

23. During the past 30 days, on how many days did you use cocaine or crack?

Potential Issue: The Respondent may not know what cocaine or crack is.

Recommended Solution: Common street terms for crack include: 151, badrock, base, basing, cloud, crunch, dice, dime, glo, ice cube, *patico*, *piedra*, *roca*, *topo*, and *basa*. Common street terms for cocaine include: C, candy sugar, *basuco*, *bazulco*, and *blanco/a*.

24. How old were you the first time you used cocaine or crack?

Potential Issue: The Respondent may not remember exactly how old they were the first time they used cocaine or crack.

Recommended Solution: Have the Respondent make their best guess as to what age they were the first time used cocaine or crack.

Comment on Item 25: This question asks about the Respondent's ability to resist temptations for substance use.

25. Which of these statements do you agree with: (Mark all that apply)

Potential Issue: None.

General Comment on questions 26-28: These questions ask the respondents how likely

future drug use is.

In the next 3 months, how likely are you . . .

- 26. To drink five or more alcoholic drinks in one sitting?
- 27. To use methamphetamine?
- 28. To use marijuana or any other illegal drugs to get high?

Potential Issue #1: The Respondent may not be sure how likely it is that he or she will use alcohol, methamphetamine or any illegal drug in the next 3 months.

Recommended Solution: Explain that we know the answer is only an estimate, and to provide the best guess of how likely use is in the next 3 months.

Potential Issue #2: The Respondent may not feel comfortable answering the question.

Recommended Solution: Remind the Respondents that their names are not on the survey and information will not be reported on an individual level. Also explain that these questions are being asked of everyone and there are no assumptions being made about them, personally.

Potential Issue #3: Response categories may not be clear.

Recommended Solution: Explain the response categories as follows:

Not at all likely	There is very little chance that I will do this.
A little likely	There is some chance that I will do this, but probably I won't.
Somewhat likely	I will probably do this but there is some chance that I won't.
Very likely	I will most probably do this.

General comment on question 29: These questions ask the respondent about sources of substance abuse prevention information. The intent of these questions is to find out how much the respondents, themselves, have actually learned from each of these sources.

29. Please tell us whether you have learned about prevention of substance abuse from any of these sources: (Mark all that apply)

Potential Issue: The Respondent may be unsure about what prevention of substance abuse is.

Recommended Solution: Explain that sometimes, radio, TV, newspapers, magazines, or fliers and brochures in places like youth centers or hospitals, or family members, teachers, doctors talk about the bad things that can happen when people use various substances. If the Respondent has come across any such messages from the sources listed as response options, then he/she should mark the appropriate square(s).

Survey Section: Methamphetamine

General Section Comments: This section asks a number of questions about the

Respondent's use of methamphetamine and his or her attitudes and beliefs about methamphetamine. Many of these questions are sensitive. If there are concerns, remind Respondents that the questions do not assume that they have used this substance, but are being asked of many people throughout the nation to give researchers an idea about what kinds of people have what kinds of attitudes, beliefs, and behaviors.

Potential Issue #1: The Respondents may be uncomfortable answering questions about health behaviors and illicit drug usage.

Recommended Solution: Remind the Respondents that their names are not on the survey and information will not be reported on an individual level. Also explain that these questions are being asked of everyone and there are no assumptions being made about them personally.

Potential Issue #2: The Respondent has limited ability to recall behaviors within certain time frames.

Recommended Solution: Explain that we only expect them to provide their best estimate and ask them to try to recall to the best of their ability.

30. During the past 30 days, on how many days did you use methamphetamine?

Potential Issue: Question may be unclear to the Respondent.

Recommended Solution: Tell the Respondent we are interested in the number of days, not the amount, or the number of occasions. Respondents who have not used Methamphetamine during the past 30 days should mark zero (0) days.

31. How old were you the first time you used methamphetamine? (Also called meth, ice, glass, crank, crystal, speed, chalk, go-fast, or yaba)

Potential Issue: The Respondent may not remember exactly how old they were the first time they used methamphetamine.

Recommended Solution: Have the Respondent make their best guess as to what age they were the first time they tried methamphetamine.

Comments on Items 32-36: These questions ask the Respondents about what they feel about methamphetamine use by their peers, and what they think happens when people use meth. Remind the Respondents that there are no wrong or right answers. Also mention that we are not implying that they do any of these things. We are only interested in what they think about these actions.

32. How do you feel about someone your age using methamphetamine once or twice?

Potential Issue: The Respondents may have difficulty interpreting the response categories.

Recommended Solution: Explain the response options as follows:

Neither approve nor disapprove It doesn't make a difference to me. Neither a good thing nor a bad thing to do.

Somewhat disapprove It is not a good thing to do but I don't feel very

Strongly Disapprove

strongly about this.

It is a very bad thing to do and I feel strongly about this.

Don't know or can't say

I don't know how I would feel about someone my age doing this.

33. How do you think *your close friends* would feel about YOU using methamphetamine once or twice a month?

Potential Issue and Recommended Solution: See question 32.

34. How much do people risk harming themselves physically or in other ways when they use methamphetamine once or twice a month?

Potential Issue: The Respondent may have difficulty selecting a response option.

Recommended Solution: Explain the response options as follows:

No risk

You think nothing bad will happen if people do this.

Slight risk

You think some bad things may happen some of the time, but usually it's safe to do this.

Moderate risk

You think something bad will happen some of the time when people do this, but the rest of the time, nothing bad will happen. It could go either way.

Great risk

You think something bad will happen most of the time when people do this.

Don't know/Can't say

You really don't know how risky it is to do this.

35. Whether or not you or someone you know uses meth, we would like to learn your ideas. Please indicate which of these statements you agree with: (Mark all that apply)

Potential Issue: The Respondent may not know how to answer because he/she does not use meth and does not know of anyone who does.

Recommended Solution: Explain to the Respondent that we would like their thoughts or opinions about people who use methamphetamine, even though they, themselves don't use it.

36. Which of these might happen to people who use meth? (Mark all that apply)

Potential Issue: See question 35.

37. Has anyone ever offered you meth?

Potential Issue: None.

38. If you wanted to get some meth, how difficult or easy do you think it would be for you to get some?

Potential Issue: Respondents may need help interpreting the response categories.

Recommended Solution: Explain the response options as follows:

Very Difficult	If I wanted to get some meth, I would really have a hard time finding some.
Somewhat Difficult	I could probably get some but it will take a lot of effort.
Not sure	I don't know how hard it would be.
Somewhat Easy	I could get some kind of easily, but I would need to make some effort.
Very Easy	Meth is readily available to me. I could get some whenever I wanted.

39. During the past 12 months, do you recall hearing, reading, or watching an advertisement about prevention of meth use?

Potential Issue #1: The Respondent may be unsure about what counts as a prevention advertisement.

Recommended Solution: Explain that sometimes, radio, TV, newspapers, magazines, or fliers and brochures in places like youth centers or hospitals talk about the bad things that can happen when people use methamphetamine. If the Respondent has come across any such messages during the past 12 months, the answer is "Yes".

Potential Issue #2: The Respondent may feel they have already answered this question (they may think this is identical to Question 12).

Recommended Solution: Explain that Question 12 asked whether they heard, read, or watched any messages about the dangers of *any substance use*, including methamphetamine. This question is asking whether they heard, read, or watched any messages about the dangers of using *methamphetamine*, specifically. If the Respondent answered "yes" to Question 12, s/he should only answer yes to this question if any of those advertisements had to do with prevention of meth use. If the Respondent has answered "No" to Question 12, they should answer no to this question.

40. In the past 30 days have you been in any classes or programs where they talked about preventing meth use?

Potential Issue: The Respondent may be unsure about what counts as a prevention intervention session.

Recommended Solution: Explain that sometimes, schools hold special classes or assemblies where teachers, counselors, school nurses or invited guests talk to students about the bad things that can happen to people who use certain substances. Sometimes, churches, youth groups, hospitals, or other community centers (such as the public library) offer special group meetings where experts talk about the dangers of substance abuse,

or show films or slides about the effects of using substances. If the Respondent attended any such class or meeting during the past 12 months and heard some messages about the dangers of using methamphetamine, the answer is “Yes”.

41. To which of these sources, if any, would you go to find information about meth?

(Mark all that apply)

Potential Issue: The Respondent may be unsure about how to select a response option.
Recommended Solution: Explain that the question is intended to understand where the Respondent would go to look for information if s/he wanted to learn about methamphetamine. That is, “Suppose you wanted to learn about methamphetamine; what it is, what are its effects, who uses it, or what to do if a friend or family member is using it and you wanted to help them. Which of these sources would you look at to learn this information?” The question does not assume that the Respondent has actually looked for information or used any of these sources. Remind the Respondent that s/he can mark more than one source.

Survey Section: About This Survey

42. How comfortable was it for you to answer the questions in this survey?

Potential Issue: The Respondent questions the purpose of this question.
Recommended Solution: If the Respondents wonder why they are being asked this question, say that this question is often asked to help the researchers determine how to improve the study so that it is more comfortable for people to answer the questions.