

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

**National Minority Substance Abuse, HIV and Hepatitis
Prevention Initiatives**

Youth Questionnaires Administration Guide

April 2008

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I. Overview of the Common Instrumentation

The Substance Abuse and Mental Health Services Administration (SAMHSA) within the Center for Substance Abuse Prevention's (CSAP) National Minority Substance Abuse, HIV and Hepatitis Prevention Initiatives supports an array of activities to assist grantees in building a solid foundation for delivering and sustaining effective substance abuse prevention and related services. While grantees have substantial flexibility in designing their grant projects, all are required to base their project on the five steps of SAMHSA's Strategic Prevention Framework (SPF) to build service capacity specific to substance abuse, HIV, and hepatitis prevention services. Grantees must also conduct on-going monitoring and evaluations of their projects assessing program effectiveness including federal reporting for Government Performance Results Act (GPRA) of 1993, Performance Assessment Rating Tool (PART), SAMHSA National Outcome Measures (NOMS), Minority AIDS Initiative (MAI) and HIV Counseling and Testing.

The Common Questionnaires

The common instrumentation includes baseline, exit and follow-up (post-exit) questionnaires for youths and adults. The common instruments must be used when collecting data at baseline (1st data entry point), exit (2nd data entry point), and post-exit/follow-up (3rd data entry point) with the intervention group and if any comparison/control group. Additional local evaluation instruments may be administered in conjunction with, but not instead of, the common instruments. Other common measures include the ongoing collection of dosage data for program participants.

1. Youth and Adult Questionnaires

The structure of the questionnaires, including the constructs measured, internal consistency (based on data from the measure's original sample, not necessarily a target population similar to this initiative), and item location for each measure are depicted in table format in their corresponding sections within this guide. There are two common questionnaires, and each questionnaire has three versions, as follows:

Youth Questionnaire: Baseline, Exit, and Follow-up

Adult Questionnaire: Baseline, Exit, and Follow-up

2. Translated Instruments

The common questionnaires are available in English *only* at the moment; if it becomes necessary to have a Spanish version available, one can be created upon request. Unfortunately, the number of Respondents with other language needs is not large enough to justify translation into additional languages. Grantees with other language needs should plan to translate the common questionnaire and instructions locally. A copy of the translated instruments should be forwarded to the DMT data collection manager, Laurie Brannon at:

Laurie Brannon
6003 Executive
Suite 400
Rockville, MD 20852
(877) 654-6740
lbrannon@constellagroup.com

3. Common Instrumentation Assessment Schedule

Instrument	Baseline	Exit	Follow-up
Youth Questionnaire	X	X	X
Adult Questionnaire	X	X	X
Dosage Data	Ongoing		

4. With Whom and When Should the Questionnaires be Administered?

The common design includes assessments at baseline, program exit, and three to six months post-exit (follow-up). The common questionnaires will be administered to all intervention (program participants) and IF ANY comparison/control youths and adults at baseline (1st data collection point) and exit (2nd data collection point) and follow-up (3rd data collection point). Comparison/control group participants must follow the same assessment schedule as their intervention counterparts. Comparison group instruments should be administered within two weeks before or after the administration of the intervention group instruments.

- **Baseline Questionnaires:** This questionnaire should be administered within 30 days of intake or before core program services begin and is considered to be the first data collection point.
- **Exit Questionnaires:** This questionnaire should be administered again within 10 days post program exit or after core program services have ceased and is considered to be the second data collection point.
- **Follow-up Questionnaires:** This questionnaire should be administered within 30 days of the planned follow-up (post-exit) and is considered to be the third data collection point). Most study sites have a planned follow-up administration of 3 to 6 months after the end of intervention services.

5. Additional Common Measure: Dosage Data

Programs are required to collect dosage (services) data on each individual or group participating in the program (intervention participants only) using the common Individual and Group Dosage Record Form. Dosage data include the following: (1) the intervention type (i.e., individual-level education, group-level skills building training/education, health care services, etc.), (2) the prevention integration (i.e., both Hepatitis and HIV prevention, substance abuse prevention only, etc.), and (3) the intervention duration (recorded in minutes and rounded up or down to the closest *5-minute interval*). Dosage data will be entered online via CSAMS website by the Project Director or Evaluator of the grant site. Once data is entered by the grant site and cleaned by the DCCC, dosage data will be available for download by the grant site for use in local data analysis and reporting. Dosage codebooks will be available upon request from the CSAM Technical Assistance Hotline.

6. Web-Based Data Entry Upload System

The Data Coordination and Consolidation Center (DCCC) has created CSAP's Services Accountability & Monitoring System (CSAMS), an online data entry system which provides prevention information, data collection tools, documents, data entry functions, and access to reporting statistics and tracking. All of the HIV Cohort 6 instruments can be found in the "Tools" section of this website. Common questionnaires are available in both Microsoft Word and PDF format for individual grant sites to download and make copies for administration to clients or participants. Site evaluators or data collectors are expected to enter client or participant responses to questionnaires through the CSAMS website. Sites will also be able to upload response databases through CSAMS that use the appropriate variable/value numbering (Questionnaire codebooks are also available on the "Tools" section of CSAMS website). Once data has been entered into CSAMS, the DCCC will clean data and each grant site will have access to their downloadable, clean, electronic data files.

Questions regarding the common instruments or submission to the DCCC should be addressed to the Technical Assistance Hotline for CSAMS, available Monday through Friday, from 9am to 8pm Eastern Standard Time via telephone, (240) 223-3002 or (877) 654-6740, or via email, CSAMShelp@csams.samhsa.gov.

Questions About the Common Instruments and Submission to the DCCC

As previously mentioned, the DCCC has created CSAMS, an online data entry system through CSAP, where all instrumentation can be found and downloaded to record responses. Sites are able to enter the data online, or upload if necessary, on a continual basis. The DCCC will abstract data bi-annually for cleaning, analysis and reporting purposes; however the data will remain accessible for local evaluations.

II. General Administration Guidelines

The success of the data collection depends on careful preparation. This guide provides a detailed framework for planning and preparation, but the actual arrangements must be worked out in the context of each local program to maintain consistency within the coding and completion of the instruments. Major issues concerning the administration of the instrument (e.g., which version will be used, targeted group size, the use of translated versions), will be determined by your local evaluation team in consultation with your assigned CSAP Project Officer. The following steps will guide preparation for administering the common questionnaires at your site.

Develop 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) individual questionnaires (Youth & Adult and Individual & Group Dosage) until they are entered or uploaded into CSAMS, 2) consent forms, and 3) tracking forms for each of the participants (intervention and control) in the study. Before initiating data collection, set up a filing and storage system that will accommodate these needs.

Select Questionnaire Administrators

CSAP strongly recommends that the evaluator and/or evaluation staff administer the questionnaires. If there are extraordinary reasons why the evaluation staff cannot administer the questionnaires and program staff participate in the administration, 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 evaluation staff. Case managers or other program staff who work closely with that target group of participants should not be administering the questionnaires. For actual administration, a program staff person should be onsite to introduce the evaluation staff (or other persons) who will be administering the questionnaire. The program staff person may then leave the room and come back later to talk to participants and conduct the debriefing.

Arrange for Time and Place of Administration

Develop a clear understanding with program staff concerning the time and place of administration for the common questionnaire well ahead of time for both the intervention/treatment and the comparison/control group. The administration room 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.

Familiarity with the Questionnaire

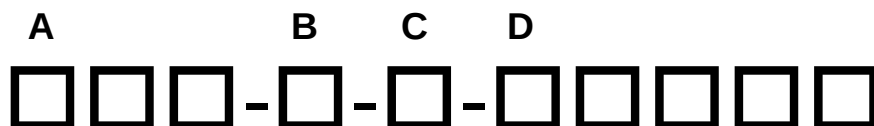
It is critical that the survey administrator be highly familiar with the common questionnaire prior to administering the instrument. The questionnaire should be read carefully until familiarity with the wording of all items is established. Relate the questionnaire to the item structure (outlined in Section V: Review of Questionnaire Items) for an understanding of the purpose of each set of items. The administrator should be prepared to answer questions from Respondents regarding the questionnaire items.

Assign Individual Identification Numbers

Assign an identification number to each study participant, intervention/treatment and control/comparison. A ten (10) digit unique identification number (ID) is used on the forms in order to track the responses of an individual over time and across grantees. Each participant's name and unique 10 digit ID should be written on the face (cover) sheet of the survey and the same 10 digit ID entered on page 1 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 sheet. The 10-digit ID has the following components:

- Grantee Site Identifier (A): Each grantee has been assigned a site identification number by CSAP. The site identification numbers range from 601 to 681. Each grantee's identifier is a constant. Refer to table 1 on the following page for your grantee's number.
- Treatment/Comparison Group Type (B): Describe whether the Respondent is receiving treatment or intervention (coded as "1") or is a control or comparison participant (coded as "2").
- Administrative Format (C): Determine whether this Respondent received an individual/one-to-one intervention at the time of the encounter (coded as "1") or was involved in a group intervention at the time of the encounter (coded as "2").
- Individual Identifier (D): The Individual Identifier should begin with either a Y (assigned to those youth participants under 18 years) or an A (assigned to those adult participants over 18 years) followed by a randomly generated 4-digit number (ex.Y2942). This 5 piece number serves as the unique Individual Identifier for each survey Respondent. The unique identifier is assigned by the grantees. The 4 values following the Y or A should be **numeric values** (not alphanumeric) and only used once per grantee. Numbers can range from 0001 to 9999. 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 1000 to 1999, numbers 2000 to 2999 to a second location, and so forth.

The unique ID number sequence is displayed as follows:



Example: A survey Respondent might have the following ID number: **601-1-2-A3543**. The number tells us that site 601 recoded Adult (A) participant 3543 as a member of the treatment group (1) and receiving a group intervention (2) at the time the form was completed.

Table 1
Grantee Identification Numbers for Cohort IV Grantees

Site ID	Grant ID	Grantee
601	SP13236-01	Park Ridge Hospital/Unity Health System
602	SP13237-01	Serving Children & Adolescents in Need, Inc.
603	SP13238-01	Valley AIDS Council
604	SP13243-01	Wright State University
605	SP13249-01	School Board of Miami- Dade County Florida
606	SP14173-01	Roseland Christian Health Ministries
607	SP13258-01	AIDS/HIV Service Group
608	SP13259-01	The SAGE Project, Inc.
609	SP13262-01	Lakeview Center, Inc.
610	SP13265-01	Gaudenzia, Inc.
611	SP13268-01	AMASSI Center for South Central Las Angeles
612	SP13271-01	Sunrise Community Counseling Center
613	SP13273-01	Asian American Recovery Services, Inc.
614	SP13274-01	The Curators of the University of Missouri
615	SP13276-01	Sasha Bruce Youthwork, Inc.
616	SP13281-01	Prototypes, Centers for Innovation, Mental Health and Social Services
617	SP13283-01	Duke University
618	SP13286-01	Health Initiatives for Youth
619	SP13293-01	The Osborne Association
620	SP13298-01	RESOURCE
621	SP13318-01	Terros, Inc.
622	SP13320-01	Mental Health Mental Retardation Tarrant County Addiction Services Division
623	SP13321-01	Friends Research Institute, Inc
624	SP13322-01	Minneapolis Urban League
625	SP13327-01	Nevada Hispanic Services, Inc.
626	SP13328-01	Orange County Bar Foundation
627	SP13330-01	Native American Health Center, Inc.
628	SP13331-01	City of Detroit Bureau of Substance Abuse Prevention, Treatment & Recovery
629	SP13334-01	Morehouse School of Medicine
630	SP13337-01	Greater Denver Interfaith Alliance
631	SP13338-01	Southern Arizona AIDS Foundation
632	SP13340-01	Access Community Health Network
633	SP13343-01	City of Chicago
634	SP13344-01	Dimock Community Health Center
635	SP13345-01	Fundacion Latino Americana Contra El Sida, Inc.
636	SP13350-01	Education and Assistance Corporation, Inc.
637	SP13352-01	New York City Department of Health and Mental Hygiene
638	SP13353-01	The Research Foundation of SUNY
639	SP13354-01	The Wright House Wellness Center

640	SP13355-01	Pittsburgh AIDS Task Force
641	SP13364-01	New North Citizens' Council, Inc.
642	SP13365-01	Council on Prevention & Educations: Substance, Inc.

Table 1
Grantee Identification Numbers for Cohort IV Grantees

Site ID	Grant ID	Grantee
643	SP13367-01	The Mid-Florida Center for Mental Health & Substance Abuse Services, Inc.
644	SP13368-01	Stewart-Marchman Center, Inc.
645	SP14172-01	Roseland Christian Health Ministries
646	SP13375-01	University of Texas Health Science Center
647	SP13377-01	Light of Restoration Ministries
648	SP13378-01	Broward County Board of County Commissioners
649	SP13381-01	Urban League of Greater Dallas and North Central Texas, Inc.
650	SP13382-01	Kulia Na Mamo
651	SP13385-01	William F. Ryan Community Health Center
652	SP13388-01	Bienestar Human Services, Inc.
653	SP13391-01	Latin American Youth Ctr.
654	SP13392-01	Alliance for Community Empowerment, Inc.
655	SP13393-01	Health Services Center, Inc.
656	SP13394-01	New Connections
657	SP13397-01	City of Hartford, CT
658	SP13399-01	Tarzana Treatment Centers, Inc.
659	SP13401-01	Latino Commission on Alcohol and Drug Abuse of Alameda County
660	SP13402-01	Special Health Resources for Texas, Inc.
661	SP13403-01	Tenderloin AIDS Resource Center
662	SP13405-01	Action for Boston Community Development, Inc.
663	SP13412-01	AIDS Resource Center of Wisconsin, Inc.
664	SP13415-01	Region XII Commission on Mental Health/ Pine Belt Mental Healthcare Resources
665	SP13416-01	Peer Assistance Services, Inc.
666	SP13423-01	Our Common Welfare, Inc.
667	SP13426-01	Association for the Advancement of Mexican Americans, Inc.
668	SP13427-01	The Crossroads Center
669	SP13431-01	Kansas City Free Health Clinic
670	SP13432-01	AIDS Service Center NYC (ASC)
671	SP13433-01	AIDS Council of Northeastern New York
672	SP13435-01	Wholistic Stress Control Institute
673	SP13439-01	Metropolitan Charities Community Service, Inc.
674	SP13442-01	Long Island Association for AIDS Care, Inc.
675	SP13443-01	Cambridge Cares About AIDS, Inc.
676	SP13444-01	AIDS Arms, Inc.
677	SP13448-01	The Colours Organization
678	SP13451-01	Aletheia House
679	SP13453-01	The Fortune Society
680	SP13456-01	Community Rehabilitation Ctr., Inc.
681	SP13536-01	The Village Virgin Islands Partners in Recovery

III. Questionnaire Administration Procedures

Specific procedures for administering the common questionnaires are provided in this section.

Administration Staff

The Center for Substance Abuse Prevention (CSAP) strongly recommend that the local evaluator and/or evaluation staff administer all common questionnaires. If evaluation staff cannot administer the questionnaire, program staff who have research experience should conduct the survey administration.

One or more survey administrators (proctors) should be present at the survey administration, to explain the process of filling out the questionnaire and to answer any questions that may arise. Additional involvement of the proctor in the questionnaire administration will vary depending upon the reading level and language of the Respondent. The Adult Questionnaire is rated at a 8th grade reading level the Flesch-Kincaid scale, therefore Respondents with lower reading levels 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 questionnaire takes about 45–50 minutes to complete. CSAP recommends a 60-minute administration period to allow time for distributing the questionnaires, reading the instructions, collecting the completed questionnaires, and any local administration activities (e.g., distributing incentives, collecting tracking information).

Administration Setting

The questionnaire 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, so the seating arrangements should provide privacy for each Respondent and maximize confidentiality.

Pre-administration Tasks

Before each administration, the survey staff should prepare the questionnaires by writing in the name of each survey Respondent on the front page of a questionnaire and their assigned 10 digit ID. It is also recommended that the survey staff mark off the correct 10 digit ID on page 2 of each questionnaire. Preparing each questionnaire before the administration will help reduce ID number coding errors.

Administration Materials

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

- *No. 2 Pencils:* A No. 2 pencil must be used to mark responses on the questionnaire. 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 questionnaires. These pages will have the individual's name and unique 10 digit ID recorded on them. The survey Respondents should be asked to tear off the front page of their questionnaire after they confirm that their name is on it and the correct 10 digit ID is entered at the top of page 2. The tear-off pages should be destroyed after the administration. The second envelope or folder should be used to store the completed questionnaires until they are entered or uploaded into CSAMS.
- *Roster:* It is helpful to have a roster available with the participants' names 10 digit ID number. This roster serves as a crosswalk between the study participants' names and their 10 digit ID number. Once the face sheet is separated from the questionnaire, the roster will be the only way to link the survey with 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 should be kept separate from the completed face sheets and questionnaires.
- *Incentive Materials:* These materials will be determined locally. Procedures for documenting the distribution of incentives are the responsibility of the grantees.

Questionnaire Introduction

Introduce the questionnaire with a statement similar to the following:

This questionnaire is being used to gather information of how to prevent substance abuse, HIV and Hepatitis infection. 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 drugs or alcohol and getting infected with HIV or Hepatitis.

This questionnaire is voluntary. If you do not want to answer any of the questions, 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. Your answers will not be told to anyone in your family or community.

Questionnaire Instructions

Read the following instructions to the survey Respondents:

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

Do not write your name anywhere on this questionnaire.

- 3. To answer each question, you should mark one of the answer circles by filling the circle completely. Some questions allow you to mark more than 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 circle you chose. Make heavy dark marks that fill the circle completely. Do not mark between the circles.**
- 5. We would like you to work fairly quickly so that you can finish. 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 questionnaire to be interesting and that you will like 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 Questionnaire

Administering the questionnaire to Respondents with limited reading abilities (those with a reading level less than 8th grade) may require full proctoring (reading the entire common questionnaire 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, the administrator should practice reading the questions aloud several times. At the beginning of the sessions, the administrator should instruct the Respondents on how the questionnaire 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 questionnaire.

Responses to Questions During the Administration

The questionnaire 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 what a word means. If they do not know the meaning of a word, define it in simple terms. If the Respondent asks a more general question about the meaning or intent of a question, tell them to answer according to "what it means to you." Section V in this guide provides instructions on how to respond to potential issues and questions that may be asked for each question.

If Respondents at your site have serious problems understanding the questionnaires, please contact your assigned CSAP Project Officer and explain the situation so that you can discuss how to proceed.

Administration Conclusion

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

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

Conclude with this debriefing statement:

Some of the questions on this survey may have been troubling for some of you. If there is anyone who feels s/he would like to talk to someone about any concern or problem, 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:

- Arrange to attend the next program session and individually talk to Respondents who did not attend the questionnaire administration session.
- Try to arrange another time to administer the questionnaire; 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 still misses a group makeup, or if a group makeup cannot be arranged, make reasonable efforts to administer the questionnaire individually.

IV. Instrument Overview

Outlined in Table 2 are the variables measured in the Youth Questionnaire. The variables are grouped according to their measurement dimension. The first column of the table identifies the variable being measured by the question or set of questions. The second column contains the number of items comprising the measure, and the third column lists the corresponding question number(s) in the questionnaire. Included in the fourth column is the “source” of the measure or scale—in particular the original source from which the measure was adapted from. Accompanying the source is a numeric notation for the footnote containing the full source citation.

Table 2
Listing of Measurement Dimensions and Variables for the
CSAP National Minority Substance Abuse, HIV and Hepatitis Prevention Initiatives
Youth Questionnaire

Dimension/ Variable	Number of Items	Question Numbers	Measure Source
Section One: Facts About You (Questions 1–15)			
<i>Dimension: Demographics</i>			
Gender	1	1	HIV Cohort 3 #1 GPRA Youth ⁵
Date of Birth	3	2–4	NOMS #4 GPRA Youth ⁵
Ethnicity/Racial Identity	2	5,6	NOMS # 3 & #4 GPRA Youth ⁵
Sexual Orientation	1	7	HIV Cohort 3 #7 JSI Youth Form ¹²
Spoken Language	1	8	HIV Cohort 3 #8
Duration of Life in US	1	9	HIV cohort 3 #10
Living situation	2	10,11	HIV Cohort 3 #12 & 13 JSI Youth Form ¹²
Level of Education	1	12	HIV Cohort 3 #14 GPRA Youth ⁵
Employer Drug Test	1	13	NOMS Work Policy #1 GPRA Youth ⁵
Driving While Under the Influence	1	14	NOMS Crime & Justice #1 GPRA Youth ⁵
Suspension Due to Use	1	15	HIV Cohort 3 #82

Table 2
Listing of Measurement Dimensions and Variables for the
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Youth Questionnaire

Dimension/ Variable	Number of Items	Question Numbers	Measure Source
			GPRA Youth ⁵
Experience with Penal System	2	16,17	Developed by CSAP
Section Two: Cigarettes, Alcohol, and Other Drugs (Questions 18–42)			
<i>Dimension: Alcohol, Tobacco, and Other Drugs—30-Day Use</i>			
Stress Due to Use	1	18	Developed by CSAP
Emotional Problems Due to Use	1	19	Developed by CSAP
30-Day Tobacco Use—Cigarettes	1	20	NOMS Drugs and Alcohol Use #1 GPRA Youth ⁵
30-Day Tobacco Use—Other Tobacco Products	1	21	NOMS Drugs and Alcohol Use #2 GPRA Youth ⁵
30-Day Alcohol Use	1	22	NOMS Drugs and Alcohol Use #3 GPRA Youth ⁵
30-Day Alcohol Abuse—Been Drunk or Very High	1	23	HIV Cohort 3 #23 GPRA Youth ⁵
30-Day Marijuana Use	1	24	NOMS Drugs and Alcohol Use #4 GPRA Youth ⁵
30-Day Other Illegal Drug Use	1	25	NOMS Drugs and Alcohol Use #5 GPRA Youth ⁵
30-Day Inhalant Use	1	26	HIV Cohort 3 #27 GPRA Youth ⁵
30-Day Cocaine and/or Crack Use	1	27	HIV Cohort 3 #30 & 31 GPRA Youth ⁵
30-Day Methamphetamine Use	1	28	HIV Cohort 3 #32 GPRA Youth ⁵
30-Day Injected Drug Use	1	29	HIV Cohort 3 #39 GPRA Youth ⁵
<i>Dimension: Alcohol, Tobacco, and Other Drugs—Age of First Use</i>			
Age at 1 st Use—Cigarettes	1	30	NOMS #6 GPRA Youth ⁵
Age at 1 st Use—Other Tobacco Product	1	31	NOMS #7 GPRA Youth ⁵

Table 2
Listing of Measurement Dimensions and Variables for the
CSAP National Minority Substance Abuse, HIV and Hepatitis Prevention Initiatives
Youth Questionnaire

Dimension/ Variable	Number of Items	Question Numbers	Measure Source
Age at 1 st Use—Alcohol	1	32	NOMS #8 GPRA Youth ⁵
Age at 1 st Use—Marijuana or Hashish	1	33	NOMS #9 GPRA Youth ⁵
Age at 1 st Use—Other Illegal Drugs	1	34	NOMS #10 GPRA Youth ⁵
<i>Dimension: Alcohol, Tobacco, and Other Drugs—Perceptions of Disapproval & Risk</i>			
Perception of Disapproval of ATOD Use	5	35-39	NOMS #11-15 GPRA Youth ⁵
Perception of Risk of ATOD Use	3	40-42	NOMS #11-13 GPRA Youth ⁵
Section Three: Your Family and Friends (Questions 43-63)			
Number of Children	2	43,44	Developed by CSAP
Parental Involvement in ATOD Prevention	1	45	NOMS Family #1
Family Cohesion Scale	6	46-51	HIV Cohort 3 #136-141 JSI Youth Form ¹³ , $\alpha = .83$ JSI Women's Form ¹¹ CSAP Core Measure ^{2,3}
Perceptions of Peer Behavior	12	52-63	HIV Cohort 3 #61-66 JSI Children's Form ¹⁰ Created by CSAP
Section Four: Sexual Behavior (Questions 64–92)			
<i>Dimension: Sexual Behavior</i>			
Ever Had Sexual Intercourse	1	64	HIV Cohort 3 #83 JSI Youth Form ¹²
Age at 1 st Sexual Intercourse	1	65	HIV Cohort 3 #84 JSI Youth Form ¹²
Sexual Intercourse During Last 30 Days	1	66	HIV Cohort 3 #85 JSI Youth Form ¹²
Condom Use During Last 30 Days	1	67	HIV Cohort 3 #86 JSI Youth Form ¹²

Table 2
Listing of Measurement Dimensions and Variables for the
CSAP National Minority Substance Abuse, HIV and Hepatitis Prevention Initiatives
Youth Questionnaire

Dimension/ Variable	Number of Items	Question Numbers	Measure Source
Number of Partners—Lifetime	1	68	HIV Cohort 3 #87 JSI Youth Form ¹²
Number of Partners—Last 3 Months	1	69	HIV Cohort 3 #88 JSI Youth Form ¹²
Sexual Risk Behaviors—Past	5	70-74	HIV Cohort 3 #89-93 JSI Youth Form ¹²
Sexual Risk Behaviors—Next 3 Months	3	75-77	HIV Cohort 3 #94-96 JSI Youth Form ¹²
<i>Dimension: Knowledge of HIV/AIDS</i>			
Knowledge of HIV/AIDS Risks and Transmission	9	78-86	HIV Cohort 3 #113,114 &117 Kaiser's National Survey of Teens on HIV/AIDS 2000 UCSF CAPS Healthy Oakland Teens Survey ¹⁶
<i>Dimension: Sexual Self-efficacy</i>			
Sexual Self-efficacy Scale	6	87-92	HIV Cohort 3 #118-123 JSI Youth Form ¹²
Section Five: School (Questions 93-101)			
School Enrollment	2	93,94	HIV Cohort 3 #71 Mentoring and Strengthening Families Study ⁶
School Performance	1	95	HIV Cohort 3 #15 JSI Youth Form ¹²
School Experience—General	3	96-98	HIV Cohort 3 #72-74 Mentoring and Strengthening Families Study ⁶
School Experience—Last Year	3	99-101	HIV Cohort 3 #75-77 Mentoring and Strengthening Families Study ⁶
Section Six: Social Experiences (Questions 102-109)			
<i>Dimension: Ethnic Identity</i>			
Ethnic Identity Scale	5	102-106	HIV Cohort 3 #131-135

Table 2
Listing of Measurement Dimensions and Variables for the
CSAP National Minority Substance Abuse, HIV and Hepatitis Prevention Initiatives
Youth Questionnaire

Dimension/ Variable	Number of Items	Question Numbers	Measure Source
			Multigroup Ethnic Identity Scale ¹⁵
<i>Dimension: Spiritual & Religious Beliefs</i>			
Spiritual & Religious Beliefs	3	107-109	Created by CSAP
Section Seven: Hepatitis Knowledge (Questions 110-117)			
Knowledge of Hepatitis Risks and Transmission	8	110-117	Created by CSAP
Section Eight: Health Care (118-134)			
Prevention Messages	1	118	NOMS Retention #1
Prevention Message Sources	8	119-126	Kaiser's National Survey of Teens on HIV/AIDS 2000
Past 30 Day Prevention Message Exposure (HIV, Hepatitis, Alcohol & Drugs)	3	127-129	Created by CSAP
HIV Testing	3	130-132	Created by CSAP HIV Cohort 3 #166 & 167
Hepatitis Testing	2	133,134	Created by CSAP
Hepatitis Vaccination	1	135	Created by CSAP
<i>Dimension: Questions about Taking the Survey</i>			
Comfort in Answering Questions	1	136	HIV Cohort 3 #145 JSI Women's Form ¹¹
Truthful Responses to Questions	1	137	HIV Cohort 3 #146 JSI Women's Form ¹¹

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V. Review of Questionnaire Items

This section provides a detailed review of the items in each section of the questionnaire. 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 questionnaire. The recommended solutions are appropriate responses to questions that respondents may ask. Following the recommended solutions, will allow for consistency in the way the questionnaire is administered across settings and sites.

Section One: Facts About You

General Section Comments: The section asks seventeen basic questions about the Respondent such as gender, age, race, sexual orientation, primary language, place of origin, length of time in the United States, living situation, type of residence, grade level, drug and alcohol use and repercussions and experience with the penal system.

1. How would you describe yourself?

Potential Issue: This question asks for the gender of the Respondent.

Recommended Solution: Have Respondent mark the answer that best describes their gender. If needed, please remind Respondent that these answers are confidential and we will not tell anyone what their answer is.

2. In what year were you born?

Potential Issue: None

3. In what month were you born?

Potential Issue: None

4. On what day of the month were you born?

Potential Issue: None

5. Are you Hispanic or Latino?

Potential Issue: Respondent may not understand the question.

Recommended Solution: Does Respondent identify as a Hispanic/Latino (a)? In other words, do they come from one of the primarily Spanish-speaking countries of Central and

South America or the Caribbean.

6. What is your race? (Select one or more)

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

Recommended Solution: Have Respondent select a racial group, even if the Respondent has identified him/herself as Hispanic/Latino(a). The Respondent may mark more than one group if they identify with two groups represented on the list. For example, if Respondent indicates they are half Asian & half African-American, fill in both the bubbles 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 Question 5, ask them to also choose a race rather than “Other.”

7. How would you describe yourself?

Potential Issue: Respondent may express confusion over these categories.

Recommended Solution: Have Respondent mark the answer that most closely matches their sexual orientation—how they feel right now, or most of the time. Also, emphasize that this is confidential and we will not tell anyone what their response was.

8. What is your primary language?

Potential Issue: Respondent might be unsure which language to pick. Confusion over the language spoken at home or school.

Recommended Solution: Ask Respondent to mark the response for the language which corresponds to the language they are most comfortable with.

9. How long have you lived in the United States?

Potential Issue: Respondent unsure about how long they have been in the U.S.

Recommended Solution: Ask the Respondent to provide their best estimate. The number of years should be rounded up. For instance, if Respondent lived in the United States for six months, please indicate “1 year.” If Respondent has left the United States or frequently visits his/her home country for extended periods of time, ask the Respondent to give total time he or she has lived in the U.S. Do not include short trips or summer vacations abroad as time not living in the U.S.

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

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

Recommended Solution: Respondent should mark all the people with whom he or she is currently living. If their current living situation is not represented by the categories (i.e. if the Respondent is currently living in a detention center, or group home), have them select “other.”

11. Describe where you live.

Potential Issue: Respondent may not be sure as to what category would apply to them, or their current living situation is temporary.

Recommended Solution: We are interested in the current living situation, even if it is temporary. Have Respondent pick the category that **best** describes their current living situation. If their current living situation is not represented by the categories (i.e. if the Respondent is currently living in a detention center, or group home), have them select “other.”

12. What is the highest level of education you have finished, whether or not you received a degree? (Mark only the grades you have completed)

Potential Issue: Respondent may not know what grade to select.

Recommended Solution: We are interested in the highest grade Respondent completed. If it is the middle of the school year, have Respondent mark the grade they were in last year.

13. 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: Respondent may not have been in the work force and not know how to answer.

Recommended Solution #1: Explain to Respondent what the question means and ask them how likely they would be to work for an employer that randomly conducts drug testing.

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

Recommended Solution #2: Explain to the Respondent what a drug test is and ask them how likely they would be to work for an employer that randomly conducts drug testing.

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

Potential Issue: Respondent may not understand what constitutes being “under the influence.”

Recommended Solution: Explain to Respondent that “under the influence” means having had enough alcohol to feel the effects, thus impairing their driving ability.

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

Potential Issue: None

16. Have you ever been in juvenile detention, jail or prison for more than 3 days?

Potential Issue: None

17. If Yes to question 16, how long has it been since you last got out of a juvenile detention, jail or prison?

Potential Issue: None

Section Two: Cigarette, Alcohol, and Other Drugs

General Section Comments: The questions in this section address alcohol, tobacco, and other drug use. Some questions may be sensitive for some Respondents.

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 on an individual level. Also explain that these questions are being asked of everyone and there are no expectations about them or certain individual behaviors.

Potential Issue #2: 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.

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. Explain that they should answer the question as best they can given the information that is in the question. If they are still puzzled as to what a certain drug is, explain that if they don't know what it is, they have likely not used it on purpose.

Comments on Items 18-19: These items are about how substance abuse may have affected the Respondent's personal life or vice versa.

18. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs?

Potential Issue: Respondent may not understand the meaning of this question.

Recommended Solution: Ask Respondent if his or her drug use has caused them problems in their personal lives (such as difficulties with parents, brothers or sisters, school) or in their relationships with others.

19. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems?

Potential Issue: Respondent may not understand the meaning of this question.

Recommended Solution: Ask the Respondent if his or her drug use has caused them problems in their personal lives, such as depression, confusion, mood swings, etc.

Comments on Items 20-29: 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.

20. 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 Respondent.

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

21. 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 form a pipe)

Potential Issue: Question may be unclear to Respondent.

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

Comments on Items 22–23: These questions are about alcohol. By alcohol, we mean BEER, WINE, WINE COOLERS, or HARD LIQUOR. There are different groups of people in the United States that may use alcohol for religious reasons. However, this may not be true for your religious, cultural, or ethnic group. For example, some churches serve wine during a church service. If you drink wine at church or for some other religious reason, **do not** count these times in your answers to the questions below.

22. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?

Potential Issue: Question may be unclear to Respondent.

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

23. During the past 30 days, on how many days have you been drunk or very high from drinking alcoholic beverages?

Potential Issue: Question may be unclear to Respondent.

Recommended Solution: Tell Respondent we are interested in the number of days they have been drunk or high, not the number of drinks, or the number of occasions.

Comments on Items 24: These questions are about **MARIJUANA or HASHISH**. Marijuana is sometimes called weed, blunt, hydro, grass, or pot. Hashish is sometimes called hash or hash oil.

24. During the past 30 days, on how many days did you use marijuana or hashish?

Potential Issue: Question may be unclear to Respondent.

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

Comments on Items 25-29: These questions are about **OTHER ILLEGAL DRUGS**, excluding marijuana or hashish. Include substances like inhalants or sniffed substances such as glue, gasoline, paint thinner, cleaning fluid, or shoe polish (used to feel good or to get high); 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 (MDMA), PCP, peyote (sometimes called angel dust); and prescription drugs used without a doctor's orders, just to feel good or to get high.

25. During the past 30 days, on how many days did you use any other illegal drug?

Potential Issue: Question may be unclear to Respondent.

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

Comments on Items 26-29: These questions are about your use of several specific drugs. The definition of each drug is included in the question.

26. 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: Respondent does not know what an inhalant is.

Recommended Solution: Other terms for inhalant **use** that 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).

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

Potential Issue: 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: aspirin, C, candy sugar, *basuco*, *bazulco*, and *blanco/a*.

28. During the past 30 days, on how many days did you use methamphetamine? (Also called meth, crystal meth, crack, go, speed)

Potential Issue: Question may be unclear to Respondent.

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

29. During the last 30 days have you injected any drugs? (Count only injections without a doctor's orders, those you had just to feel good or to get high)

Potential Issue: Respondent might be unsure of the meaning of "inject."

Recommended Solution: Inject means to put a syringe (or "needle") into a body part. Injected drugs can be either intravenous (i.e., into the vein) or non-intravenous (i.e., into a muscle or under the skin). Do not count injection of legal and prescribed medications, i.e., insulin, hormones. However, include injection drugs taken **without** the advice of a doctor or other health care professional, including steroids and hormones.

Comments on Items 30-34: These items are asking the Respondents about the FIRST TIME they used of tobacco, alcohol, marijuana, and other illegal and specific drugs. The specific definition of each substance is defined within the question.

30. How old were you the first time you smoked part or all of a cigarette? (Include menthol and regular cigarettes and loose tobacco rolled into cigarettes)

Potential Issue: Respondent confusion about which bubble to fill in: might be unsure of 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.

31. How old were you the first time you 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 bubble 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 few puffs.

32. How old were you the first time you had a drink of an alcoholic beverage? (Includes beer, wine, wine coolers, malt beverages, and liquor)- DO NOT include any time when you only had a sip or two from a drink.

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

Recommended Solution: Ask 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 for nonreligious purposes.

33. How old were you the first time you used marijuana or hashish? (Also known as grass, pot, hash, or has oil)

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

Recommended Solution: Have Respondent mark their best guess as to what age they were the first time they tried marijuana or hashish, even if it was one or two puffs.

34. How old were you the first time you used any other illegal drugs? [Include substances like inhalants or sniffed substances such as glue, gasoline, paint thinner, cleaning fluid, or shoe polish (used to feel good or to get high); 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 (MDMA), PCP, peyote (sometimes called angel dust); and prescription drugs used without a doctor's orders, just to feel good or to get high]

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

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

Comments on Items 35-39: The next five questions ask about the Respondents' thoughts on someone their age using alcohol, tobacco and other drugs. They are asked if they approve or disapprove of their peers actions.

35. How do *you* feel about someone your age smoking one or more packs of cigarettes a day?

Potential Issue: None.

36. How do you think *your close friends* would feel about YOU smoking one or more packs of cigarettes a day?

Potential Issue: None.

37. How do *you* feel about someone your age trying marijuana or hashish once or twice?

Potential Issue: None.

38. How do *you* feel about someone your age using marijuana once a month or more?

Potential Issue: None.

39. How do *you* feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?

Potential Issue: None.

Comments on Items 40-42: These questions ask the Respondent about what they think happens when people use tobacco, marijuana and alcohol. Remind Respondent 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.

For these questions, the answers include:

No risk	You think nothing bad will happen if people do this.
Slight risk	You think something bad will happen if people do this.
Moderate risk	You are pretty sure something bad will happen if people do this.
Great risk	You really think something bad will happen if people do this.
Can't say/don't know	You really don't know about this drug or don't know how bad it is for you.

40. How much do people risk harming themselves physically or in other ways when they smoke one or more packs of cigarettes per day?

Potential Issue: None.

41. How much do people risk harming themselves physically or in other ways when they smoke marijuana once or twice a week?

Potential Issue: None.

42. How much do people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?

Potential Issue: Respondent may be confused by the question.

Recommended Solution: Explain to Respondent that this means having five or more drinks in one sitting and doing this once or twice a week.

Section Three: Your Family and Friends

43. Do you have any children?

Potential Issue: Respondent may be confused by the question.

Recommended Solution: Explain to Respondent that this question is asking if they currently have any children (including those children that have been adopted in or out), whether they are living with them or not. This question does not ask if they have ever been pregnant, just if they have ever birthed or fathered a child.

44. If Yes to question 43, how many children do you have?

Potential Issue: Respondent may be confused by the question.

Recommended Solution: Explain to Respondent that this question is asking how many children they currently have, whether they are living with them or not.

45. 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: None.

Comments on Items 46-51: These questions ask about the Respondent's family. For these questions, the answers include:

I don't have any family

Not true	This is NEVER true.
Sometimes true	This is true some of the time (this is true 50% of the time).
Usually true	This is true ALMOST all the time (this is true 75% of the time).
Always true	This is ALWAYS true.

46. I am available when others in my family want to talk to me.

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

Recommended Solution: Have Respondent indicate the choice for the answer that best applies to their relationship with their family when they last had contact with them.

47. I listen to what other family members have to say, even when I disagree.

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

Recommended Solution: Have Respondent indicate the choice for the answer that best

applies to their relationship with their family when they last had contact with them.

48. Members of my family ask each other for help.

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

Recommended Solution: Have Respondent indicate the choice for the answer that best applies to their relationship with their family when they last had contact with them.

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

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

Recommended Solution: Have Respondent indicate the choice for the answer that best applies to their relationship with their family when they last had contact with them.

50. Members of my family feel very close to each other.

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

Recommended Solution: Have Respondent indicate the choice for the answer that best applies to their relationship with their family when they last had contact with them.

51. We can easily think of things to do together as a family.

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

Recommended Solution: Have Respondent indicate the choice for the answer that best applies to their relationship with their family when they last had contact with them.

Comments on Items 52-63: These questions ask the Respondent about their friends' behaviors and attitudes toward school, alcohol, cigarettes, other drugs, community, extra-curricular activities, spirituality, and sexual history. The question is anchored to the number of friends that display the particular behavior.

For these questions, the answers include:

None	None of your friends do this.
A few	One to two of your friends do this.
Some	Three to four of your friends do this.
Most	Five to six of your friends do this.
All	All of you friends do this.

How many of your friends do the following:

52. Drink beer, wine, wine coolers or hard liquor (besides a few sips)?

Potential Issue: None.

53. Get good grades?

Potential Issue: None.

54. Smoke cigarettes?

Potential Issue: None.

55. Get suspended from school or dropped out?

Potential Issue: None.

56. Smoke marijuana or weed?

Potential Issue: None.

57. Sniff glue, gases or sprays to get high?

Potential Issue: None.

58. Volunteer for community work?

Potential Issue: Respondent may not understand what is meant by “community work.”
Recommended Solution: Indicate that we are referring to service work done for no pay. Include community work done for school clubs or through a church or other faith-based organization.

59. Get arrested?

Potential Issue: None.

60. Get involved in religious activities?

Potential Issue: None.

61. Exercise or play sports?

Potential Issue: None.

62. Are sexually active?

Potential Issue: Respondent may be unclear as to the term “sexually active.”

Recommended Solution: By “sexually active” we mean have sexual intercourse or sex with another person.

63. Been pregnant or got someone pregnant?

Potential Issue: None.

Section Four: Sexual Behavior

General Comments on Items 64-92: These questions ask the Respondent about sex and things that are related to sex. Some of the questions ask about *having sex*. By *sex* or *sexual activity*, we mean a situation where two partners get sexually excited or aroused (turned on) by touching each other’s genitals (penis or vagina) or anus (butt) with their own genitals, hands or mouths.

When a male inserts his penis into his female partner’s vagina, the partners are considered to be having *vaginal sex*.

When one partner’s mouth touches the other partner’s genitals (penis or vagina) or anus during sex, the partners are considered to be having *oral sex*.

When a male’s penis is inserted into his male or female partner’s anus, the partners are considered to be having *anal sex*.

Some questions ask about “*sexual partners*.” A sexual partner is someone with whom you have sex, that is, engage in sexual activity.

Some questions refer to *protected sex* and *unprotected sex*. Protected sex is when a latex or polyurethane condom (rubber) is used to cover the penis; or a dental dam, or a female condom such as “Reality” is used to cover the vagina; or a dental dam is used to cover the anus. By unprotected sex, we mean vaginal, oral, or anal sex without a barrier such as a latex condom, dental dam, or female condom.

Potential Issue: There may be some confusion between similar questions.

Recommended Solution: Explain that Respondent should think about and pay attention to the time frames.

64. Have you ever had sex (either vaginal, oral or anal)?

Potential Issue: Respondent may not understand the term “ever.”

Recommended Solution: Definitions for the terms are provided above and in their questionnaire booklet. Have them answer the question as best they can with the information provided.

65. How old were you when you had sex for the first time (include vaginal, oral, or anal sex)?

Potential Issue: Respondent does not remember how old they were the first time they had sexual intercourse.

Recommended Solution: If Respondent cannot remember how old they were the first time they had sexual intercourse, have them indicate their best estimate.

66. During the last 30 days, have you had sex?

Potential Issue: Respondent does not remember the last time they had sexual intercourse.

Recommended Solution: If Respondent cannot remember within the past 30 days, have them indicate their best estimate.

67. If Yes to question 66, did you or your partner use a condom?

Potential Issue: Respondent may not understand the term “condom.”

Recommended Solution: By “condom” we mean a latex rubber, or other latex barrier, like a dental dam. It can also include the female (“Reality”) condom, Saran wrap, or a dental dam.

68. During your life, with how many people have you had sex?

Potential Issue: Respondent may not know or remember exactly how many people they have had sexual intercourse with.

Recommended Solution: Ask Respondent to provide their best estimate.

69. During the last 3 months, with how many people did you have sexual intercourse?

Potential Issue: Respondent may not understand the question.

Recommended Solution: This question is asking about the number of people, not the number of times.

Comments on Items 70-71: These questions ask the Respondent about sexual activity while under the influence of drugs or alcohol.

70. Think about the last time you had sex. Did you drink alcohol or use drugs before you had sex the last time?

Potential Issue: Respondent may be unclear as to the meaning of this question.

Recommended Solution: The question asks whether the last time Respondent had sex, was it after having drunk alcohol or used drugs.

71. In the last 3 months, have you had sex after getting drunk or high?

Potential Issue: See question 70, and note the time difference.

72. Have you ever had sex for money, drugs, or other things?

Potential Issue #1: Respondent may not understand question.

Recommended Solution: Explain to Respondent that we are interested in any time when they traded, or were given, money, drugs, or other things in return for sex.

Potential Issue #2: Confusion regarding the term “other things.”

Recommended Solution: “Other things” can include any gifts or favors, including but not limited to food, shelter, etc.

73. In the last 30 days, did you and your boyfriend or girlfriend talk about using condoms?

Potential Issue: Respondent may indicate they are not having sex yet.

Recommended Solution: Indicate to Respondent that we are interested in whether they have been talking with their boyfriend or girlfriend about using a condom regardless of whether they have started to have sex yet.

74. In the last 30 days, did you and your boyfriend or girlfriend use condoms during sex?

Potential Issue: Respondent does not currently have a boyfriend or girlfriend.

Recommended Solution: Did Respondent talk about condom use with their previous sexual partner, or would they feel comfortable doing so in their next relationship. This question also applies to any sexual partner in the last 30 days.

Comments on Items 75-77: These questions ask the Respondent about how likely that

particular behavior will occur. These items are anchored to the next 3 months. For these questions, the answers include:

Not at all likely	This will NEVER happen.
A little likely	You feel this way hardly ever or rarely. (For example, there is a 25% chance that this might happen.)
Somewhat likely	You feel this way some of the time. (For example, there is a 50% chance that this might happen.)
Very likely	There is a very strong chance this will happen. (For example, there is a 75% chance that this might happen.)

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

75. Be sexually active?

Potential Issue: Respondent may be unclear as to the term “sexually active.”

Recommended Solution: By “sexually active” we mean have sexual intercourse or sex with another person. If the Respondent indicates s/he does not intend to be sexually active in the next 3 months, have them mark the bubble for “Not at all likely,” and skip to question 76.

76. Have more than one sexual partner?

Potential Issue: Respondent may be unclear as to the term “sexual partner.”

Recommended Solution: By “sexual partner” we mean any person with whom Respondent has had sex. This question asks whether Respondent plans to have sex with more than one person. The question refers to having multiple partners. It can mean one-to-one contact with different partners over time, and can also mean more than one person at the same time.

77. To practice safe sex?

Potential Issue: Respondent may be unclear on the term “safe sex.”

Recommended Solution: By “safe sex,” we mean having (vaginal, oral, or anal) sex using a latex or polyurethane condom or other barrier (like the female condom or dental dam).

Comments on Items 78-86: These questions test the Respondent’s knowledge about HIV/AIDS and the risk of certain actions for contracting the HIV virus. The correct answer is in underlined next to the question.

78. Only people who look sick can spread the HIV/AIDS virus. False

Potential Issue: None.

79. Only people who have sex with gay (homosexual) people get HIV/AIDS. False

Potential Issue: None.

80. Birth control pills protect women from getting the HIV/AIDS virus. False

Potential Issue: Respondent does not know what birth control pills are.

Recommended Solution: Birth control pills, or “the Pill,” is a common name for oral contraception—or pills that can be taken by women to prevent pregnancies.

81. There are drugs available to treat HIV which can lengthen the life of a person infected with the virus. True

Potential Issue: Respondent does not understand the use of the word “drugs.”

Recommended Solution: Explain to the Respondent that “drugs” refers to medication given by a doctor that is meant to help the person with HIV to live longer.

82. There is no cure for AIDS. True

Potential Issue: Respondent does not understand the use of the word “cure.”

Recommended Solution: Explain to the Respondent that “cure” refers to a way of ridding AIDS from a person’s body forever.

83. Young people under the age 18 need their parents’ permission to get an HIV test. False

Potential Issue: None.

84. Having another sexually transmitted disease like Gonorrhea or Herpes increases a person’s risk of becoming infected with HIV. True

Potential Issue: Respondent does not understand the question.

Recommended Solution: Explain to the Respondent that this asking if a person’s chances of contracting HIV will increase due to an STD that they already have.

85. Sharing intravenous needles increases a person’s risk of becoming infected with HIV. True

Potential Issue: Respondent does not understand the term “sharing intravenous needles.”

Recommended Solution: Explain to the Respondent that this question refers to putting a syringe (or “needle”) directly into one person’s blood stream (i.e. vein) and then using that same needle to inject a substance into another person’s blood stream.

86. You can become infected with HIV by having unprotected oral sex. True

Potential Issue: Respondent does not understand the term “unprotected.”

Recommended Solution: Refer to the directions at the beginning of the section.

Comments on Items 87-92: These questions ask the Respondent statements about her or his boyfriend or girlfriend, or other partner they are currently having sex with and whether they agree or disagree with the listed statements.

For these questions, the answers include:

Strongly agree	You REALLY believe this.
Agree	You believe this.
Disagree	You do not believe this.
Strongly disagree	You REALLY do not believe this.

87. I can get my boyfriend or girlfriend to use a condom, even if he or she does not want to. (If you don't have a boyfriend or girlfriend right now, suppose you had. How would you answer this question if you did?)

Potential Issue: None.

88. I would be able to say to my boyfriend or girlfriend that we should use a condom. (If you don't have a boyfriend or girlfriend right now, suppose you had. How would you answer this question if you did?)

Potential Issue: None.

89. I could refuse if someone wanted to have sex without a condom.

Potential Issue: None.

90. I would be able to say no if a friend offered me a drink of alcohol.

Potential Issue: None.

91. I would be able to refuse if a friend offered me drugs, including marijuana.

Potential Issue: None.

92. I could say no if someone pressured me to have sex when I did not want to.

Potential Issue: None.

Section Five: School

General Section Comments: The next few questions ask how Respondent feels about school. First, we need some background information.

93. Are you enrolled in school?

Potential Issue: Respondent does not understand question.

Recommended Solution: Ask Respondent if he/she is currently attending school, i.e., have they graduated or dropped out. If Respondent is no longer enrolled in school, have Respondent mark the bubble for “No,” and continue to question 94.

94. Are you on summer break or vacation?

Potential Issue: None

95. What were your most recent grades in school?

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

Recommended Solution #1: If 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 not currently in school (like summer break), have them mark the response for the grades they received most during the last school semester.

Comment on Items 96-98: The following set of questions asks the Respondent about his/her feelings about school. If they are on summer break or vacation, have them mark the circle for how they were doing before break or vacation.

Potential Issue: What if Respondent is not currently in school?

Recommended Solution: Have Respondent indicate answers for when they were last in school.

96. How often do you feel that the school work you are assigned is meaningful and important?

Potential Issue: Confusion regarding the term “meaningful.”

Recommended Solution: The term “meaningful” means the purpose of the assignment is important to the Respondent.

97. How interesting are most of your classes to you?

Potential Issue: None

98. How important do you think things you are learning in school are going to be for you later in life?

Potential Issue: None

Comment on Items 99-101: This set of questions asks the Respondent for his/her feelings about the last year in school.

For these questions, the answer categories are:

I was not in school during the last year

Almost always	You feel this way ALMOST or nearly all the time.
Often	You feel this way most of the time. (For example, you may do this 75% of the time.)
Sometimes	You feel this way some of the time. (For example, you may have felt this way 50% of the time.)
Seldom	You feel this way hardly ever or rarely. (For example, you may do this 25% of the time.)
Never	You NEVER feel this way.

Now think back over the last year in school . . .

99. How often did you enjoy being in school?

Potential Issue: None

100. How often did you hate being in school?

Potential Issue: None

101. How often did you try to do your best in school?

Potential Issue: None

Section Six: Social Experiences

Comments on Items 102-106: These questions ask about the Respondent's "ethnic group." And ethnic group is a cultural group that has a shared history, similar customs, traditions, and

sometimes shared values. For example, Hispanics, African Americans, Native Americans, Asians, and Pacific Islanders are usually considered to be an ethnic group.

For these questions, the answers include:

Strongly agree	You REALLY believe this.
Agree	You believe this.
Disagree	You do not believe this.
Strongly disagree	You REALLY do not believe this.

Potential Issue: What if Respondent does not identify themselves with any one ethnicity or with any ethnicity?

Recommended Solution #1: Tell the Respondent to refer to what their family identifies themselves as or what ethnicity they feel the closest to.

102. I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.

Potential Issue #1: Respondent may not understand “traditions.”

Recommended Solution: “Traditions” are regular practices passed down in the family or community—or example, special foods for the holidays, dress, or (more generally) the specific way, order, or rituals in which occasions are observed.

Potential Issue #2: Respondent may not understand “customs.”

Recommended Solution: A “custom” is a common practice of people of a particular background.

103. I am active in organizations or social groups that include mostly members of my own ethnic group.

Potential Issue: Respondent may not understand what we mean by “active in organizations or social groups.”

Recommended Solution: By “active in organizations or social groups” we mean affiliation with a group where there membership requirements are tied to a specific racial, ethnic, or religious background. It can also include church membership. (Some examples are 100 Black Men, AME church, Latino student organizations, Muslim student organization).

104. I think a lot about how my life is affected by my ethnic group.

Potential Issue: None.

105a. I have often talked to other people about my ethnic background.

Potential Issue: None.

105b. I am interested in learning more about my ethnic background.

Potential Issue: None.

106. I participate in cultural practices of my own ethnic group, such as special food, music, or customs.

Potential Issue: Respondent doesn't understand "cultural practices of my own group."

Recommended Solution: Indicate that by "cultural practices" we are referring to activities such as performance of special rituals and attendance at specific activities, such as celebration of specific religious practices (Kwanzaa celebrations, fasting during high holidays, or dressing in a specific manner [such as wearing a hijab]) relevant to the Respondent's own cultural, ethnic or religious background. etc.

Comments on Items 107-109: These items ask the Respondent about religious or spiritual beliefs, meaning a belief system based on something sacred, and their role in the Respondent's daily life.

Potential Issue: Respondent may be unsure of what the SURVEY DEVELOPERS mean by "religious or spiritual beliefs."

Recommended Solution: Have Respondent answer the question, as it applies to HIM or HER. In general, a spiritual belief is a belief system based on something sacred.

For questions 107, the possible response options are:

Not at all important	I am not religious or spiritual at all.
Not too important	Somewhat important, but not fairly important.
Fairly important	Important, but not very important.
Very important	Religious or spiritual beliefs guide my day-to-day life.

107. In general, how important are religious or spiritual beliefs in your day-to-day life?

Potential Issue: None.

For question 108, the possible responses are:

Never	I never pray.
Rarely	I hardly ever pray.
Sometimes	From time to time—occasionally.
Often	Not always, but frequently.
Almost always	Most of the time.

108. When you have problems or difficulties with your school (education), work, family, friends, or personal life, how often do you seek spiritual guidance and support?

Potential Issue #1: Respondent may be unsure as to what we mean by “spiritual guidance and support.”

Recommended Solution: “Spiritual guidance and support” may include going to church, temple or other place of worship; faith-based meetings; or retreats. It may also include speaking to a clergy or other faith representative.

Potential Issue #2: Does it include prayer?

Recommended Solution: No, we are interested in knowing if the Respondent sought guidance from a clergy-member or other spiritual leader.

109. How spiritual or religious would you say you are?

Potential Issue: None.

Section Seven: Hepatitis Knowledge

General Section Comments: These questions test the Respondent’s knowledge about Hepatitis and the risk of certain actions for contracting Hepatitis.

110. There is a difference between an illness caused by viruses and an illness caused by bacteria. TRUE

Potential Issue: None.

111. Hepatitis is a disease that causes inflammation of your liver. TRUE

Potential Issue: Respondent may not recognize the term “inflammation.”

Recommended Solution: Define the term for the Respondent: Inflammation is characterized by heat, swelling, pain, and dysfunction of the organ (liver).

112. The causes of hepatitis include viruses, bacteria, alcohol and toxins, and parasites. TRUE

Potential Issue: None.

113. Hepatitis (A, B, or C) is not a dangerous disease. FALSE

Potential Issue: None.

114. The most common types of viral Hepatitis are Hepatitis A, Hepatitis B, and Hepatitis C. TRUE

Potential Issue: None.

115. Hepatitis A is transmitted through contaminated food and water, while B and C are transmitted through exchanging bodily fluids. TRUE

Potential Issue #1: Respondent may not understand the word “contaminated.”

Recommended Solution: Define the term for the Respondent: something is contaminated when it is exposed to the virus or bacteria.

Potential Issue #2: Respondent may not understand the term “exchanging bodily fluids.”

Recommended Solution: Define the term for the Respondent to include any bodily fluid, such as saliva, semen, urine or blood that is passed from one person to another.

116. The best way to protect yourself from Hepatitis A or Hepatitis B is to get immunized (vaccinated). TRUE

Potential Issue: Respondent may not understand the word “immunized” or “vaccinated.”

Recommended Solution: Define the term vaccine for the Respondent as a medication in either solid or liquid form that is given by a doctor to protect the patient from an illness.

117. Hepatitis immunizations (vaccines) are common in the U.S. and can protect you for a lifetime for certain types of Hepatitis. TRUE

Potential Issue: None.

Section Eight: Health Care

Comments on Items 118-126: These questions ask about the Respondent’s sources of access to health care information.

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

Potential Issue: None.

Please tell us how much you have learned about prevention of substance abuse, HIV, Hepatitis, or other health problems from the following sources:

119. Your friends, brothers or sister?

Potential Issue: None.

120. You parents or guardians?

Potential Issue: None.

121. Teachers, school nurses, or classes at school?

Potential Issue: None.

122. A doctor or other health care provider?

Potential Issue: None.

123. Television shows or movies?

Potential Issue: None.

124. Books or pamphlets?

Potential Issue: None.

125. Popular magazines such as Essence, Seventeen, Audrey, Latina Style, or YM?

Potential Issue: None.

126. The Internet?

Potential Issue: None.

Comments on Items 127-135: These questions ask about the Respondent's health related

behavior and activities that they have engaged in.

127. In the past 30 days, have you been in any classes or programs where they talked about preventing HIV or AIDS?

Potential Issue: Does class mean classroom?

Recommended Solution: No. A class is a group of people who study or learn about a subject, such as health or sex education in school. If Respondent has never taken an HIV class, go to question 128.

128. In the past 30 days, have you been in any classes or programs where they talked about preventing Hepatitis?

Potential Issue: Does class mean classroom?

Recommended Solution: No. A class is a group of people who study or learn about a subject, such as health or sex education in school. If Respondent has never taken an HIV class, go to question 128.

129. In the past 30 days, have you been in any classes or programs where they talked about prevention of drug and alcohol abuse?

Potential Issue: Does class mean classroom?

Recommended Solution: No. A class is a group of people who study or learn about a subject, such as health or sex education in school. If Respondent has never taken an HIV class, go to question 128.

130. Have you ever been tested for the HIV virus that causes AIDS?

Potential Issue: Respondent may interpret this as asking for their HIV status.

Recommended Solution: We are only interested in whether they have been tested or not.

131. If Yes to question 130, did you receive or go back to get your results?

Potential Issue: Respondent may interpret this as asking for their HIV status.

Recommended Solution: We are only interested in whether they have been tested or not. We do not want to know if they have HIV.

132. If you had the opportunity to be tested for HIV, would you?

Potential Issue: Respondent may interpret this as asking for their likelihood of contracting HIV.

Recommended Solution: We are only interested in whether they would want to be tested if they had the opportunity.

133. Have you ever been tested for Hepatitis A, B, or C?

Potential Issue: Respondent may interpret this as asking for their Hepatitis status.

Recommended Solution: We are only interested in whether they have been tested or not.

134. If Yes to question 133, did you receive or go back to get your results?

Potential Issue: Respondent may interpret this as asking for their Hepatitis status.

Recommended Solution: We are only interested in whether they have been tested or not. We do not want to know if they have Hepatitis.

135. Have you received the Hepatitis A or B vaccination?

Potential Issue: Respondent may interpret this as checking on their Hepatitis status.

Recommended Solution: We are only interested in whether they have been vaccinated or not.

Comments on Items 136 and 137: These questions are about the Respondent's experience in answering the survey.

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

Potential Issue: Respondent questions the purpose of this question.

Recommended Solution: If a Respondent wonders why they are being asked this question, say that this question is often asked to help the researchers determine how much confidence they can have in the overall study findings.

137. How truthful were you when answering the questions?

Potential Issue: Respondent questions the purpose of this question.

Recommended Solution: If a Respondent wonders why they are being asked this question, say that this question is often asked to help the researchers determine how much confidence they can have in the overall study findings.

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The guide was prepared and written by Virginia Mulkern, Ph.D., Nilufer Isvan, Ph.D., and Meagan Carmody, of Human Services Research Institute, Darlene Colbert and Paulette Wiggins of McFarland.

The following members contributed to the development of the Questionnaire: Nikki D. Bellamy, Ph.D., Center for Substance Abuse Prevention; Virginia Mulkern, Ph.D. and Nilufer Isvan, Ph.D., Human Services Research Institute; David Marcus, The Constella Group, LLC; and David Shavel, CDM Group.