

**Attachment 9 – Community Member, Survey – Adult Instruments**

**Document E.1: C-KABS Adult**

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## Evaluation of the Native Aspirations Program

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### Document E.1: Community Knowledge, Awareness, and Behaviors – Adult Version (C-KABS-A)

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You are being asked to participate in this survey because your community, along with other tribal communities across the country, received federal funding to prevent violence, bullying, and suicide among Native American youth. As part of the Cross-community Evaluation of the Native Aspirations Project, we are asking that you complete this Community Knowledge, Awareness, and Behaviors Survey (C-KABS). This survey includes a series of questions asking you about your community, attitudes, beliefs, and experiences. The survey also asks about your exposure to and knowledge about suicide, bullying, violence, and substance abuse prevention. The information you give will be used to help Native American youth, Native American communities, and the Native Aspirations program.

This is not a test. There are not right or wrong answers to this survey. Please answer the questions based on what you really think and do. Your honest answers will help us, your community, and other Indian communities to better understand the needs of young people. DO NOT write your name on this survey. The answers you give will be anonymous. No one will know what you write.

Completing this survey is voluntary. If you are not comfortable answering a questions, just leave it blank.

The questions that ask about your background will be used only to describe the types of community members completing this survey. The information will not be used to find out your name. No names will ever be reported.

Please read every question and fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

Contact information: If you have any concerns about your participation in this survey or have any questions about the evaluation, please contact Christine Walrath at [CWalrath@macrointernational.com](mailto:CWalrath@macrointernational.com) (646-695-8154) or Kara Riehman at [Kara.S.Riehman@macrointnational.com](mailto:Kara.S.Riehman@macrointnational.com) (404-592-2148). If you feel upset because of the questions in the survey, please see Mr./Mrs. NAME who is here today and can assist you.

***Thank you very much for your help.***

**Directions:**

- Use a #2 pencil.
- Make dark marks
- Fill in a response like this:       Yes  
    No
- If you change your answer, erase your old answer completely

**This section asks about your community and your experiences and involvement in your community. We'd like to get a better sense of the community you live in. The following are statements that describe some communities. Some of the statements may describe your community, others will not. Please mark the answer that best matches how you feel.**

1. Please read the following statements about your community and indicate how much you agree or disagree.

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	DON'T KNOW
There are opportunities to participate in traditional cultural and spiritual activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are mental health services available in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are substance abuse services available in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide is a frequent problem in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence is a frequent problem in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug abuse is a frequent problem in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are opportunities to interact with elders in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying is a frequent problem in the schools in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol abuse is a frequent problem in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gangs are a serious problem in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug use by youth is a frequent problem in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Underage drinking is a frequent problem in my community.



2. Mark each activity that you participated in during the ***past 12 months***. Mark all that apply. **[ITEMS WILL BE TAILORED TO COMMUNITY SPECIFIC NATIVE ASPIRATIONS ACTIVITIES]**

- Community Specific Activity 1
- Community Specific Activity 2
- Community Specific Activity 3
- Community Specific Activity 4
- Community Specific Activity 5
- Other (Please specify) \_\_\_\_\_
- I did not attend any of these activities

3. Please indicate whether you have been exposed to the following in your community in the ***past 12 months***. **[ITEMS WILL BE TAILORED TO COMMUNITY SPECIFIC NATIVE ASPIRATIONS ACTIVITIES]**

- Community Specific Product 1
- Community Specific Product 2
- Community Specific Product 3
- Community Specific Product 4
- Community Specific Product 5
- Other (Please specify) \_\_\_\_\_
- I was not exposed to any of these

4. What services or organizations would you like to see in your community that do not currently exist? \_\_\_\_\_
- \_\_\_\_\_

**This section contains statements about suicide and mental health. Some people agree with these statements and others do not. We'd like to get your opinion about these statements. Please mark the answer that best fits your thoughts and opinion.**

5. Please indicate whether you believe the following statements are true or false.

	TRUE	FALSE	I DON'T KNOW
People often attempt suicide without warning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes a minor event can push an otherwise normal person to attempt suicide.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Only crazy people attempt suicide.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a person attempted suicide, his/her situation was probably so bad that death was the best solution.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who talk about or threaten suicide don't do it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who really want to die will find a way; it won't help to try and stop them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The tendency to attempt suicide is inherited and passed on from one generation to the next.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You should not talk to depressed people about suicide; it might give them the idea.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The majority of suicides are among people of lower socioeconomic status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social isolation/withdrawal is a risk factor for suicide attempt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most suicidal people never discuss their problems with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide rates for 15-24 year old American Indian and Alaska Natives are higher than any other race.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The experience of physical, sexual, and/or emotional abuse puts one at greater risk for attempting suicide.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most suicide attempts occur late at night or early in the morning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**We'd like to ask you some questions about how you might respond in various situations with youth in your community. There are no right or wrong answers. Please mark the answer that best fits how you think you would react.**

6. If you noticed a youth began to lose interest in activities and friends and sometimes said things like he or she wasn't much good to anyone, would you:

	DEFINITELY WOULD NOT	PROBABLY WOULD NOT	PROBABLY WOULD	DEFINITELY WOULD	DON'T KNOW
Mind your own business and let him/her have privacy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask him/her if something was bothering him/her?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try to get him/her to go talk to you about what's bothering him/her?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tell the youth's parent/guardian about what you noticed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get advice from an elder about the youth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. If a youth was being threatened, bullied, picked on, or physically attacked by another youth on a regular basis, would you:

	DEFINITELY WOULD NOT	PROBABLY WOULD NOT	PROBABLY WOULD	DEFINITELY WOULD	DON'T KNOW
Mind your own business and let the youth handle the situation on his/her own?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Report the situation to the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tell the parent(s)/guardian(s) of the youth being attacked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tell the parent(s)/guardian(s) of the bully?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get advice from an elder about the situation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. If a youth told you he/she was thinking about killing him or herself would you:

	DEFINITELY WOULD NOT	PROBABLY WOULD NOT	PROBABLY WOULD	DEFINITELY WOULD	DON'T KNOW
Tell the youth to call a hotline?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take the youth seriously?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel comfortable talking to the youth about his/her problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to the youth without getting anyone else's help?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get advice from an elder about what to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get advice from another adult (not an elder) about what to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Call a mental health services department in your community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tell the youth's parent(s)/guardian(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The next section asks about your thoughts about people who get mental health treatment as well as your knowledge of resources for mental health treatment in your community. There are no right or wrong answers.**

9. Please read the following and indicate how much you agree or disagree.

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
It is a sign of personal weakness to receive treatment for suicidal thoughts and behaviors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would think less of a person if I found out that he/she received treatment for suicidal thoughts and behaviors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you received mental health treatment, you shouldn't tell anyone about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wouldn't trust someone who received mental health treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Do you know of at least one crisis hotline number that you could give to a youth at risk for suicide?

- Yes  
 No

11. Do you know of at least one mental health service provider where you could refer a youth at risk for suicide?

- Yes (Go to question 20)  
 No (Go to question 21)

12. Where would you refer a youth at risk for suicide? \_\_\_\_\_

**We would like to ask you about your child or children and involvement with your child or children. Please mark the answer that best fits your experiences or how you feel. If you do not have a child or children 17 years of age or under, please continue to question 18.**



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13. How important is it to you that your child or children do the following in school:

	Very Important	Somewhat Important	Not very Important	Not Important at all
Make friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get good grades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participate in extra- curricular activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learn new things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Read the following statements and choose the answer that best describes how you feel.

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
My child is safe at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child is safe on the way to and from school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would know if my child was being bullied in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would know if my child was being bullied to and from school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't mind if my child drinks alcohol (more than a few sips).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't mind if my child smokes cigarettes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If my child were feeling sad or blue, I would know it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If my child was depressed and refused to get out of the bed, I would get him professional mental health help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important for my child to participate in community events.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Read the following statements and choose the answer that best describes how you feel.

	NEVER	RARELY	SOME OF THE TIME	MOST OF THE TIME	ALL THE TIME
When my child is not at home, I know where he or she is.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I make a point to meet my child's friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child asks for permission before leaving the house.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child regularly shares his or her thoughts with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If my child has a problem or struggle, he/she will come to me first to talk through the problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I make my child work on his/her homework after school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know the kind of grades that my child gets in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I talk to my child about how his/her day went.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. If you thought your child was at risk for suicide, would you take him/her to get mental health treatment?

- Yes
- No
- I don't know

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**You are almost finished with the survey. We would like to ask you a few questions about yourself that will help us understand all of the answers we receive. We will use this information only to group you with others who are like you to see whether your answers are similar. This information will not be used to identify any individual person completing the survey.**

17. What is your gender?

- Female
- Male

18. What is your age? \_\_\_\_\_

19. Are you married?

- Yes
- No

20. Are you Hispanic or Latino?

- Yes [go to question 30]
- No [go to question 31]

21. Which Hispanic or Latino group represents you? Are you...(Select one or more.)

- Mexican, Mexican-American, or Chicano
- Puerto Rican
- Cuban
- Dominican
- Central American
- South American
- Other Hispanic Origin, please describe \_\_\_\_\_

22. What is your race? (Select all that apply.)

- American Indian
- Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

23. Do you have children?

- Yes
- No

24. What is your yearly household income?

- 0 - \$9,999
- \$10,000 – \$19,999
- \$20,000 – \$29,999
- \$30,000 – \$39,999
- \$40,000 – \$49,999
- \$50,000 – \$59,999
- \$60,000 and over

25. Including yourself, how many people live with you? \_\_\_\_\_

26. What languages are spoken in your home?

	NEVER	SOMETIMES	OFTEN	ALWAYS
Tribal language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spanish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other language Please specify _____		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Do you practice traditional Indian/Native beliefs and values?

- Yes
- No
- I don't know

28. How often have you done the following with your child/children? **[ITEMS WILL BE TAILORED TO COMMUNITY SPECIFIC NATIVE ASPIRATIONS ACTIVITIES]**

	NEVER	RARELY	SOME OF THE TIME	MOST OF THE TIME	ALL THE TIME
Gone hunting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gone fishing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gone digging for roots or gathered herbs or medicines in a traditional Native way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gathered berries in a traditional Native way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gathered materials for baskets and done basket weaving in a traditional Native way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gone canoeing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been to a pow-wow?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Done traditional native beading?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participated in community celebrations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participated in potlatches?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gone to church?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gone to a sweat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smudged?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participated in other cultural or spiritual activities? Please describe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Thank you for your time and attention to this survey. The information you have provided is extremely important to suicide, violence, and bullying prevention efforts in your community.**

***To request additional information or if you or someone you know is in need of help, please dial 1-800-273-TALK***