Form Approved OMB No.: 09300230

Expiration Date: 04/30/2012

Center for Substance Abuse Prevention National Outcome Measures

Adult Community Survey Form

(Adults ages 18 and older)

Use this **Adult Community Survey Form** for surveys of communities in which data may be collected at a single point in time or at multiple time points, each time using different samples of individuals rather than a matched pretest/posttest design.

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0230. Public reporting burden for this collection of information is estimated to average 1 hour per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

Center for Substance Abuse Prevention National Outcome Measures

Adult Community Survey Form

This survey is voluntary. If you choose to take it, you may skip any question you don't want to answer.

This survey asks about your experience and opinion on a number of topics related to alcohol, tobacco, and drug use. No one will connect your answers with your name or other identifying information. To help us protect the privacy of your answers, please do not write your name on this survey form.

The information in this survey will be used to learn more about the effectiveness of programs in preventing substance abuse.

This is not a test, so there are no right or wrong answers. Some questions may ask you to select all of the answers that are relevant, and others ask you to select a single answer. If the question asks for a single answer and you don't find an answer that exactly fits, choose one that comes closest.

Thank you for agreeing to participate in this survey.

RECORD MANAGEMENT: Your survey administrator will tell you what to fill in for these administrative questions. You may leave all but **Date Completed** blank if you are not given any instructions.

Partic	cipa	ant	ID						
Contr	act	t/Gı	rant	ID					
Date (Coı	mpl	etec	ì					_
			/			/			
Mor	nth			D	ay		Y	ear	
Progr	am	Νã	ame						
Coho	rt N	Nun	ıbeı	r					

1. What is your gender? (Check one) Male Female 2. Are you Hispanic or Latino? (Check one) No Yes 3. What is your race? (Select one or more) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White 4. What is your date of birth? Month Day Year MILITARY FAMILY AND DEPLOYMENT 5. Have you ever served in the Armed Forces, in the Reserves, or the National Guard? No, (Skip to #6] Yes, in the Armed Forces Yes, in the Reserves Yes, in the National Guard 5b. Are you currently on active duty in the Armed Forces, in the Reserves, or the National Guard [select all that apply]? Yes, in the Armed Forces Yes, in the Reserves Yes, in the National Guard No, separated or retired from Armed Forces, Reserves, or National Guard

These questions ask for general information about you. Please mark the response

that best describes you.

Freedom/Operation New Dawn) Persian Gulf (Operation Desert S Vietnam/Southeast Asia Korea WWII	ion Enduring Freedom/Operational Iraqi hield or Desert Storm) sted above (e.g., Somalia, Bosnia, to you on active duty in the Armed uard, or separated or retired from
Yes Yes, more than one No, (Skip to Next Section)	
7. If yes (answer for up to six people):	
7a. What is the relationship of that person (Service Member) to you:	Mother/Father Brother/Sister Spouse/Partner Child Other, Specify
7b. Has the Service Member experienced any of the following (check all that apply):	Deployed in support of Combat Operations (e.g. Iraq or Afghanistan) Was physically Injured during combat Operations Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, Depression, or suicidal thoughts Died or was killed

The next few questions ask about your use of and attitudes toward tobacco, alcohol, and other substances.

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

			Fill in number of days (0 – 30)	Check if don't know or can't say
Cigarettes: Include menthol and regular cigarettes and loose tobacco rolled into cigarettes	8a.	During the past 30 days, on how many days did you smoke part or all of a cigarette?		
Other tobacco products: Include any tobacco product other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe	8b.	During the past 30 days, on how many days did you use other tobacco products?		
Alcoholic beverages: Include beer, wine, wine coolers, malt beverages, and liquor	8c.	During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?		
Marijuana or hashish: Also known as grass, pot, hash, or hash oil	8d.	During the past 30 days, on how many days did you use marijuana or hashish?		
Other illegal drugs: Include substances like: • Heroin, crack or cocaine, methamphetamine • Hallucinogens (drugs that cause people to see or	8e.	During the past 30 days, on how many days did you use any other illegal drug?		

	experience things that are not real) such as LSD (sometimes called acid), Ecstasy (sometimes called MDMA), PCP or peyote (sometimes called angel		
	dust)		
•	Inhalants or sniffed substances such as glue, gasoline, paint thinner, cleaning fluid, or shoe polish (used to "feel good" or to get high)		
•	Prescription drugs without		
	a doctor's orders, just to "feel good" or to get high		
			 _

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

			Check if NEVER	Fill in your age when you first used (in years)	Check if don't know or can't say
Cigarettes: Include menthol and regular cigarettes and loose tobacco rolled into cigarettes	9a.	Ever smoked part or all of a cigarette?			
Other tobacco products: Include any tobacco product other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe	9b.	Ever used any other tobacco product?			
Alcoholic beverages: Include beer, wine, wine coolers, malt beverages, and liquor	9c.	Ever had a drink of an alcoholic beverage? Do NOT include any time when you only had a sip or two from a drink.			

	juana or hashish: Also known as pot, hash, or hash oil	9d.	Ever u mariju hashis	ana or				
like:	r illegal drugs: Include substances	9e.		sed any llegal drug	g?			
	thamphetamine							
peo are call call	llucinogens (drugs that cause ple to see or experience things that not real) such as LSD (sometimes ed acid), Ecstasy (sometimes ed MDMA), PCP or peyote metimes called angel dust)							
as g clea	alants or sniffed substances such glue, gasoline, paint thinner, aning fluid, or shoe polish (used to el good" or to get high)							
doc	escription drugs without a etor's orders, just to "feel good" or get high							
y	For each of the three question ou think people RISK HARM hey engage in the following b	MINC	3 them					
							Doi	n't
			No risk	Slight risk	Moderate risk	Great risk	kno	ow or a't say
10a.	When they smoke one or more packs of CIGARETTES per day	/?						
10b.	When they smoke MARIJUAN once or twice a week?	A						
10c.	When they have five or more dr of an ALCOHOLIC BEVERAC							

This section asks just a few additional question experiences.	ons about your attitudes and
11. 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)	More likelyLess likelyWould make no differenceDon't know or can't say
12. Now think about the past 12 months through today. DURING THE PAST 12 MONTHS, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or drugs?	 Don't have any children 0 times 1 to 2 times A few times Many times Don't know or can't say

Form Approved OMB No.: 09300230 Expiration Date: 04/30/2012

Center for Substance Abuse Prevention National Outcome Measures

Youth Community Survey Form

(Youth ages 12-17)

Use this **Youth Community Survey Form** for surveys of communities in which data may be collected at a single point in time or at multiple time points, each time using different samples of individuals rather than a matched pretest/posttest design.

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0230. Public reporting burden for this collection of information is estimated to average 1 hour per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

Center for Substance Abuse Prevention National Outcome Measures

Youth Community Survey Form

This survey is voluntary. If you choose to take it, you may skip any question you don't want to answer.

This survey asks about your experience and opinion on a number of things related to alcohol, tobacco, and drug use. No one will connect your answers with your name or any other information about you that can identify who you are. To help us keep your answers secret, please do not write your name on this survey form.

The information in this survey will be used to learn more about the effectiveness of programs in preventing substance abuse and protecting youth.

This is not a test, so there are no right or wrong answers. Some questions may ask you to select all of the answers that are relevant, and others ask you to select a single answer. If the question asks for a single answer and you don't find an answer that exactly fits, choose one that comes closest.

Thank you for agreeing to participate in this survey.

Darticipant ID

RECORD MANAGEMENT: Your survey administrator will tell you what to fill in for these administrative questions. You may leave all but **Date Completed** blank if you are not given any instructions.

r ai tic	ipaire	ID														
Contra	act/G	rant	ID													
Date C	Comp	leted	l													
	.1	/			/	T 7										
Mon	th		D	ay		Yε	ear									
Progra	am N	ame														
Cohor	t Nu	mbei	•													

	ese questions ask for general information about you. Please mark the response that best cribes you.
1.	What is your gender? (Check one) Male Female
2.	Are you Hispanic or Latino? (Check one) Yes No
3.	What is your race? (Select one or more) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
4.	What is your date of birth? Month Day Year
Mi	ilitary Family and Deployment
5.	Is anyone in your family or someone close to you on active duty in the Armed Forces, in the Reserves, or the National Guard, or separated or retired from Armed Forces, Reserves, or the National Guard?
	Yes Yes, more than one No, (Skip to Next Section)

6. If yes (answer for up to six people):

6a. What is the relationship of that person	Mother
(Service Member) to you:	Father
	Brother/Sister
	Aunt/Uncle
	Grandparent
	Other, Specify
6b. Has the Service Member experienced any of	Deployed in support of Combat Operations
the following (check all that apply):	(e.g. Iraq or Afghanistan)
	Was physically Injured during combat
	Operations
	Developed combat stress symptoms/difficulties
	adjusting following deployment, including PTSD,
	Depression, or suicidal thoughts
	Died or was killed

The next few questions ask about your use of and attitudes toward tobacco, alcohol, and other substances.

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

			Fill in number of days (0 – 30)	Check if don't know or can't say
Cigarettes: Include menthol and regular cigarettes and loose tobacco rolled into cigarettes	7a.	During the past 30 days, on how many days did you smoke part or all of a cigarette?		
Other tobacco products: Include any tobacco product other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe	7b.	During the past 30 days, on how many days did you use other tobacco products?		
Alcoholic beverages: Include beer, wine, wine coolers, malt beverages, and liquor	7c.	During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?		
Marijuana or hashish: Also known as grass, pot, hash, or hash oil	7d.	During the past 30 days, on how many days did you use marijuana or hashish?		
Other illegal drugs: Include substances like: • Heroin, crack or cocaine, methamphetamine • Hallucinogens (drugs that cause people to see or	7e.	During the past 30 days, on how many days did you use any other illegal drug?		

	experience things that are not real) such as LSD (sometimes called acid), Ecstasy (sometimes called MDMA), PCP or peyote (sometimes called angel dust)
•	Inhalants or sniffed substances such as glue, gasoline, paint thinner, cleaning fluid, or shoe polish (used to "feel good" or to get high)
•	Prescription drugs without a doctor's orders, just to "feel good" or to get high

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

			Check if NEVER	Fill in your age when you first used (in years)	Check if don't know or can't say
Cigarettes: Include menthol and regular cigarettes and loose tobacco rolled into cigarettes	8a.	Ever smoked part or all of a cigarette?			
Other tobacco products: Include any tobacco product other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe	8b.	Ever used any other tobacco product?			
Alcoholic beverages: Include beer, wine, wine coolers, malt beverages, and liquor	8c.	Ever had a drink of an alcoholic beverage? Do NOT			

		include any time when you only had a sip or two from a drink.		
Marijuana or hashish: Also known as grass, pot, hash, or hash oil	8d.	Ever used marijuana or hashish?		
Other illegal drugs: Include substances like: • Heroin, crack or cocaine, methamphetamine • Hallucinogens (drugs that cause people to see or experience things that are not real) such as LSD (sometimes called acid), Ecstasy (sometimes called MDMA), PCP or peyote (sometimes called angel dust)	8e.	Ever used any other illegal drug?		
 Inhalants or sniffed substances such as glue, gasoline, paint thinner, cleaning fluid, or shoe polish (used to "feel good" or to get high) Prescription drugs without a doctor's orders, just to "feel good" or to get high 				

	r each of the following five question feel.	JIIS DEIO	w check	the box that	SHOWS H	OW I	JO UIIIIK
		Neithe approv disapp	e nor	Somewhat disapprove	Strong		Don't know or can't say
9a.	How do <i>you</i> feel about someone your age smoking one or more packs of cigarettes a day?						
9b.	How do you think <i>your close</i> friends would feel about YOU smoking one or more packs of cigarettes a day?						
9c.	How do <i>you</i> feel about someone your age trying marijuana or hashish once or twice?						
9d.	How do <i>you</i> feel about someone your age using marijuana once a month or more?						
9e.	How do <i>you</i> feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?						
pe	or each of the three questions below ople RISK HARMING themselves llowing things:						
		No risk	Slight risk	Moderate risk	Great risk		t know n't say
10a.	When they smoke one or more packs of CIGARETTES per day?						
10b.	When they smoke MARIJUANA once or twice a week?						
10c.	When they have five or more drinks of an ALCOHOLIC BEVERAGE once or twice a week?						

This section asks just a few additional questions about your attitudes and experiences.

	Would you be more or less likely to want to work for an employer that tests its	More likely
	employees for drug or alcohol use on a	Less likely
	random basis? Would you say more	Would make no difference
	likely, less likely, or would it make no difference to you? (Check one)	Don't know or can't say
12.	Now think about the past 12 months	Yes
	through today. DURING THE PAST 12 MONTHS, have you talked with at least	No No
	one of your parents about the dangers of tobacco, alcohol, or drug use? By	Don't know or can't say
	PARENTS, we mean your biological parents, adoptive parents, stepparents, or adult guardians—whether or not they live with you.	
	During the past 12 months, do you recall	Yes
	hearing, reading, or watching an advertisement about prevention of	□ No
	substance abuse?	Don't know or can't sav

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Center for Substance Abuse Prevention National Outcome Measures

Adult Programs Survey Form

(Adult participants ages 18 and older)

Use this **Adult Programs Survey Form** for participants in prevention interventions who are expected to complete survey forms at baseline, exit, and followup periods.

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0230. Public reporting burden for this collection of information is estimated to average 1 hour per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

Center for Substance Abuse Prevention National Outcome Measures

Adult Programs Survey Form

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This survey asks about your experience and opinion on a number of topics related to alcohol, tobacco, and drug use. No one will connect your answers with your name or other identifying information. To help us protect the privacy of your answers, please do not write your name on this survey form.

The information in this survey will be used to learn more about the effectiveness of programs in preventing substance abuse.

This is not a test, so there are no right or wrong answers. Some questions may ask you to select all of the answers that are relevant, and others ask you to select a single answer. If the question asks for a single answer and you don't find an answer that exactly fits, choose one that comes closest.

Thank you for agreeing to participate in this survey.
RECORD MANAGEMENT: Your survey administrator will tell you what to fill in for these administrative questions. You may leave all but Date Completed blank if you are not given any instructions.
Participant ID
Contract/Grant ID
Date Completed
Month Day Year
Survey Type (Check one)
Baseline Exit First followup after exit Second followup
Study Design Group (Check one)
☐ Intervention ☐ Comparison
Program Name

Cohort Number

	hese questions ask for general information about you. Please mark the response that est describes you.
1.	What is your gender? (Check one)
	Male Female
2.	Are you Hispanic or Latino? (Check one)
	Yes No
3.	What is your race? (Select one or more)
	American Indian or Alaska Native
	Asian
	Black or African American
	Native Hawaiian or Other Pacific Islander
	White
_	
4.	What is your date of birth?
	Month Day Year
MI	
1411	LITARY FAMILY AND DEPLOYMENT
5.	LITARY FAMILY AND DEPLOYMENT Have you ever served in the Armed Forces, in the Reserves, or the National Guard?
	Have you ever served in the Armed Forces, in the Reserves, or the National Guard? No, (Skip to #6]
	Have you ever served in the Armed Forces, in the Reserves, or the National Guard? No, (Skip to #6] Yes, in the Armed Forces
	Have you ever served in the Armed Forces, in the Reserves, or the National Guard? No, (Skip to #6] Yes, in the Armed Forces Yes, in the Reserves
	Have you ever served in the Armed Forces, in the Reserves, or the National Guard? No, (Skip to #6] Yes, in the Armed Forces Yes, in the Reserves Yes, in the National Guard
	Have you ever served in the Armed Forces, in the Reserves, or the National Guard? No, (Skip to #6] Yes, in the Armed Forces Yes, in the Reserves Yes, in the National Guard 5b. Are you currently on active duty in the Armed Forces, in the Reserves, or the
	Have you ever served in the Armed Forces, in the Reserves, or the National Guard? No, (Skip to #6] Yes, in the Armed Forces Yes, in the Reserves Yes, in the National Guard 5b. Are you currently on active duty in the Armed Forces, in the Reserves, or the National Guard [select all that apply]?
	Have you ever served in the Armed Forces, in the Reserves, or the National Guard? No, (Skip to #6] Yes, in the Armed Forces Yes, in the Reserves Yes, in the National Guard 5b. Are you currently on active duty in the Armed Forces, in the Reserves, or the National Guard [select all that apply]? Yes, in the Armed Forces
	Have you ever served in the Armed Forces, in the Reserves, or the National Guard? No, (Skip to #6] Yes, in the Armed Forces Yes, in the Reserves Yes, in the National Guard 5b. Are you currently on active duty in the Armed Forces, in the Reserves, or the National Guard [select all that apply]?
	Have you ever served in the Armed Forces, in the Reserves, or the National Guard? No, (Skip to #6] Yes, in the Armed Forces Yes, in the Reserves Yes, in the National Guard 5b. Are you currently on active duty in the Armed Forces, in the Reserves, or the National Guard [select all that apply]? Yes, in the Armed Forces Yes, in the Reserves
	Have you ever served in the Armed Forces, in the Reserves, or the National Guard? No, (Skip to #6] Yes, in the Armed Forces Yes, in the Reserves Yes, in the National Guard 5b. Are you currently on active duty in the Armed Forces, in the Reserves, or the National Guard [select all that apply]? Yes, in the Armed Forces Yes, in the Reserves Yes, in the Reserves Yes, in the National Guard No, separated or retired from Armed Forces, Reserves, or National Guard
	Have you ever served in the Armed Forces, in the Reserves, or the National Guard? No, (Skip to #6] Yes, in the Armed Forces Yes, in the Reserves Yes, in the National Guard 5b. Are you currently on active duty in the Armed Forces, in the Reserves, or the National Guard [select all that apply]? Yes, in the Armed Forces Yes, in the Reserves Yes, in the Reserves Yes, in the National Guard No, separated or retired from Armed Forces, Reserves, or National Guard 5c. Have you ever been deployed to a combat zone?
	Have you ever served in the Armed Forces, in the Reserves, or the National Guard? No, (Skip to #6] Yes, in the Armed Forces Yes, in the Reserves Yes, in the National Guard 5b. Are you currently on active duty in the Armed Forces, in the Reserves, or the National Guard [select all that apply]? Yes, in the Armed Forces Yes, in the Reserves Yes, in the Reserves Yes, in the National Guard No, separated or retired from Armed Forces, Reserves, or National Guard
	Have you ever served in the Armed Forces, in the Reserves, or the National Guard? No, (Skip to #6] Yes, in the Armed Forces Yes, in the Reserves Yes, in the National Guard 5b. Are you currently on active duty in the Armed Forces, in the Reserves, or the National Guard [select all that apply]? Yes, in the Armed Forces Yes, in the Reserves Yes, in the Reserves Yes, in the National Guard No, separated or retired from Armed Forces, Reserves, or National Guard 5c. Have you ever been deployed to a combat zone? Never deployed Iraq or Afghanistan (e.g., Operation Enduring Freedom/Operational Iraqi Freedom/Operation New Dawn)
	Have you ever served in the Armed Forces, in the Reserves, or the National Guard? No, (Skip to #6] Yes, in the Armed Forces Yes, in the Reserves Yes, in the National Guard 5b. Are you currently on active duty in the Armed Forces, in the Reserves, or the National Guard [select all that apply]? Yes, in the Armed Forces Yes, in the Reserves Yes, in the Reserves Yes, in the National Guard No, separated or retired from Armed Forces, Reserves, or National Guard 5c. Have you ever been deployed to a combat zone? Never deployed Iraq or Afghanistan (e.g., Operation Enduring Freedom/Operational Iraqi Freedom/Operation New Dawn) Persian Gulf (Operation Desert Shield or Desert Storm)
	Have you ever served in the Armed Forces, in the Reserves, or the National Guard? No, (Skip to #6] Yes, in the Armed Forces Yes, in the Reserves Yes, in the National Guard 5b. Are you currently on active duty in the Armed Forces, in the Reserves, or the National Guard [select all that apply]? Yes, in the Armed Forces Yes, in the Reserves Yes, in the National Guard No, separated or retired from Armed Forces, Reserves, or National Guard Sc. Have you ever been deployed to a combat zone? Never deployed Iraq or Afghanistan (e.g., Operation Enduring Freedom/Operational Iraqi Freedom/Operation New Dawn) Persian Gulf (Operation Desert Shield or Desert Storm) Vietnam/Southeast Asia
	Have you ever served in the Armed Forces, in the Reserves, or the National Guard? No, (Skip to #6] Yes, in the Armed Forces Yes, in the Reserves Yes, in the National Guard 5b. Are you currently on active duty in the Armed Forces, in the Reserves, or the National Guard [select all that apply]? Yes, in the Armed Forces Yes, in the Reserves Yes, in the Reserves Yes, in the National Guard No, separated or retired from Armed Forces, Reserves, or National Guard 5c. Have you ever been deployed to a combat zone? Never deployed Iraq or Afghanistan (e.g., Operation Enduring Freedom/Operational Iraqi Freedom/Operation New Dawn) Persian Gulf (Operation Desert Shield or Desert Storm)

. Is anyone in your family or someone close to you on active duty in the Armed Forces, ii							
the Reserves, or the National Guard, or so	eparated or retired from Armed Forces,						
Reserves, or the National Guard?							
Yes Yes, more than one No, (Skip to Next Section) 7. If yes (answer for up to six people):							
7a. What is the relationship of that person (Service Member) to you:	Mother/Father Brother/Sister Spouse/Partner Child Other, Specify						

Deployed in support of Combat

(e.g. Iraq or Afghanistan)

symptoms/difficulties adjusting

Depression, or suicidal thoughts

Was physically Injured during combat

following deployment, including PTSD,

Operations

Operations

Died or was killed

Developed combat stress

7b. Has the Service Member experienced

any of the following (check all that apply):

The next few questions ask about your use of and attitudes toward tobacco, alcohol, and other substances.

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

			Fill in number of days (0 – 30)	Check if don't know or can't say
Cigarettes: Include menthol and regular cigarettes and loose tobacco rolled into cigarettes	8a.	During the past 30 days, on how many days did you smoke part or all of a cigarette?		
Other tobacco products: Include any tobacco product other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe	8b.	During the past 30 days, on how many days did you use other tobacco products?		
Alcoholic beverages: Include beer, wine, wine coolers, malt beverages, and liquor	8c.	During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?		
Marijuana or hashish: Also known as grass, pot, hash, or hash oil	8d.	During the past 30 days, on how many days did you use marijuana or hashish?		
 Other illegal drugs: Include substances like: Heroin, crack or cocaine, methamphetamine Hallucinogens (drugs that cause people to see or experience things that are not real) such as LSD (sometimes called acid), Ecstasy (sometimes called MDMA), PCP or peyote (sometimes called angel dust) 	8e.	During the past 30 days, on how many days did you use any other illegal drug?		
 Inhalants or sniffed substances such as glue, gasoline, paint thinner, cleaning fluid, or shoe polish (used to "feel good" or to get high) Prescription drugs without a doctor's orders, just to "feel good" or to get high 				

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

			Check if NEVER	Fill in your age when you first used (in years)	Check if don't know or can't say
Cigarettes: Include menthol and regular cigarettes and loose tobacco rolled into cigarettes	9a.	Ever smoked part or all of a cigarette?			
Other tobacco products: Include any tobacco product other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe	9ъ.	Ever used any other tobacco product?			
Alcoholic beverages: Include beer, wine, wine coolers, malt beverages, and liquor	9c.	Ever had a drink of an alcoholic beverage? Do NOT include any time when you only had a sip or two from a drink.			
Marijuana or hashish: Also known as grass, pot, hash, or hash oil	9d.	Ever used marijuana or hashish?			
Other illegal drugs: Include substances like: • Heroin, crack or cocaine, methamphetamine • Hallucinogens (drugs that cause people to see or experience things that are not real) such as LSD (sometimes called acid), Ecstasy (sometimes called MDMA), PCP or peyote (sometimes called angel dust) • Inhalants or sniffed substances such as glue, gasoline, paint thinner, cleaning fluid, or shoe polish (used to "feel good" or to get high) • Prescription drugs without a doctor's orders, just to "feel good" or to get high	9e.	Ever used any other illegal drug?			

	K HARMING themselves physic viors:	cally or	in other w	ays when th	ney engage in	the following		
		No risk	Slight risk	Moderate risk	Great risk	Don't know or can't say		
10a.	When they smoke one or more packs of CIGARETTES per day?							
10b.	When they smoke MARIJUANA once or twice a week?							
10c.	When they have five or more drinks of an ALCOHOLIC BEVERAGE once or twice a week?							
11. Would you be more or less likely to want for an employer that tests its employees or alcohol use on a random basis? Would more likely, less likely, or would it make difference to you? (Check one)12. DURING THE PAST 12 MONTHS, hav driven a vehicle while you were under the influence of alcohol?			drug [ou say [Less likely				
today many abou	think about the past 12 months y. DURING THE PAST 12 MO y times have you talked with you t the dangers or problems associate of tobacco, alcohol, or drugs	NTHS, I ur child ciated w	how [Don't have 0 times 1 to 2 times A few time Many time	ve any children nes nes	1		

10. For each of the three questions below check one box that shows HOW MUCH you think people

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Center for Substance Abuse Prevention National Outcome Measures

Youth Programs Survey Form

(Participants ages 12-17)

Use this **Youth Programs Survey Form** for participants in prevention interventions who are expected to complete survey forms at baseline, exit, and followup periods.

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0230. Public reporting burden for this collection of information is estimated to average 1 hour per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

Center for Substance Abuse Prevention

National Outcome Measures

Youth Programs Survey Form

This survey is voluntary. If you choose to take it, you may skip any question you don't want to answer.

This survey asks about your experience and opinion on a number of things related to alcohol, tobacco, and drug use. No one will connect your answers with your name or any other information about you that can identify who you are. To help us keep your answers secret, please do not write your name on this survey form.

The information in this survey will be used to learn more about the effectiveness of programs in preventing substance abuse and protecting youth.

This is not a test, so there are no right or wrong answers. Some questions may ask you to select all of the answers that are relevant, and others ask you to select a single answer. If the question asks for a single answer and you don't find an answer that exactly fits, choose one that comes closest.

Thank you for agreeing to participate in this survey.

RECORD MANAGEMENT: Your survey administrator will tell you what to fill in for these administrative questions. You may leave all but **Date Completed** blank if you are not given any instructions.

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Con	itrac	ct/G	rant	ID												
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	ese questions ask for general information about you. Please mark the response that best scribes you.
1.	What is your gender? (Check one)
	Male Female
2.	Are you Hispanic or Latino? (Check one)
	☐ Yes ☐ No
3.	What is your race? (Select one or more)
	American Indian or Alaska Native
	Asian
	Black or African American
	Native Hawaiian or Other Pacific Islander
	White
	Turk
4.	What is your date of birth?
	Month Day Year
M	ilitary Family and Deployment
5.	Is anyone in your family or someone close to you on active duty in the Armed Forces, in the
	Reserves, or the National Guard, or separated or retired from Armed Forces, Reserves, or the
	National Guard?
	Yes
	Yes, more than one
	No, (Skip to Next Section)

6. If yes (answer for up to six people above):

6a. What is the relationship of that person	Mother
(Service Member) to you:	Father
	Brother/Sister
	Aunt/Uncle
	Grandparent
	Other, Specify
6b. Has the Service Member experienced any of	Deployed in support of Combat Operations
the following (check all that apply):	(e.g. Iraq or Afghanistan)
	Was physically Injured during combat
	Operations
	Developed combat stress symptoms/difficulties
	adjusting following deployment, including PTSD,
	Depression, or suicidal thoughts
	Died or was killed

The next few questions ask about your use of and attitudes toward tobacco, alcohol, and other substances.

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

			Fill in number of days (0 – 30)	Check if don't know or can't say
Cigarettes: Include menthol and regular cigarettes and loose tobacco rolled into cigarettes	7a.	During the past 30 days, on how many days did you smoke part or all of a cigarette?		
Other tobacco products: Include any tobacco product other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe	7b.	During the past 30 days, on how many days did you use other tobacco products?		
Alcoholic beverages: Include beer, wine, wine coolers, malt beverages, and liquor	7c.	During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?		
Marijuana or hashish: Also known as grass, pot, hash, or hash oil	7d.	During the past 30 days, on how many days did you use marijuana or hashish?		
Other illegal drugs: Include substances like: • Heroin, crack or cocaine, methamphetamine • Hallucinogens (drugs that cause people to see or experience things that are not real) such as LSD (sometimes called acid), Ecstasy (sometimes called MDMA), PCP or peyote (sometimes called angel dust) • Inhalants or sniffed substances such as glue, gasoline, paint thinner, cleaning fluid, or shoe polish (used to "feel good" or to get high)	7e.	During the past 30 days, on how many days did you use any other illegal drug?		
 Prescription drugs without a doctor's orders, just to "feel good" or to get high 				

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

			Check if NEVER	Fill in your age when you first used (in years)	Check if don't know or can't say
Cigarettes: Include menthol and regular cigarettes and loose tobacco rolled into cigarettes	8a.	Ever smoked part or all of a cigarette?			
Other tobacco products: Include any tobacco product other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe	8b.	Ever used any other tobacco product?			
Alcoholic beverages: Include beer, wine, wine coolers, malt beverages, and liquor	8c.	Ever had a drink of an alcoholic beverage? Do NOT include any time when you only had a sip or two from a drink.			
Marijuana or hashish: Also known as grass, pot, hash, or hash oil	8d.	Ever used marijuana or hashish?			
Other illegal drugs: Include substances like: • Heroin, crack or cocaine, methamphetamine • Hallucinogens (drugs that cause people to see or experience things that are not real) such as LSD (sometimes called acid), Ecstasy (sometimes called MDMA), PCP or peyote (sometimes called angel dust) • Inhalants or sniffed substances such as glue, gasoline, paint thinner, cleaning fluid, or shoe polish (used to "feel good" or to get high) • Prescription drugs without a doctor's orders, just to "feel good" or to get high	8e.	Ever used any other illegal drug?			

			Neither approve i		Somewha disapprov		Don't know or can't say
9a.	How do <i>you</i> feel about someone age smoking one or more packs or cigarettes a day?						
9b.	How do you think your close frie would feel about YOU smoking more packs of cigarettes a day?						
9c.	How do <i>you</i> feel about someone your age trying marijuana or hashish once or twice?						
9d.	How do <i>you</i> feel about someone age using marijuana once a mont more?						
9e.	How do <i>you</i> feel about someone age having one or two drinks of a alcoholic beverage nearly every	an					
	r each of the three questions belo SK HARMING themselves physic					-	
		No risk	Slight risk	Mo risk	derate	Great risk	't know an't say
10a.	When they smoke one or more packs of CIGARETTES per day?						
10b.	When they smoke						

MARIJUANA once or twice a

When they have five or more drinks of an ALCOHOLIC

BEVERAGE once or twice a

week?

week?

10c.

11. Would you be more or less l work for an employer that t for drug or alcohol use on a Would you say more likely, would it make no difference one)	ests its employees random basis? less likely, or	☐ More likely☐ Less likely☐ Would make no difference☐ Don't know or can't say
12. DURING THE PAST 12 Modriven a vehicle while you winfluence of alcohol?		Yes No Don't know or can't say
13. Now think about the past 12 today. DURING THE PAST you talked with at least one the dangers of tobacco, alcol PARENTS, we mean your b adoptive parents, stepparent—whether or not they live w	C 12 MONTHS, have of your parents about hol, or drug use? By iological parents, ts, or adult guardians	Yes No Don't know or can't say

14. During the past 12 months, do you recall hearing, reading, or watching an advertisement about

prevention of substance abuse?

This section asks just a few additional questions about your attitudes and experiences.

Yes

No

Don't know or can't say