

Student Pre-/Post-intervention Survey Instrument: Middle School XX



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XX Middle School is working with a federal agency to get your thoughts and opinions about issues pertaining to your health and well-being.

Please know that your responses will be confidential, which means no one, including teachers, your parents, or your friends, will know how you responded to the following questions. So please answer each question below as honestly as you can.

The information from this survey will help the agency create educational materials that can help you have a healthy and productive middle school experience.

Before you begin, we would like you to create a code for yourself. This code will help us to track your responses while keeping your information completely confidential.

Your teacher will lead you through the following code-building exercise:

Code-Building Exercise

Please enter the **FIRST letter** of your legal **FIRST NAME** _____

Please enter the **LAST letter** of your legal **FIRST NAME** _____

Please enter the **LAST letter** of your legal **LAST NAME** _____

Please enter the two-digit **MONTH** you were born _____

Please enter the two-digit **DAY** you were born _____

EXAMPLE: This is the information you would have recorded if your legal name were **William Garcia-Lopez**, born May 9: **W_M_Z_05_09**

1. Have you ever had any alcoholic beverage to drink, meaning more than just a few sips?

- No [Skip to Question 4] Yes

2. Using your best estimate, on how many occasions, if any, have you had alcoholic beverages to drink—more than just a few sips...

	0	1-2	3-5	6-9	10-19	20-39	40 or more
In your lifetime?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the last 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the last 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Using your best estimate, on how many occasions, if any, have you been drunk or very high from drinking alcoholic beverages...

	0	1-2	3-5	6-9	10-19	20-39	40 or more
In your lifetime?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the last 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the last 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. How much pressure do you feel from your friends and schoolmates to drink alcoholic beverages?

- None Some
 A little A lot

5. How much, if at all, do YOU disapprove of your peers doing each of the following?

	Don't Disapprove	Disapprove	Strongly Disapprove	Can't Say
Having one or two drinks of an alcoholic beverage (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having one or two drinks nearly every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having five or more drinks once or twice each weekend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. How much, if at all, do you think your peers risk harming themselves (physically or in other ways) if they...

	No Risk	Slight Risk	Moderate Risk	Great Risk	Can't Say
Have one or two drinks of an alcoholic beverage (beer, wine, liquor)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have one or two drinks nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have five or more drinks once or twice each weekend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Has your parent or caregiver ever had a conversation with you about the dangers of drinking alcohol?

- No [Skip to Question 10] Yes

8. When your parent or caregiver talked to you about the dangers of drinking alcohol, what did he or she say? Check all that apply.

- | | |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Underage drinking is not acceptable | <input type="checkbox"/> I will know if you drink |
| <input type="checkbox"/> I want you to be happy and safe | <input type="checkbox"/> I can help you figure out ways to avoid drinking |
| <input type="checkbox"/> I know about alcohol and can be counted on to answer your questions | <input type="checkbox"/> Underage drinking can have serious consequences |
| | <input type="checkbox"/> None of the above |

If there are other things your parent or caregiver has said to you about alcohol and underage drinking, please share them here:

9. Within the last 3 months, how often has your parent or caregiver talked to you about the dangers of drinking alcohol?

- | | |
|-----------------------------------|-------------------------------------------------------|
| <input type="radio"/> Once | <input type="radio"/> Four times |
| <input type="radio"/> Twice | <input type="radio"/> Five times or more |
| <input type="radio"/> Three times | <input type="radio"/> Not at all in the last 3 months |

9b. IF YOUR PARENTS HAVE NOT TALKED TO YOU ABOUT ALCOHOL AND UNDERAGE DRINKING in the last 3 months, have they talked to you about it since the start of this school year?

- Yes
 No

10. Please mark your age below.

- 10 years old or younger
 11 years old
 12 years old
 13 years old
 14 years old
 15 years old or older

11. Please mark your grade below.

Attachment 3: Youth Pre-Test and Post-Test Survey

- 6th grade
- 7th grade
- 8th grade

12. Please mark your gender below.

- Male
- Female
- Prefer not to say

Thank you for completing this survey!
We wish you a happy and successful end to the school year!