

NAME: \_\_\_\_\_  
(Print: First name & Last name)

# New Mexico Strategies for Success Survey High School Version 2011

**Do not write in this box. For office use only.**

SFS VERSION ID: ATODHS

**ID#**    -   -      
Site ID Group Participant ID

Date of administration:        
Month Day Year

Language of administration: 1 English  
(Circle appropriate number) 2 Spanish  
3 Other, Specify \_\_\_\_\_

Location of administration: 1 School  
2 Home  
3 Program/evaluation office  
4 Other, Specify \_\_\_\_\_

Type of administration: 1 Individual  
2 Group

Survey Version: 1 Baseline  
2 Posttest  
3 Follow-up

**Important note:** If this is a Posttest or Follow-up, be sure to include the exact same ID# as in the Baseline Instrument.

**DIRECTIONS: Please read each question and circle your response or put an X in the box next to it.**

**The first few questions ask about you in general.**

1) How old are you?

- 12 years old or younger
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old or older

2) Are you female or male?

- Male  Female

3) In what grade are you?

- 8<sup>th</sup> grade
- 9<sup>th</sup> grade
- 10<sup>th</sup> grade
- 11<sup>th</sup> grade
- 12<sup>th</sup> grade
- Not in school

4) How do you describe yourself? **(Select one or more responses.)**

- American Indian or Alaskan Native  
Tribe(s): \_\_\_\_\_
- Asian
- Black or African American
- Hispanic or Latino (such as Mexican, Chicano, Mexican-American, Hispano, Spanish)
- Other Hispanic or Latino: \_\_\_\_\_
- Native Hawaiian or Other Pacific Islander
- White

5) Do you often speak a language other than English at home?

- No  Yes

**How much do people risk harming themselves (physically and in other ways) when they...**

6) smoke one or more packs of cigarettes per day?	No Risk	Slight Risk	Moderate Risk	Great Risk
7) smoke marijuana once a month or more?	No Risk	Slight Risk	Moderate Risk	Great Risk
8) smoke marijuana once or twice a week?	No Risk	Slight Risk	Moderate Risk	Great Risk
9) have one or two drinks of an alcoholic beverage (beer, wine, or liquor) nearly every day?	No Risk	Slight Risk	Moderate Risk	Great Risk
10) have five or more drinks of an alcoholic beverage once or twice a week?	No Risk	Slight Risk	Moderate Risk	Great Risk

**These next questions ask about other health related topics.**

11) How wrong do your parents feel it would be for you to drink alcohol (beer, wine, or hard liquor) regularly?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

12) How wrong do you think it is for someone your age to drink alcohol (beer, wine, or hard liquor) regularly?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

**The next 2 questions ask about personal safety.**

13) During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

14) During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

**The next 4 questions ask about tobacco use. For these questions, smoking does not include any tobacco use that might be done for ceremonial or religious purposes.**

15) Have you ever tried cigarette smoking, even one or two puffs?

- No       Yes

16) During the past 30 days, on how many days did you smoke cigarettes?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

17) During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?

- I did not smoke cigarettes during the past 30 days
- Less than 1 cigarette per day
- 1 cigarette per day
- 2 to 5 cigarettes per day
- 6 to 10 cigarettes per day
- 11 to 20 cigarettes per day
- More than 20 cigarettes per day

18) During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garret, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**The next 2 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.**

19) During the past 30 days, on how many days did you have at least one drink of alcohol?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

20) During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 or more days

**The next question asks about marijuana use. Marijuana is also called grass or pot.**

21) During the past 30 days, how many times did you use marijuana (pot)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

**The next 6 questions ask about other drugs.**

22) During the past 30 days, how many times did you use **any** form of cocaine, including powder, crack or freebase?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

23) During the past 30 days, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

24) During the past 30 days, how many times have you used heroin (also called smack, junk, or China White)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

25) During the past 30 days, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

26) During the past 30 days, how many times have you used ecstasy (also called MDMA)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

27) In the last 30 days, have you used any prescription medication not prescribed for you?

- No
- Yes

**In the last 30 days, have you used any of the following medications not prescribed for you?**

28) Prescription pain pills such as Oxycodone/Oxycontin, Morphine, Vicodin, or Methadone.	NO	YES
29) Prescription medication such as Ritalin, Adderal, Prozac, Lexapro	NO	YES
30) Prescription sleep aids or tranquilizers such as Ambien, Lunesta, Valium or Xanax	NO	YES
31) I have used other prescription medications even though I was not prescribed them	NO	YES

**Among the people you consider to be your closest friends, how many would you say do the following?**

32) Smoke at least 1 cigarette a day?

- None
- A few
- Some
- Most
- All

33) Drink alcohol once a week or more?

- None
- A few
- Some
- Most
- All

34) Have used drugs such as marijuana or cocaine?

- None
- A few
- Some
- Most
- All

You're finished with Module A! Thank you for completing this survey. Your help is really appreciated.

