

NAME: \_\_\_\_\_  
(Print: first name & last name)

# New Mexico

## K-6 Youth Survey

(5<sup>TH</sup> – 6<sup>TH</sup> GRADES)

### DATA ENTRY CODEBOOK

### Version 2011

**version:** K6YOUTH

**ID#**              –  –

                  Site ID                    Group ID                    Participant ID

**aidsite**                    **aidgrp**                    **aidpart**

For 'Grp' ID: 1 = Control, 2 = Treatment, 3 = Second Treatment Group  
For 'Participant ID', please make sure that each participant has unique number

Date of administration:           

**Aydate**                                    [Enter in mm/dd/yy format]

Language of administration:    1 English  
**aylang**                                    2 Spanish  
    3 Other, Specify \_\_\_\_\_(ola\_oth)\_\_\_\_\_

Location of administration:    1 School  
**aylocate**                                    2 Home  
    3 Program/evaluation office  
    4 Other, Specify \_\_\_\_\_(olo\_oth)\_\_\_\_\_

Type of administration:        1 Individual  
**aytype**                                    2 Group

Survey Version                    1 Baseline  
**aysv**                                        2 Posttest  
    3 Follow-up

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

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

1) **Q01** How old are you?

- 10 -  10 years old or younger
- 11 -  11 years old
- 12 -  12 years old
- 13 -  13 years old
- 14 -  14 years old
- 15 -  15 years old
- 16 -  16 years old or older

2) **Q02** Are you female or male?

- 0 -  Male 1 -  Female

3) **Q03** In what grade are you?

- 4 -  4<sup>th</sup> grade
- 5 -  5<sup>th</sup> grade
- 6 -  6<sup>th</sup> grade
- 7 -  7<sup>th</sup> grade
- 8 -  8<sup>th</sup> grade
- 9 -  9<sup>th</sup> grade
- 0 -  Not in school

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

- 0 – No 1 – Yes  **Q04a** American Indian or Alaskan Native  
**Q04a**NAMTribe: \_\_\_\_\_ (enter text)
- 0 – No 1 – Yes  **Q04b** Asian
- 0 – No 1 – Yes  **Q04c** Black or African American
- 0 – No 1 – Yes  **Q04d** Hispanic or Latino (such as Mexican, Chicano, Mexican-American, Hispano, Spanish)
- 0 – No 1 – Yes  **Q04e** Other Hispanic or Latino  
**Q04e**OTH Other Hispanic or Latino: \_\_\_\_\_ (enter text)
- 0 – No 1 – Yes  **Q04f** Native Hawaiian or Other Pacific Islander
- 0 – No 1 – Yes  **Q04g** White

5) **Q05** Do you often speak a language other than English at home?

- 0 -  No 1 -  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? <b>Q06</b>	No Risk <b>0</b>	Slight Risk <b>1</b>	Moderate Risk <b>2</b>	Great Risk <b>3</b>
7)smoke marijuana once a month or more? <b>Q07</b>	No Risk <b>0</b>	Slight Risk <b>1</b>	Moderate Risk <b>2</b>	Great Risk <b>3</b>
8)smoke marijuana once or twice a week? <b>Q08</b>	No Risk <b>0</b>	Slight Risk <b>1</b>	Moderate Risk <b>2</b>	Great Risk <b>3</b>
9)have one or two drinks of an alcoholic beverage (beer, wine, or liquor) nearly every day? <b>Q09</b>	No Risk <b>0</b>	Slight Risk <b>1</b>	Moderate Risk <b>2</b>	Great Risk <b>3</b>
10) have five or more drinks of an alcoholic beverage once or twice a week? <b>Q10</b>	No Risk <b>0</b>	Slight Risk <b>1</b>	Moderate Risk <b>2</b>	Great Risk <b>3</b>

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

11) **Q11** How wrong do your parents feel it would be for you to drink alcohol (beer, wine, or hard liquor) regularly?

- 0- Very wrong
- 1- Wrong
- 2- A little bit wrong
- 3- Not wrong at all

12) **Q12** How wrong do you think it is for someone your age to drink alcohol (beer, wine, or hard liquor) regularly?

- 0- Very wrong
- 1- Wrong
- 2- A little bit wrong
- 3- Not wrong at all

The next 7 questions ask about tobacco use. For these questions, smoking does not include any tobacco use that might be done for ceremonial or religious purposes.

13) **Q13** Have you ever tried cigarette smoking, even one or two puffs?

0 -  No

1 -  Yes

14) **Q14** During the past 30 days, on how many days did you smoke cigarettes?

0 -  0 days

1 -  1 or 2 days

2 -  3 to 5 days

3 -  6 to 9 days

4 -  10 to 19 days

5 -  20 to 29 days

6 -  All 30 days

15) **Q15** During the last month, did you ever try to quit smoking cigarettes?

66 -  I did not smoke during the last month.

0 -  No

1 -  Yes

16) **Q16** 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 -  0 days

1 -  1 or 2 days

2 -  3 to 5 days

3 -  6 to 9 days

4 -  10 to 19 days

5 -  20 to 29 days

6 -  All 30 days

17) **Q17** Do you think you will try smoking a cigarette soon?

66 -  I have already tried smoking cigarettes

0 -  No

1 -  Yes

18) **Q18** Do you think you will smoke a cigarette at any time during the next year?

0 -  Definitely yes

1 -  Probably yes

2 -  Probably not

3 -  Definitely not

19) **Q19** If one of your best friends offered you a cigarette, would you smoke it?

0 -  Definitely yes

1 -  Probably yes

2 -  Probably not

3 -  Definitely not

The next 3 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 does not include drinking a few sips of wine for religious purposes.

20) **Q20** Have you ever had a drink of alcohol, other than a few sips?

0 -  No

1 -  Yes

21) **Q21** During the past 30 days, on how many days did you have at least one drink of alcohol?

0 -  0 days

1 -  1 or 2 days

2 -  3 to 5 days

3 -  6 to 9 days

4 -  10 to 19 days

5 -  20 to 29 days

6 -  All 30 days

22) **Q22** 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 -  0 days
- 1 -  1 day
- 2 -  2 days
- 3 -  3 to 5 days
- 4 -  6 to 9 days
- 5 -  10 to 19 days
- 6 -  20 or more days

**The next 4 questions ask about marijuana use and other drug use. Marijuana also is called grass or pot.**

23) **Q23** Have you ever used marijuana (pot)?

- 0 -  No
- 1 -  Yes

24) **Q24** During the past 30 days, on how many times did you use marijuana (pot)?

- 0 -  0 times
- 1 -  1 or 2 times
- 2 -  3 to 9 times
- 3 -  10 to 19 times
- 4 -  20 to 39 times
- 5 -  40 or more times

25) **Q25** Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays to get high?

- 0 -  No
- 1 -  Yes

26) **Q26** In the last 30 days, have you used any prescription medication not prescribed for you?

- 0 -  No
- 1 -  Yes

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

27) Prescription pain pills such as Oxycodone/Oxycontin, Morphine, Vicodin, or Methadone. <b>Q28</b>	NO <b>0</b>	YES <b>1</b>
28) Prescription medication such as Ritalin, Adderal, Prozac, Lexapro <b>Q29</b>	NO <b>0</b>	YES <b>1</b>
29) Prescription sleep aids or tranquilizers such as Ambien, Lunesta, Valium or Xanax <b>Q30</b>	NO <b>0</b>	YES <b>1</b>
30) I have used other medications even though I was not prescribed them <b>Q31</b>	NO <b>0</b>	YES <b>1</b>

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