

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

# New Mexico Strategies for Success Survey High School Version 2012

**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

**The next questions are about violence, safety, and bullying. Circle the answer that is most true.**

In the last 4 weeks (the last month) how many times have you...

B01.	spread mean stories or lies about someone on purpose?	Never	Once in a while	1 to 2 times a week	3 to 4 times a week	Almost every day
B02.	called others hurtful names and teased them for fun?	Never	Once in a while	1 to 2 times a week	3 to 4 times a week	Almost every day
B03.	damaged someone else's things on purpose?	Never	Once in a while	1 to 2 times a week	3 to 4 times a week	Almost every day
B04.	threatened to beat up someone?	Never	Once in a while	1 to 2 times a week	3 to 4 times a week	Almost every day
B05.	pushed, shoved, slapped, hit, or kicked someone?	Never	Once in a while	1 to 2 times a week	3 to 4 times a week	Almost every day
B06.	started a physical fight with someone?	Never	Once in a while	1 to 2 times a week	3 to 4 times a week	Almost every day
B07.	stole someone else's things on purpose such as their clothing, money, or car?	Never	Once in a while	1 to 2 times a week	3 to 4 times a week	Almost every day

**The next questions are about violence, safety, and bullying. Circle the answer that best matches what has been done to you.**

In the last 4 weeks (the last month) how many times have you...

C01.	been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	Never	Once in a while	1 to 2 times a week	3 to 4 times a week	Almost every day
C02.	been afraid of being beaten up?	Never	Once in a while	1 to 2 times a week	3 to 4 times a week	Almost every day
C03.	been in a physical fight?	Never	Once in a while	1 to 2 times a week	3 to 4 times a week	Almost every day
C04.	had mean stories or lies spread about you?	Never	Once in a while	1 to 2 times a week	3 to 4 times a week	Almost every day
C05.	had sexual jokes, comments, or gestures made to you?	Never	Once in a while	1 to 2 times a week	3 to 4 times a week	Almost every day
C06.	been made fun of because of your looks	Never	Once in a	1 to 2 times	3 to 4 times	Almost

	or the way you talk?		while	a week	a week	every day
C07.	had your property stolen or damaged on purpose such as your clothing, money, or car?	Never	Once in a while	1 to 2 times a week	3 to 4 times a week	Almost every day
C08.	been threatened or injured with a weapon (gun, knife, club, etc.)?	Never	Once in a while	1 to 2 times a week	3 to 4 times a week	Almost every day
C09.	drunk alcohol, used tobacco, or used drugs that you didn't want to because someone else wanted you to?	Never	Once in a while	1 to 2 times a week	3 to 4 times a week	Almost every day

C10) During the past 30 days, on how many days did you not go to school because you felt it would be unsafe at school or on your way to or from school?

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

**Circle the answer that shows how TRUE each statement is about you personally.**

D01	I have goals and plans for the future.	Not at All True	A Little True	Pretty Much True	Very Much True
D02	I plan to graduate from high school.	Not at All True	A Little True	Pretty Much True	Very Much True
D03	I plan to go to college or some other school after high school.	Not at All True	A Little True	Pretty Much True	Very Much True
D04	I know where to go for help with a problem.	Not at All True	A Little True	Pretty Much True	Very Much True
D05	I try to work out problems by talking or writing about them.	Not at All True	A Little True	Pretty Much True	Very Much True
D06	I can work out my problems.	Not at All True	A Little True	Pretty Much True	Very Much True
D07	I can do most things if I try.	Not at All True	A Little True	Pretty Much True	Very Much True

D08	I can work with someone who has different opinions than mine.	Not at All True	A Little True	Pretty Much True	Very Much True
D09	There are many things that I do well.	Not at All True	A Little True	Pretty Much True	Very Much True
D10	I feel bad when someone gets their feelings hurt.	Not at All True	A Little True	Pretty Much True	Very Much True
D11	I try to understand what other people are going through.	Not at All True	A Little True	Pretty Much True	Very Much True
D12	When I need help, I find someone to talk with.	Not at All True	A Little True	Pretty Much True	Very Much True
D13	I enjoy working together with other students my age.	Not at All True	A Little True	Pretty Much True	Very Much True
D14	I stand up for myself without putting others down.	Not at All True	A Little True	Pretty Much True	Very Much True
D15	I try to understand how other people feel and think.	Not at All True	A Little True	Pretty Much True	Very Much True
D16	I understand my moods and feelings.	Not at All True	A Little True	Pretty Much True	Very Much True
D17	I understand why I do what I do.	Not at All True	A Little True	Pretty Much True	Very Much True
D18	There is a purpose to my life.	Not at All True	A Little True	Pretty Much True	Very Much True

**The next statements are about your SCHOOL and things you might do there. Circle the answer that shows how true you think each statement is.**

At my school, there is a teacher or some other adult...

E01	Who really cares about me.	Not at All True	A Little True	Pretty Much True	Very Much True
E02	Who tells me when I do a good job.	Not at All True	A Little True	Pretty Much True	Very Much True
E03	Who cares when I'm not there.	Not at All True	A Little True	Pretty Much True	Very Much True
E04	Who always wants me to do my best.	Not at All True	A Little True	Pretty Much True	Very Much True
E05	Who listens to me when I have something to say.	Not at All True	A Little True	Pretty Much True	Very Much True
E06	Who believes that I will be a success.	Not at All True	A Little True	Pretty Much True	Very Much True

At school...

E07	I do interesting activities.	Not at All True	A Little True	Pretty Much True	Very Much True
E08	I help decide things like class activities or rules.	Not at All True	A Little True	Pretty Much True	Very Much True
E09	I do things that make a positive difference.	Not at All True	A Little True	Pretty Much True	Very Much True

**The next statements are about what might happen outside your school or your home, such as in your NEIGHBORHOOD, COMMUNITY, VILLAGE with an ADULT who is not your parent or guardian.**

Outside of my home and school, there is an adult...

E10	Who really cares about me.	Not at All True	A Little True	Pretty Much True	Very Much True
E11	Who tells me when I do a good job.	Not at All True	A Little True	Pretty Much True	Very Much True
E12	Who notices when I'm upset about something.	Not at All True	A Little True	Pretty Much True	Very Much True
E13	Who believes that I will be a success.	Not at All True	A Little True	Pretty Much True	Very Much True
E14	Who always wants me to do my best.	Not at All True	A Little True	Pretty Much True	Very Much True
E15	Whom I trust.	Not at All True	A Little True	Pretty Much True	Very Much True

Outside of my home and school, I do these things...

E16	I am part of clubs, sports teams, church/temple, or other group activities.	Not at All True	A Little True	Pretty Much True	Very Much True
E17	I dance, participate in theatre, make music or art	Not at All True	A Little True	Pretty Much True	Very Much True
E18	I help other people.	Not at All True	A Little True	Pretty Much True	Very Much True

**How true are these statements about your FRIENDS?**

I have a friend about my own age...

E19	Who really cares about me.	Not at All True	A Little True	Pretty Much True	Very Much True
E20	Who talks with me about my problems.	Not at All True	A Little True	Pretty Much True	Very Much True
E21	Who helps me when I'm having a hard time.	Not at All True	A Little True	Pretty Much True	Very Much True

Most of my friends...

E22	Get into a lot of trouble.	Not at All True	A Little True	Pretty Much True	Very Much True
E23	Try to do what is right.	Not at All True	A Little True	Pretty Much True	Very Much True
E24	Do well in school.	Not at All True	A Little True	Pretty Much True	Very Much True

In my home, there is a parent or some other adult...

E25	Who expects me to follow the rules.	Not at All True	A Little True	Pretty Much True	Very Much True
E26	Who is interested in my schoolwork.	Not at All True	A Little True	Pretty Much True	Very Much True
E27	Who believes that I will be a success.	Not at All True	A Little True	Pretty Much True	Very Much True
E28	Who talks with me about my problems.	Not at All True	A Little True	Pretty Much True	Very Much True
E29	Who always wants me to do my best.	Not at All True	A Little True	Pretty Much True	Very Much True
E30	Who listens to me when I have something to say.	Not at All True	A Little True	Pretty Much True	Very Much True

At home...

E31	I do fun things or go to fun places with my parents or other adults.	Not at All True	A Little True	Pretty Much True	Very Much True
E32	I do things that make a positive difference.	Not at All True	A Little True	Pretty Much True	Very Much True
E33	I get to have input on some decisions made by my parents.	Not at All True	A Little True	Pretty Much True	Very Much True

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