

# Codebook

## New Mexico

### State Incentive Grant Program

### Strategies for Success

### Module A: Middle School

### Version 2012

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

SFS VERSION ID: ATODMID

version

**ID#**       –   –

Site ID                      Group                      Participant ID

id                              ogid                              opid

(ogid codes: **1** = Control/Comparison group, **2** = Intervention/ Program group, **3** = Second Comparison group)

Date of administration:             

**odadmin**                      Month                      Day                      Year

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

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

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

Survey Version:  
**survey**                      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.  
 Post-test variables have a "2" in the extension (e.g. CQ1\_2 or version2).

**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?

- 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.**) Enter 0 if not selected and 1 if selected:

0 – No 1 – Yes  **Q04a** American Indian or Alaskan Native  
**Q04a**NAM Tribe: \_\_\_\_\_ (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>Q27</b>	NO <b>0</b>	YES <b>1</b>
28) Prescription medication such as Ritalin, Adderal, Prozac, Lexapro <b>Q28</b>	NO <b>0</b>	YES <b>1</b>
29) Prescription sleep aids or tranquilizers such as Ambien, Lunesta, Valium or Xanax <b>Q29</b>	NO <b>0</b>	YES <b>1</b>
30) I have used other medications even though I was not prescribed them <b>Q30</b>	NO <b>0</b>	YES <b>1</b>

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