

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

# New Mexico

## State Incentive Grant Program

### Strategies for Success

#### Module A: Middle School Instrument

#### Version 2012

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

SFS VERSION ID: ATODMID

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 a mark in the box next to it.**

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

1) How old are you?

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

2) Are you female or male?

- Male       Female

3) In what grade are you?

- 5<sup>th</sup> grade  
 6<sup>th</sup> grade  
 7<sup>th</sup> grade  
 8<sup>th</sup> grade  
 9<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 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) Have you ever tried cigarette smoking, even one or two puffs?

- No       Yes

14) 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

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

- I did not smoke during the last month.  
 No  
 Yes

16) 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

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

- I have already tried smoking cigarettes  
 No  
 Yes

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

- Definitely yes  
 Probably yes  
 Probably not  
 Definitely not

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

- Definitely yes  
 Probably yes  
 Probably not  
 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) Have you ever had a drink of alcohol, other than a few sips?

- No       Yes

21) 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

22) 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 4 questions ask about marijuana use and other drug use. Marijuana also is called grass or pot.**

23) Have you ever used marijuana (pot)?

- No       Yes

24) During the past 30 days, on 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

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

- No       Yes

26) 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?**

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

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