Annual

Strategies for Success

MIDDLE School

**FY2020**

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| **Version ID:** | AATODMID-A-SP |
| **ID#:** | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | – |  |  | – |  |  |  |  | | SITE ID | | |  | SCHOOL ID | |  | SURVEY ID | | | | |
| **School Name:** |  |
| **Date of administration:** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | – |  |  | – |  |  | | MONTH | |  | DAY | |  | YEAR | | |

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| **New Mexico’s risky alcohol and drug use rates and problems related to substance use are among the highest in the country**. This survey is sponsored by the NM Office of Substance Abuse Prevention (NM OSAP) and administered by your local prevention provider. NM OSAP will use the findings from this survey to determine substance abuse prevention and treatment needs in your community.  The survey should take you approximately 30 minutes to complete and your responses are completely anonymous. The survey will ask questions about you, your own alcohol and drug use, and drug use at school. The only risk of participating in this study is that you may feel upset or have a negative emotional reaction when responding to some questions. There are no other expected risks of participating in this study. No identifying information about you will ever be associated with your responses on this survey. **PLEASE DO NOT PUT YOUR NAME ANYWHERE ON THIS SURVEY**. | **Your participation in this survey is completely voluntary**. You may choose not to answer a question and you may quit the survey at any time. There are no right or wrong answers. Your answers are anonymous. Please answer the questions as honestly as possible.  This survey is conducted by the (Coalition Name) on behalf of the NM Office of Substance Abuse Prevention (NM OSAP). If you would like to know more about why we are doing this survey, please contact (First and Last name of contact person at Coalition) at (Provide a phone number) or (Provide an email address). If you have questions or concerns about this study or your rights as a survey participant in the study, please contact (First and Last name of contact person at School) at (Provide a phone number) or (Provide an email address). |

**After you have completed the survey,  
please place the survey in the box or envelope provided.**

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

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| **About You** | | | | | | | | | |
| The first few questions ask about you in general. | | | | | | | | | |
|  | 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 |
|  | I am: | 🞏 Male 🞏 Female | | | | | | | |
|  | In what grade are you? | 🞏 5th grade  🞏 6th grade | | 🞏 7th grade  🞏 8th grade | | | | 🞏 9th grade  🞏 Not in school | |
|  | How do you describe yourself?  *(Check all that apply.)* | 🞏 American Indian or Alaskan Native  🞏 Asian  🞏 Black or African American | | 🞏 Hispanic, Latino or Latina (such as Mexican, Chicano, Mexican-American, Hispano, Spanish, other Hispanic Latino)  🞏 Native Hawaiian or Other Pacific Islander  🞏 White | | | | | |
|  | Do you often speak a language other than English at home? | | | | 🞏 Yes 🞏 No | | | | |
|  | What is the highest level of schooling your **mother** completed? | | 🞏 Less than high school  🞏 High school graduate or GED  🞏 Some college or technical school | | | 🞏 College graduate, graduate or  professional school graduate  🞏 Not sure/Not applicable | | | |
|  | What is the highest level of schooling your **father** completed? | | 🞏 Less than high school  🞏 High school graduate or GED  🞏 Some college or technical school | | | 🞏 College graduate, graduate or  professional school graduate  🞏 Not sure/Not applicable | | | |
|  | During the past 30 days, where did you usually sleep at night? | | 🞏 In my parent’s or guardian’s home; or my usual stable home  🞏 In the home of a friend, family member, or other person because  I had to leave my home or my parent or guardian cannot afford housing  🞏 In a foster home or group facility  🞏 In a shelter or emergency housing  🞏 In a hotel or motel  🞏 In a car, park, campground, or other public place  🞏 I do not have a usual place to sleep  🞏 Somewhere else:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

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| **PERSONAL BELIEFS** | | | | | | | | | | |
|  | 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 | | |
|  | 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 | | |
| How much do people risk harming themselves (physically and in other ways) when they… | | | | | | | | | | |
|  | …smoke one or more packs of cigarettes per day? | No Risk | | Slight Risk | | | Moderate Risk | | | Great Risk |
|  | …use electronic vapor products (i.e., e-cig, vapes, Juul) on a daily basis? | No Risk | | Slight Risk | | | Moderate Risk | | | Great Risk |
|  | …smoke marijuana once a month or more? | No Risk | | Slight Risk | | | Moderate Risk | | | Great Risk |
|  | …smoke marijuana once or twice a week? | No Risk | | Slight Risk | | | Moderate Risk | | | Great Risk |
|  | …have one or two drinks of an alcoholic beverage (beer, wine, or liquor) nearly every day? | No Risk | | Slight Risk | | | Moderate Risk | | | Great Risk |
|  | …have five or more drinks of an alcoholic beverage once or twice a week? | No Risk | | Slight Risk | | | Moderate Risk | | | Great Risk |
|  | …use prescription painkillers for a non-medical reason? | No Risk | | Slight Risk | | | Moderate Risk | | | Great Risk |
| **TOBACCO AND NICOTINE** | | | | | | | | | | |
| The next questions ask about tobacco use. For these questions, *smoking does not include any tobacco use that might be done for ceremonial or religious purposes.* | | | | | | | | | | |
|  | 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 | |
|  | 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 | |
|  | During the past 30 days, on how many days did you smoke tobacco or flavored tobacco in a hookah, even just a puff? | | 🞏 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 | |

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| The next questions ask about electronic vapor products, such as blu, NJOY, or Starbuzz. Electronic vapor products include e-cigarettes, e-cigars, Juul, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens. | | | | | | | | | | | | | |
|  | Have you ever used an electronic vapor product? | | | | 🞏 Yes 🞏 No | | | | | | | | |
|  | During the past 30 days, on how many days did you use an electronic vapor product? | | | | 🞏 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 |
|  | If you used any tobacco product in the last 30 days, where did you get them? This includes cigarettes, chewing tobacco, snuff, electronic vapor product, cigars or cigarillos, *(Check all that apply)*. | | 🞏 I have not used tobacco products in the past 30 days.  🞏 An adult family member gave it or bought it for me.  🞏 Someone not related to me who is 18 or older gave it or bought it  for me.  🞏 My parent or guardian gave it or bought it for me.  🞏 I took it from my home or someone else’s home.  🞏 I bought it at a store.  🞏 Someone under age 18 bought or gave it to me.  🞏 I got it some other way. *[Please describe]*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  | Do you think you will try smoking a cigarette soon? | | 🞏 I have already tried smoking cigarettes 🞏 Yes 🞏 No | | | | | | | | | | |
|  | Do you think you will smoke a cigarette at any time during the next year? | | | 🞏 Definitely yes  🞏 Probably yes | | | | | | | 🞏 Probably not  🞏 Definitely not | | |
|  | If one of your best friends offered you a cigarette, would you smoke it? | | | 🞏 Definitely yes  🞏 Probably yes | | | | | | | 🞏 Probably not  🞏 Definitely not | | |
| **ALCOHOL** | | | | | | | | | | | | | |
| The next 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*. | | | | | | | | | | | | | |
|  | Have you ever had a drink of alcohol, other than a few sips? | | | | | | 🞏 Yes 🞏 No | | | | | | |
|  | 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 |
|  | During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row (if you are female) or 5 or more drinks of alcohol in a row (if you are male)? | | | | 🞏 0 days  🞏 1 day  🞏 2 days | | | | 🞏 3 to 5 days  🞏 6 to 9 days  🞏 10 to 19 days | | | | 🞏 20 or more  days |
|  | During the past 30 days, how did you get the alcohol you drank? *(Check all that apply)* | 🞏 I have not drunk alcohol in the past 30 days.  🞏 I got it at a party.  🞏 My parent or guardian gave it or bought it for me.  🞏 Another adult family member who is 21 or older gave it or bought it for me.  🞏 Someone not related to me who is 21 or older gave it or bought it for me.  🞏 Someone under age 21 bought or gave it to me.  🞏 I took it from my home or someone else’s home.  🞏 I bought it at a store, restaurant, bar or public place.  🞏 I got it some other way. *[Please describe]*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **OTHER DRUGS** | | | | | | | | | | | | | |
| The next questions ask about marijuana use. Marijuana is also called weed or grass and includes medical cannabis and cannabis extracts such as edibles, pot hash oil, shatter, and wax. | | | | | | | | | | | | | |
|  | Have you ever used marijuana (pot)? | | | | | 🞏 Yes 🞏 No | | | | | | | |
|  | During the past 30 days, how many times did you use marijuana? | | | | | 🞏 0 times  🞏 1 or 2 times  🞏 3 to 9 times | | | | | | 🞏 10 to 19 times  🞏 20 to 39 times  🞏 40 or more times | |
|  | During the past 30 days, how did you **usually** use marijuana or cannabis? *(Select only* ***one*** *response)* | 🞏 I did not use marijuana during the past 30 days  🞏 I smoked it (such as in a joint, bong, pipe, or blunt)  🞏 I ate it (such as brownies, cakes, cookies, or other ‘edibles’ like candies or pills)  🞏 I drank it (in liquid form such as drops or in a beverage)  🞏 I vaped or vaporized (including dabbing using waxes or concentrates)  🞏 I used it some other way: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| The next questions ask about prescription drug use. | | | | | | | | | | | | | |
|  | During the past 30 days, how many times have you taken a prescription stimulant such as Ritalin or Adderall *not prescribed to you*? | | | | | 🞏 0 times  🞏 1 or 2 times  🞏 3 to 9 times | | | | | | 🞏 10 to 19 times  🞏 20 to 39 times  🞏 40 or more times | |
|  | In the last 30 days, did you use **prescription painkillers** for any reason *(even if you were not prescribed them)*? | | | | | 🞏 Yes | | 🞏 No *(If you answer no, please skip  to question 38)* | | | | | |
|  | During the past 30 days, how many times did you use a **painkiller** to get high, like Vicodin, OxyContin (also called Oxy or OC), or Percocet (also called Percs)? | | | | | 🞏 0 times  🞏 1 or 2 times  🞏 3 to 9 times | | | | | | 🞏 10 to 19 times  🞏 20 to 39 times  🞏 40 or more times | |
|  | If you used painkillers in the last 30 days for any reason, where did you get them? *(Check all that apply)* | 🞏 I didn’t use prescription pain killers in the last 30 days  🞏 A doctor or dentist prescribed or gave them to me  🞏 A family member shared them with me  🞏 A friend shared them with me  🞏 They were bought from somebody (e.g., friend, dealer, family member)  🞏 They were taken from someone (including friends or relatives) without asking  🞏 Other place (e.g., Mexico, internet) *[Please describe]*:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
|  | Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays to get high? | | | | | | | | | 🞏 Yes 🞏 No | | | |

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| **AT SCHOOL & IN YOUR COMMUNITY** | | | | | |
| Even if you don’t drink at all, please answer these questions as if you did. | | | | | |
|  | If you are drinking alcohol **at school**, how likely are you to **get caught** by teachers or staff? | 🞏 Very unlikely  🞏 Unlikely | | 🞏 Likely  🞏 Very likely | |
|  | If you get caught drinking **at school**, how likely are you to **get into trouble** with school? | 🞏 Very unlikely  🞏 Unlikely | | 🞏 Likely  🞏 Very likely | |
|  | If you are drinking alcohol anywhere in your community, how likely are you to **get caught by the police**? | 🞏 Very unlikely  🞏 Unlikely | | 🞏 Likely  🞏 Very likely | |
|  | If you are drinking alcohol anywhere in your community, how likely are you to **get arrested or cited by the police**? | 🞏 Very unlikely  🞏 Unlikely | | 🞏 Likely  🞏 Very likely | |
| During this school year, did you ever do any of the following while on school property? Did you… | | | | | |
|  | …smoke cigarettes on school property? | | Yes | | No |
|  | …use chewing tobacco, snuff or dip on school property? | | Yes | | No |
|  | …have at least one drink of alcohol on school property? | | Yes | | No |
|  | …use marijuana on school property? | | Yes | | No |
|  | …use prescription drugs to get high while on school property? | | Yes | | No |
|  | During this school year, has anyone offered, sold, or given you an illegal drug **on school property**? | | 🞏 Yes 🞏 No | | |
|  | During this school year, while **on school property**, has anyone offered, sold, or given you a prescription drug to get high? | | 🞏 Yes 🞏 No | | |

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