

FIRST NAME:

LAST NAME:

BASELINE

Strategies for Success

MIDDLE SCHOOL
FY 2022

Please print your name clearly at the top and then tear off this sheet and hand in to the survey administrator.

DO NOT WRITE IN THIS BOX. FOR OFFICE USE ONLY.

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(Circle appropriate number)

Language of administration:	1 English 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

ID#: - -

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

ABOUT YOU

The first few questions ask about you in general.

1	How old are you?	<input type="checkbox"/> 10 years old or younger <input type="checkbox"/> 11 years old	<input type="checkbox"/> 12 years old <input type="checkbox"/> 13 years old	<input type="checkbox"/> 14 years old <input type="checkbox"/> 15 years old	<input type="checkbox"/> 16 years old <input type="checkbox"/> or older
2	What is your gender?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Another gender identity: _____			
3	In what grade are you?	<input type="checkbox"/> 5 th grade <input type="checkbox"/> 6 th grade	<input type="checkbox"/> 7 th grade <input type="checkbox"/> 8 th grade	<input type="checkbox"/> 9 th grade <input type="checkbox"/> Not in school	
4	How do you describe yourself? <i>(Check all that apply.)</i>	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic, Latino or Latina (such as Mexican, Chicano, Mexican-American, Hispano, Spanish, other Hispanic Latino) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
5	Do you often speak a language other than English at home?	<input type="checkbox"/> No <input type="checkbox"/> Yes			
6	What is the highest level of schooling your mother completed?	<input type="checkbox"/> Less than high school <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college or technical school	<input type="checkbox"/> College graduate, graduate or professional school graduate <input type="checkbox"/> Not sure/Not applicable		
7	What is the highest level of schooling your father completed?	<input type="checkbox"/> Less than high school <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college or technical school	<input type="checkbox"/> College graduate, graduate or professional school graduate <input type="checkbox"/> Not sure/Not applicable		
8	During the past 30 days, where did you usually sleep at night?	<input type="checkbox"/> In my parent's or guardian's home; or my usual stable home <input type="checkbox"/> 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 <input type="checkbox"/> In a foster home or group facility <input type="checkbox"/> In a shelter or emergency housing <input type="checkbox"/> In a hotel or motel <input type="checkbox"/> In a car, park, campground, or other public place <input type="checkbox"/> I do not have a usual place to sleep <input type="checkbox"/> Somewhere else: _____			

PERSONAL BELIEFS

9	How wrong do <u>your parents</u> feel it would be for <u>you</u> to drink alcohol (beer, wine, or hard liquor) regularly?	<input type="checkbox"/> Very wrong <input type="checkbox"/> Wrong	<input type="checkbox"/> A little bit wrong <input type="checkbox"/> Not wrong at all
10	How wrong do <u>you</u> think it is for someone your age to drink alcohol (beer, wine, or hard liquor) regularly?	<input type="checkbox"/> Very wrong <input type="checkbox"/> Wrong	<input type="checkbox"/> A little bit wrong <input type="checkbox"/> Not wrong at all

How much do people risk harming themselves (physically and in other ways) when they...

11	...smoke one or more packs of cigarettes per day?	No Risk	Slight Risk	Moderate Risk	Great Risk
12	...use electronic vapor products (i.e., e-cig, vapes, Juul) on a daily basis?	No Risk	Slight Risk	Moderate Risk	Great Risk
13	...smoke marijuana once a month or more?	No Risk	Slight Risk	Moderate Risk	Great Risk
14	...smoke marijuana once or twice a week?	No Risk	Slight Risk	Moderate Risk	Great Risk
15	...have one or two drinks of an alcoholic beverage (beer, wine, or liquor) nearly every day?	No Risk	Slight Risk	Moderate Risk	Great Risk
16	...have five or more drinks of an alcoholic beverage once or twice a week?	No Risk	Slight Risk	Moderate Risk	Great Risk
17	...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.*

18	During the past 30 days, on how many days did you smoke cigarettes?	<input type="checkbox"/> 0 days	<input type="checkbox"/> 6 to 9 days	<input type="checkbox"/> All 30 days
		<input type="checkbox"/> 1 or 2 days	<input type="checkbox"/> 10 to 19 days	
		<input type="checkbox"/> 3 to 5 days	<input type="checkbox"/> 20 to 29 days	
19	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?	<input type="checkbox"/> 0 days	<input type="checkbox"/> 6 to 9 days	<input type="checkbox"/> All 30 days
		<input type="checkbox"/> 1 or 2 days	<input type="checkbox"/> 10 to 19 days	
		<input type="checkbox"/> 3 to 5 days	<input type="checkbox"/> 20 to 29 days	
20	During the past 30 days, on how many days did you smoke tobacco or flavored tobacco in a hookah, even just a puff?	<input type="checkbox"/> 0 days	<input type="checkbox"/> 6 to 9 days	<input type="checkbox"/> All 30 days
		<input type="checkbox"/> 1 or 2 days	<input type="checkbox"/> 10 to 19 days	
		<input type="checkbox"/> 3 to 5 days	<input type="checkbox"/> 20 to 29 days	

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.

21	Have you ever used an electronic vapor product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	During the past 30 days, on how many days did you use an electronic vapor product?	<input type="checkbox"/> 0 days <input type="checkbox"/> 6 to 9 days <input type="checkbox"/> All 30 days <input type="checkbox"/> 1 or 2 days <input type="checkbox"/> 10 to 19 days <input type="checkbox"/> 3 to 5 days <input type="checkbox"/> 20 to 29 days
23	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, <i>(Check all that apply)</i> .	<input type="checkbox"/> I have not used tobacco products in the past 30 days. <input type="checkbox"/> An adult family member gave it or bought it for me. <input type="checkbox"/> Someone not related to me who is 18 or older gave it or bought it for me. <input type="checkbox"/> My parent or guardian gave it or bought it for me. <input type="checkbox"/> I took it from my home or someone else's home. <input type="checkbox"/> I bought it at a store. <input type="checkbox"/> Someone under age 18 bought or gave it to me. <input type="checkbox"/> I got it some other way. <i>[Please describe]:</i> _____
24	Do you think you will try smoking a cigarette soon?	<input type="checkbox"/> I have already tried smoking cigarettes <input type="checkbox"/> No <input type="checkbox"/> Yes
25	Do you think you will smoke a cigarette at any time during the next year?	<input type="checkbox"/> Definitely yes <input type="checkbox"/> Probably not <input type="checkbox"/> Probably yes <input type="checkbox"/> Definitely not
26	If one of your best friends offered you a cigarette, would you smoke it?	<input type="checkbox"/> Definitely yes <input type="checkbox"/> Probably not <input type="checkbox"/> Probably yes <input type="checkbox"/> 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.*

27	Have you ever had a drink of alcohol, other than a few sips?	<input type="checkbox"/> No <input type="checkbox"/> Yes
28	During the past 30 days, on how many days did you have at least one drink of alcohol?	<input type="checkbox"/> 0 days <input type="checkbox"/> 6 to 9 days <input type="checkbox"/> All 30 days <input type="checkbox"/> 1 or 2 days <input type="checkbox"/> 10 to 19 days <input type="checkbox"/> 3 to 5 days <input type="checkbox"/> 20 to 29 days
29	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)?	<input type="checkbox"/> 0 days <input type="checkbox"/> 3 to 5 days <input type="checkbox"/> 20 or more days <input type="checkbox"/> 1 day <input type="checkbox"/> 6 to 9 days <input type="checkbox"/> 2 days <input type="checkbox"/> 10 to 19 days
30	During the past 30 days, how did you get the alcohol you drank? <i>(Check all that apply)</i>	<input type="checkbox"/> I have not drunk alcohol in the past 30 days. <input type="checkbox"/> I got it at a party. <input type="checkbox"/> My parent or guardian gave it or bought it for me. <input type="checkbox"/> Another <u>adult family member</u> who is 21 or older gave it or bought it for me. <input type="checkbox"/> Someone <u>not related</u> to me who is 21 or older gave it or bought it for me. <input type="checkbox"/> Someone <u>under age 21</u> bought or gave it to me. <input type="checkbox"/> I took it from my home or someone else's home. <input type="checkbox"/> I bought it at a store, restaurant, bar or public place. <input type="checkbox"/> I got it some other way. <i>[Please describe]:</i> _____

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.

31	Have you ever used marijuana (pot)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
32	During the past 30 days, how many times did you use marijuana?	<input type="checkbox"/> 0 times <input type="checkbox"/> 10 to 19 times <input type="checkbox"/> 1 or 2 times <input type="checkbox"/> 20 to 39 times <input type="checkbox"/> 3 to 9 times <input type="checkbox"/> 40 or more times
33	During the past 30 days, how did you usually use marijuana or cannabis? <i>(Select only one response)</i>	<input type="checkbox"/> I did not use marijuana during the past 30 days <input type="checkbox"/> I smoked it (such as in a joint, bong, pipe, or blunt) <input type="checkbox"/> I ate it (such as brownies, cakes, cookies, or other 'edibles' like candies or pills) <input type="checkbox"/> I drank it (in liquid form such as drops or in a beverage) <input type="checkbox"/> I vaped or vaporized (including dabbing using waxes or concentrates) <input type="checkbox"/> I used it some other way: _____
<p>The next questions ask about prescription drug use.</p>		
34	During the past 30 days, how many times have you taken a prescription stimulant such as Ritalin or Adderall <i>not prescribed to you</i> ?	<input type="checkbox"/> 0 times <input type="checkbox"/> 10 to 19 times <input type="checkbox"/> 1 or 2 times <input type="checkbox"/> 20 to 39 times <input type="checkbox"/> 3 to 9 times <input type="checkbox"/> 40 or more times
35	In the last <u>30 days</u> , did you <u>use prescription painkillers</u> for any reason <i>(even if you were not prescribed them)</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If you answer no, please skip to question 38)</i>
36	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)?	<input type="checkbox"/> 0 times <input type="checkbox"/> 10 to 19 times <input type="checkbox"/> 1 or 2 times <input type="checkbox"/> 20 to 39 times <input type="checkbox"/> 3 to 9 times <input type="checkbox"/> 40 or more times
37	If you used painkillers in the last 30 days for any reason, where did you get them? <i>(Check all that apply)</i>	<input type="checkbox"/> I didn't use prescription pain killers in the last 30 days <input type="checkbox"/> A doctor or dentist prescribed or gave them to me <input type="checkbox"/> A family member shared them with me <input type="checkbox"/> A friend shared them with me <input type="checkbox"/> They were bought from somebody (e.g., friend, dealer, family member) <input type="checkbox"/> They were taken from someone (including friends or relatives) without asking <input type="checkbox"/> Other place (e.g., Mexico, internet) <i>[Please describe]</i> : _____
38	Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays to get high?	<input type="checkbox"/> No <input type="checkbox"/> Yes

AT SCHOOL & IN YOUR COMMUNITY

Even if you don't drink at all, please answer these questions as if you did.

39	If you are drinking alcohol at school , how likely are you to get caught by teachers or staff?	<input type="checkbox"/> Very unlikely <input type="checkbox"/> Unlikely	<input type="checkbox"/> Likely <input type="checkbox"/> Very likely
40	If you get caught drinking at school , how likely are you to get into trouble with school?	<input type="checkbox"/> Very unlikely <input type="checkbox"/> Unlikely	<input type="checkbox"/> Likely <input type="checkbox"/> Very likely
41	If you are drinking alcohol anywhere in your community, how likely are you to get caught by the police ?	<input type="checkbox"/> Very unlikely <input type="checkbox"/> Unlikely	<input type="checkbox"/> Likely <input type="checkbox"/> Very likely
42	If you are drinking alcohol anywhere in your community, how likely are you to get arrested or cited by the police ?	<input type="checkbox"/> Very unlikely <input type="checkbox"/> Unlikely	<input type="checkbox"/> Likely <input type="checkbox"/> Very likely

You're finished! Thank you for completing this survey