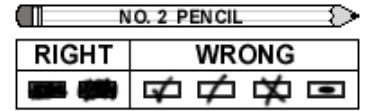


UNITED WAY OF BROWARD COUNTY COMMISSION ON SUBSTANCE ABUSE (BCCSA) PROGRAM EVALUATION SURVEY



Is this a pre-survey post-survey follow-up?

What is your date of birth?
MMDDYYYY

What is your Zip Code
at home?

Today's Date
MMDDYYYY

Program Code

School Code

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Grade in School

- Not in school 7th grade 9th grade 11th grade
 6th grade 8th grade 10th grade 12th grade

Years in Program

- Just started 1-3 Years 4-6 years

Answer the next two items, only if applicable:

Are you a member of Drug Free Youth in Town (DFYIT)?

- Yes No

Check off what activities you have participated in over the past year or previous years:

- DFYIT CLub Meetings DFYIT Sponsored Red Ribbon Week Activity Council of Representatives
 Mini Institute DFYIT Sponsored Community Service Drug Summit
 Project Alert Peer-to-Peer Training Have not attended DFYIT Event _____
 Drug Free Alternative Events Leadership Training Institute

Gender

- Male Female

What do you consider yourself to be?

- African American Cuban American
 Caribbean American Central or South American
 Asian American Mexican American
 American Indian/Native American, Eskimo or Aleut White, not Hispanic Origin
 Native Hawaiian or other Pacific Islander Multi-Racial
 Puerto Rican None of the Above

Thank you for agreeing to participate in this survey. This is not a test; there are no right or wrong answers. This questionnaire is part of a study being carried out in order to increase our understanding of the program you are involved in and to help evaluate the program services you are receiving. Your help is very much appreciated. ALL answers are confidential. Other youth have said they enjoy answering these questions-we hope you will, too. Thank you very much for being an important part of this project!

Instructions: There are no right or wrong answers. What you have to say about each of the items is what counts! Please darken the box completely next to your answer.

A. DRUG AND ALCOHOL USE

1. How frequently have you smoked cigarettes during the past 30 days?

- Not at all About one-half pack per day Two packs or more per day
 Less than one cigarette per day About one pack per day
 One to five cigarettes per day About one and one half packs per day

2. How often have you used smokeless tobacco during the past 30 days?

- Not at all Once to twice per week About once a day
 Once or twice Three to five times per week More than once a day

3. Alcohol beverages include beer, wine, wine coolers, and liquor. On how many occasions during the last 30 days have you had alcoholic beverages to drink (more than just a few sips)?

- 0 occasions 3 to 5 occasions 10 to 19 occasions 40 or more occasions
 1 to 2 occasions 6 to 9 occasions 20 to 39 occasions

4. On how many occasions during the last 30 days (if any) have you been drunk or very high from drinking alcoholic beverages?

- 0 occasions 3 to 5 occasions 10 to 19 occasions 40 or more occasions
 1 to 2 occasions 6 to 9 occasions 20 to 39 occasions

5. On how many occasions during the last 30 days (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)?

- 0 occasions 3 to 5 occasions 10 to 19 occasions 40 or more occasions
 1 to 2 occasions 6 to 9 occasions 20 to 39 occasions

6. During the LAST MONTH, about how many marijuana cigarettes (joints, reefers), or the equivalent, did you smoke a day, on the average? (If you shared them with other people, count only the amount YOU smoked).

- None 1 a day 4 to 6 a day 11 or more a day
 Less than 1 per day 2 to 3 a day 7 to 10 a day

7. On how many occasions during the last 30 days (if any) have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high?

- 0 occasions 3 to 5 occasions 10 to 19 occasions 40 or more occasions
 1 to 2 occasions 6 to 9 occasions 20 to 39 occasions

8. On how many occasions (if any) in your LIFETIME have you had an alcoholic beverage-more than just a few sips?

- Never 3 to 5 10 to 19 40 or more
 1 to 2 6 to 9 20 to 39

B. ATTITUDES AND BELIEFS

1. It is clear to my friends that I am committed to living a drug-free life.

- False Maybe True

2. I have made a final decision to stay away from marijuana.

- False Maybe True

3. I have decided that I will smoke cigarettes.

False Maybe True

4. I plan to get drunk sometime in the next year.

False Maybe True

5. How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?

No risk Moderate risk Can't say/Drug unfamiliar
 Slight risk Great risk

6. How much do you think people risk harming themselves (physically or in other ways) if they try marijuana once or twice?

No risk Moderate risk Can't say/Drug unfamiliar
 Slight risk Great risk

7. How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana regularly?

No risk Moderate risk Can't say/Drug unfamiliar
 Slight risk Great risk

8. How much do you think people risk harming themselves (physically or in other ways) if they take ONE OR TWO DRINKS of an alcoholic beverage (beer, wine, liquor) NEARLY EVERY DAY?

No risk Moderate risk Can't say/Drug unfamiliar
 Slight risk Great risk

9. How wrong do you think it is for someone your age to drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?

Very wrong Wrong A little bit wrong Not wrong at all

10. How wrong do you think it is for someone your age to smoke cigarettes?

Very wrong Wrong A little bit wrong Not wrong at all

11. How wrong do you think it is for someone your age to smoke marijuana?

Very wrong Wrong A little bit wrong Not wrong at all

12. How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines or another illegal drug?

Very wrong Wrong A little bit wrong Not wrong at all

13. How wrong would most adults in your neighborhood, or the area around where you live, think it is for kids your age to smoke marijuana?

Very wrong Wrong A little bit wrong Not wrong at all

14. How wrong would most adults in your neighborhood, or the area around where you live, think it is for kids your age to drink alcohol?

Very wrong Wrong A little bit wrong Not wrong at all

15. How wrong would most adults in your neighborhood, or the area around where you live, think it is for kids your age to smoke cigarettes?

Very wrong Wrong A little bit wrong Not wrong at all

16. How wrong would most adults in your neighborhood, or the area around where you live, think it is for kids your age to use LSD, cocaine, amphetamines, or another illegal drug??

Very wrong Wrong A little bit wrong Not wrong at all

C. Answer the following questions only if instructed to do so:

1. During the past month (30 days), how many times were you in a physical fight?

- 0 times 1 to 2 times 3 to 4 times 5 or more times

2. During the past month (30 days), how many times were you suspended (internal, external or Alternative to External Suspension)?

- 0 times 1 time 2 times 3 or more times

3. I can control my temper.

- Always Almost Always Almost Never Never

4. When I see a fight, I am likely to....

- Do nothing Get help Encourage or join in the fight Try and break the fight up

5. When I am angry, I am likely to...

- Get into a fight Ignore it, do nothing Do something to calm myself Hit something or hurt myself

D. Answer the following questions only if instructed to do so:

1. How often do you feel that the school work you are assigned is meaningful and important?

- Almost Always Sometimes Never
 Often Seldom

2. How interesting are most of your courses to you?

- Very Interesting or Stimulating Fairly Interesting Very Dull
 Quite Interesting Slightly Dull

3. How important do you think things you are learning in school are going to be for your later life?

- Very Important Fairly Important Not at all Important
 Quite Important Slightly Important

4. Now thinking back over the past year in school, how often did you enjoy being in school?

- Almost Always Sometimes Never
 Often Seldom

5. Now thinking back over the past year in school, how often did you hate being in school?

- Almost Always Sometimes Never
 Often Seldom

6. Now thinking back over the past year in school, how often did you try to do your best in school?

- Almost Always Sometimes Never
 Often Seldom

7. During the LAST FOUR WEEKS, how many whole days have you missed because of illness?

- 1 3 6 to 10 none
 2 4 to 5 11 or more

8. During the LAST FOUR WEEKS, how many whole days have you missed because you skipped or cut?

- 1 3 6 to 10 none
 2 4 to 5 11 or more

9. During the LAST FOUR WEEKS, how many whole days have you missed for other reasons?

- 1 3 6 to 10 none
 2 4 to 5 11 or more