1. **What is this survey designed to measure?**
This survey is designed to measure *attitudes and behaviors associated with alcohol, tobacco and other drugs (ATOD)*. More specifically, it measures perceived risk in the use of ATOD (item #1-11) and recent (past 30-day) use of ATOD (item #12-19). The items were developed by Lloyd Johnston and colleagues, as part of the Monitoring the Future (MTF) survey conducted at the University of Michigan Institute for Social Research and funded by the National Institute on Drug Abuse (NIDA). Other institutions (e.g., Western Michigan University [WMU]) and researchers (e.g., Hawkins and colleagues) use the same items to assess student substance use attitudes and behaviors.

2. **Who is this survey designed to assess?**
The survey items have been used by NIDA to measure substance among American high school seniors for 28 years and among 8th-and 10th-graders for 12 years. In addition, these items also have been used by other researchers (e.g., Hawkins and colleagues, in the Communities that Care [CTC] survey) for students in 6th grade. Nevertheless, this measure’s suitability with your targeted population should be determined prior to its administration via a review by your local Advisory Council and a pilot test with a small sample of respondents.

Please note that any ED-funded project involving the assessment of drug use behavior or other illegal or anti-social behaviors of minors must include the collection of written informed consent from the parent/guardian prior to administration of the assessment. Consent must include, but not be limited to, wording indicating that (a) the questions will ask about the use of illegal substances, (b) the survey is confidential and the results will be reported about the group only – not individual students, (c) the student is not required to answer any questions that make the student feel uncomfortable or that the student or student’s parent(s)/guardian(s) think the student should not answer, and (d) there is no penalty for skipping some or all of the survey questions. Check with your LEA or consortia to determine other information to include in the consent form.

3. **When should this survey be administered?**
This survey is designed to be administered as a “pre/post” measure immediately before the program begins and at least one time after the program is completed. Note that the posttest includes three items (#22-24) to measure participants’ satisfaction with the program, which is a valuable process evaluation indicator.

4. **Is this survey reliable and valid?**
Johnston and colleagues as well as others (e.g., Hawkins and colleagues) have found these items to possess adequate reliability and validity for a variety of populations.

5. **Can I modify this survey?**
The wording of these items should not be altered because they are identical to items on standardized surveys (e.g., MTF, CTC, WMU) and therefore can be compared to national, state or local results from these surveys. However, not all the drugs listed must be included in the survey, and additional drugs can be added to the survey by creating items with the same “boilerplate” wording as the other items. For example, if a question about diet pill usage was added, insert “diet pills” into the following boilerplate sentence, “Use ________ occasionally in order to get high.”

6. **What should I do to ensure that this survey is administered properly?**
Here are several tips to facilitate good survey administration:
- **Make sure those who administer the survey have reviewed it in order to become familiar with its format and wording and to consult with you, if needed, about any questions or concerns they have about the survey or administration schedule, protocol or related matters.**
- **Introduce yourself if the respondents do not know you. Explain the purpose of the survey and ask for their participation. They are not required to participate and not everyone will be willing to do so.**
- **Stress that their survey answers are confidential (or private) and that their names will not be on the survey.**
- **As you conduct the survey, make sure you ask the same questions to all respondents.**
- **If you are asked a question about a survey item, be neutral in your response – don’t lead them into answering the way you want them to answer. If they don’t understand a question, instruct them to leave it blank.**
- **Make sure you ask the questions in the same way to all respondents.**
- **Say thanks. It takes time and effort to participate in a survey.**
7. How do I score this survey?
Commonly, these items are scored individually by tabulating the percentage of respondents who answer each response choice (e.g., “no risk” and “slight risk”) or a grouping of similar response choices (e.g., no/ slight risk). These percentages should be calculated separately for the pretest and posttest data.

In addition, an average score can be computed from the percentages across items that measure the same indicator (e.g., ATOD attitudes) in order to form a global (multi-item) indicator for the pretest and posttest[s]. However, keep in mind that ATOD behaviors tend to vary greatly in prevalence (e.g., alcohol is used much more widely than marijuana), and large variations are reduced and may be masked when presented as an average score across items.

8. What is the primary reference for this survey?
### For each statement, please fill in the circle that best fits your opinion:

<table>
<thead>
<tr>
<th>Statement</th>
<th>No Risk</th>
<th>Slight Risk</th>
<th>Moderate Risk</th>
<th>Great Risk</th>
<th>Can’t say, drug not familiar</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much do you think people risk harming themselves (physically or in other ways) if they...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Smoke one or more packs of cigarettes per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Try marijuana once or twice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Smoke marijuana regularly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Try one or two drinks of an alcoholic beverage (beer, wine, liquor)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Take one or two drinks of an alcoholic beverage nearly every day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Have five or more alcoholic drinks once or twice each weekend</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Take cocaine (powder, crack) occasionally</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Use inhalants (such as aerosol spray cans, glue, gases) occasionally in order to get high</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Use steroids occasionally</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Use club drugs (such as Ecstasy, GHB, Rohypnol) occasionally</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Use heroin occasionally</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
For each statement below, please fill in the circle that shows how many times you did this activity during the past 30 days.

12. How frequently have you smoked cigarettes during the past 30 days.
   - ① Not at all
   - ② Less than one per day
   - ③ 1 to 5 cigarettes per day
   - ④ About one pack per day
   - ⑤ About one-half pack per day
   - ⑥ More than one pack per day

13. On how many occasions during the past 30 days (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)?
   - ① 0 occasions
   - ② 1-2 occasions
   - ③ 3-5 occasions
   - ④ 6-9 occasions
   - ⑤ 10-19 occasions
   - ⑥ 20 or more occasions

14. On how many occasions during the past 30 days have you had alcoholic beverages to drink (more than just a few sips)? (Note: Alcoholic beverages include beer, wine, wine coolers, and liquors.)
   - ① 0 occasions
   - ② 1-2 occasions
   - ③ 3-5 occasions
   - ④ 6-9 occasions
   - ⑤ 10-19 occasions
   - ⑥ 20 or more occasions

15. On how many occasions during the past 30 days (if any) have you been drunk or very high from drinking alcoholic beverages?
   - ① 0 occasions
   - ② 1-2 occasions
   - ③ 3-5 occasions
   - ④ 6-9 occasions
   - ⑤ 10-19 occasions
   - ⑥ 20 or more occasions

16. On how many occasions during the past 30 days (if any) have you taken cocaine in any form (powder, “crack”)?
   - ① 0 occasions
   - ② 1-2 occasions
   - ③ 3-5 occasions
   - ④ 6-9 occasions
   - ⑤ 10-19 occasions
   - ⑥ 20 or more occasions

17. On how many occasions during the past 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?
   - ① 0 occasions
   - ② 1-2 occasions
   - ③ 3-5 occasions
   - ④ 6-9 occasions
   - ⑤ 10-19 occasions
   - ⑥ 20 or more occasions

18. On how many occasions during the past 30 days (if any) have you used steroids?
   - ① 0 occasions
   - ② 1-2 occasions
   - ③ 3-5 occasions
   - ④ 6-9 occasions
   - ⑤ 10-19 occasions
   - ⑥ 20 or more occasions

19. On how many occasions during the past 30 days (if any) have you used club drugs such as “Ecstasy,” GHB, or Rohypnol?
   - ① 0 occasions
   - ② 1-2 occasions
   - ③ 3-5 occasions
   - ④ 6-9 occasions
   - ⑤ 10-19 occasions
   - ⑥ 20 or more occasions

20. What’s your gender?: ① Male ② Female
21. What is your grade?: ① 6 ② 7 ③ 8 ④ 9 ⑤ 10 ⑥ 11 ⑦ 12

THANK YOU!
Posttest: Attitudes, Behavior and Reaction to Program

Student Survey on Alcohol, Tobacco and Other Drugs

Student Code:_________________________    Date: ____/____/____
School Name: ________________________    Teacher Name:____________

Teacher/Facilitator: Please read the following instructions and, as you conduct the survey, read each item to the students.

Instructions: Please take a few minutes to answer this survey about drugs. Please answer honestly. If a question makes you feel uncomfortable, you don’t have to answer it. If you don’t understand a question, raise your hand and someone will help you.

For each statement, please fill in the circle that best fits your opinion:

How much do you think people risk harming themselves (physically or in other ways) if they . . .

<table>
<thead>
<tr>
<th>Statement</th>
<th>No Risk</th>
<th>Slight Risk</th>
<th>Moderate Risk</th>
<th>Great Risk</th>
<th>Can’t say, drug not familiar</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Smoke one or more packs of cigarettes per day</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Try marijuana once or twice</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Smoke marijuana regularly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Try one or two drinks of an alcoholic beverage (beer, wine, liquor)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Take one or two drinks of an alcoholic beverage nearly every day</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Have five or more alcoholic drinks once or twice each weekend</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Take cocaine (powder, crack) occasionally</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. Use inhalants (such as aerosol spray cans, glue, gases) occasionally in order to get high</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Use steroids occasionally</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. Use club drugs (such as Ecstasy, GHB, Rohypnol) occasionally</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. Use heroin occasionally</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

-- Please turn page over and complete other side--
For each statement below, please fill in the circle that shows how many times you did this activity during the past 30 days.

12. How frequently have you smoked cigarettes during the past 30 days.
   ① Not at all  ② About one-half pack per day
   ③ Less than one per day  ④ About one pack per day
   ⑤ 1 to 5 cigarettes per day  ⑥ More than one pack per day

13. On how many occasions during the past 30 days (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)?
   ① 0 occasions  ② 3-5 occasions  ③ 6-9 occasions  ④ 10-19 occasions
   ⑤ 1-2 occasions  ⑥ 6-9 occasions  ⑦ 20 or more occasions

14. On how many occasions during the past 30 days have you had alcoholic beverages to drink (more than just a few sips)? (Note: Alcoholic beverages include beer, wine, wine coolers, and liquor.)
   ① 0 occasions  ② 3-5 occasions  ③ 6-9 occasions  ④ 10-19 occasions
   ⑤ 1-2 occasions  ⑥ 6-9 occasions  ⑦ 20 or more occasions

15. On how many occasions during the past 30 days (if any) have you been drunk or very high from drinking alcoholic beverages?
   ① 0 occasions  ② 3-5 occasions  ③ 6-9 occasions  ④ 10-19 occasions
   ⑤ 1-2 occasions  ⑥ 6-9 occasions  ⑦ 20 or more occasions

16. On how many occasions during the past 30 days (if any) have you taken cocaine in any form (powder, “crack”)?
   ① 0 occasions  ② 3-5 occasions  ③ 6-9 occasions  ④ 10-19 occasions
   ⑤ 1-2 occasions  ⑥ 6-9 occasions  ⑦ 20 or more occasions

17. On how many occasions during the past 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?
   ① 0 occasions  ② 3-5 occasions  ③ 6-9 occasions  ④ 10-19 occasions
   ⑤ 1-2 occasions  ⑥ 6-9 occasions  ⑦ 20 or more occasions

18. On how many occasions during the past 30 days (if any) have you used steroids?
   ① 0 occasions  ② 3-5 occasions  ③ 6-9 occasions  ④ 10-19 occasions
   ⑤ 1-2 occasions  ⑥ 6-9 occasions  ⑦ 20 or more occasions

19. On how many occasions during the past 30 days (if any) have you used club drugs such as “Ecstasy,” GHB, or Rohypnol?
   ① 0 occasions  ② 3-5 occasions  ③ 6-9 occasions  ④ 10-19 occasions
   ⑤ 1-2 occasions  ⑥ 6-9 occasions  ⑦ 20 or more occasions

20. What’s your gender?: ① Male  ② Female
21. What is your grade?: ☐ 6  ☐ 7  ☐ 8  ☐ 9  ☐ 10  ☐ 11  ☐ 12

These next few questions are about the program. Please give us your opinion.

22. If you were to grade this program, what grade would you give it? ① A  ② B  ③ C  ④ D  ⑤ F
23. Would you recommend this program to other kids your age? ① Yes  ② Maybe  ③ No
24. What is the most useful thing you’ve learned in this program? __________________________

THANK YOU!