

# National Outcome Measures (v1.2) - Survey

For Provider Use Only

Log Number: \_\_\_\_\_

## Purpose

The purpose of this survey is to obtain localized data which aligns with the Substance Abuse and Mental Health Services Administration's National Outcome Measures. The survey contains questions about your use, perception, attitude, and behaviors surrounding drug and alcohol use. Your answers will help to improve and drive future prevention activities within the State of Hawaii.

## Instructions

- This survey is voluntary and is confidential. *(Your teachers will not know your answers.)*
- Please take your time and answer honestly. *(There are no right or wrong answers.)*
- This survey will take approximately 10 minutes.

*(Please print legibly.)*

Today's Date: \_\_\_\_\_

Birthdate: \_\_\_\_\_

## 30-Day Use *(Circle the answer that best fits.)*

1. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?

A. 0	B. 1	C. 2	D. 3 to 5	E. 6 to 9	F. 10 to 19	G. 20 or more
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2. 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?

A. 0	B. 1	C. 2	D. 3 to 5	E. 6 to 9	F. 10 to 19	G. 20 or more
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3. During the past 30 days, on how many days did you use marijuana or hashish?

A. 0	B. 1	C. 2	D. 3 to 5	E. 6 to 9	F. 10 to 19	G. 20 or more
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## Perception of Risk/Harm of Use *(Circle the answer that best fits.)*

4. How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?

A. No Risk	B. Slight Risk	C. Moderate Risk	D. Great Risk
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5. How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?

A. No Risk	B. Slight Risk	C. Moderate Risk	D. Great Risk
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**Age of First Use** (Fill in the blank.)

6. Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? (Please do not include any time when you only had a sip or two from a drink. Select N/A if the question is not applicable.)

Age: \_\_\_\_\_ Not Applicable (N/A): \_\_\_\_\_

7. How old were you the first time you used marijuana or hashish?

Age: \_\_\_\_\_ Not Applicable (N/A): \_\_\_\_\_

8. How old were you the first time you used pain relievers in a way a doctor did not direct you to use it?

Age: \_\_\_\_\_ Not Applicable (N/A): \_\_\_\_\_

**Perception of Attitudes** (Circle the answer that best fits.)

9. How do you feel about someone your age trying marijuana or hashish once or twice?

A. Neither Approve Nor Disapprove	B. Somewhat Disapprove	C. Strongly Disapprove
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10. How do you feel about someone your age using marijuana once a month or more?

A. Neither Approve Nor Disapprove	B. Somewhat Disapprove	C. Strongly Disapprove
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11. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?

A. Neither Approve Nor Disapprove	B. Somewhat Disapprove	C. Strongly Disapprove
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**Family Communications Around Drug and Alcohol Use** (Circle the answer that best fits.)

12. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? (By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.)

A. Yes	B. No
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