

## Appendix B: Sample Core Measures Survey

The National Evaluators sample “bare bones” survey, including recommended phrasing for core measure questions, is as follows:



### Drug Free Communities (DFC) Support Program Evaluation of Core Measures Survey (January 2012)

I. GENERAL INFORMATION			II. 30-DAY USE		
<b>1. Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>2. Grade:</b> <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<b>3. Age</b> <input type="checkbox"/> 10 years old or less <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"/> 17 years old <input type="checkbox"/> 18 years old <input type="checkbox"/> 19 years old or more		Yes	No
			During the past 30 days did you drink one or more drinks of an alcoholic beverage?	<input type="checkbox"/>	<input type="checkbox"/>
			During the past 30 days did you smoke part or all of a cigarette?	<input type="checkbox"/>	<input type="checkbox"/>
			During the past 30 days have you used marijuana or hashish?	<input type="checkbox"/>	<input type="checkbox"/>
			During the past 30 days have you used prescription drugs <i>not prescribed to you</i> ?	<input type="checkbox"/>	<input type="checkbox"/>

III. PERCEPTION OF RISK				
	No Risk	Slight Risk	Moderate Risk	Great Risk
How much do you think people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do you think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Required for STOP Act Grantees only: 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 nearly every day?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. PERCEPTION OF PARENTAL DISAPPROVAL				
	Not at all wrong	A little bit wrong	Wrong	Very wrong
How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How wrong do your parents feel it would be for you to smoke tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How wrong do your parents feel it would be for you to smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V. PERCEPTION OF PEER DISAPPROVAL				
	Not at all wrong	A little bit wrong	Wrong	Very wrong
How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How wrong do your friends feel it would be for you to smoke tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How wrong do your friends feel it would be for you to smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

VI. ATTITUDE TOWARD PEER USE				
	Neither Approve nor Disapprove	Somewhat Disapprove	Strongly Disapprove	Don't know or can't say
<i>Required for STOP Act Grantees only: How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE:** If the coalition is both a DFC Grantee and a STOP Act grantee, grantees must at a minimum collect the data for alcohol required as a STOP Act grantee. Grantees may continue to collect perception of risk of alcohol use and perception of peer disapproval of alcohol use as defined for DFC, but are only required to collect the data as defined for STOP Act grantees. Grantees interested in becoming STOP Act grantees may want to collect the Stop Act measures in preparation for applying for that grant.