

National Minority AIDS Initiative (MAI) Substance Abuse/HIV Prevention Initiative

Youth Questionnaire Administration Guide

**Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention**

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1. Introduction

The National Minority AIDS Initiative (MAI), Substance Abuse/HIV Prevention Initiative, administered by the Center for Substance Abuse Prevention (CSAP) within the Substance Abuse and Mental Health Services Administration (SAMHSA), supports an array of activities to assist grantees in building a solid foundation for delivering and sustaining effective substance misuse and HIV prevention and related services. While grantees have substantial flexibility in designing their grant projects, all are required to base their project on the five steps of SAMHSA's Strategic Prevention Framework (SPF). Grantees must also conduct ongoing monitoring and evaluations of their projects to meet SAMHSA's reporting requirements.

This guide provides a detailed framework for planning and implementing the participant-level data collection process and the Youth Participant-Level Instrument. The specifics of data collection must be worked out by each local program to maintain consistency within the coding and completion of the instruments. Major issues and solutions concerning the administration of the instruments will be determined by your local data collection team in consultation with your assigned SAMHSA Project Officer.

The Youth Participant-Level instrument was developed for ages 12–17. Only Section One should be administered to participants younger than age 12. Although participants older than 17 can be administered the adult questionnaire, a young adult (e.g., age 18–20) participating in a youth program may receive the youth questionnaire to reduce data management burden. Typically, parental consent is required for youth under the age of 18 to participate in data collections such as this. In addition, if your institution or agency requires Institutional Review Board (IRB) approval, you should submit the questionnaire, consent forms, and data collection protocols for approval.

If you have any questions related to the administration of the instruments, please contact the SAMHSA's Performance Accountability and Reporting System (SPARS) Help Desk. Contact information and links to the SPARS Help Desk are included in Section 4 of this document.

2. Questionnaire Administration Procedures

2.1 General Administration Guidelines

2.1.1 Storage System

Over the life of this initiative, each grantee will be collecting information that must be documented and organized. Each local evaluation team or the person responsible for data management will be required to securely store the following:

- Youth questionnaires until they are entered online or uploaded as batch databases
- Consent forms (if required by your local IRB)
- Participant tracking forms or rosters (intervention and control/comparison)

Before initiating data collection, set up a filing and storage system that will accommodate these needs. Any form containing a participant's name and unique identification (ID) number should be kept in a locked (or password-protected) location. Completed questionnaires should not be stored in the same location as forms that contain the unique participant ID number and the participant's name. Forms should be destroyed following record retention schedules.

2.1.2 Arrangements for Data Collection

For administration of the questionnaires, develop a clear understanding with program staff concerning the time and place of administration well ahead of time. The room where administration takes place should have adequate seating to accommodate the participants, adequate lighting and ventilation, and seating should be spaced to ensure privacy.

A system should be implemented for the collection of data in the Records Management section (Intervention Details, Service Type[s], and Referrals). The program staff responsible for coordinating data collection should determine which individuals are responsible for the collection of the required data points.

2.1.3 Instruments

It is critical that the program staff responsible for data collection be familiar with the questionnaire format and content prior to administering the instrument. Individuals proctoring the questionnaire should read it carefully until an understanding of the wording of all items is established. The questionnaire item structure (outlined below) should also be reviewed before the survey is administered. The individual proctoring the questionnaire should be prepared to answer questions from participants regarding the questionnaire items but should do so without offering opinions, guiding participants to answers, or biasing responses in any way. The youth participant-level instrument is available for download from the SPARS Resource Library and Data Collection Tool Resources.

2.1.4 Possible Issues

The program staff responsible for data collection should train those administering the questionnaires on how to deal with any issues of emotional distress that may arise. Although this is not expected, some questionnaire items ask about personal issues such as drug or alcohol use. Participants should be explicitly informed that their answers are private but that they can stop at any time and that completing the questionnaire is optional. Counseling services or referrals to appropriate services should be provided in the event of emotional distress.

2.1.5 Comparison or Control Groups

MAI grantees are not required to collect data from a control or comparison group. However, SAMHSA recognizes that some local evaluation designs do include this element. If your grant site is using a comparison/control group for local evaluation purposes, those individuals should receive the same questionnaires as program participants (intervention group). Surveys for comparison/control group should be administered within 2 weeks before or after the administration of the intervention group instruments.

In order to facilitate data collection for grantees with comparison groups, the instruments include a record management field for distinguishing between intervention and

comparison records (Study Design Group). Although not required, SAMHSA appreciates receiving data from comparison groups (if used) and includes it in the archived master data files. Data in the Record Management section Part A (Intervention Details) and Part B (Services Types) should not be collected for control or comparison group participants because they do not receive intervention services. Control group participants can be referred to additional services.

2.1.6 Translated Instruments

Currently, the Youth Questionnaire is available in English and Spanish. Grantees that choose to translate the questionnaire and instructions into additional languages may do so after obtaining authorization from their Project Officer. A copy of the translated instrument should be sent to SAMHSA as an e-mail attachment addressed to your Project Officer.

2.1.7 Web-Based Data Entry and Upload System

Grantees must use SPARS to submit participant-level data. In addition to item-by-item data entry screens for completed questionnaires, SPARS provides grantees with the option to upload responses in batch. This is only possible if grantees use the appropriate variable naming and value coding conventions described in the codebooks and use the standard templates developed for entering data. The codebooks and upload templates are available for download in the SPARS Resource Library and Data Collection Tool Resources. Once data have been entered into the system, grantees will be able to download their raw data in spreadsheet form.

When using the upload templates, grantees should remember the following:

- Use the codebook to enter the appropriate codes for each survey item.
- Do not change the column headers (variable names).
- The online data system will not accept any records with missing or invalid responses to the following administrative variables: grant ID, study design group, participant ID, month of survey administration, day of survey administration, year of survey administration, and interview type.

- Use the intervention codes from the Intervention Codes List in the SPARS Resource Library to complete the intervention name items. Do not type in the actual name of the interventions.
- The participant date of birth needs to be entered in the mmyyyy format. This means that for the months of January through September, a “0” needs to be entered as the first digit of the birth month (e.g., “03” for March). If you format the participant date of birth column as text, it is easy to enter the leading “0” when needed.

2.1.8 Record Management

Assign a unique ID number to each participant, whether they are in the intervention or control/comparison group. A unique participant ID number is required on each form to track the responses of an individual over time. On the questionnaire, each participant’s ID should be written on the face (cover) sheet of the questionnaire, and the ID should be entered on page 2 of the instrument. Participant names must not be written on the questionnaire (see Section 2.6 for more information on ensuring anonymity and privacy).

The Record Management section of the questionnaire should be completed by the program staff responsible for data collection prior to distribution; referral information may need to be added later. The Record Management section captures the following:

- Grant Identification (ID) Number: Enter the standard SAMHSA grant ID number.
- Study Design Group: Select whether the participant is receiving an MAI-funded intervention or is a control/comparison group participant. As mentioned above, the use of a control/comparison group is optional. However, even if your site is not using a control/comparison group and all of your participants are receiving services, it is important to complete this field (by selecting intervention for all of your participants) for data management purposes.
- Unique Participant Identification (ID) Number: Enter the unique ID numbers assigned to the program participant. Be sure to use it for all data records associated with the participant. ID numbers should **not** begin with a zero, and the number 98 should **not** be used as a participant ID number because that is a code used for

missing data. Programs with multiple service locations may want to consider assigning a range of individual identifiers to each location to allow for easy identification of a participant's service location. For example, one location could be assigned numbers 10000 to 19999, numbers 20000 to 29999 to a second location, and so forth.

- ***Date of Survey Administration:*** Enter the month (2-digit), day (2-digit), and year (4-digit) of the data collection.
- ***Interview Type:*** Select whether this is a Baseline, Exit, Follow-up, or Testing Services Only survey. Participants who are only receiving human immunodeficiency virus (HIV)/viral hepatitis (VH) testing and testing-related counseling services do not need to complete the questionnaire. However, grantees are required to keep records of and report aggregate data about individuals receiving testing services as part of their progress reports.
- ***Type of Encounter:*** Select whether it is an individual or group encounter.
- ***Intervention Name(s):*** Enter the name(s) of the intervention(s) delivered to the participant. The intervention name is not the name of a specific service (e.g., HIV education or case management), but rather the name of the curriculum or evidence-based program used by the grantee to guide its intervention. Please refer to Appendix A of the *Progress Report Question by Question (QxQ) Guide* for examples. Up to three intervention names may be entered for each participant.
- ***Total Number of Direct Service Encounters:*** Enter the total number of direct service encounters. Count each encounter once. If you provide multiple services during an encounter, it still only counts as one encounter. For clients receiving multiple interventions, record the total number of direct service encounters across all interventions. At baseline, if you have not had any encounters yet, you still must enter "1" for the total number of direct service encounters. If you enter a number less than "1," when you save or try to upload your entered data, the system will alert you that you need to enter a number greater than "0." At exit, you will update the total number of encounters. At follow-up (if required), you will enter the same

information for total number of encounters that you entered at exit (unless additional encounters have occurred).

- For multiple session brief (2–29 days) and multiple session long (30 days or longer) participants that drop out before the exit survey, grantees should go back and revise the baseline record management information on the total number of direct service encounters because no exit survey will occur.
- Similarly, for multiple session long (30 days or longer) participants that do not complete the follow-up survey, grantees should go back and revise the exit survey information on the number of direct service encounters if additional encounters occurred between the exit survey and when the follow-up survey would have been completed.
- *Average Duration of Encounter(s)*: Enter the average duration of the encounter. Round time nearest to 5-minute intervals. For clients receiving multiple interventions, record the average duration of encounters across all encounters. At baseline, if you have not had any encounters yet, you will still need to enter “5” for average duration of encounters. If you enter a number less than “5,” when you save or try to upload your entered data, the system will alert you that it automatically updated the average duration of encounter(s) to “5.” At exit, you will update the average duration of encounter(s). At follow-up (if required), you would enter the same information for average duration of encounters that you entered at exit (unless average duration has changed because additional encounters occurred between exit and follow-up).
 - For multiple session brief (2–29 days) and multiple session long (30 days or longer) participants that drop out before the exit survey, grantees should go back and revise the baseline record management information on the average duration of encounters because no exit survey will occur.
 - Similarly, for multiple session long (30 days or longer) participants that do not complete the follow-up survey, grantees should go back and revise the exit survey information on the average duration of encounters if additional

encounters occurred between the exit survey and when the follow-up survey would have been completed.

- Service Type(s): Select all that apply under each category. At baseline, you will complete the service type(s) information based on what has occurred at that point. You should not complete it based on planned services. If no services have been provided at baseline, you will either leave the service type(s) blank or enter “0” for “not selected” for every service type.
 - For multiple session brief (2–29 days) and multiple session long (30 days or longer) participants that drop out before the exit survey, grantees should go back and revise the baseline record management information on service types because no exit survey will occur.
 - Similarly, for multiple session long (30 days or longer) participants that do not complete the follow-up survey, grantees should go back and revise the exit survey information on service types if additional services were provided between the exit survey and when the follow-up survey would have been completed.
 - Testing services definitions include the following:
 - Testing Services: includes HIV testing, VH testing, or Other Sexually Transmitted Disease (STD) testing.
 - Health Care Services: includes VH vaccination, primary health care services, or other health care services.
 - Individual Services: includes risk reduction assessment and counseling, HIV testing counseling, case management services, and different educational and counseling classes.
 - Group Services: includes support group, group counseling, health education classes, and different educational classes.
- Referrals: Select any topic areas in which staff facilitated participant access to prevention, treatment, or recovery services. You may not be able to fill this section

out ahead of time. Staff may need to complete this section following the intervention.

- For multiple session brief (2–29 days) and multiple session long (30 days or longer) participants that drop out before the exit survey, grantees should go back and revise the baseline record management information on referrals because no exit survey will occur.
- Similarly, for multiple session long (30 days or longer) participants that do not complete the follow-up survey, grantees should go back and revise the exit survey information on referrals if additional referrals were made between the exit survey and when the follow-up survey would have been completed.

2.2 Administration Staff

SAMHSA’s CSAP strongly recommends that grantees designate program or evaluation staff to conduct data collection. Program staff should not be responsible for administering questionnaires to participants to whom they provide direct services. Grantees may designate survey administrators (proctors) if this occurs or if data collection staff cannot administer the questionnaires.

Proctors should be present at the survey administration to explain the process of filling out the questionnaire and to answer any questions that may arise. However, they should not offer opinions, guide participants to answers, or attempt to influence or bias responses in any way.

Participants with limited reading ability (a reading level less than 8th grade), those with English as a second language, or persons with visual impairments may require full proctoring (having the entire questionnaire read aloud to them). If possible, the participants should write down their responses to each of the questions to ensure privacy.

2.3 Sections of the Questionnaire and Administration Time

The Youth Questionnaire is divided into three sections:

- *Section One: Facts About You*
- *Section Two: Attitudes and Knowledge*
- *Section Three: Behavior*

The number of sections an individual participant is required to complete depends on the total duration of services the grantee provides to that individual—that is, the time between the first and last service encounters with him or her. This should be determined by program staff responsible for data collection **prior to survey administration**. If you are unsure which sections of the questionnaire to administer, please ask the person in charge of data collection at your organization.

Note: Participants may join an intervention late (e.g., comes midway through the services). This may impact whether they are multiple session brief (2–29 days) or multiple session long (30 days or longer) participants—and, therefore, which sections of the questionnaires to administer and whether you collect exit and follow-up data.

Exhibit 1 shows which sections of the questionnaire to administer based on the service duration.

Exhibit 1. Survey Administration According to Service Duration

Service Duration	Required Questionnaire Sections	When to Administer Questionnaires Baseline (1st Data Collection Point) ¹	When to Administer Questionnaires Exit (2nd Data Collection Point) ²	When to Administer Questionnaires Follow-up (3rd Data Collection Point) ²
Single Day (Single Session)	Section 1: Facts About You Section 2: Attitudes and Knowledge	Collect at the first service encounter; ideally, before you begin the intervention	N/A	N/A
2–9 Days (Multiple Session Brief)	Section 1: Facts About You Section 2: Attitudes and Knowledge	Collect at the first service encounter; ideally, before you begin the intervention	Within 10 days after program exposure has ended (i.e., after the final service encounter)	N/A

Service Duration	Required Questionnaire Sections	When to Administer Questionnaires Baseline (1st Data Collection Point) ¹	When to Administer Questionnaires Exit (2nd Data Collection Point) ²	When to Administer Questionnaires Follow-up (3rd Data Collection Point) ²
30 days or longer (Multiple Session Long)	Section 1: Facts About You Section 2: Attitudes and Knowledge Section 3: Behavior (full instrument)	Collect at the first service encounter; ideally, before you begin the intervention	Within 10 days after program exposure has ended (i.e., after the final service encounter)	90 days after program exit

¹ No participant-level data collection is required if the participant is only receiving HIV/VH testing and testing-related counseling services. Grantees are required to keep records of and report aggregate data about individuals receiving testing services as part of their progress reports.

² Participants taking the survey at the second or third time point (exit or follow-up) should receive sections corresponding to their service duration. Participants should receive the same sections of the tool at each time point.

Please allow extra time for the distribution of the questionnaires, reading of the instructions, collection of completed questionnaires, and any local administration activities (e.g., distributing incentives, collecting tracking information).

2.4 Administration Setting

The questionnaire is designed to be administered in individual or group settings. The administration should be conducted in a quiet room with sufficient lighting and space and with desks or tables for the participants. Some of the questions are sensitive, so the seating arrangements should maximize privacy for each participant.

2.5 Pre-Administration Tasks

The program staff responsible for data collection—and not the proctor (although in some cases, staff responsible for data collection may also serve as proctors)—should prepare the questionnaires before distributing them, according to the following steps.

- Write the assigned participant ID on the face page of the questionnaire.

[IMPORTANT: Participant IDs should not have a leading zero, and the number 98 should not be used as a participant ID.]

- Complete the Record Management section on page 2 of each questionnaire. Referral information may need to be added later.
- The sections that participants receive are based on the total duration of the services they will receive or have received.
 - Participants receiving a **single session service** should receive Section One and Section Two.
 - Participants receiving **services lasting 2-29 days** should receive Section One and Section Two.
 - Participants receiving **services lasting 30 days or longer** should receive the **entire** questionnaire.
- Distribute the prepared questionnaires to the participants and read the instructions (see Section 2.9, “Questionnaire Instructions”).

Preparing each questionnaire in advance will help reduce tracking and data processing errors. Sections of the questionnaire that are not applicable to an individual participant may be thrown away, shredded, or recycled.

2.6 Ensuring Anonymity and Privacy

Protecting the personally identifiable information (PII) of participants is of utmost importance. **Never** use information that can be used to distinguish or trace an individual’s identity, such as his or her name, initials, Social Security number, or student ID, alone or in combination with birth dates, place of birth, mother’s maiden name, or similar PII that is linked or linkable to a specific individual as part of the participant ID. To further ensure privacy and anonymity of responses, grantees should store participant tracking forms or rosters separately from the questionnaires. Only a few authorized staff members should have the ability to link the completed surveys to the participant’s identity.

2.7 Administration Materials

In addition to the prepared questionnaires, the following materials are needed for each administration session:

- **Pencils or Pens.** A pencil or pen must be used to mark responses on the questionnaire. Bring enough pencils or pens for everyone who will be in the session, plus a few extras.
- **Large Envelope or Folder.** The envelope or folder should be used to store the completed questionnaires.
- **Participant Tracking Form or Roster.** Keep a roster of the participants' names and ID numbers. The roster will be the only way to link the completed questionnaire with the participant. The roster should also include any other identifying information the grantee needs to maintain about the participants. The same unique participant ID number should be used on all CSAP data collection instruments containing information about the participant. Ensuring the privacy of responses is highly important. As stated above, only a few authorized staff members should have the ability to link the completed surveys to a participant's identity. ***To ensure privacy, the roster must be kept separate from the completed questionnaires at all times and in a locked or secure location to protect participants' personal information.*** To ensure continued contact with participants after they leave the program, include contact information in the roster, with a second contact option in case the first one is not current. This facilitates the administration of follow-up questionnaires and improves retention rates and data quality.
- **Administration Guide.** When administering the questionnaire, be sure to have a copy of this Administration Guide on hand. Section 3 provides detailed instructions for addressing potential issues and answering questions that may arise during survey administration.

- **Incentive Materials.** Incentives are not required; if used, they should be approved by your CSAP Project Officer. Procedures for documenting the distribution of incentives are the responsibility of the grantees.

2.8 Questionnaire Introduction

Introduce the questionnaire with a statement similar to the following:

This questionnaire is being used to gather information on how to prevent substance abuse and HIV/Viral Hepatitis infection. The questions are being asked of hundreds of other individuals throughout the United States. The findings will be used to help our country learn more about how to keep people from misusing drugs or alcohol and from getting infected with HIV and Viral Hepatitis.

This questionnaire is voluntary. If you do not want to answer any of the questions, you do not have to. If you decide not to participate in this survey, it will have no effect on your participation in direct service programs. However, your answers are very important to us because they will improve our knowledge about what people like you think and do. This knowledge is used to improve existing programs and to develop new ones that address the specific needs of different groups of people. Please answer the questions honestly, based on what you really do, think, and feel. Your answers will not be told to anyone in your family or community they— will be kept strictly anonymous.

2.9 Questionnaire Instructions

Read the following instructions to the survey participants:

1. **Check to make sure that the ID number marked at the top of the second page is the same number as the one on the first page. If the Date of Administration has not been marked, please mark today's date, which is (today's date).**

2. **Do not write your name anywhere on this questionnaire. This will ensure that your answers are kept private.**
3. **To answer each question, you should mark one of the answer circles by filling in the circle completely. If you don't find an answer that fits exactly, choose the one that comes closest. Some questions allow you to mark more than one answer.**
4. **Mark your answers carefully so your answer is obvious. Make heavy dark marks that fill in the circle completely. Do not mark between the circles.**
5. **Please work quietly by yourself. Raise your hand to let me know if you have a question or don't understand something.**
6. **Before we begin, do you have any questions?**
7. **Thank you very much for being an important part of this effort!**

2.10 Responses to Questions During the Administration

The questionnaire is designed to be self-administered, meaning participants should fill out their own questionnaire privately. However, questions about certain items may arise and require clarification from the proctor. Section 3 of this guide provides instructions on how to respond to potential issues or questions for each item on the survey, including definitions of words. Please refer to this guide when answering questions from participants. If a participant asks a question about the meaning or intent of an item for which an answer is not provided in Section 3, instruct the participant to answer according to “what it means to you.”

If participants at your site have serious problems understanding items on the questionnaire, please inform the staff responsible for data collection and contact your assigned CSAP Project Officer.

2.11 Administration Conclusion

When the questionnaires have been completed, collect them from each participant and place the questionnaires in an envelope or folder.

Thank the participants for taking the time to help with the survey. Conclude with this debriefing statement:

Some of the questions on this survey may have been troubling for some of you. If you would like to talk to someone about any concern or problem, please see _____ . They will be glad to listen to you and provide whatever help they can.

2.12 Make-Up Administrations

When scheduled administrations of the instrument are complete, check the roster to determine whether any scheduled participants missed the questionnaire. If there are missing participants, take the following steps:

- Arrange to attend the next program session to speak to the participants who did not attend the questionnaire administration session. If this was an exit or follow-up questionnaire, make a best effort to contact the participants using their primary or secondary contact information from the roster.
- Arrange a make-up session that is convenient for participants; this can be done in person, by telephone, or in writing.
- If a participant still misses a make-up session, or if a group make-up cannot be arranged, make reasonable efforts to administer the questionnaire individually.

3. Review of Questionnaire Items

This part of the Administration Guide provides a detailed review of the items in each section of the questionnaire. For each item, or group of items, potential issues are

identified, and one or more recommended solutions are provided. The potential issues focus on questions that may be asked by participants. The recommended solutions are appropriate responses to these questions. Following the recommended solutions will allow for consistency in the way the questionnaire is administered across settings and sites.

If you have any further questions on how to provide assistance to participants during the survey, please contact the SPARS Help Desk via the contact information in Section 4 of this document or your Project Officer.

Questionnaire Section One: Facts About You

General Section Comments: The section includes questions about participants' demographic characteristics, plus a few additional questions such as experience with the penal system and HIV testing. Participants' answers will not be used to identify them. Their answers will help us to understand how different groups (e.g., people of similar ages) feel about substance misuse and HIV/VH prevention.

1. What is your date of birth?

Potential Issue: Participants may be confused about how to complete this question.

Recommended Solution: Participants should provide their best estimate. The 2-digit month and 4-digit year of birth should be entered in the boxes.

2. Are you Hispanic, Latino/a, or Spanish origin?
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Potential Issue: Participants may not understand the question.

Recommended Solution: Participants are not required to identify a specific Hispanic, Latino/a, or Spanish origin. Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's ancestors before their arrival in the United States.

3. What is your race? (one or more categories may be selected)

Potential Issue #1: Participants identify as more than one race.

Recommended Solution: Participants should mark the racial group or groups that *best* describe(s) them. Participants may mark more than one group. For example, if a participant identifies as half-white and half-African American, he or she should fill in the bubbles for both white and African American.

Potential Issue #2: Participants are Hispanic, Latino/a, or Spanish origin and do not know which category to mark.

Recommended Solution: Participants who identify as Hispanic, Latino/a, or Spanish origin can be from any race. If the participant selected “Yes” in response to Question 2, ask them to also mark any of the races that apply to them in Question 3.

4. How do you describe yourself?

Potential Issue: Participants are unsure how to answer (especially for transgendered or gender-nonconforming individuals).

Recommended Solution: Participants should answer based on which gender category they most closely identify with. If the participant indicates that neither “Male” nor “Female” completely describes them, then point out that there is a “Transgender” and a “I do not identify as male, female, or transgender” option. Emphasize that there are no right or wrong answers.

5. Which one of the following do you consider yourself to be?

Potential Issue: Participants may be uncomfortable answering this question or may express confusion over these categories.

Recommended Solution: Remind participants that their names are not on the survey, and their answers will be kept private. Explain that the question asks about

feeling attracted to one's own sex, to the opposite sex, or both. Have participants mark the answer that most closely matches their sexual orientation—how they feel right now or how they most of the time. If they are not sure, they should select the “Other” response or “Prefer not to say.”

6. Describe where you live.

Potential Issue #1: Participants may not be sure which category applies to them, or their current living situation may be temporary.

Recommended Solution: Participants should pick the category that *best* describes their current living situation, even if it is temporary. If their current living situation is not represented by the categories, have them select “Other.”

Potential Issue #2: A participant is “couch surfing” (i.e., has a transitional or unstable residential situation, staying with different relatives or friends for short periods of time).

Recommended Response: Participants can mark “Other” If they feel none of the categories describe their current living situation.

Potential Issue #3: The participant may be incarcerated.

Recommended Solution: Participants who are incarcerated at the time of survey administration should mark “Other.”

7. Who do you live with? (mark all that apply)

Potential Issue #1: Participants are confused about which answer to select.

Recommended Solution: Participants should mark all the people with whom they are currently living. Participants can select more than one response. If their current living situation is not represented by the available response categories, suggest that they select “Other.”

Potential Issue #2: Some grant contracts may allow MAI funds to be used to serve incarcerated individuals. In those grant sites, a participant who is incarcerated during survey administration may find it difficult to respond to this question.

Recommended Solution: Participants who are incarcerated at the time of survey administration should mark “Other.”

8. Have you ever been suspended from school for drug or alcohol use?

Potential Issue: Participants are uncomfortable answering or do not remember.

Recommended Solution: Explain that this question is asked of everyone and that no judgment is being made about them, their past, or their behavior. Ask participants to provide their best estimate of whether they have been suspended from school for drug or alcohol use.

9. In the past 30 days, how many times have you been arrested?

Potential Issue: Participants are uncomfortable answering or do not remember how long ago it was that they were arrested.

Recommended Solution: Explain that this question is asked of everyone and that no judgment is being made about them, their past, or their behavior. Ask participants to provide their best estimate of whether they have been arrested in the past 30 days.

10. Have you ever been informed of your HIV status (that is, whether or not you are HIV-positive) based on the result of an HIV test?

Potential Issue: Participants may interpret this as asking for their HIV status.

Recommended Solution: Explain that we are only interested in whether they have been tested and received their results. Be clear that we do not want to know the results of their HIV test.

11. Have you ever been informed of your viral hepatitis (VH) status (that is, whether or not you are infected with a hepatitis virus) based on the result of a VH test?

Potential Issue: Participants may interpret this as asking for their VH status.

Recommended Solution: Explain that we are only interested in whether they have been tested and received their results. Be clear that we do not want to know the results of their VH test.

12. Is there a doctor’s office, health center, or other similar place that you usually go to when you are sick?

Potential Issue: Participants do not understand the question.

Recommended Solution: Explain that we are interested in knowing whether the participants have access to a location where a health care professional (such as a doctor, nurse, counselor, therapist) can assist them when they are sick. This can apply to general or primary medical needs, sexual health, or other health needs the participants may have.

Questionnaire Section Two: Attitudes and Knowledge

General Section Comments: These questions ask participants how much they think people risk harming themselves physically or in other ways by using tobacco, alcohol, marijuana, or other illicit drugs and by engaging in unprotected sex. There are no right or wrong answers. Also, we are not implying that they use any of these substances or engage in unprotected sex. We are only interested in what they think about these behaviors.

For these questions, possible responses include the following:

No risk	You think nothing bad will happen if people do this.
Slight risk	You think something bad MIGHT happen if people do this.
Moderate risk	You are pretty sure something bad will happen if people do this.

- Great risk** You really think something bad will happen if people do this.
- Don't know/Can't say** You really don't know about this behavior or don't know how harmful it is.

Other possible answers include the following:

- Strongly agree** You strongly agree with the statement.
- Agree** You agree with the statement.
- Disagree** You disagree with the statement.
- Strongly disagree** You strongly disagree with the statement.

Potential Issue: Participants are not sure how to answer the question because they do not smoke, use marijuana, use illicit drugs, drink alcohol, or have sex or unprotected sex.

Recommended Solution: Explain that we would like their thoughts or opinions about people who engage in these activities, regardless of their own behavior. Participants do not need personal experience to hold an opinion or belief. Participants should read each question and mark the answer that *best* describes what they think about how harmful the behavior would be if people engaged in it. Remind participants that we are interested in their opinion; there are no right or wrong answers.

13. What level of risk do you think people have of harming themselves physically or in other ways when they use tobacco once or twice a week? *By tobacco, we mean menthol cigarettes, regular cigarettes, loose tobacco rolled into cigarettes or cigars, pipe tobacco, snuff, chewing tobacco, dipping tobacco, snus, and others.*

Potential Issue #1: Tribal grantees may ask about sacred or ceremonial use of tobacco.

Recommended Solution: Participants should *not* count tobacco use that is for spiritual or ceremonial purposes. Reiterate that questionnaires are anonymous and that no illegal behavior will be recorded with an individual's name or reported to a health care provider, law enforcement, parents/guardians, teachers, or anyone else.

Potential Issue #2: Participants are unsure how to answer because they do not use tobacco.

Recommended Solution: Explain that we would like their thoughts or opinions about people who engage in these activities, regardless of their own behavior. Participants do not need personal experience to hold an opinion or belief. Participants should read each question and mark the answer that *best* describes what they think about how harmful the behavior would be if people engaged in it. Remind participants that we are interested in their opinion; there are no right or wrong answers.

14. What level of risk do you think people have of harming themselves physically or in other ways when they binge drink alcoholic beverages once or twice a week? *Binge drinking is five or more alcoholic beverages at the same time or within a couple of hours of each other for males; four or more for females. By alcoholic beverage, we mean beer, wine, wine coolers, malt beverages, or hard liquor.*

Potential Issue #1: Participants may be confused about what “binge drinking” means.

Recommended Solution: Explain that this means having five or more drinks in one sitting for males and four or more drinks in one sitting for females and doing this once or twice a week. One drink is equivalent to the following:

- 12 ounces of beer or one regular bottle or can of beer;
- 8 ounces (i.e., 1 cup) of malt liquor;
- 5 ounces (i.e., approximately half a cup) of wine; or 1.5 ounces (a shot) of 80-proof distilled spirits or liquor (e.g., gin, rum, vodka, or whiskey).

Reiterate that questionnaires are anonymous and that no illegal behavior will be recorded with an individual’s name or reported to a health care provider, law enforcement, parents/guardians, teachers, or anyone else.

Potential Issue #2: Participants are unsure how to answer because they do not drink alcohol.

Recommended Solution: Explain that we would like their thoughts or opinions about people who engage in these activities, regardless of their own behavior. Participants do not need personal experience to hold an opinion or belief. Participants should read each question and mark the answer that *best* describes what they think about how harmful the behavior would be if people engaged in it. Remind participants that we are interested in their opinion; there are no right or wrong answers.

15. What level of risk do you think people have of harming themselves physically or in other ways when they use marijuana or hashish once or twice a week? *Marijuana is sometimes called weed, blunt, hydro, grass, or pot. Hashish is sometimes called hash or hash oil.*

Potential Issue #1: The participants may ask whether they should also include eating or drinking something with marijuana in it when responding to this question.

Recommended Solution: Yes. Although the question says, “smoke marijuana,” participants should also include using marijuana in other forms when answering the question. Reiterate that questionnaires are anonymous and that no illegal behavior will be recorded with an individual’s name or reported to a health care provider, law enforcement, parents/guardians, teachers, or anyone else.

Potential Issue #2: Participants are unsure how to answer because they do not use marijuana or hashish.

Recommended Solution: Explain that we would like their thoughts or opinions about people who engage in these activities, regardless of their own behavior. Participants do not need personal experience to hold an opinion or belief. Participants should read each question and mark the answer that *best* describes what they think about how harmful the behavior would be if people engaged in it. Remind participants that we are interested in their opinion; there are no right or wrong answers.

16. What level of risk do you think people have of harming themselves physically or in other ways when they use non-prescription opioid drugs once or twice a week? By *non-prescription opioid drugs* we mean the *illegal drug heroin and illicitly made synthetic opioids such as fentanyl*.

Potential Issue #1: Participants may not know what a *non-prescription opioid drug* is.

Recommended Solution: Non-prescription opioid drugs include heroin and illicitly made opioids, such as fentanyl. Reiterate that questionnaires are anonymous and that no illegal behavior will be recorded with an individual's name or reported to a health care provider, law enforcement, parents/guardians, teachers, or anyone else.

Potential Issue #2: Participants are unsure how to answer because they do not use non-prescription opioid drugs.

Recommended Solution: Explain that we would like their thoughts or opinions about people who engage in these activities, regardless of their own behavior. Participants do not need personal experience to hold an opinion or belief. Participants should read each question and mark the answer that *best* describes what they think about how harmful the behavior would be if people engaged in it. Remind participants that we are interested in their opinion; there are no right or wrong answers.

17. What level of risk do you think people have of harming themselves physically or in other ways when they take prescription opioid drugs without a doctor's order once or twice a week? By *prescription opioid drugs*, we mean *pain relievers such as oxycodone (OxyContin), hydrocodone (Vicodin), codeine, morphine, methadone, tramadol, hydromorphone, oxymorphone, tapentadol*.

Potential Issue #1: Participants may not know what a *prescription drug* is.

Recommended Solution: Prescription drugs are given to individuals after a doctor or nurse has approved the patient to use the drug, usually to cure or manage an illness. Prescription drugs do not include over-the-counter drugs, which are medicine a person can buy at a pharmacy in the United States without a doctor's permission. Prescription opioid drugs include pain relievers such oxycodone

(OxyContin), hydrocodone (Vicodin), codeine, morphine, methadone, tramadol, hydromorphone, oxymorphone, and tapentadol.

Potential Issue #2: Participant may be unsure how to answer because the opioid was prescribed by a doctor (either to them or someone else), but they are using the drug differently than how it was prescribed.

Recommended Solution: Explain that we want to know how harmful participants think it is if they are taking a prescription opioid that was not prescribed to them or that is being taken differently (more frequently, higher dosage) than the way the doctor directed. Reiterate that questionnaires are anonymous and that no illegal behavior will be recorded with an individual's name or reported to a health care provider, law enforcement, or anyone else.

Potential Issue #3: Participants are unsure how to answer because they do not use any prescription opioid drugs.

Recommended Solution: Explain that we would like their thoughts or opinions about people who engage in these activities, regardless of their own behavior. Participants do not need personal experience to hold an opinion or belief. Participants should read each question and mark the answer that *best* describes what they think about how harmful the behavior would be if people engaged in it. Remind participants that we are interested in their opinion; there are no right or wrong answers.

18. What level of risk do you think people have of harming themselves physically when they inject drugs for nonmedical reasons?

Potential Issue #1: Participants might be unsure of the meaning of *inject*.

Recommended Solution: Inject means to put a syringe (or “needle”) into a body part. Drugs can be injected into a vein, into a muscle, or under the skin. Participants should not count injection of legal and prescribed medications (i.e., insulin, hormones). However, participants should include injection drugs such as steroids

and hormones, taken **without** the advice of a doctor or other health care professionals. Reiterate that questionnaires are anonymous and that no illegal behavior will be recorded with an individual's name or reported to a health care provider, law enforcement, parents/guardians, teachers, or anyone else.

Potential Issue #2: Participants are unsure how to answer because they do not inject drugs.

Recommended Solution: Explain that we would like their thoughts or opinions about people who engage in these activities, regardless of their own behavior. Participants do not need personal experience to hold an opinion or belief. Participants should read each question and mark the answer that **best** describes what they think about how harmful the behavior would be if people engaged in it. Remind participants that we are interested in their opinion; there are no right or wrong answers.

19. I would be able to say no if a friend offered me a drink of alcohol.

Potential Issue: Participants are unsure how to answer because they do not have any close friends or because their close friends do not frequently or regularly engage in these behaviors.

Recommended Solution: Participants should answer the way they think they would if they had close friends who frequently or regularly engaged in these behaviors. Reiterate that questionnaires are anonymous and that no illegal behavior will be recorded with an individual's name or reported to a health care provider, law enforcement, or anyone else.

20. I would be able to refuse if a friend offered me drugs, including marijuana.

Potential Issue: Participants are unsure how to answer because they do not have any close friends or because their close friends do not frequently or regularly engage in these behaviors.

Recommended Solution: Participants should answer the way they think they would if they had close friends who frequently or regularly engaged in these behaviors. Reiterate that questionnaires are anonymous that and no illegal behavior will be recorded with an individual's name or reported to a health care provider, law enforcement, parents/guardians, teachers, or anyone else.

21. What level of risk do you think people have of harming themselves if they have sex without a condom?

Potential Issue #1: Participants might not know the definitions for sex.

Recommended Solution: Sex is defined as two partners getting sexually excited or aroused (turned on) by touching each other's genitals (penis or vagina) or anus (butt) with their own genitals, hands, or mouth.

- When a male inserts his penis into his female partner's vagina, the partners are considered to be having *vaginal sex*.
- When one partner's mouth touches the other partner's genitals (penis or vagina) or anus during sex, the partners are considered to be having *oral sex*.
- When a male's penis is inserted into his male or female partner's anus, the partners are considered to be having *anal sex*.

Potential Issue #2: Participants are unsure how to answer because they do not have sex or have not had sex without a condom.

Recommended Solution: Explain that we would like their thoughts or opinions about people who engage in these activities, regardless of their own behavior. Participants do not need personal experience to hold an opinion or belief. Participants should read each question and mark the answer that **best** describes what they think about how harmful the behavior would be if people engaged in it. Remind participants that we are interested in their opinion; there are no right or wrong answers.

22. I could refuse if someone wanted to have sex without a condom.

Potential Issue: Participants are unsure how to answer because they do not have sex or have not had sex without a condom.

Recommended Solution: Explain that we would like their thoughts or opinions about people who engage in these activities, regardless of their own behavior. Participants do not need personal experience to hold any opinion or belief. Participants should read each question and mark the answer that *best* describes what they think about how harmful this behavior would be if people engaged in it. Remind participants that we are interested in their opinion; there are no right or wrong answers.

Questionnaire Section Three: Behavior

General Section Comments: The questions in this section address alcohol, tobacco, and other drug use. Some questions may be sensitive for some participants. Many of the questions ask about substance use within the past 30 days. These questions do NOT assume that participants have used alcohol, tobacco, or other drugs before that time or at all.

Potential Issue #1: Participants may be uncomfortable answering questions about health behaviors and illegal drug use.

Recommended Solution: Remind participants that their names are not on the survey, information will not be reported on an individual level, and their responses will not be shared with the authorities or with their parents or guardians. Also, explain that these questions are being asked of everyone for the purpose of evaluation and that there are no expectations about them or certain individual behaviors. Ask the participants to be as truthful as possible.

Potential Issue #2: Participants have limited ability to recall behaviors within certain time frames.

Recommended Solution: Explain that we expect them only to provide their best estimate and ask them to try to recall to the best of their ability.

Potential Issue #3: Participants may be unclear as to the meaning of certain terms in this section.

Recommended Solution: Definitions are provided throughout this section, and common street terms of certain substances are also included. More detailed solutions are provided on a question-by-question basis. Explain that they should answer the question as best they can, given the information that is in the question. If they are still puzzled about what a certain drug is, explain that if they do not know what it is, they should mark the “Don’t know or can’t say” response option.

23. Over the past 30 days, how many days, if any, did you smoke cigarettes? By cigarettes, we mean menthol cigarettes, regular cigarettes, and loose tobacco rolled into cigarettes or cigars.

Potential Issue #1: Question may be unclear to participants.

Recommended Solution: Explain that we are interested in the number of days during the past 30 days on which they smoked all or part of a cigarette. Participants should **not** count use that was just a drag or puff. They should **not** count the actual number of occasions they smoked all or part of a cigarette, just the number of days (e.g., someone who smoked 10 cigarettes in 1 day would count those 10 cigarettes as 1 day of smoking).

Potential Issue #2: Tribal grantees may ask about sacred or ceremonial use of tobacco.

Recommended Solution: Participants should **not** count tobacco use that is for spiritual or ceremonial purposes. Reiterate that questionnaires are anonymous and that no illegal behavior will be recorded with an individual’s name or reported to a health care provider, law enforcement, or anyone else.

24. Over the past 30 days, how many days, if any, did you use other tobacco products? By other tobacco products, we mean pipe tobacco, snuff, chewing tobacco, dipping tobacco, snus, and others.

Potential Issue #1: Question may be unclear to participants.

Recommended Solution: Explain that we are interested in the number of days they used other tobacco products, not the amount or the number of times or occasions they used tobacco. We also are not interested in the number of different kinds of tobacco products they used.

Potential Issue #2: Tribal grantees may ask about sacred or ceremonial use of tobacco.

Recommended Solution: Participants should *not* count tobacco use that is for spiritual or ceremonial purposes. Reiterate that questionnaires are anonymous and that no illegal behavior will be recorded with an individual's name or reported to a health care provider, law enforcement, or anyone else.

25. Over the past 30 days, how many days, if any, did you use electronic vapor products? By electronic vapor products we mean Vapes, vaporizers, vape pens, hookah pens, electronic cigarettes (e-cigarettes or e-cigs), e-pipes or electronic nicotine delivery systems (ENDS). Some brand examples include JUUL, NJOY, Blu, Vuse, MarkTen, Logic, vpin Plus, dGo, and Halo.

Potential Issue: Question may be unclear to the participant.

Recommended Solution: Explain that we are interested in the number of days they used electronic vapor products, not the amount or the number of times or occasions they used vapor products. We also are not interested in the number of different kinds of vapor products they used. Reiterate that questionnaires are anonymous and that no illegal behavior will be recorded with an individual's name or reported to a health care provider, law enforcement, or anyone else.

26. Over the past 30 days, how many days, if any, did you drink alcohol? (any use at all) *By alcohol, we mean beer, wine, wine coolers, malt beverages, or hard liquor.*

Potential Issue: Question may be unclear to participants. They may ask what counts as “one drink.”

Recommended Solution: Tell participants we are interested in the number of days they drank any alcohol, not the number of drinks, amount of sips, or number of occasions they used alcohol. Different groups of people in the United States may use alcohol for religious reasons. Wine consumed at church, temple, or for some other religious reason *does not* count in response to this question. Reiterate that questionnaires are anonymous and that no illegal behavior will be recorded with an individual’s name or reported to a health care provider, law enforcement, or anyone else.

27. Over the past 30 days, how many days, if any, did you binge drink? Binge drinking is five or more alcoholic beverages at the same time or within a couple of hours of each other for males; four or more for females.

Potential Issue: Question may be unclear to participants.

Recommended Solution: Tell them to indicate the number of days on which they consumed five or more drinks if male or four or more drinks if female of alcohol within a couple hours of each other, not the number of occasions they used alcohol. One drink is equivalent to the following:

- 12 ounces of beer or one regular bottle or can of beer;
- 8 ounces (i.e., 1 cup) of malt liquor;
- 5 ounces (i.e., approximately half a cup) of wine; or
- 1.5 ounces (a shot) of 80-proof distilled spirits or liquor (e.g., gin, rum, vodka, or whiskey).

Reiterate that questionnaires are anonymous and that no illegal behavior will be recorded with an individual's name or reported to a health care provider, law enforcement, or anyone else.

28. Over the past 30 days, how many days, if any, did you use marijuana or hashish? Marijuana is sometimes called cannabis, weed, blunt, hydro, grass, or pot. Hashish is sometimes called hash or hash oil.

Potential Issue #1: Question may be unclear to participants.

Recommended Solution: Tell participants to indicate the number of days they smoked or consumed marijuana or hashish, not the number of puffs or joints or the number of occasions. Reiterate that questionnaires are anonymous and that no illegal behavior will be recorded with an individual's name or reported to a health care provider, law enforcement, parents/guardians, teachers, or anyone else.

Potential Issue #2: The participants may ask whether they should also include eating or drinking something with marijuana or hashish in it when responding to this question.

Recommended Solution: Yes. Participants should include using marijuana or hashish in all forms when answering the question.

29. Over the past 30 days, how many days, if any, did you use prescription opioid drugs without orders given to you by your doctor? *By prescription opioid drugs, we mean pain relievers such as oxycodone (OxyContin), hydrocodone (Vicodin), codeine, morphine, methadone, tramadol, hydromorphone, oxymorphone, tapentadol.*

Potential Issue #1: Question may be unclear to participants.

Recommended Solution: Tell participants we are interested in the number of days they used prescription opioid drugs without a doctor's orders, not the number of occasions. Reiterate that questionnaires are anonymous and that no illegal behavior will be recorded with an individual's name or reported to a health care provider, law enforcement, parents/guardians, teachers, or anyone else.

Potential Issue #2: Participants may not know what is meant by *prescription opioid drug*.

Recommended Solution: Prescription drugs are given to individuals after a doctor or nurse has approved the patient to use the drug, usually to cure or manage an illness. Prescription drugs do not include over-the-counter drugs, which are medicine a person can buy at a pharmacy in the United States without a doctor's permission. Prescription opioid drugs include pain relievers such as oxycodone (OxyContin), hydrocodone (Vicodin), codeine, morphine, methadone, tramadol, hydromorphone, oxymorphone, and tapentadol.

Potential Issue #3: Participants may be unsure how to answer because the opioid was prescribed by a doctor (either to them or someone else), but they are using the drug differently than how it was prescribed.

Recommended Solution: Explain that we want to know on how many days in the past 30 days they took a prescription opioid drug that was not prescribed to them or they took a prescription opioid drug that was prescribed to them but took it differently (more frequently, higher dosage) than the way the doctor directed.

30. Over the past 30 days, how many days, if any, did you use other prescription drugs without orders given to you by your doctor? Please exclude prescription opioid drugs. *By other prescription drugs, we mean substances like barbiturates, benzodiazepines, sedatives, hypnotics, non-benzo tranquilizers.*

Potential Issue #1: Question may be unclear to participants.

Recommended Solution: Tell participants we are interested in the number of days they used prescription drugs other than opioid drugs without a doctor's orders, not the number of occasions. Reiterate that questionnaires are anonymous and that no illegal behavior will be recorded with an individual's name or reported to a health care provider, law enforcement, parents/guardians, teachers, or anyone else.

Potential Issue #2: Participants may not know what is meant by *prescription drug*.

Recommended Solution: Prescription drugs are given to individuals after a doctor or nurse has approved the patient to use the drug, usually to cure or manage an illness. Prescription drugs do not include over-the-counter drugs, which are medicine a person can buy at a pharmacy in the United States without a doctor's permission. Some of the common prescription drugs used to get high or feel good without a doctor's order include relaxants such as Xanax or Valium and stimulants such as Adderall and Ritalin. Steroids that athletes sometimes take to improve their performance also count in this category if they are not prescribed by a doctor to treat an illness. Do not include prescription opioid drugs.

Potential Issue #3: Participants may be unsure how to answer because the drug was prescribed by a doctor (either to them or someone else), but they are using the drug differently than how it was prescribed.

Recommended Solution: Explain that we want to know on how many days in the past 30 days they took a prescription drug other than opioids that was not prescribed to them, or they took a prescribed drug other than opioids that was prescribed to them, but they took it differently (more frequently, higher dosage) than the way the doctor directed.

31. Over the past 30 days, how many days, if any, did you use non-prescription opioid drugs? By non-prescription opioid drugs we mean the illegal drug heroin and illicitly made synthetic opioids such as fentanyl.

Potential Issue #1: Question may be unclear to participants.

Recommended Solution: Participants should indicate the number of days on which they used any non-prescription opioid drug, not the number of non-prescription opioid drugs or the number of occasions they used. If they used more than one non-prescription opioid drug on any given day, tell them to count it as only one day, not the number of different non-prescription opioid drugs they used on each day. Reiterate that questionnaires are anonymous and that no illegal behavior will be

recorded with an individual's name or reported to a health care provider, law enforcement, parents/guardians, teachers, or anyone else.

Potential Issue #2: Participants may not know what is meant by *non-prescription opioid drug*.

Recommended Solution: Non-prescription opioid drugs include heroin and illicitly made opioids, such as fentanyl.

32. Over the past 30 days, how many days, if any, did you use any other illegal drugs. Please exclude marijuana/hashish and non-prescription opioid drugs. *By other illegal drugs, we mean substances like crack or cocaine, amphetamine or methamphetamine, hallucinogens (such as LSD/acid, Ecstasy/MDMA, PCP/angel dust, peyote), inhalants (sniffed substances such as glue, gasoline, paint thinner, cleaning fluid, shoe polish).*

Potential Issue #1: Question may be unclear to participants.

Recommended Solution: Tell them to indicate the number of days on which they used any other illegal drug, not the number of illegal drugs or the number of occasions they used. If they used more than one illegal drug on any given day, tell them to count it as only one day, not the number of different illegal drugs they used on each day. Reiterate that questionnaires are anonymous and that no illegal behavior will be recorded with an individual's name or reported to a health care provider, law enforcement, parents/guardians, teachers, or anyone else.

Potential Issue #2: Participants may not know what is meant by *other illegal drugs*.

Recommended Solution: Remind them that the question is not asking about marijuana (because that was asked about in a previous question and may be legal in some states) or about heroin (because that was asked about in a previous question). Explain that other illegal drugs are substances used to alter how a person feels or thinks and are taken without a doctor's orders, just to feel good or get high. Tell them that this does not include over-the-counter medications like ibuprofen taken for headaches.

33. Over the past 30 days, how many days, if any, did you inject any drugs? Count only injections without orders from your doctor—those you had just to feel good or to get high.

Potential Issue #1: Question may be unclear to participants.

Recommended Solution: Tell participants we are interested in the number of days they injected drugs without a doctor’s orders, not the number of occasions.

Reiterate that questionnaires are anonymous and that no illegal behavior will be recorded with an individual’s name or reported to a health care provider, law enforcement, parents/guardians, teachers, or anyone else.

Potential Issue #2: Participants might be unsure of the meaning of *inject*.

Recommended Solution: Inject means to put a syringe (or “needle”) into a body part. Drugs can be injected into a vein, into a muscle, or under the skin. Do **not** count injection of legal and prescribed medications (i.e., insulin, hormones). However, include injection drugs, such as steroids and hormones, taken **without** the advice of a doctor or other health care professional.

34. During the past 3 months, how many people did you have sex with?

Potential Issue #1: Participants might not have had sex.

Recommended Solution: Participants should mark zero if they never had sex or if they did not have sex in the past 3 months.

Potential Issue #2: Participants might not know the definitions for sex.

Recommended Solution: Sex is defined as two partners getting sexually excited or aroused (turned on) by touching each other’s genitals (penis or vagina) or anus (butt) with their own genitals, hands, or mouth.

- When a male inserts his penis into his female partner’s vagina, the partners are considered to be having *vaginal sex*.

- When one partner's mouth touches the other partner's genitals (penis or vagina) or anus during sex, the partners are considered to be having *oral sex*.
- When a male's penis is inserted into his male or female partner's anus, the partners are considered to be having *anal sex*.

Potential Issue #3: Participants may not know their number of sexual partners.

Recommended Solution: Participants should estimate the actual number of sexual partners, not the number of contacts or days in the last 3 months that they have had vaginal, anal, or oral sex.

Potential Issue #4: Participants may be uncomfortable answering this question; they may find it intrusive.

Recommended Response: Remind participants that their names are not on the survey, their answers will be kept private, and the information is very important to the study. If participants are still reluctant to answer, please indicate that their answers are voluntary, and they do not have to answer the question.

35. In the past 30 days, have you had sex after getting drunk or high?

Potential Issue #1: Participants might not have had sex.

Recommended Solution: Participants should mark zero if they have not had sex.

Potential Issue #2: Participants might not know the definition for sex.

Recommended Solution: Sex is defined as two partners getting sexually excited or aroused (turned on) by touching each other's genitals (penis or vagina) or anus (butt) with their own genitals, hands, or mouth.

- When a male inserts his penis into his female partner's vagina, the partners are considered to be having *vaginal sex*.

- When one partner’s mouth touches the other partner’s genitals (penis or vagina) or anus during sex, the partners are considered to be having *oral sex*.
- When a male’s penis is inserted into his male or female partner’s anus, the partners are considered to be having *anal sex*.

Potential Issue #3: Participant may not know what qualifies as being drunk or high.

Recommended Solution: Participants should determine whether they were drunk or high. There is no set number of drinks or quantity of drugs we are looking for. You can ask, “Did you drink or use drugs to the point where you did not feel or act like yourself? For example, your coordination was poor, you slurred your words or had trouble remembering things, you felt flushed, you felt excessively happy, or you said or did things that you would not usually do?” Reiterate that questionnaires are anonymous and that no illegal behavior will be recorded with an individual’s name or reported to a health care provider, law enforcement, parents/guardians, teachers, or anyone else.

36. During the past 30 days, have you had unprotected sex? If yes, select all that apply. *Unprotected sex is vaginal, oral, or anal sex without a barrier such as a condom.*

Potential Issue: Participants might be unsure of the meaning of *unprotected sex*.

Recommended Solution: Unprotected sex is defined as vaginal, oral, or anal sex without a barrier, such as a condom or dental dam, to prevent the partners from directly touching each other’s genitals or anus (butt).

4. Technical Assistance

If you have any questions regarding administration of the Youth Questionnaire, please contact the SPARS Help Desk at 1-800-685-7623 or SPARSHelpDesk@mathematica-mpr.com.

To access the most recent version of the Youth Questionnaire, codebooks, upload templates, and administration guides, visit the SPARS Resource Library: <https://spars-ta.samhsa.gov/Resources/CSAP>.