

***STAY ON TRACK***  
**PROGRAM EVALUATION**

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## **ABSTRACT**

A quasi-experimental design was used to evaluate the effectiveness of the *Stay on Track* program in increasing students' protective factors. This program is a school-based prevention program for use in sixth through eighth grades. *Stay on Track* uses a 12-lesson curriculum taught by trained implementers during 45-50 minute sessions. The curriculum is designed to: help students assess the risks associated with substance abuse; enhance decision making, goal setting, communication, and resistance strategies; improve antidrug normative beliefs and attitudes; and reduce substance use. The program's ability to empower youth by providing knowledge and life skills relevant to health-promoting behavior is evident in its outcomes. Seven classrooms were recruited from Heritage Middle School, located within Volusia County, Florida. Four classrooms were randomly assigned to the intervention group, while three classrooms were randomly assigned to the comparison group. Students completed questionnaires designed to collect data on their knowledge of drug effects, attitude, and intentions regarding substances.

## **Results**

The intervention was associated with short-term improvements in student: motivation to abstain from substance use (*knowledge of drug effects and risk of harm*), personal competence skills (*decision making and goal setting skills*), healthy interpersonal and social skills (*refusal skills, media awareness, and communication skills*), and selection of a healthy social environment (*advocacy skills*).

## **Conclusions**

Interventions targeted at adolescents can be effective in changing attitudes and health education behavior if they include multiple techniques within their curriculum. Through the *Stay on Track* program, students within the experimental group experienced increases in protective factors that will enable them to make a commitment to live drug free.

## INTRODUCTION

Volusia County's public school system is Florida's tenth largest school district. Part of Volusia County School District's health promotion strategy requires that schools implement evidence-based health education curricula. In line with this strategy, since 2006, Volusia County Schools have collaborated with Florida's National Guard Drug Demand Reduction (DDR) program to incorporate the *Stay on Track* program; a drug prevention curricula.

The *Stay on Track* program is a health education program which incorporates curricula and instructional activities aimed at reducing risk factors and building protective factors (Osborne & Ross, 2006; Rivera, 2009). This unique program uses motorsports as a unique motivational theme, with each lesson relating program objectives to professional racing activities and personalities. To tackle the drug and alcohol challenge on multiple fronts, the program consists of three levels, each divided into four modules: Health Education, Decision Making and Goal Setting, Communication and Interpersonal Skills, and Media Influences. In most schools, students receive one lesson (45-minutes) per week for twelve weeks or two lessons per week for six weeks. However, dosage rates can vary from two classes per week to none.

All *Stay on Track* program implementers participate in a three and one half day training where they are provided the knowledge, tools, and resources they need to implement the program with the highest degree of fidelity. Upon completion of training, guardsmen receive a certificate valid for one year and are required to participate in a refresher course annually prior to the beginning of the school year to maintain currency. Additionally, guardsmen receive a guidance document that standardizes the data collection/survey process and preserves the validity of the data. The collection of classroom surveys enables an independent evaluation of student improvement (by class), and provides valuable data for program improvements.

The study reported here is a subset of the national implementation of the *Stay on Track* program as well as an extensive review of the collaboration with the Florida National Guard DDR Program. While *Stay on Track* has been evaluated nationally since 2006, those analysis employed a quasi experimental pre-test/post-test design. Many researchers continue to discuss the importance of appropriate methodological studies that focus on the use of quasi-experimental designs employing comparison groups in evaluating health promotion [McKinlay

*et al.*, 1989]. This study addresses this limitation of analyses conducted prior. Additionally, while many studies focus on identifying how students' culture can influence programmatic outcomes, little scientific attention has been placed on the complexities involved with adolescents that are within military families. To examine this, we assessed if programmatic outcomes from students in military families differed from students from non-military families.

This study examined if students receiving the prevention program, in contrast to students in the comparison group indicate:

- higher levels of their knowledge of drug effects,
- higher levels of social and peer resistance skills,
- higher levels of goal setting and decision making skills, and
- higher levels in their belief that it is wrong for their peers to use substances from pre- to post-program survey.

## **METHOD**

During the 2009 spring semester, a quasi-experimental design was conducted in seven seventh grade classrooms within Heritage Middle School. Four classrooms were randomly assigned to the experimental and three classrooms were randomly assigned to the comparison condition.

National Guard DDR personnel trained teachers to implement during an in-service workshop, and supervised them throughout the intervention. Following training, National Guard DDR personnel collaborated with teachers and district leaders to select implementation dates.

To control for testing threats, National Guard DDR personnel administered surveys to students within both groups during the same timeframe. Proctoring instructions were provided within the *Crew Chief's Handbook* and survey packets. Survey administrators were advised to read all of the questions to the students verbatim and inform them that survey participation was voluntary and confidential.

Following pre-program survey administration, students within the experimental group participated in 12 lessons of the *Stay on Track* program. Certified teachers implemented the program within eight weeks. Students participated in interactive activities, group discussions, role-playing, and completed take home activities designed to involve parental participation.

## Sample

The sample comprised 202 seventh grade students from seven classes. The data analysis included in this study is based on the reports of 165 students who completed questionnaires at all measurement points (treatment group  $n = 95$ , comparison group  $n = 70$ ). The 37 missing cases were absent at one measurement point, yielding a retention rate of 82%.

Additionally, to protect students' confidentiality and to comply with the Institutional Review Board (IRB), no identifiers were requested from students. Therefore, the NCPRS evaluation team employed a Statistical Matching procedure (Hyunsun & Thomas, 2008) to identify usable classroom sets from pre- to post-program survey. The Statistical Matching technique is used to link records in two separate data sets in cases when exact matching of individual records is not possible. This method utilizes variables common to both pre- and post-program data sets. Due to confidentiality restrictions on the data available, the student identifiers included their responses to the following constant variables: gender, race, and grade. Classrooms that did not provide pre- or post-program surveys were excluded from the analysis.

Table 1: Demographic profile of respondents

Characteristic	Experimental Group (%)	Control Group (%)
<b>Gender distribution</b>		
Male	46.3	58.6
Female	53.7	41.4
<b>Mean age distribution</b>		
10-12 years old	17.9	22.9
13-14 years old	81.0	68.6
15-16 years old	1.1	8.5
<b>Race distribution</b>		
American Indian or Alaska Native	1.0	4.3
Asian	NA	1.4
Black or African American	11.6	12.9
Hispanic or Latino	34.7	32.9
White, not of Hispanic origin	49.5	47.1
Other/Multiracial	3.2	1.4
<b>Students from Military Families</b>	38.0	30.4

\*Students' responses to the demographic questions are rounded to the nearest whole number.

## Measures

Program fidelity was measured by assessing responses received from the survey packet questionnaires. These questionnaires were affixed to the survey packets and solicited feedback to identify if all 12 lessons were implemented. Additionally, the NCPRS evaluation group

incorporated two separate quality control check procedures to validate the classroom data sets. The first procedure involved reviewing and tracking pre- and post-program survey packets. The NCPRS evaluation group reviewed the labels affixed to survey packets and updated the information within the NCPRS database. Any pre- or post-program survey packets containing discrepancies were provided to the Program Management team along with a survey correction form to solicit feedback from the appropriate implementer. The second procedure involved program oversight of the implementation via phone or meetings. Based on the feedback received, the implementation of the program occurred within eight weeks during the 2009 spring semester.

Programmatic outcomes were assessed via identical pre- and post-program surveys. The surveys contained 56 items (including basic demographic questions). Although most of the questionnaire items were taken from previously validated instruments, the questionnaire used for this study was reviewed by a workgroup consisting of Dr. Judi Kosterman (National Guard Bureau Subject Matter Expert), and Dr. Wendy Wolfersteig (Arizona State University, Southwest Interdisciplinary Research Center) and judged to be valid.

The survey is based on research findings associated with selected risk and protective factors for substance use that have been included in the *Stay on Track* program. The survey includes risk and protective measures from the *Communities That Care Youth Survey* (Botvin & Griffin, 2007; Beyers, et al., 2004; Glaser, et al., 2005) (e.g. students' social skills, school connectedness, and students' communication skills). These measures provide a comprehensive assessment of risk and protective factors for students in the sixth, seventh, and eighth grades. Additionally, two open-ended questions gauged students' feedback on their experience after participation in the *Stay on Track* program.

Some of the survey constructs included motivation to abstain from substance use (knowledge of drug, and knowledge of normative behavior (peer use of substances), personal competence skills (decision making, goal setting, and stress management). A matrix of survey constructs to program objectives is included in Table 2. The survey was intended to gauge if students participating in the *Stay on Track* program, in relation to the students in the comparison condition, experienced significantly higher levels in the following program objectives:

1. Demonstration of *motivation* to abstain from substance use.
  - a. Knowledge of drug effects
  - b. Risk of harm from drug use
  - c. Normative behavior of students in middle school
2. Demonstration of *personal competence* skills.
  - a. Decision making
  - b. Goal setting
  - c. Stress management
3. Demonstration of healthy *interpersonal/social skills*.
  - a. Resistance to negative peer pressure
  - b. Response to general media
  - c. Response to media targeting alcohol and tobacco
  - d. Communication
4. Demonstration of a selection of a healthy *social environment*.
  - a. Friends' behavior
  - b. Friends' attitudes
  - c. Advocacy skills

*To measure if the students demonstrated the motivation to abstain from substance use, the following variables were included:*

**Knowledge measures** (Qs: 45-53) comprised of nine multiple-choice items that included an "I don't know" option. These items were grouped into one subscale representing the correct responses. Knowledge questions included: students' comprehension of the long-term and short-term effects associated with inhalant, depressant, tobacco, alcohol use, and prescription drugs, as well as the students' perception of peer use of substances.

*To measure if the students demonstrated personal competence skills and healthy interpersonal and social skills, the following variables were included:*

**Attitude measures** (Qs: 19-20, 22-26, 33-36, and 39) comprised of 12 Likert-type items with responses ranging from "strongly agree" to "strongly disagree." The "strongly agree" and "agree" items were combined and the "strongly disagree" and "disagree" items were combined to illustrate a confidence in the students' intentions to use or to not use substances. These subscales represent protective factors associated with a young person's resistance to substance use: positive attitudes toward abstinence from drug use, perceived peer disapproval of substance use, goal setting and decision making skills, social and peer resistance skills, and perceived harmful effects of substance use. Higher scores indicate more positive perceptions or behaviors.

To measure if the students demonstrated their selection of a healthy social environment, the following variables were included:

**Intention measures** (Qs: 27-29, and 37-40) consisted of eight Likert-type, self-report items with responses ranging from "strongly agree" to "strongly disagree." The items were grouped into six subscales representing personal risk and protective factors or mediating variables associated with young people's resistance to substance use, perceived advocacy skills, and locus of control/self-efficacy. Higher scores indicate more positive perceptions or behaviors.

**Social skills measures** (Qs: 30-32) were comprised of three multiple-choice scenario items that provided various responses for students to select based on the scenario. Student responses were grouped into three subscales representing protective factors associated with children's resiliency to social challenges: attitudes toward drugs, emotional competency, goal setting and decision making skills, social and peer resistance skills, and perceived harmful effects of substance use. Higher scores indicate more positive levels of attitudes, perceptions, or skills.

**Independent variables**

**Military family.** Students were asked if they had family members in the military. A separate question measured military family deployment. Students selected which family members were deployed.

**Control variables** Gender and race were entered as control variables.

**Table 2. Constructs with Program Objective and Scale Source**

Construct	Program Objective(s)	Source	Citation
Knowledge Acquisition	1A. Motivation	<i>Botvin/Life Skills Training (LST)</i>	<i>Botvin/Life Skills Training (LST)</i>
Normative Behavior - Peers	1D. Social Environment	<i>Botvin/Life Skills Training (LST)</i>	<i>Botvin/Life Skills Training (LST)</i>
Decision Making	2A. Personal Competence	<i>2006 Stay on Track Survey</i>	<i>Stay on Track, 2006</i>
Attitude	2A. Self-Esteem	<i>Rosenberg Scale</i>	<i>Rosenberg, 1965</i>
Goal Setting	2B. Personal Competence	<i>2006 Stay on Track Survey</i>	<i>Stay on Track, 2006</i>
Refusal Skills	3D. Interpersonal/Social Skills	<i>National Youth Survey</i>	<i>CSAP, 2005</i>
Media Influences	3B,C. Personal Competence	<i>Botvin/Life Skills Training</i>	<i>CSAP, 2005</i>

Communication	3D. Interpersonal/Social Skills	<i>Botvin /Life Skills Training Communities That Care Youth Survey</i>	<i>CSAP, 2005</i>
Social Skills	3D. Interpersonal/Social Skills	<i>Communities That Care Youth Survey</i>	<i>Hawkins, 2004</i>
Attitude – Peer Use of Substances	4A. Motivation	<i>Monitoring the Future Survey</i>	<i>CSAP, 2005</i>
Intent	4C. Intent to Abstain/Advocate	<i>2006 Stay on Track Survey</i>	<i>Stay on Track, 2006</i>
Risk Factor - School	*School Connectedness	<i>2002 Maryland Adolescent Survey</i>	<i>CSAP, 2005</i>
Transition/Mobility	*Risk Factor	<i>CSAP</i>	<i>CSAP, 2005</i>

*\*Variables included to identify if these constructs confound program objectives.*

In most cases, scales were used intact. However, exceptions were made based on the results of confirmatory factor analyses and recommendations of the workgroup. Table 2 provides internal reliabilities (Cronbach’s alpha) for the constructs.

To assess statistical significance, a One-way ANOVA examined cumulative effects from pre- to post-program survey. Short-term effects of the *Stay on Track* program were explored by factor testing for mean differences in measures for each risk and protective factor addressed in the program objectives.

#### **DATA ANALYSIS STRATEGY**

The analysis for this study measured students’ responses in the experimental group in contrast to students’ responses in the comparison group. The main purpose of the study involved examining whether students’ participation in the *Stay on Track* program resulted in increases or reinforcement in the areas addressed in the programmatic objectives.

#### **DESCRIBING THE DATA**

A range of descriptive statistics examined the performance of the individual items, as well as how they function within the scale. Item statistics included means, variances, and frequencies. Gender, age, race, military family status were explored as sources of non-equivalence between groups.

Item performance within the scale was examined by inter-item correlations, item-total score correlations, and drop in coefficient alpha when the item is removed. The scale was examined in terms of its mean, range, variance, and internal consistency. This analytical technique indicated that the survey constructs were reliable (Cronbachs Alphas ranging from .62 to .90). Table 3 includes the reliability measures, separated by outcomes.

**Table 3. Reliability Analysis**

<b>Construct</b>	<b>Reliability</b>
1A. Knowledge Acquisition – Drug Effects	.69
1A. Knowledge Acquisition – Alcohol Effects	.66
1D. Normative Behavior – Peers	.88
2A. Decision Making	.80
2A. Attitude – Self-Esteem	.62
2B. Goal Setting – Self	.74
3A. Refusal Skills	.83
3BC. Media Influences	.72
3D. Communication	.62
4A. Attitude – Peer Use of Substances	.90
4C. Advocacy Skills	.66
<b>Note: The items above include the internal reliabilities (Cronbach’s alpha) for all constructs.</b>	

## **DATA SCREENING**

Before conducting any analysis, data for all variables were inspected for missing values, normality, and outliers. Although missing values varied across construct, we examined patterns of missing data to determine possible causes for missing data. For example, if missing data were more prevalent later in the sequence of administered items, this would suggest the cause was response burden or lack of time for completing the survey.

## **SECONDARY DATA ANALYSES**

To determine if students within the experimental classroom experienced an improvement on their knowledge scores, and experienced higher levels of protective factors, from pre- to post-program survey, two different analyses were employed. Initial analysis involved computing frequencies for each question on the pre- and post-program survey. To determine whether statistically significant growth occurred from the pre-program survey administration to the post-program survey administration, all questions were coded to ensure that higher numbers corresponded with more desirable responses. Knowledge questions were analyzed via a Chi-Square ( $\chi^2$ ) and the remaining questions were assessed via a one-way ANOVA

using *time vs. treatment* as the only factor. If the treatment group (pre- versus post-program scores) had significance and differed from the experimental and comparison group's scores, then the intervention was a success.

The table below depicts students' risk and protective factors measured within the *Stay on Track* survey. Students within the experimental group outperformed students in their knowledge of drug effects.

**Table 4. Means of student responses from pre- to post-program survey, chi-square, and significance level**

<b>Chi-Square</b>				
<b>Construct/Protective Factor</b>	<b>Mean Pre</b>	<b>Mean Post</b>	<b><math>\chi^2</math>*</b>	<b>Significance**</b>
<b>Peer/Individual</b>				
<b>Knowledge of Drug Effects</b>				
Experimental Group	3.73	4.55	20.33	.016**
Comparison Group	3.37	3.61	4.88	.771
<b>Normative Behavior - Peers</b>				
Experimental Group	1.03	1.26	22.41	.001**
Comparison Group	.77	.76	10.48	.015**

\*\* Demonstrated significance below the 0.05 level ( $p < .05$ ). Higher mean scores indicate increases in knowledge.

**Table 5. One-way ANOVA Outcomes, Separated by Protective Factor**

<b>t-test for Equality of Means</b>			
<b>Construct/Protective Factor</b>	<b>Mean Pre</b>	<b>Mean Post</b>	<b>Significance*</b>
<b>Peer/Individual Protective Factor- Social Competencies</b>			
2A. Decision Making			.001**
<i>Experimental</i>	.51	.57	
<i>Comparison</i>	.57	.61	
2A. Attitude – Self-Esteem			.034
<i>Experimental</i>	2.59	2.85	
<i>Comparison</i>	3.01	3.16	
2B. Goal Setting – Self			.003*
<i>Experimental</i>	1.47	1.66	
<i>Comparison</i>	1.86	1.77	
3A. Refusal Skills			.024**
<i>Experimental</i>	.68	.73	
<i>Comparison</i>	.68	.47	
3B,C. Media Influences			.001**
<i>Experimental</i>	1.61	1.68	
<i>Comparison</i>	1.67	1.64	

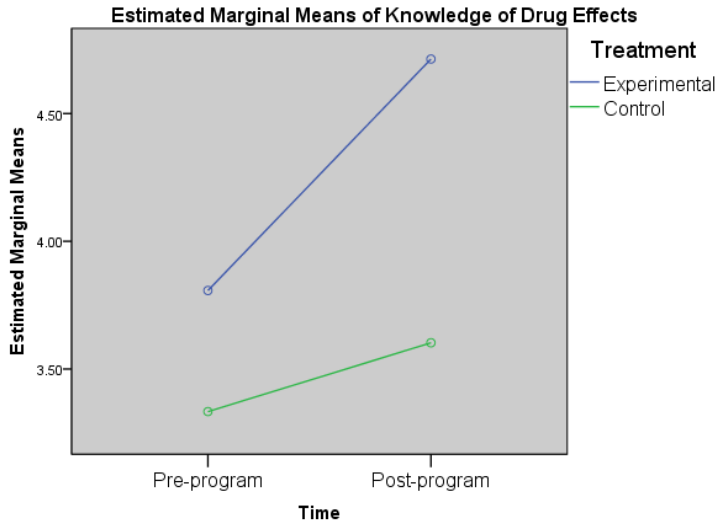
3D. Communication Skills			.004**
<i>Experimental</i>	.76	.93	
<i>Comparison</i>	1.17	1.09	
3D. Social Skills			.001**
<i>Experimental</i>	1.37	1.48	
<i>Comparison</i>	1.46	1.36	
4A. Attitude – Peer Use of Substances			.012**
<i>Experimental</i>	7.55	7.26	
<i>Comparison</i>	6.76	6.88	
4C. Advocacy Skills			.038**
<i>Experimental</i>	.57	.60	
<i>Comparison</i>	.54	.46	
<b>Family Domain</b>			
Parental Support			.001**
<i>Experimental</i>	.66	.68	
<i>Comparison</i>	.61	.54	
<b>School Domain</b>			
School Commitment			.470
<i>Experimental</i>	1.40	1.40	
<i>Comparison</i>	1.33	1.39	

\*\* Demonstrated significance below the 0.05 level ( $p < .05$ ). Higher mean scores indicate increases in knowledge.

Additionally, a Multivariate General Linear Regression Model identified which of the variables were associated with increases in students' knowledge of drug effects and refusal skills. The covariates entered into the model included: advocacy, decision making, goal setting, communication, belief that substance use by their peers is wrong, self-esteem, and school commitment, and students' race.

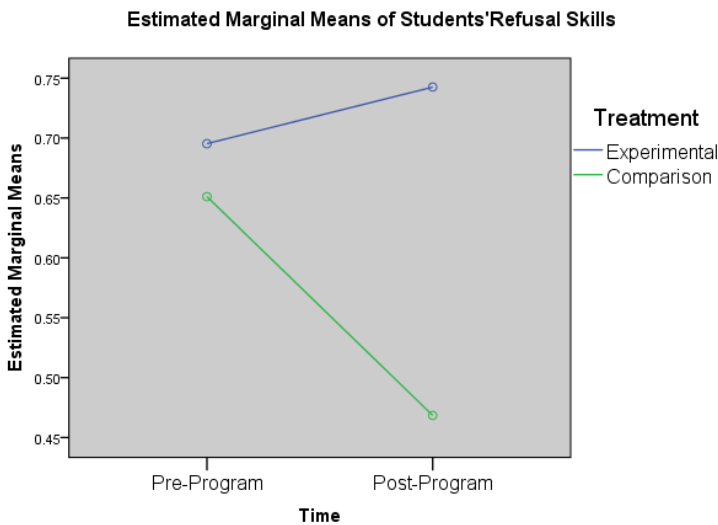
This model yielded 30% ( $R^2 = .298$ ,  $p < .05$ ) of the variance in students' knowledge of drug effects and refusal skills can be attributed to their race, advocacy, decision making, belief that substance use by their peers is wrong, self-esteem, and commitment to school. Both figures one and two depict that students in the experimental condition significantly outperformed students within the comparison condition.

**Figure 1. Knowledge of Drug Effects, Separated by Group and Time**



Covariates appearing in the model are evaluated at the following values: DecisionMaking = .5855, Goal-setting = 1.6645, Communication = .9539, AttPEERUSESUBSTANCES = 7.1776, Self = 2.8618, SchooComit = 3.6250, 4. Race = 4.87, Advocacy = 1.7105

**Figure 2. Refusal Skills, Separated by Group and Time**



Covariates appearing in the model are evaluated at the following values: DecisionMaking = .5855, Goal-setting = 1.6645, Communication = .9539, AttPEERUSESUBSTANCES = 7.1776, Self = 2.8618, SchooComit = 3.6250, 4. Race = 4.87, Advocacy = 1.7105

## Results

Outcomes included in tables four and five include the 13 protective factors measured in the study. Results show that students in the experimental group outperformed students within the comparison group in 10 out of the 13 protective factors. To identify which variables contributed to students' increases in their knowledge of drug effect and their refusal skills, a Multivariate General Linear Regression Model was employed. This model yielded that each

variable showed significant predictive ability, and accounted for 30% of the variance explained in these measures.

Significant program effect was also noted over the study period for Motivation (*knowledge of effects and risk of harm*), and Personal Competence (*decision making and goal setting skills*), Healthy Interpersonal and Social Skills (*refusal skills, media awareness, and communication skills*), Healthy Social Environment (*advocacy skills*).

The outcomes included in this study yielded that the *Stay on Track* program is effective in increasing students' knowledge of drug effects, refusal, and advocacy skills. Students participating in the program continued to demonstrate that increases in their knowledge of drug effects and improvement of decision making and goal setting skills does contribute to their intention to refuse drugs.

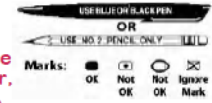
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# Appendix A. Pre- and Post-Program Survey (Page 1)



Thank you for agreeing to participate in this survey. The purpose of this survey is to learn how students feel about their families, peers, school, and health behaviors. This is NOT A TEST! The survey is completely voluntary and anonymous. Please select the best answer based on your current attitude and knowledge, if you do not know an answer, please select the "I don't know" option. Your answers will help us make improvements to health education programs.



## Tell Us About Yourself

**1. I am \_\_\_\_.**

- male       female

**2. How old are you?**

- 10    12    14    16  
 11    13    15

**3. I am in the \_\_\_\_ grade.**

- 6th       7th       8th

**4. How do you describe yourself? (Select one or more responses)**

- American Indian or Alaska Native  
 Asian  
 Black or African American  
 Hispanic or Latino  
 Native Hawaiian/other Pacific Islander  
 White, not of Hispanic origin  
 Other

**5. Have you participated in the "Stay on Track" program?**

- Yes  
 No

**6. What level (s) of "Stay on Track" have you participated in?**

- Level 1 (usually in 6th grade)  
 Level 2 (usually in 7th grade)  
 Level 3 (usually in 8th grade)

**7. My school is located in \_\_\_\_.**

- AK    ID    NC    SC  
 AL    IL    ND    SD  
 AR    IN    NE    TN  
 AZ    KS    NH    TX  
 CA    KY    NJ    U I  
 CO    IA    NM    VA  
 CT    MA    NV    VI  
 DC    MD    NY    VT  
 DE    ME    OH    WA  
 FL    MI    OK    WI  
 GA    MN    OR    WY  
 GU    MO    PA    WY  
 HI    MS    PR  
 IA    MT    RI



**8. Do you have a family member in the military?**

- Yes (If yes, answer question 9)  
 No (If no, skip question 9)

**9. Which one of your family members are on deployment (out of the country away or on military assignment)? [Please select all that apply]**

- both of my parents  
 my mother  
 my father  
 my step mother  
 my step father  
 a relative who is not my parent  
 None of the above

**10. I live with \_\_\_\_.**

- both of my parents  
 my mother  
 my father  
 my step mother  
 my step father  
 a relative who is not my parent  
 a non-relative  
 None of the above

The next few questions ask you about your experiences at school.

**11. Putting them all together, my grades last year were \_\_\_\_.**

- mostly A's       mostly B's       mostly C's       mostly D's       mostly F's

**12. How many times have you changed schools (including changing from elementary to middle) since kindergarten? \_\_\_\_**

- Never       1 or 2 times       3 or 4 times       5 or 6 times       7 or more times

**13. How important do you think the things you are learning in school are going to be for you in your later life? \_\_\_\_**

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

**14. I am committed to staying in school \_\_\_\_.**

- Strongly Agree       Agree       Disagree       Strongly Disagree

## Appendix A. Pre- and Post-Program Survey (Page 2)

	Almost always	Often	Sometimes	Seldom	Never
15. How often do you feel that the schoolwork you are assigned is meaningful and important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Now thinking back, over the past year in school, how often did you enjoy being in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Now thinking back, over the past year in school, how often did you hate being in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Now thinking back, over the past year in school, how often did you try to do your best work in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next few questions ask you about your experiences in other parts of your life.

19. Typically, I set my goals (what I choose to do) \_\_\_\_\_.

- by myself
- based on what my peers want me to do
- based on what my parents want me to do
- based on what others want me to do (not parents/peers)

20. When I am in an uncomfortable situation, I rely on \_\_\_\_\_ to help me make decisions.

- my values
- my friends
- my emotions
- facts

21. I know that media advertisements (T.V., commercials, and posters) are trying to influence my decisions \_\_\_\_\_.

- always
- sometimes
- rarely
- never

22. When I make a decision, I like to \_\_\_\_\_.

- make it quickly
- see if others agree
- let someone else decide for me
- gather all of the information first

23. I tell people my opinion, even if they do not agree with me \_\_\_\_\_.

- all the time
- sometimes
- never

24. Overall, I am satisfied with myself \_\_\_\_\_.

- all the time
- sometimes
- never

25. When I am doing a good job, my parents let me know.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

26. I take a positive attitude toward myself.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

	Never	Almost Never	Sometimes	Almost Always	Always
27. When I want people to understand me, I talk in a way that is clear and specific.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. When I want to understand other people, I ask questions if they say something that isn't clear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. When I want to understand other people, I repeat what they said back to them in my own words to be sure I understood them correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Appendix A. Pre- and Post-Program Survey (Page 3)

The next couple of questions ask you about your behavior. Please respond based on your attitude.

30. You are at a someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do?

- Drink it
- Tell your friend, "No. Thanks, I don't drink," and suggest that you and your friend go and do something else.
- Just say "No, thanks" and walk away.
- Make up a good excuse, tell your friend you had something else to do, and leave.

31. You're looking at CDs in a music store with a friend. You look up and see her slip a CD under her coat. She smiles and says, "Which one do you want? Go ahead, take it while nobody's around." There is nobody in sight, no employees and no other customers. What would you do now?

- Ignore her.
- Grab a CD.
- Tell her to put the CD back.
- Act like it's a joke, and ask her to put the CD back.

32. It's 8:00 on a weeknight and you are about to go over to a friend's home when your mother asks you where you are going. You say, "Oh, just going to go hang out with some friends." She says, "No, you'll just get into trouble if you go out. Stay home tonight." What would you do now?

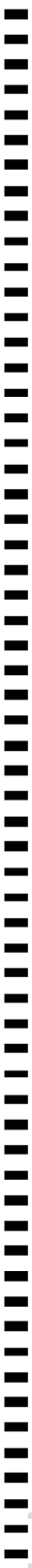
- Leave the house anyway.
- Explain what you are going to do with your friends, tell her when you'd get home, and ask if you can go out.
- Not say anything and start watching TV.
- Get into an argument with her.

	Strongly Agree	Agree	Disagree	Strongly Disagree
33. I believe it is wrong for someone my age to smoke cigarettes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. I believe it is wrong for someone my age to drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. I believe it is wrong for someone my age to use methamphetamines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. I believe it is wrong for someone my age to use LSD, cocaine, or any illegal drug.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. I am committed to helping my friends resist drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. I plan to accomplish my goals by resisting drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. I have the skills and knowledge about drugs and alcohol to make good choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. I plan on using my skills and knowledge to refuse drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remember, this is NOT A TEST. If you do not know the answer to the question, select the "I don't know"

	no	a few (one in every ten of your peers)	about half of all	most (over half of all of your peers)	I don't know
41. I know that ___ middle school students smoked marijuana in the last 30 days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. I know that ___ middle school students smoked cigarettes in the last 30 days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. I know that ___ middle school students drank alcohol in the last 30 days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Appendix A. Pre- and Post-Program Survey (Page 4)**



44. I know that advertisements are trying to influence my decisions \_\_\_\_.

- always                       sometimes                       rarely                       never

45. I know that a drug is a substance that can cause my body to \_\_.

- improve                       change                       grow                       I don't know

46. I know that the type of drug that slows down normal brain function is a \_\_\_\_.

- stimulant                       hallucinogen                       depressant                       I don't know

47. I know that some drugs are called "prescription" drugs because they are \_\_\_\_.

- ordered by a doctor                       bought over the counter                       OK to share with friends                       I don't know

48. I know that drinking alcohol \_\_ a person's reaction time.

- speeds up                       maintains                       slows down                       I don't know

49. I know that a person can die from using inhalants \_\_\_\_.

- once                       twice                       three times                       four times                       I don't know

50. I know that physical impairment begins after the \_\_ drink of wine, beer, or liquor.

- first                       second                       third                       fourth                       I don't know

51. I know that cirrhosis of the liver is a negative long-term effect of \_\_\_\_.

- tobacco abuse                       marijuana abuse                       inhalant abuse                       alcohol abuse                       I don't know

52. I know the only thing that can sober an intoxicated person is \_\_\_\_.

- coffee                       water                       food                       time                       I don't know

53. I know that nicotine, found in tobacco is a(n) \_\_\_\_.

- depressant                       hallucinogen                       inhalant                       stimulant                       I don't know

54. I have answered the survey questions honestly.

- Yes, all of them                       Most of them                       Some of them                       No, none of them

55. What did you enjoy most about participating in the "Stay on Track" program?

\_\_\_\_\_  
\_\_\_\_\_

56. What recommendations would you make to the "Stay on Track" presentation?

\_\_\_\_\_  
\_\_\_\_\_