

Center for Substance Abuse Prevention

**Core Measures
Initiative
Phase I
Recommendations**

February 2003



Substance Abuse and Mental
Health Services Administration

Acknowledgments

This document was produced under the guidance of Beverlie Fallik, Ph.D., Office of Policy and Planning, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, (SAMHSA/CSAP).

The Core Measures Phase I Recommendations is the product of an extensive review of available measures and scales by more than 25 prevention research experts in five domains. Special thanks go to the Task Force Chairs, including Michael Arthur, Jim Derzon, Bill Hansen, Jim Moran, Peter Mulhall, Chris Ringwalt, and Abe Wandersman, whose hard work and dedication made this publication possible.

Foreword

Substance abuse remains a critical problem in this country. The mission of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) is to provide national leadership in the development of policies, programs, and services to prevent the onset of illegal drug use, to prevent underage alcohol and tobacco use, and to reduce the negative consequences of using substances. Further, CSAP endeavors to link science-based research with prevention practices. CSAP initiated the *Core Measures Initiative Phase I Recommendations* in order to promote the consistent use of proven program measures in the field of prevention, facilitate data coordination and linkages, reduce the burden of individual researchers in the field who would each otherwise have to identify and select valid and reliable instruments on their own, and enhance the use of common instruments for cross-site evaluations.

On the basis of an internal examination of the measures being used in its Block Grant and discretionary programs, CSAP concluded that its programs were examining common aspects of prevention-related human behavior and attitudes, but there was little coordination in the use of common measures. This reduced ability to compare findings or aggregate data for secondary analyses. In response, CSAP convened a group of 25 nationally recognized researchers, evaluators, and State representatives to begin identifying the people, process, and timetable that would enable CSAP to recommend the best core measures available to assess substance use *per se* and the factors related to it. The experts were divided into five panels ("Individual/Peer," "Family," "School," "Community," and "Alcohol, Tobacco and Other Drugs"). These panels examined and provided recommendations on best measures with respect to 18 explicit criteria, and it is these recommendations that constitute the *CMI Phase I Recommendations*.

The use of these common measures will strengthen accountability within the field of prevention by standardizing and improving the quality of the data collected. CSAP would like to improve its ability to address questions from Congress and the public regarding what types of prevention programs work and for whom. Through the use of common, psychometrically sound measures across its many grants, CSAP will be able to compare results and conduct analyses across data sets. Although the majority of CSAP programs already measure many risk and protective factors, the *CMI Phase I Recommendations* aims to provide an extensive list of the most

important and relevant factors, and to attach to that list the best available sets of items for capturing each of those factors. Such information will advance the field of prevention in general, as well as better inform CSAP's future policy and program development decisions.

This publication provides grantees and other prevention professionals with a common set of valid and reliable measures to use in evaluating their programs.

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I. Introduction

In October 1998, the Center for Substance Abuse Prevention (CSAP) convened a set of nationally-recognized researchers in five task forces. The purpose of this meeting was to apply the researchers' collective expertise to the development of a core compendium of evaluation measures in five domains of prevention-related human behaviors: Alcohol, Tobacco, and Other Drug Use (ATOD), Individual/Peer, Family, School, and Community.

1. BACKGROUND

CSAP launched the Core Measures Initiative (CMI) to meet several key objectives:

- **Respond to GPRA requirements.** The Government Performance and Results Act (GPRA) mandate has increased federal agencies' accountability for determining and monitoring progress in federally-sponsored programs. The CSAP core measures will provide meaningful outcome information in a common metric to support the agency's GPRA objectives.
- **Promote more consistent use of validated measures in the field.** Many programs have only limited resources available to support evaluation activities. By examining and recommending specific measures, CSAP gives evaluators a set of validated instruments so that they can turn their attention to other pressing issues pertaining to evaluation methodology.
- **Improve accessibility of common data to cross-site evaluations.** Greater commonality in the use of measures will yield cross-site data that are more comparable, both within and across CSAP programs. The successful development and implementation of the core measures will assist CSAP in meeting these objectives.

2. CORE MEASURES REVIEW AND RECOMMENDATION PROCESS

To complete the core measures review and recommendation process, each of the task forces:

- Gathered instrumentation by contacting primary investigators and other key experts in the field
- Reviewed existing compendiums, such as CSAP's *Measurements in Prevention*
- Searched a number of databases
- Obtained input via professional Listservs.

In addition, CSAP has asked approximately 30 experts on special populations for information about any additional instrumentation they might recommend, and for comments on the applicability to specific populations of the instruments being examined. Results from this process have yet to be fully integrated into this notebook, which will be periodically updated as new information becomes available.

During the review and rating process, the task forces applied common selection criteria as specified in Exhibit I. Although all of the task forces adhered to these guidelines, their relative emphasis on specific criteria varied somewhat. In addition to providing recommendations for core measures, the task forces identified a number of cross-cutting issues relative to the

development of the recommendations and to implementation of these measures by CSAP grantees. These issues include:

- **Selection of variables.** While the recommended measures in the CMI can serve as a valuable resource for grantees in identifying measures to use in addressing a targeted variable, the programs and their evaluators must first accurately identify the variables the programs target.
- **Special populations and developmental issues.** A specific measure may work well with a given population, but may perform less well when administered to other populations or age groups. The information provided for each measure includes references to the population(s) for which it was developed, and (in some cases) with which it has been used. For some variables, such as family history of ATOD, CSAP recommends two measures (both a non-college and college scale), so that different populations can each be addressed
- **Methodology.** The instrument, or scale, used is just one of many key components of a program's evaluation effort.
- **Missing information.** For some instruments reviewed by the task forces, key information (e.g., data relating to reliability and validity) was not available at the time the task forces deliberated. As a result, some promising measures may not be included in the list of those recommended. Others, which may have been recommended, may have incomplete or dated information related to their use with specific populations.

EXHIBIT 1
CRITERIA FOR SELECTING CORE MEASURES

Popularity/prior use. Are the questions in wide use, especially in large-scale surveys, so that comparisons can be made to national or regional norms?

Availability. Are the questions in the public domain? If not, can permission for their use be obtained with relative ease, and at low cost?

Scoring. Is scoring simple and straightforward?

Length. Are the questions themselves relatively brief? Is the number of questions tapping any particular domain limited to about 5-10?

Reading level. For constructs targeting children and youth, do the language and referent periods queried appear to be accessible for children as young as 9 or 10?

Developmental appropriateness. Are question wording and content developmentally appropriate for the variety of populations with which the questions are likely to be used?

Internal reliability. Do the items hang together well? Do they have an acceptable coefficient alpha (i.e., $>.70$)? Is the coefficient alpha so high (i.e., $>.90$) that the items may be simply redundant?

Test/retest stability. Is there evidence to suggest that responses to questions remain reasonably consistent over time?

Sensitivity to change. Is there evidence that the measure is capable of demonstrating an intervention effect when such an effect truly occurs?

Cultural appropriateness. Is there evidence that the instrument has been successfully used with individuals from different cultural backgrounds?

Recognition. Is there evidence that the measures have achieved a degree of respectability; that is, they have been cited with some frequency in the published literature?

Ease of administration. Is the administration of the measure practical and feasible in terms of cost and the training required?

- **Modifications to scaling.** Grantees should recognize that by customizing a given scale, perhaps by adding or deleting items or modifying their wording, they may compromise its psychometric properties.
- **Multidimensional variables.** Constructs like life skills and normative beliefs may have multiple dimensions or sub-scales, which researchers may discover through such analytic tools as principal components analysis. Even so, a single score for the entire scale may suffice for evaluation purposes
- **Operational definitions.** Scale developers and researchers may use different operational definitions for the same overall construct; and different definitions will suggest different measures. To address these concerns, CSAP has included an operational definition for most recommended measures and may in some instances recommend that more than one measure be used to address a given construct. Task force members also noted some overlap across constructs both within and across domains.
- **Length of scale.** For several variables, CSAP recommends both a long and a short instrument. Researchers may select a more in-depth instrument, for example, when the targeted variable is a primary focus of the intervention; they may choose a shorter version when the variable is just one of many they want to measure.
- **Proprietary instruments.** Several of the scales the task forces have recommended have copyrights, and thus permission from the developer is required before they may be used. A few of the scales also have associated costs. To ensure that copyright licenses are respected, CSAP has provided a contact name and cost information in lieu of the scale items.

3. CSAP PROCESS

In late February 1999, the task force members presented their draft recommendations to CSAP. With the goal of promoting common measures in mind, CSAP reviewed the task force recommendations, using the same criteria for each, with special emphasis on:

- **Length of scale.** Because CSAP and CSAP grantees have limited measurement resources, CSAP considered the length of the scales and the time required to administer them when developing its final recommendations.
- **Public versus private domain.** In general, CSAP considered scales that are in the public domain, and therefore immediately accessible and available for grantee use, more favorably than scales protected by copyright law, which makes the privately held scales more difficult and costly to obtain.
- **Cost.** With the exception of one scale, CSAP limited its recommendations to scales that are either in the public domain or can be used, *gratis*, with permission from the developer.
- **Prevalence of use.** CSAP viewed scales that are currently in wide use more positively than more obscure scales, given the accessibility and resource issues mentioned above.

CSAP considers the identification of best measures an evolutionary process needing regular consensus-building and updating.

4. ORGANIZATION AND CONTENTS OF THIS DOCUMENT

This document is organized in seven chapters, of which the first comprises this introduction. The second, “ Table of Domains, Constructs, and Instruments,” has five columns:

- Domain Code
- Construct Name
- Sub-Construct Scale (where applicable)
- Instrument Name
- Version (or year).

For domains that have constructs with no recommended measures, the words “in process” appear in the column labeled “Instrument Name” to indicate that our search for an appropriate measure continues.

Chapters III through VII contain the task force reports, one for each domain: Alcohol, Tobacco, and other Drugs; Individual/Peer; School; Family; and Community. In each of these chapters, the following information is provided:

- An introduction to the domain, written by the task force responsible for it;
- a description of the constructs, including name of instrument(s), definitions, reliability, validity, target population, associated psychometric data, respondent, ease of use/scoring, number of items in the scale, mode of administration, strength of relationship to other problem behaviors, source, author, availability, cost, copyright, and citation information
- a bibliography for the domain.

The measures recommended by CSAP were always selected from among those made by the task force.

5. A WORD ABOUT SCORING

A number of researchers have contacted us for instructions for scoring the various instruments contained in this compendium. In general, those instruments that constitute scales - i.e., those that contain a set of related items with common response options - should be scored as follows.

First, the researcher should examine the items to make sure that their directionality is uniform - that is, that they all progress from small to large, or good to bad, and so on. Sometimes scale developers deliberately reverse the direction of certain items as a way of varying the items and ensuring that respondents are alert. The quickest and most effective way to test the uniformity of the relationships of scale items is to subject them to a correlation matrix; all the relationships should be positive. Those items that are reverse scored, however, should be rescored as follows.

For response options that range from

- 1 to N, subtract the score from N+1;
- 0 to N, subtract the score from N;
- -N to +N, simply reverse the minus or plus sign;

where N equals the largest value among responses.

For example, rescaling a 3 on a scale ranging from 1 to 7 would become a 5 (i.e., $7 + 1 - 3 = 5$), while on a scale ranging from 0 to 7 it would become a 4 (i.e., $7 - 3 = 4$). A -2 on a scale ranging from -3 to +3 would become +2. Second, the researcher should simply add up respondents' scores on all the items and divide that total by the number of valid responses to find the arithmetic mean for the set. This value constitutes the total scale score for that respondent.

There are exceptions to this rule. First, many constructs, especially in the Alcohol, Tobacco, and Other Drug domain, comprise single items, e.g., 30-day tobacco use. Other constructs in this domain, like any alcohol use, may comprise several items, such as the consumption of discrete substances like beer, wine, or hard liquor within a given period: in that case, 30-day alcohol use should be scored as positive if respondents score *any one* of them as “yes.” Second, some scales like the CAGE have predetermined cut points that indicate a threshold of clinical significance. In those cases, the researcher may want to dichotomize the scale, or treat it as continuous.

In general, researchers should consider all scales as continuous unless otherwise specified where they are described in this compendium.

6. NEXT STEPS

CSAP is currently reviewing the contributions of experts who are examining each recommended scale for special populations, as defined, for example, by race or ethnicity, gender, and age. CSAP is also continuing its effort to identify appropriate measures for constructs that currently lack them.

For further information, please contact: Dr. Beverlie Fallik, the CSAP Lead for the Core Measures Initiative, at (301) 443-5827 or bfallik@samhsa.gov.

II. Table of Domains, Constructs, and Instruments

CORE MEASURES DOMAINS, CONSTRUCTS, AND INSTRUMENTS

Domain Code	Construct Name	Sub-Construct Scale	Instrument Name	Version
Alcohol, Tobacco and Other Drugs	Lifetime Use		Monitoring the Future	96
	Age at First Use		National Household Survey on Drug Abuse	98
	30-day Use		Monitoring the Future	96
	Dependency		Monitoring the Future	96
	Problem Drinking		CAGE (Cut, Annoyed, Guilty, Eye Opener)	Web*
	Binge Drinking		Monitoring the Future	96
Individual/Peer	Rebelliousness	Rebelliousness	Student Survey of Risk and Protective Factors	98
	Rebelliousness	Impulsiveness	Student Survey of Risk and Protective Factors	98
	Antisocial Attitudes	Favorable Attitudes Toward Antisocial Behavior	Student Survey of Risk and Protective Factors	98
	Antisocial Attitudes	Belief in the Moral Order	Student Survey of Risk and Protective Factors	98
	Self-Esteem		Rosenberg's Self-Esteem Scale	
	Attitude Toward Use	Favorable Attitudes Toward Use	Student Survey of Risk and Protective Factors	98
	Attitude Toward Use	Disapproval of Drug Use	Monitoring the Future	96
	Perceived Harm/Risk	Perceived Harm	Monitoring the Future	96
	Perceived Harm/Risk	Perceived Risk of Drug Use	Student Survey of Risk and Protective Factors	98
	Intentions/Expectations		Tanglewood Research Evaluation	96

Domain Code	Construct Name	Sub-Construct Scale	Instrument Name	Version
Individual/Peer (cont'd)	Life Skills	Stress Management Skills	Tanglewood Research Evaluation (Wake Forest Evaluation)	96
	Life Skills	Decision Making Skills	Tanglewood Research Evaluation (Wake Forest Evaluation)	96
	Life Skills	Social Skills	Tanglewood Research Evaluation (Wake Forest Evaluation)	96
	Life Skills	Goal Setting Skills	Tanglewood Research Evaluation (Wake Forest Evaluation)	96
	Life Skills	Assertiveness	Botvin Life Skills Evaluation	
	Normative Beliefs	Beliefs About Peer Norms	Tanglewood Research Evaluation (Wake Forest Evaluation)	96
	Normative Beliefs	Interaction with Antisocial Peers	Student Survey of Risk and Protective Factors	98
	Leadership/Mentoring		Tanglewood Research Evaluation (Wake Forest Evaluation)	96
	Antisocial Behavior		In progress	
	Engagement in Prosocial Activities		In progress	
	Media Literacy		In progress	
	Mental Health Factors		In progress	
	Religiosity		In progress	
	Resistance Skills		In progress	
	Risk Taking/Sensation Seeking		In progress	

Domain Code	Construct Name	Sub-Construct Scale	Instrument Name	Version
School	School Bonding/ Commitment		Student Survey of Risk and Protective Factors	98
	School Grades and Records		Student Survey of Risk and Protective Factors	98
	Education Expectations and Aspirations		Monitoring the Future	96
	Parent-School Involvement		Parent-School Involvement	
	School Safety/ Dangerousness		Youth Risk Behavior Survey	97
	Academic Self-Esteem		In progress	
	Positive School Behaviors/ Problem School Behaviors		In progress	
	School Climate		In progress	
	School Health and Environment Policies		In progress	
Family	Family Conflict		Student Survey of Risk and Protective Factors	98
	Family Cohesion		Family Relations Scale	
	Parent/Child Bonding	Parent-Child Affective Quality (Parent Report)	Parent-Child Affective Quality	
	Parent/Child Bonding	Family Attachment Scale	Student Survey of Risk and Protective Factors	98
	Family ATOD Use/ History of Use	Family History of Antisocial Behavior	Student Survey of Risk and Protective Factors	98
	Family ATOD Use/ History of Use	Family History of AOD Problems	FIPSE Core Alcohol and Drug Survey	1989-1993
	Parenting Practices	Poor Family Management	Student Survey of Risk and Protective Factors	98
	Parenting Practices	Poor Discipline	Student Survey of Risk and Protective Factors	98

Domain Code	Construct Name	Sub-Construct Scale	Instrument Name	Version
Family (cont'd)	Family Composition		Capable Families and Youth Family Form	Fall 1998
	Perceived Parental Attitudes Toward Youth ATOD Use		Student Survey of Risk and Protective Factors	98
	Family Involvement	Opportunities for Prosocial Involvement	Student Survey of Risk and Protective Factors	98
	Family Involvement	Rewards for Prosocial Involvement	Student Survey of Risk and Protective Factors	98
	Decision Making/ Problemsolving		In progress	
	Family Coping Styles		In progress	
	Family Ethnic Identity		In progress	
	Family Stress		In progress	
	Poverty		In progress	
	Resources/Opportunity Structures		In progress	
	Social Support		In progress	
Community	Neighborhood Attachment		Student Survey of Risk and Protective Factors	98
	Social Disorganization	Social Disorganization	Student Survey of Risk and Protective Factors	98
	Social Disorganization	Frequency of Participation in Organized Community Activities	National Youth Survey	12-18 Version
	Sense of Community		Sense of Community Index	

Domain Code	Construct Name	Sub-Construct Scale	Instrument Name	Version
Community (cont'd)	Perceived Availability of Drugs and Handguns		Student Survey of Risk and Protective Factors	98
	Youth Participation	Opportunities for Prosocial Involvement	Student Survey of Risk and Protective Factors	98
	Youth Participation	Rewards for Prosocial Involvement	Student Survey of Risk and Protective Factors	98
	Community Laws and Norms		In progress	
	Empowerment		In progress	
	Enforcement		In progress	
	Social Support		In progress	

III. Alcohol, Tobacco, and Other Drugs (ATOD) Domain

**TABLE OF CORE MEASURES
DOMAINS, CONSTRUCTS, AND INSTRUMENTS**

Domain Code	Construct Name	Sub-Construct Scale	Instrument Name	Version
Alcohol, Tobacco and Other Drugs	Lifetime Use		Monitoring the Future	96
	Age at First Use		National Household Survey on Drug Abuse	98
	30-day Use		Monitoring the Future	96
	Dependency		Monitoring the Future	96
	Problem Drinking		(Cut, Annoyed, Guilty, Eye Opener)	Web*
	Binge Drinking		Monitoring the Future	96

RECOMMENDED MEASURES OF THE ALCOHOL, TOBACCO, AND OTHER DRUGS TASK FORCE

1. BACKGROUND

The Alcohol, Tobacco, and Other Drugs (ATOD) Task Force is one of five that were created during a day-long meeting convened by Drs. Karol Kumpfer and Beverlie Fallik of the Center for Substance Abuse Prevention (CSAP) in San Antonio, Texas, on September 2, 1999. The purpose of the meeting was to organize a comprehensive effort to select a set of “best” measures of constructs in a variety of domains of prevention-related human behaviors for use by all investigators of CSAP grants and contracts interested in assessing those domains.

It is our understanding that the great majority of investigators will use these measures to evaluate the effects of ATOD prevention programs, although other applications can easily be envisaged. For example, the measures recommended by the task forces can be used in studies of the prevalence of various mediating (or risk) and moderating (or protective or resiliency) factors in populations of interest, the results of which could then be used to develop or tailor prevention programs.

Regardless of the purposes to which they are put, the use of common measures of demonstrated value will greatly facilitate efforts to compare and combine, through meta-analysis and other techniques, the results of CSAP’s substantial and heterogeneous portfolio of research initiatives. That is, as a result of this effort CSAP should be in a much better position, in just a few years’ time, to address queries from Congress and the public as to *what works and how well, with whom, and under what circumstances*.

2. UNIQUE PROCESS AND ISSUES

The charge of the ATOD Task Force was to select measures of the following constructs:

- Lifetime use of ATODs
- Age of first use of ATODs
- 30-day use of ATODs
- Dependency on ATODs
- Frequency and amount of alcohol consumed
- Heavy alcohol use (e.g., binge drinking).

Early in its deliberations, the ATOD Task Force recognized that the measures specified above were different from those that would be investigated by its fellow task forces: measures of ATOD use do not typically constitute scales, which comprise sets of similar questions tapping various facets of a given construct, and for which tests of homogeneity can be conducted as a key indicator of reliability. Instead, ATOD use tends to be assessed by means of single items. While these items cannot be tested for homogeneity, they can (and should) be tested for other measures of reliability, including test-retest stability, consistency with responses to similar items, and various types of validity.

ATOD measures should also satisfy a variety of other criteria common to measures deliberated by all the task forces, and which were specified in Chapter 1. Although assessments of homogeneity thus did not enter the ATOD Task Force's assessments of the relative value of candidates for ATOD measures, we did take the liberty of adding a selection criterion that probably will not be used by the task forces for other domains: the availability of national and readily available ATOD use data. It is the Task Force's belief that the CSAP-funded investigators who will use the measures we recommend will benefit greatly if they are able to compare rates of incidence and prevalence in the populations they survey to the best national estimates available. These comparisons will be of value for at least two reasons. First, they will provide opportunities to create synthetic cohorts, either to supplement data from study control groups or to serve as proxies for such groups where the creation of synthetic cohorts is not feasible. In other words, if the design used in a particular CSAP project utilizes either a panel study or repeated cross-sectional design, it will have up-to-date and reliable information against which to compare changes that might have been expected in the absence of the intervention under scrutiny. Second, investigators interested in using data on ATOD use to develop or tailor prevention programs will be able to compare use in their populations of interest to national norms for those populations, which should considerably enhance the quality of the needs assessments they conduct.

Adding this criterion narrowed the ATOD Task Force's search considerably. Indeed, as has been pointed out elsewhere (Oetting and Beauvais, 1990), there are only two clear candidates for the great majority of the domains specified above, namely the:

- Monitoring the Future (MTF) survey, sponsored by the National Institute on Drug Abuse (NIDA) and administered by a grant to the University of Michigan
- National Household Survey on Drug Abuse (NHSDA), sponsored by the Office of Applied Studies of the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by the Research Triangle Institute (RTI) under contract.¹

Both surveys use large, nationally representative samples, are administered annually, and report their results in a timely fashion. In addition, both now have amassed an impressive array of information about the reliability and validity of the measures they utilize.

We should make clear that our inclusion of instrumentation assessing a broad array of substances does not indicate a recommendation that this entire set of items be used in every given study. Depending on the objectives of the investigator, it may be appropriate only to use measures of one or two particular substances (e.g., tobacco, alcohol, inhalants, or marijuana), and within those measures perhaps only one or two questions (e.g., 30-day use or lifetime use). We include questions tapping a full spectrum of substances both because that is our understanding of our charge and because some prevention efforts may target some of the more arcane drugs (e.g.

¹ Consideration was also given to the Youth Risk Behavior Study (YRBS), which comprises a limited set of questions on substance use, a number of which were intentionally modeled after (but deviate slightly from) their comparable MTF questions. We did not select the YRBS questions for several reasons. First, the national survey data are gathered on a biennial basis, as opposed to the annual administrations of the NHSDA and MTF. Second, subsequent reporting is generally more limited than the MTF and NHSDA, largely as a result of the YRBS' considerably smaller sample size. This smaller size yields good estimates for the total sample, although their associated confidence intervals are larger than those for the other two surveys. Third, the list of drugs specified on the instrument is also more limited.

amphetamines or the misuse of over-the-counter or prescription medications).²

The ATOD Task Force strongly urges investigators to use the questions *exactly as written*; otherwise they risk losing comparability with the results of the studies from which the questions were extracted, as well as an understanding of the questions' psychometric properties. We also recommend some flexibility in how investigators aggregate responses in the analysis phase to meet their particular needs. For example, the first question under lifetime cigarette use invites respondents to indicate whether they have "never" smoked or have done so "once or twice," "occasionally," "regularly in the past," or "regularly now." If the purpose of a given intervention is to prevent the onset of *any* smoking, it may be appropriate to dichotomize the results into "never" relative to all other responses combined. If the program is directed more toward smoking *cessation* on the part of individuals who smoked regularly in the past, it may be more useful to compare "regularly now" to all other options. We emphasize, however, that this flexibility occurs at the point of analysis; researchers should always utilize all the response options provided.

The presence of an array of response options not only allows for different combinations for analysis purposes, but gives respondents an array of choices so that they can select the one that best describes their behavior. Finally, the presence of such an array gives investigators the option of using the full array (in the example, with non-parametric statistics that reflect the data's ordinal nature) for an assessment that requires greater sensitivity than that offered by dichotomous data.

Although all of the recommended measures are in the public domain and can therefore be used without permission, we strongly suggest that their sources be acknowledged, both as a fundamental courtesy to the investigators who developed them and to enhance the credibility of the research that utilizes them.

The recommendations generated by the task forces represent a very substantial amount of work, and we should be able to say at the conclusion of this process that our recommendations represent our understanding of "best practices" in the instruments selected. Most of the recommended instruments have been applied extensively across a range of populations, as will be documented in the next section. Prevention is an emerging field, however, and as our experience with these instruments across various populations accrues, we may find that their utility changes, at least for measuring certain constructs. Thus, we recommend that their appropriateness should be periodically reassessed.

3. RECOMMENDED MEASURES

The recommended measures for the ATOD constructs are contained in three questionnaires:

- Monitoring the Future

² We recognize that some researchers who use the instruments here will be less interested in lifetime or 30-day use of *specific* arcane substances (i.e., those other than tobacco, alcohol, marijuana, and inhalants) rather than such substances *in aggregate*. Unfortunately, we have yet to find a suitable question that taps this construct. In the meantime we recommend that grantees consider a question like the following: "On how many occasions during the last 30 days (or, in your lifetime) have used any illicit drugs other than marijuana or inhalants, like cocaine, amphetamines, LSD, tranquilizers, or heroin?"

- National Household Survey on Drug Abuse
- Cut, Annoyed, Guilty, Eye Opener (CAGE).

The ATOD constructs and the recommended measures are described below.

3.1 Lifetime Use

Two potential instruments for measuring lifetime use are the Monitoring the Future survey and the National Household Survey on Drug Abuse. MTF is school-based, targeting students in Grades 8, 10, and 12 (and college students as well), while the NHSDA is household-based, targeting individuals age 12 and older. They are both good candidates for measures, and we might recommend them to investigators administering questionnaires in school and household settings, respectively. The NHSDA is now converting to a different administration, however, namely Audio Computer-Assisted Self-Interview (ACASI), which is likely to increase the privacy of the interview situation and thus enhance the likelihood that respondents will respond candidly to sensitive questions such as drug use. For this reason, the utility of direct comparisons of NHSDA estimates to the results of CSAP grantees' studies (few grantees are likely to adopt its sophisticated new means of administration) is diminished. The value of using the NHSDA for a proxy comparison group in evaluative studies is not affected, however, because in such studies it is the *relative* levels of change across intervention and control groups, rather than their *absolute* levels, that is most relevant.

Because the major thrust of prevention programming is to prevent and reduce ATOD use among youth, and taking into consideration the mode of administration issue raised above, the ATOD Task Force recommends using the MTF to measure lifetime use. Although national MTF estimates are not available beyond young adults in their early 30s, the survey has now been applied to populations as old as 40, and we believe the instrumentation is sufficiently robust that almost all of it can be used with older populations. The psychometric properties of the MTF are described below.

Each year since 1975, the MTF study has collected data from a representative sample of the students in Grade 12 across the United States, in approximately 125 to 145 public and private schools. Beginning in 1991, the study was expanded to include students in Grades 8 and 10. Measures of key demographic characteristics and of ATOD use in the three grades are identical. Study results are typically available during the December following the spring semester in which the data are collected, and prevalence rates for substance use are dis-aggregated by a variety of key subgroups. Confidence intervals around the estimates are provided in the substantial monographs that are subsequently published.

Test-retest Stability

In a three-wave panel design, MTF respondents have been found to be highly consistent in their self-reported ATOD-use behaviors over a four year period (Johnston, O'Malley, and Bachman, 1998): reliability estimates for cigarettes, alcohol, and marijuana lifetime prevalence measures range in the 80s and 90s, while those for other illicit drugs are in the 70s and 80s (Johnston and O'Malley, 1985). Even over a 14-year interval, the level of what the authors call "recanting" of earlier reported use is very low, especially with marijuana and LSD, although less with the somewhat more ambiguous class of psychotherapeutic drugs (Johnston and O'Malley, 1997).

Internal Consistency

The degree of consistency among logically related measures of ATOD use (e.g., lifetime use and age of first use) within the same questionnaire is high (Johnston, O'Malley, and Bachman, 1998). A multi-national sample using measures largely derived from the MTF yielded findings that 97 percent of all respondents reported use of single, easily identifiable substances in a logically consistent manner (Hibell et al., 1997).

Convergent Validity

Evidence of convergent validity can be found by comparing the results of the MTF and NHSDA surveys, the trends for which are similar over time (Oetting and Beauvais, 1990).

Construct Validity

Self-reported substance use has been found to relate consistently to a number of other variables that tap attitudes and beliefs related to substance use, such as reported delinquency, truancy, and grades in school (Bachman et al., 1981; Johnston, 1973; Osgood et al., 1988). Further, despite instructions to respondents to skip questions that they believed they could not answer candidly, the proportion of sensitive questions left blank (2.5% to 4.5%) is only slightly higher than that of non-sensitive questions (2.0%) (Johnston and O'Malley, 1985; Johnston et al., 1994). A subsequent multi-national study found that rates of missing data for questions in the drug use section were even lower (from 1.1% to 2.2%), even in the U.S. (Hibell et al., 1995).

Criterion Validity

Self-reports of substance use have been compared to several groups that have been ranked *a priori* as likely to be involved in such use. In the cross-national study mentioned earlier, substance use rates were as expected when students in traditional schools were compared to those in alternative schools (Hibell et al., 1995).

3.2 Age at First Use

Both the MTF and NHSDA measure age at first use. In the MTF, the age at first use series of questions is couched in terms of the *grade* in which the youth initiated usage, as opposed to the age. For this reason we recommend using the NHSDA for a generic question measuring this construct that can be readily adapted to specific substances, and which invites the respondent to fill in a blank with the age of initiation. This question, we believe, should be used for all out-of-school populations, including adults and school dropouts. For in-school populations, the MTF questions on grade of initiation are appropriate.

No psychometric data are currently available for the NHSDA's age-at-first-use questions.

3.3 30-day Use

The NHSDA and the MTF both measure 30-day use. As mentioned above, the NHSDA is now converting its mode of administration to ACASI, and the utility of direct comparisons of NHSDA estimates to the results of the grantees' studies is diminished because few grantees are likely to adopt this sophisticated means of survey administration.

Because the major thrust of prevention programming is to prevent and reduce ATOD use among youth, and taking into consideration the mode of administration issue raised above, the ATOD Task force recommends using the MTF to measure 30-day use. The reliability of estimates of 30-day use of cigarettes, alcohol, and marijuana are $.85 < \alpha < .91$, $.70 < \alpha < .80$, and $.77 < \alpha < .84$, respectively. Further information concerning the reliability of 30-day use measures may be found in O'Malley, Bachman, & Johnston (1983).

3.4 Dependency

Because the major thrust of prevention programming is to prevent and reduce ATOD use among youth, and taking into consideration the mode of administration issue raised above, the ATOD Task force recommends using the MTF Dependency Scale to measure dependency. This scale has three response options; for purposes of scoring, "never used" should be scored the same as "no" - that is as a 1. The scale score is then the total of responses to the items, ranging from 6 to 12. No psychometric information on this scale is available (personal communication, Patrick O'Malley, Dec. 16, 2002).

3.5 Problem Drinking

Seven commonly used self-report instruments are designed to measure the symptoms of alcoholism:

- The Self-Administered Alcoholism Screening Test (SAAST), which is available in both a full and an abbreviated version (Morse et al., 1975)
- The SAAST-II (designed to be completed by a spouse, companion, or close friend)
- The CAGE (Ewing, 1984)
- The Michigan Alcoholism Screening Test (MAST) (Selzer, 1971)
- The Short MAST (or SMAST) (Selzer, Vinokur, and Van Rooijen, 1975)
- Instruments from the National Council on Alcoholism (NCA) and from Alcoholics Anonymous.

All of the instruments have good face validity, and most have been widely administered, but only four—the CAGE, SAAST, MAST, and SMAST—have undergone extensive study and validation. Each of these four instruments has a good history of distinguishing problem from non-problem alcohol users. The ATOD Task Force recommends the CAGE, particularly for its brevity and clarity.

The CAGE is the shortest of the four instruments. It is only four items long, and as such has a distinct advantage over the SAAST (9 items in the abbreviated version and 35 in the original), the MAST (25 items) and the SMAST (13 items). In contrast with two of the other three instruments specified immediately above, the CAGE is unambiguous in interpretation. That is, two or more positive answers indicate a problem with alcohol. The brief version of the SAAST, in contrast, uses a weighted scoring system with a criterion score of three indicating likely alcoholism: seven of the nine items are weighted by a factor of three, while the remainder are weighted by two. Although the brief version of the SAAST is cited for its effectiveness in identifying potential alcoholics, it seems likely that with a single positive response interpretable as likely alcoholism, mischievous intent or error could quickly produce a high rate of false

positives.

Like the SAAST, its parent instrument, the MAST, also uses weighted responses. A score of four suggests an alcohol problem, while five indicates alcoholism. It is possible to score a five by answering “yes” to the question, “Have you ever attended an AA meeting?” (which, of course, one might have done to satisfy curiosity or to support an alcoholic friend). Nevertheless, the MAST is well-used and -liked and is clearly an appropriate (albeit lengthy) instrument for alcoholism screening in clinical or treatment-oriented settings.

The SMAST and the CAGE, which have dichotomous (yes or no) response options, are both easy instruments to score. Three of the SMAST’s 13 items are framed in the negative, and thus may protect against response sets. The SMAST demonstrates greater than 90 percent sensitivity in detecting alcoholism, but like the SAAST it has several items that may lead to false positives (e.g., a question that asks about drinking’s creating problems with a wife, husband, parent, or other close relative). The face validity of the scale would be greater if the question specified *whose* drinking is creating the problems. Given its brevity, unambiguity, and ease of scoring, the CAGE constitutes the ATOD Task Force’s favored instrument for assessing alcoholism.

The CAGE has been applied to several populations, and—with the exception of one study in a General Hospital in Kuala Lumpur (Indian, 1992)—in each application it has shown acceptable psychometric properties. The CAGE was applied to 703 drinkers age 18 and older interviewed in a general population survey. The results showed that 10.9 percent of drinkers reported two or more items affirmatively, a rate that is similar to the percentage of drinkers who consume four or more standard drinks daily, derived from aggregate per-capita consumption estimates. “Factor analysis of the items showed a unidimensional scale with good psychometric properties” (Smart, Adlaf & Knoke, 1991, p 593).

In a study contrasting the CAGE and the TWEAK for ICD-10 and/or DSM-IV criteria for alcohol dependence, Cherpitel (1998a) examined the sensitivity and specificity of these instruments among emergency room, primary care, and general populations in Jackson, Mississippi. In this study the CAGE showed 85 percent sensitivity (probability of being identified alcoholic if, in fact, alcoholic) in the emergency room sample (n=1,327), 82 percent in the primary care sample (n=767), and 75 percent for the general population (n=776). No differences were noted by gender or ethnicity. A second study by Cherpitel (1998b), in an emergency room setting using a probability sample of patients (N=1,429) at the Santa Clara Valley Medical Center in San Jose, California, found some differences in sensitivity and specificity by gender and ethnicity using the combined ICD- 10 or DSM-IV criteria for alcohol dependence. In this population and in others studied by Lee and DeFrank (1988), Spak and Hallstrom (1996), and Osterling, Berglund, Nilsson, and Kristenson (1993), the CAGE showed somewhat greater predictive ability for men than for women.

In their study of 3,130 women in Goteborg, Sweden, Spak and Hallstrom (1996) tested the positive predictive value of the CAGE using a stratified sample of 479 of the women and the DSM-III-R (alcohol dependence and abuse scales) with additional use of medical record information as the criterion. In this study, the CAGE was nested in a 13-item instrument, called SWAG (Screening, Women, and Alcohol in Goteborg). Using logistic regression, Spak and Hallstrom developed a four-item inventory, called SWAG-L, that had sensitivity, specificity, and positive predictive value similar to those of the longer version, SWAG-1. Both SWAG and

SWAG-1 showed considerably stronger sensitivity than the CAGE in detecting problem alcohol use in women in Goteborg.

A study using male veterans (N = 1,667) attending the walk-in clinic of an acute-care Veterans Affairs hospital, Liskow, Campbell, Nickel, & Powell (1995) found the CAGE 86 percent sensitive and 93 percent specific when using a diagnostic interview and DSM III-R criteria as the criterion standard. They conclude, “This study adds to the evidence that the CAGE questionnaire is an effective, efficient, easily-used screening instrument for the detection of alcohol dependence in a clinical setting” (p. 277).

A modestly revised version of the CAGE that assesses alcohol use in the previous 12 months and uses a cut-point of one instead of the usual two was found to be effective in discriminating problem drinking in the year before pregnancy, using low-income, pregnant women and adolescents (n=1,147) recruited from 19 agencies in two California counties (Midanik, Zahnd, & Klein, 1998). A second revised version designed to detect problem drug use in the year prior to pregnancy was also found to be useful in discriminating women characterized by heavy drug use from those who were not heavy users. A study of alcohol misuse among Army personnel also found the cut-point of one to show better discriminative ability among female personnel and commissioned officers (Fertig, Allen, & Cross, 1993).

In a study reported in French, Tempier (1996) used a secondary analysis of the data from the Quebec Health Survey on a representative sample (n = 19,724) of individuals age 15 and older to establish the psychometric properties of a French version of the CAGE. The French version of the CAGE showed an alpha coefficient of 0.70 and a unidimensional factor structure, indicating good homogeneity.

Among college student populations, the CAGE has returned mixed results. In a small study reported in 1998, Clements found “only a modest degree of clinical utility (p. 985)” for the use of this instrument to detect a previous diagnosis of alcoholism. Among students who currently met diagnostic criteria for alcohol dependence (n = 35), the CAGE did not perform as well as the AUDIT (Alcohol Use Disorders Identification Test) in discriminating students. In comparing the CAGE questionnaire with various chemical markers in the diagnosis of alcoholism, however, Girela, Villanueva, Hernandez-Cueto, & Luna (1994) concluded that, “The CAGE questionnaire was itself so useful as a discriminant in our sample that no increased diagnostic efficacy was noticed on adding any of the other tests” (p. 337). In their sample of 50 healthy non-alcoholic controls, 31 patients with non-alcoholic liver disease, and 40 alcoholic patients, the CAGE questionnaire showed rates of 96 percent sensitivity and 92 percent specificity.

The researcher has several options in regards to scoring the CAGE. The first is to treat the scale as continuous, with a score ranging from 0, or “no” to all questions, to 4, or “yes” to all. The second is to treat a score of 2 or greater as clinically significant, and thus to dichotomize the scale into two values, “no” (i.e., 0 or 1), or yes (i.e., 2-4) (Ewing, 1984).

3.6 Binge Drinking

The measures recommended here are targeted towards individuals age 12 and older. Future Core Measures Initiative activities in the ATOD domain should identify measures that have been used successfully with children 9 through 11 years old.

CSAP should consider expanding the list of the measures in the ATOD domain to include other prescription and non-prescription drugs of potential abuse, including both psychotropic (e.g., Ritalin) and non-psychotropic (e.g. Cipro) drugs.

To identify "hot spots" of inappropriate use that may require attention, CSAP should consider monitoring the distribution and use of such drugs as Ritalin and Cipro in the general population and comparing their use to known benchmarks of appropriate aggregate use.

4. RECOMMENDATIONS FOR THE FUTURE

The ATOD Task Force offers three recommendations for the future:

- The measures recommended here are targeted towards individuals age 12 and older. Future Core Measures Initiative activities in the ATOD domain should identify measures that have been used successfully with children 9 through 11 years old.
- CSAP should consider expanding the list of the measures in the ATOD domain to include other prescription and non-prescription drugs of potential abuse, including both psychotropic (e.g., Ritalin) and non-psychotropic (e.g. Cipro) drugs.
- To identify "hot spots" of inappropriate use that may require attention, CSAP should consider monitoring the distribution and use of such drugs as Ritalin and Cipro in the general population and comparing their use to known benchmarks of appropriate aggregate use.

ATOD USE

- 1 Construct: **Lifetime Use**
- 2 Name and Description of Instrument/Scale: **Monitoring the Future Survey/Lifetime Use Scale**
- 3 Construct Operational Definition as used in Instrument: Incidence of use in entire lifetime
- 4 Reliability: Test-retest stability 0.70 to 0.90
- 5 Validity: Self-reported substance use has been found to relate consistently to a number of other variables tapping attitudes and beliefs related to use, such as delinquency, truancy and grades in school.
- 6 Target Population: General population of students in grades 8, 10 and 12.
- 7 Population instrument has been used with and associated psychometric data: Used with different populations
- 8 Respondent: Self
- 9 Ease of use/scoring: Not applicable
- 10 Number of items in scale: 10
- 11 Mode of Administration: Pencil and paper
- 12 Strength of relationship to ATOD and other problem behaviors: Not applicable
- 13 Source: Dr. Lloyd Johnston
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426 Thompson Street
Ann Arbor, MI 48104-2321
(734) 764-8354
MTFinfo@isr.umich.edu
- 14 Author: Dr. Lloyd Johnston/University of Michigan
- 15 Availability: Public Domain
- 16 Cost: None
- 17 Copyright: None
- 18 Citation Information (abstracts, where used):

Johnston, L.D., O'Malley, P.M., & Bachman, J.G. (2001). Monitoring the Future national survey results on drug use, 1975-2001: Volume 1, Secondary School Students 2000 (NIH Publication NO. 01-4924) Bethesda, MD: National Institute on Drug Abuse.

ATOD USE

Lifetime Use Scale:

1. Have you ever smoked cigarettes?
 1. Never
 2. Once or twice
 3. Occasionally
 4. Regularly in the past

2. Have you ever taken or used smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco)?
 1. Never
 2. Once or twice
 3. Occasionally
 4. Regularly in the past

- (3) Have you ever had more than just a few sips of beer, wine, wine coolers, or liquor to drink?
 1. No
 2. Yes

4. On how many occasions in your lifetime have you had alcoholic beverages to drink (more than just a few sips)?
 1. 0 occasions
 2. 1-2 occasions
 3. 3-5 occasions
 4. 6-9 occasions
 5. 10-19 occasions
 6. 20-39 occasions
 7. 40 or more

5. On how many occasions in your lifetime (if any) have you been drunk or very high from drinking alcoholic beverages?
 1. 0 occasions
 2. 1-2 occasions
 3. 3-5 occasions
 4. 6-9 occasions
 5. 10-19 occasions
 6. 20-39 occasions
 7. 40 or more

6. On how many occasions in your lifetime (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)?
 1. 0 occasions
 2. 1-2 occasions
 3. 3-5 occasions
 4. 6-9 occasions
 5. 10-19 occasions
 6. 20-39 occasions
 7. 40 or more

7. On how many occasions in your lifetime (if any) have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high?
 1. 0
 2. 1-2
 3. 3-5
 4. 6-9
 5. 10-19
 6. 20-39
 7. 40+

Amphetamines are sometimes called: uppers, ups, speed, bennies, dexies, pep pills, diet pills, meth or crystal meth. They include the following drugs: Benzedrine, Dexedrine, Methedrine, Ritalin, Preludin, Dexamyl, and Methamphetamine.

8. On how many occasions (if any) in your lifetime have you taken amphetamines on your own—that is, without a doctor telling you to take them?
 1. 0 Occasions
 2. 1-2 Occasions
 3. 3-5 Occasions
 4. 6-9 Occasions
 5. 10-19 Occasions
 6. 20-39 Occasions
 7. 40 or More Occasions

9. On how many occasions (if any) in your lifetime have you used “crack” (cocaine in chunk or rock form)?
 1. 0 Occasions
 2. 1-2 Occasions
 3. 3-5 Occasions

4. 6-9 Occasions
5. 10-19 Occasions
6. 20-39 Occasions
7. 40 or More Occasions

10. On how many occasions (if any) in your lifetime have you taken cocaine in any other form (like cocaine powder)?

1. 0 Occasions
2. 1-2 Occasions
3. 3-5 Occasions
4. 6-9 Occasions
5. 10-19 Occasions
6. 20-39 Occasions
7. 40 or More Occasions

ATOD USE

- 1 Construct: **Age of First Use**
- 2 Name and Description of Instrument/Scale: **National Household Survey on Drug Abuse/Age of First Use**
- 3 Construct Operational Definition as used in Instrument: Age specific substance first tried.
- 4 Reliability: Not applicable
- 5 Validity: Not available
- 6 Target Population: Non-institutionalized American citizens age 12 and older
- 7 Population instrument has been used with and associate psychometric data: multiple populations
- 8 Respondent: Self
- 9 Ease of use/scoring: Unavailable/Unavailable
- 10 Number of items in scale: 7
- 11 Mode of Administration: ACASI for 1999 NHSDA
- 12 Strength of relationship to ATOD and other problem behaviors:
- 13 Source: Research Triangle Institute
P.O. Box 12194
Research Triangle Park, NC 27709-2194
(919) 485-2666
- 14 Author: Public Domain (SAMHSA/OAS)
- 15 Availability: Public Domain
- 16 Cost: None
- 17 Copyright: None
- 18 Citation Information (abstracts, where used)

Substance Abuse and Mental Health Services Administration (1999). Summary of Findings from the 1998 National Household Survey on Drug Abuse. Office of Applied Studies, DHHS Publication No. (SMA) 99-3328. Rockville, MD.

ATOD USE

Age of First Use Scale:

How old were you the first time you...

Write how old you were the first time you...

If you have never in your life...Please mark the box.

1. How old were you the first time you smoked a cigarette, even one or two puffs?
 - The first time I smoked a cigarette, I was _____ years old
 - I have never smoked a cigarette in my life
2. How old were you the first time you had a drink of any alcoholic beverage? (Do not include sips from another person's drink.)
 - The first time I drank an alcoholic beverage, I was _____ years old
 - I have never drunk an alcoholic beverage in my life
3. How old were you the first time you used marijuana or hashish?
 - The first time I used marijuana or hashish, I was _____ years old
 - I have never used marijuana or hashish in my life
4. How old were you the first time you used cocaine, in any form?
 - The first time I used "crack," I was _____ years old
 - I have never used "crack" in my life
5. How old were you the first time you used heroin?
 - The first time I used heroin, I was _____ years old
 - I have never used heroin in my life
6. How old were you the first time you used LSD, PCP, or any other hallucinogen?
 - The first time I used a hallucinogen, I was _____ years old
 - I have never used any hallucinogen in my life
7. How old were you the first time you used any inhalant for kicks or to get high?
 - The first time I used any inhalant for kicks or to get high, I was _____ years old
 - I have never used any inhalant for kicks or to get high in my life

ATOD USE

- 1 Construct: **30-day use**
- 2 Name and Description of Instrument/Scale: **Monitoring the Future Survey/30 Day Use**
- 3 Construct Operational Definition as used in Instrument: Includes if ever used in 30 days, as well as questions regarding quantity.
- 4 Reliability: Not Applicable
- 5 Validity: Self reported substance use has been found to relate consistently to a number of other variables tapping attitudes and beliefs related to use, such as delinquency, truancy and grades in school.
- 6 Target Population: General population of students in grades 8, 10 and 12.
- 7 Population instrument has been used with and associate psychometric data: Used with different populations
- 8 Respondent: Self
- 9 Ease of use/scoring: Not Applicable
- 10 Number of items in scale: 12
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors: Direct/self-evident
- 13 Source: Dr. Lloyd Johnston
Institute for Social Research
University of Michigan
426 Thompson Street
Ann Arbor, MI 48104-2321
(734) 764-8354
MTFinfo@isr.umich.edu
- 14 Author: Dr. Lloyd Johnston/University of Michigan
- 15 Availability: Public Domain
- 16 Cost: None
- 17 Copyright: None
- 18 Citation Information (abstracts, where used):

Johnston, L.D., O'Malley, P.M., & Bachman, J.G. (2001). Monitoring the Future national survey results on drug use, 1975-2001: Volume 1, Secondary School Students 2000 (NIH Publication NO. 01-4924) Bethesda, MD: National Institute on Drug Abuse.

ATOD USE

30-day Use Scale:

1. How frequently have you smoked cigarettes during the past 30 days?
 1. Not at all
 2. Less than one cigarette per day
 3. One to five cigarettes per day
 4. About one-half pack per day
 5. About one pack per day
 6. About one and one-half packs per day
 7. Two packs or more per day

2. How often have you taken smokeless tobacco during the past 30 days?
 1. Not at all
 2. Once or twice
 3. Once to twice per week
 4. Three to five times per week
 5. About once a day
 6. More than once a day

3. To be more precise, during the past 30 days about how many cigarettes have you smoked per day?
 1. None
 2. Less than 1 per day
 3. 1 to 2
 4. 3 to 7
 5. 8 to 12
 6. 13 to 17
 7. 18 to 22
 8. 23 to 27
 9. 28 to 3
 10. 33 to 37
 11. 38 or more

Alcoholic beverages include beer, wine, wine coolers, and liquor.

4. On how many occasions during the last 30 days have you had alcoholic beverages to drink (more than just a few sips)?
 1. 0 occasions
 2. 1-2 occasions
 3. 3-5 occasions
 4. 6-9 occasions
 5. 10-19 occasions
 6. 20-39 occasions
 7. 40 or more

5. On how many occasions during the past 30 days (if any) have you been drunk or very high from drinking alcoholic beverages?
 1. 0 occasions
 2. 1-2 occasions
 3. 3-5 occasions
 4. 6-9 occasions
 5. 10-19 occasions
 6. 20-39 occasions
 7. 40 or more

6. On how many occasions during the last 30 days (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)?
 1. 0 occasions
 2. 1-2 occasions
 3. 3-5 occasions
 4. 6-9 occasions
 5. 10-19 occasions
 6. 20-39 occasions
 7. 40 or more

7. During the LAST MONTH, about how many marijuana cigarettes (joints, reefers), or the equivalent, did you smoke a day, on the average? (If you shared them with other people, count only the amount YOU smoked).
 1. None
 2. Less than 1 a day
 3. 1 a day
 4. 2-3 a day

5. 4-6 a day
 6. 7-10 a day
 7. 11 ore more a day
8. On how many occasions during the last 30 days (if any) have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high?
1. 0
 2. 1-2
 3. 3-5
 4. 6-9
 5. 10-19
 6. 20-39
 7. 40 +
9. On how many occasions (if any) during the last 30 days have you taken LSD (“acid”)?
1. 0 Occasions
 2. 1-2 Occasions
 3. 3-5 Occasions
 4. 6-9 Occasions
 5. 10-19 Occasions
 6. 20-39 Occasions
 7. 40 or More Occasions

Amphetamines are sometimes called: uppers, ups, speed, bennies, dexies, pep pills, diet pills, meth or crystal meth. They include the following drugs: Benzedrine, Dexedrine, Methedrine, Ritalin, Preludin, Dexamyl, and Methamphetamine.

10. On how many occasions (if any) during the last 30 days have you taken amphetamines on your own—hat is, without a doctor telling you to take them?
1. 0 Occasions
 2. 1-2 Occasions
 3. 3-5 Occasions
 4. 6-9 Occasions
 5. 10-19 Occasions
 6. 20-39 Occasions
 7. 40 or More Occasions

11. On how many occasions (if any) during the last 30 days have you taken “crack” (cocaine in chunk or rock form)?

1. 0 Occasions
2. 1-2 Occasions
3. 3-5 Occasions
4. 6-9 Occasions
5. 10-19 Occasions
6. 20-39 Occasions
7. 40 or More Occasions

12. On how many occasions (if any) during the last 30 days have you taken cocaine in any other form (like cocaine powder)?

1. 0 Occasions
2. 1-2 Occasions
3. 3-5 Occasions
4. 6-9 Occasions
5. 10-19 Occasions
6. 20-39 Occasions
7. 40 or More Occasions

ATOD USE

- 1 Construct: **Dependency**
- 2 Name and Description of Instrument/Scale: **Monitoring the Future Survey/Dependency Scale**
- 3 Construct Operational Definition as used in Instrument: Physical or psychological reliance on alcohol, tobacco or drugs.
- 4 Reliability: Not Applicable
- 5 Validity: Self reported substance use has been found to relate consistently to a number of other variables tapping attitudes and beliefs related to use, such as delinquency, truancy and grades in school.
- 6 Target Population: General population of students in grades 8, 10 and 12.
- 7 Population instrument has been used with and associate psychometric data: Used with different populations
- 8 Respondent: Self
- 9 Ease of use/scoring: Not Applicable
- 10 Number of items in scale: 6
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors: Direct/self-evident
- 13 Source: Dr. Lloyd Johnston
Institute for Social Research
University of Michigan
426 Thompson Street
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(734) 764-8354
MTFinfo@isr.umich.edu
- 14 Author: Dr. Lloyd Johnston/University of Michigan
- 15 Availability: Public Domain
- 16 Cost: None
- 17 Copyright: None
- 18 Citation Information (abstracts, where used):

Johnston, L.D., O'Malley, P.M., & Bachman, J.G. (2001). Monitoring the Future national survey results on drug use, 1975-2001: Volume 1, Secondary School Students 2000 (NIH Publication NO. 01-4924) Bethesda, MD: National Institute on Drug Abuse.

ATOD USE

Dependency Scale:

1. Was there ever a time in your life when you tried to quit using cigarettes or reduce your use and had difficulty doing so?
 8. Never used
 1. No
 2. Yes

2. Was there ever a time in your life when you tried to quit using alcohol or reduce your use and had difficulty doing so?
 8. Never used
 1. No
 2. Yes

3. Was there ever a time in your life when you tried to quit using marijuana or reduce your use and had difficulty doing so?
 8. Never used
 1. No
 2. Yes

4. Was there ever a time in your life when you tried to quit using cocaine (“crack,” powder, etc.) or reduce your use and had difficulty doing so?
 8. Never used
 1. No
 2. Yes

5. Was there ever a time in your life when you tried to quit using heroin or reduce your use and had difficulty doing so?
 8. Never used
 1. No
 2. Yes

6. Was there ever a time in your life when you tried to quit using any other illegal drugs or reduce your use and had difficulty doing so?
 8. Never used
 1. No
 2. Yes

ATOD USE

- 1 Construct: **Problem Drinking**
- 2 Name and Description of Instrument/Scale: **CAGE**
- 3 Construct Operational Definition as used in Instrument: A pattern of alcohol consumption that results in adverse consequences for the individual using
- 4 Reliability: Dichotomous questions
- 5 Validity: Good face validity
- 6 Target Population: General population and clinical settings
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic

Alpha Coefficients:

Males	.42	African American	.64
Females	.64	Caucasian	.67
Hispanic	.43		

See narrative and bibliography for populations groups. Mixed reviews among college populations.

- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy.

Dichotomous questions. Two or more positive answers suggest the existence of alcohol-related problems is probable.

- 10 Number of items in scale: 4
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors: Direct/self-evident
- 13 Source: Bowles Center for Alcohol Studies

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- 14 Author: Dr. John Ewing
- 15 Availability: Public Domain
- 16 Cost: None
- 17 Copyright: Public Domain
- 18 Citation Information (abstracts, where used):

Ewing, J.A. (1984). Detecting alcoholism: the CAGE questionnaire. Journal of the American Medical Association, 252, 1905-1907, 1984.

ATOD USE

Problem Drinking Scale:

1. Have you ever felt you should cut down on your drinking?
 1. Yes
 0. No

2. Have people annoyed you by criticizing your drinking?
 1. Yes
 0. No

3. Have you ever felt bad or guilty about your drinking?
 1. Yes
 0. No

4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)?
 1. Yes
 0. No

ATOD USE

- 1 Construct: **Binge Drinking**
- 2 Name and Description of Instrument/Scale: **Monitoring the Future Survey/Dependency Scale**
- 3 Construct Operational Definition as used in Instrument: Heavy drinking on a given occasion
- 4 Reliability: Not Applicable
- 5 Validity: Self reported substance use has been found to relate consistently to a number of other variables tapping attitudes and beliefs related to use, such as delinquency, truancy and grades in school.
- 6 Target Population: General population of students in grades 8, 10 and 12.
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
Normed with different populations
- 8 Respondent: Self
- 9 Ease of use/scoring: Not Applicable
- 10 Number of items in scale: 6
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors: Direct/self-evident
- 13 Source: Dr. Lloyd Johnston
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ATOD USE

Binge Drinking Scale:

1. On how many occasions in your lifetime (if any) have you been drunk or very high from drinking alcoholic beverages?
 1. 0 occasions
 2. 1-2 occasions
 3. 3-5 occasions
 4. 6-9 occasions
 5. 10-19 occasions
 6. 20-39 occasions
 7. 40 or more

2. On how many occasions during the past 30 days (if any) have you been drunk or very high from drinking alcoholic beverages?
 1. 0 occasions
 2. 1-2 occasions
 3. 3-5 occasions
 4. 6-9 occasions
 5. 10-19 occasions
 6. 20-39 occasions
 7. 40 or more

A drink is a glass of wine, a bottle of beer, a wine cooler, a shot glass of liquor, or a mixed drink.

3. Think back over the LAST TWO WEEKS. How many times have you had five or more drinks in a row?
 1. 0 occasions
 2. 1-2 occasions
 3. 3-5 occasions
 4. 6-9 occasions
 5. 10-19 occasions
 6. 20-39 occasions
 7. 40 or more

4. During the last two weeks, how many times have you had 3 or 4 drinks in a row (but no more than that)?
 1. None

2. Once
 3. Twice
 4. 3 to 5 times
 5. 6 to 9 times
 6. 10 or more times
5. On how many occasions during the last 30 days (if any) have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high?
1. None
 2. Once
 3. Twice
 4. 3 to 5 times
 5. 6 to 9 times
 6. 10 or more times
6. During the last two weeks, how many times have you had two drinks in a row (but no more than that)?
1. None
 2. Once
 3. Twice
 4. 3 to 5 times
 5. 6 to 9 times
 6. 10 or more times
1. 20-39 Occasions
 2. 40 or More Occasions

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IV. Individual/Peer Domain

CORE MEASURES DOMAINS, CONSTRUCTS, AND INSTRUMENTS

Domain Code	Construct Name	Sub-Construct Scale	Instrument Name	Version
Individual/Peer	Rebelliousness/	Rebelliousness	Student Survey of Risk and Protective Factors	98
	Rebelliousness/	Impulsiveness	Student Survey of Risk and Protective Factors	98
	Antisocial Attitudes	Favorable Attitudes Toward Antisocial Behavior	Student Survey of Risk and Protective Factors	98
	Antisocial Attitudes	Belief in the Moral Order	Student Survey of Risk and Protective Factors	98
	Self-Esteem		Rosenberg's Self-Esteem Scale	
	Attitude Toward Use	Favorable Attitudes Toward Use	Student Survey of Risk and Protective Factors	98
	Attitude Toward Use	Disapproval of Drug Use	Monitoring the Future	96
	Perceived Harm/Risk	Perceived Harm	Monitoring the Future	96
	Perceived Harm/Risk	Perceived Risk of Drug Use	Student Survey of Risk and Protective Factors	98
	Intentions/Expectations		Tanglewood Research Evaluation	96
	Life Skills	Stress Management Skills	Tanglewood Research Evaluation (Wake Forest Evaluation)	96
	Life Skills	Decision Making Skills	Tanglewood Research Evaluation (Wake Forest Evaluation)	96

Domain Code	Construct Name	Sub-Construct Scale	Instrument Name	Version
Individual/Peer (cont'd)	Life Skills	Social Skills	Tanglewood Research Evaluation (Wake Forest Evaluation)	96
	Life Skills	Goal Setting Skills	Tanglewood Research Evaluation (Wake Forest Evaluation)	96
	Life Skills	Assertiveness	Botvin Life Skills Evaluation	
	Normative Beliefs	Beliefs About Peer Norms	Tanglewood Research Evaluation (Wake Forest Evaluation)	96
	Normative Beliefs	Interaction with Antisocial Peers	Student Survey of Risk and Protective Factors	98
	Leadership/Mentoring		Tanglewood Research Evaluation (Wake Forest Evaluation)	96
	Antisocial Behavior		In progress	
	Engagement in Prosocial Activities		In progress	
	Media Literacy		In progress	
	Mental Health Factors		In progress	
	Religiosity		In progress	
	Resistance Skills		In progress	
	Risk Taking/Sensation Seeking		In progress	

RECOMMENDED MEASURES OF THE INDIVIDUAL/PEER TASK FORCE

Prevention programs are based on the premise that the onset of drug use can be deterred because key characteristics of the individual or the environment, often the peer group, can be changed. Program designers variously refer to such characteristics as risk (or mediating) factors or protective (or moderating) factors. The goal of prevention program implementation is to effect changes in these key characteristics, with the idea that the changes will then serve to suppress risk or augment protection (or both). Measuring these characteristics is critical in determining short-term program effectiveness and in understanding how programs achieve their effects.

1. UNIQUE PROCESS AND ISSUES

Individual and peer measures have been used extensively in evaluating prevention programs. From this perspective, the challenge the Individual/Peer Task Force faced was limiting the number of scales it addressed to a manageable number. Many of these scales exist in more than one version, and it appears that they can be modified in a number of ways without losing their meaning. For example, Task Force members noted that from scale to scale the number of items was changed, the response categories replaced, and the wording of questions changed to benefit the field. This finding suggests that the scales are robust and that they measure the concept intended.

To begin identifying scales that are appropriate for use in measuring constructs in the Individual/Peer Domain, Task Force members contacted a number of researchers who had evaluated prevention programs and thus had access to measures. The group also made use of a meta-analytic database developed by one of the Task Force members. In all, the Task Force identified more than 70 scales.

The Task Force categorized the 70 scales by the Individual/Peer constructs CSAP provided. At times, it disaggregated constructs into sub-constructs to achieve a better fit with the available measures. After categorizing the scales, the group examined each according to CSAP's suggested criteria, with particular emphasis on alpha coefficients, the number of items in the scale, and in some cases the theoretical relevance of the items.

The scale the Task Force ultimately recommended for a given construct was, in its opinion, the one that fared best overall on the criteria. The Task Force recommends 36 scales it considers to:

- Be most reliable
- Have good face validity
- Meet the needs of specific age groups
- Be most likely to be sensitive to changes made by programs.

2. RECOMMENDED MEASURES

The recommended measures include a broad range of individual and peer group characteristics that are often targeted by prevention programs. Not all programs target all characteristics listed.

Indeed, no single program could conceivably target all possible risk and protective factors. It is therefore recommended that practitioners select individual and peer measures that correspond specifically to the characteristics an intervention is designed to affect.

The Individual/Peer Task Force identified promising sets of measures for the 15 characteristics presented below.

2.1 *Rebelliousness/Impulsiveness*

We found a number of items intended to measure tendencies toward deviance that theorists have suggested to be personality traits of individuals. The focus of these measures is somewhat vague. It has been difficult for researchers to find a single appropriate label for this category of measures. Hence, we used each of the variations—risk taking, rebelliousness, sensation seeking, and impulsiveness—in our definition of the concept. These measures are less important as targets of intervention than as independent predictors of drug use that may be used to help understand how interventions affect different types of participants.

- **Risk Taking.** The Task Force identified two measures of risk-taking: Risk Taking Tendencies from the Life-Skills Training Evaluation (Botvin; LST) and the AAPT Life-Skills Risk-Taking Inventory. We selected the 4-item Botvin scale as more representative of Risk-Taking than the 2-item AAPT. The two items on the AAPT scale seem to confound sensation seeking and rebelliousness in constructing risk. Because we have chosen to break out these constructs, Botvin’s measures target them more precisely.
- **Rebelliousness.** Rebelliousness is tapped by the University of Washington’s Social Development Research Group’s (SDRG) Student Survey of Risk and Protective Factors (SSRPF or Student Survey), and has an acceptable coefficient alpha of .78. It is a 3-item scale that speaks fairly directly to the respondent’s desire not to conform. Ideally, a scale tapping this construct would avoid intention, or at least narrowly construe it. Thus, the first item of the scale would be improved without the second phrase “just to get them mad.” It is a phrase that unnecessarily limits the item (for this purpose).
- **Sensation Seeking.** We selected the Kentucky Sensation Seeking Scale by Zuckerman. Although the 15-item University of Kentucky Scale is fairly long, it has good face validity and is likely to be sensitive to assessing sensation seeking. The drawback is that, at 15 items, this scale is somewhat burdensome to the respondent.
- **Impulsiveness.** We distinguished between impulsive decision-making, a construct better-suited to older youth, and impulsive behavior, a construct more consistent with much of the thinking about younger youth. To assess impulsive decision-making, we selected the 12-item Kentucky Impulsive Decision-making Scale by Zimmerman and, for assessing impulsive behavior, the 4-item SDRG Student Survey. With the exception of the fourth item of the SDRG, the questions are simply worded, and the response categories are intuitive. The Kentucky scale uses the root, “When I do something...” which is vague, and uses response options that are probably too broad to be very sensitive in detecting change. Nonetheless, the items assessed are representative of an impulsive decision-making style and the 12 items of the Kentucky scale cover a broad range of applications of this style. It would be

worthwhile to observe this scale being administered to see if our concerns regarding sensitivity are warranted and whether changing the response categories is necessary.

Ultimately, CSAP chose not to recommend a measure for either risk taking or sensation seeking. Measures for these constructs will be assessed further for future versions of the Core Measures Initiative Notebook.

2.2 *Antisocial Attitudes*

Related to antisocial behaviors are antisocial attitudes. Unlike risk taking, rebelliousness, sensation seeking, and impulsiveness, antisocial attitudes are often targeted for change in interventions.

The Task Force offers two scales for use in assessing antisocial attitudes. The first, for younger youth, is the Belief in the Moral Order Scale from the Student Survey of Risk and Protective Factors by Michael Arthur of SDRG. This four-item scale, with a coefficient alpha of .78, uses simple sentence structure to assess, not so much the respondent's attitudes toward or tolerance of others' antisocial behaviors (both reasonable interpretations of a construct broadly titled "antisocial attitudes"), but the extent to which the respondent has adopted mainstream values. To the extent that this captures what is meant by antisocial attitudes in younger populations, the instrument has good face validity and other acceptable properties.

The second scale we offer was also developed by Michael Arthur and is also taken from the Student Survey of Risk and Protective Factors. Three of the five items on this scale, titled Favorable Attitudes Toward Antisocial Behavior (alpha coefficient = .83), have good face validity for assessing tolerance toward "someone your age" engaging in fairly serious levels of violent and potentially violent behavior. It strikes us as unlikely that responses to these three items would show great variability (e.g., how many think that it is "not wrong at all" to "attack someone with the idea for seriously hurting them?"). The other two items assess quite trivial deviance (i.e., stealing anything worth more than \$5.00 and staying away from school when their parents think they are at school). Combined with a four-item Likert scale ranging from "very wrong" to "not wrong at all," the general insensitivity of this scale may limit its usefulness for assessing attitude change attributable to an intervention.

2.3 *Self-esteem*

Self-esteem is a construct of low importance to prevention. Most researchers have come to believe it has little potential as a mediator of drug use behavior. It remains a popular construct among practitioners, however. Essentially, self-esteem scales are intended to measure an individual's feelings of self-worth.

Various scales are available to assess adolescent self-esteem, but none is perhaps more widely known or applied than the Rosenberg Scale for Self-esteem. For those wishing to measure self-esteem, we recommend this instrument. It has a Guttman scale coefficient of .92, indicating excellent reliability. Test-retest reliability shows correlations of .85 and .88 over 2 weeks, indicating excellent stability.

2.4 *Attitude Toward Use*

Many programs target changing attitudes toward use. While attitude is a common term, researchers have developed multiple ways of measuring attitudes. The Task Force identified and

recommends three distinct approaches to measuring attitudes toward use.

For those looking for a short instrument, the Task Force recommends the four-item Favorable Attitudes Toward Drug Use scale from the SDRG, developed by Michael Arthur. It anchors responses to use by “someone your own age” and has a coefficient alpha of .88. It has the disadvantage of not distinguishing between high and low levels of use, but the advantage of assessing alcohol, tobacco, marijuana, and other illicit drug use separately. The questions are simply worded, and the burden to respondents is low.

For those looking for a longer and somewhat more developed scale, we recommend the 16-item Disapproval of Drug Use from the Monitoring the Future study. It distinguishes between experimental, occasional, and regular use of alcohol, tobacco, and marijuana; experimental and regular use of inhalants; experimental and occasional use of cocaine in powdered or crack form, and heroin use without a needle. The items are easily answered, but the response categories (i.e., “Don’t disapprove,” “Disapprove,” “Strongly disapprove,” and “Can’t say, or drug unfamiliar”) seem broad and may show limited variance when used to assess change attributable to program effectiveness.

The Lifestyle Incongruence Scale assesses the degree to which drug use would interfere with an individual’s desired lifestyle. This scale was developed to address the potential for programs to use cognitive dissonance. Alpha coefficients vary between 0.75 and 0.79. The scale has been shown to correlate highly with drug- and alcohol-use measures. For example, the 1-year lagged correlation between Lifestyle Incongruence and alcohol use was -0.61, and between Lifestyle Incongruence and tobacco it was -0.60. The items are easily answered.

Ultimately, CSAP chose to recommend the Favorable Attitudes Toward Use Scale and the Disapproval of Drug Use Scale.

2.5 Perceived Harm/Risk

Perceived harm or risk as associated with drug use is part of a larger constellation of expectancies of drug use that includes positive and negative reinforcers of use, knowledge and fear of consequences of use, and expectations of the physical and social consequences of use. It is clear that researchers have addressed this issue from at least two perspectives. The first of these has focused on potential negative health consequences, while the second taps both positive and negative consequences and has dealt with social and psychological in addition to health consequences. Because perceived harm/risk is such a multifaceted and multidimensional construct, we recommend three instruments for use in measuring it, each taking a slightly different approach to the assessment.

The first, the 20-item Expectancies of Drug Use Scale by Gil Botvin, assesses the social aspects that draw youth toward and away from drug use well. It has the advantage of assessing the social costs of several substances along the social dimensions of whether respondents agree with the statement that the substance makes them look grown up, look cool, have more friends, have more fun, or is a good way of dealing with their problems. The sub-scale alpha coefficients range between .78 and .82.

The second scale we recommend combines role, psychological, and social expectancies about

drug use and is appropriately titled the “Psycho-social Expectancies About Drug Use” inventory developed by Graham, Hansen, Flay, Johnson, Anderson & Pentz (Hansen & McNeal, 1997). The eight items in this inventory have a barely acceptable coefficient alpha of .66 and assess several dimensions of generally gateway drug use (although one question does ask whether cocaine would help you have more fun at parties).

The third instrument the Task Force recommends is the 14-item “Perceived Harm Inventory” taken from the Monitoring the Future study and developed by Lloyd Johnston. Although the stem of each item in this inventory asks, “how much do you think people risk harming themselves (physically or in other ways) if they . . .” we believe that this instrument primarily addresses the physical risks associated with substance use. It asks about the harm associated with smoking one or more packs of cigarettes and the experimental, occasional, or regular use of alcohol, marijuana, and powder and crack cocaine. We would like to have seen items on the experimental and occasional use of tobacco included in this instrument.

Ultimately, CSAP chose to recommend the Perceived Harm Scale from Monitoring the Future and the Perceived Risk of Drug Use Scale from the Student Survey of Risk and Protective Factors.

2.6 *Intentions/Expectations to Use/Commitment to Avoid Use*

Intentions to use drugs—and conversely, the commitment to not use drugs—have long been known to be important predictors of drug use. In the 1970s, research on intentions focused on measuring intentions by asking people the likelihood of their future use of a given substance. This approach demonstrated a strong relationship between intentions and drug use, but failed to address the motivational aspect of intentionality. Programs designed to augment commitment to avoid drug use in the future focused on intentionality to the exclusion of changing the perceived likelihood of future behavior.

We identified two related scales for assessing youth commitment. Both were developed by Bill Hansen at Tanglewood Research (formerly of Wake Forest University). The short version has eight items and an alpha coefficient of 0.84. This measure had a 1-year lagged correlation with alcohol of -0.57 and with tobacco of -0.59. The longer version has 12 items. It includes all of the questions in the eight-item version plus questions about commitment to avoiding violence and premarital sexual activity.

Ultimately, CSAP chose to recommend the eight-item version of the Tanglewood Intentions/Expectations Scale.

2.7 *Life Skills*

Prevention programs developed during the 1970s, 1980s, and 1990s frequently addressed the development of a variety of personal competencies collectively known as life skills. These skills include a diverse array of characteristics, such as the ability to make logical and reasoned decisions, solve personal problems, set and achieve personal goals, cope with stress and stressful situations, be assertive, make and keep friends and get along with others in social situations, and communicate with others. These are general skills, as opposed to skills specifically related to dealing with issues directly related to drugs, violence, or other high-risk behaviors.

Because these characteristics are the focus of change, the Task Force identified a number of possible scales to choose from. Some scales are clearly program-specific. That is, they were designed to track the adoption of practices and uniquely worded to fit with the language used in a particular program. We opted for scales with good reliability that were more general. We recommend six different scales, one very general and the remaining five specific to topics that prevention programs often target.

The most general of the life skills assessment scales is the Coping Skills Inventory, a multi-component scale. Its 40 items assess eight dimensions of coping: problem solving, cognitive restructuring, expressing emotions, social contact, problem avoidance, wishful thinking, self-criticism, and social withdrawal. The reliability of the various sub-scales ranges from 0.67 to 0.83. The Task Force suggests using this scale to evaluate programs that have general approaches to building coping skills.

We recommend a four-item scale by Bill Hansen (Tanglewood Research) for measuring students' ability to cope with stress. This scale has an alpha coefficient of 0.75. We recommend another four-item scale, also by Bill Hansen, for measuring the application of common decision-making skills. This scale has an alpha coefficient of 0.70. We recommend a nine-item scale by Gilbert Botvin (Cornell University) for assessing assertiveness. This scale has an alpha coefficient of 0.82. Its items tend to be somewhat related to a specific curriculum, *Life Skills Training*, but they appear to be suitable for the general assessment of assertiveness as well. We also recommend a five-item scale by Bill Hansen (Tanglewood Research) for measuring general social skills, notably making friends and getting along with people. The alpha coefficient for this scale is 0.63. Finally, we recommend a six-item scale by Bill Hansen (Tanglewood Research) for assessing goal-setting skills. This scale has an alpha coefficient of 0.77.

2.8 Normative Beliefs

Group norms define what groups do and find acceptable. Normative beliefs reflect a given individual's *perceptions* of the group's behavior and what the individual *expects* the group to find acceptable and unacceptable. Students who use drugs are more likely to have normative beliefs that substance use is widely prevalent than are students who do not use drugs, and young people are known to have exaggerated normative beliefs when contrasted with the aggregate beliefs and practices of their reference group. Norm-setting programs attempt to correct these erroneous and exaggerated beliefs.

The Task Force had a number of normative belief scales to select from, all of which had good alpha coefficients, indicating good reliability. Further, many studies using many different measures of normative beliefs have demonstrated strong correlations between these measures and drug use. We selected two measures. One, developed by Bill Hansen of Tanglewood Research, focuses on normative beliefs about the prevalence and acceptability of drug use. (Many of the measures examined included only a focus on prevalence and were therefore incomplete as program evaluation tools.) This scale includes eight items and has an alpha coefficient of 0.88. The second recommended measure is a longer version of the eight-item scale. It includes 12 items that assess normative beliefs about drugs, violence, and sexual activity.

Ultimately, CSAP chose to recommend Tanglewood's Beliefs About Peer Norms Scale, as well

as the Interactions with Antisocial Peers Scale from the Student Survey of Risk and Protective Factors.

2.9 Leadership/Mentoring

Leadership/mentoring was a difficult area for the Task Force to address for several reasons. There may be many purposes for measuring leadership or leadership qualities in prevention, but the terms leadership and mentoring are only loosely tied to known interventions.

One approach that might qualify for such measures revolves around peer assistance programs in which students help peers solve personal problems, including drug use. It is the ability to find assistance and the ability to render aid that appear to be the salient issue, rather than leadership in its classic sense. We identified one measure, Assistance Skills, by Bill Hansen (Tanglewood Research) that addresses this area. It includes five items and has an alpha coefficient of 0.71. This scale is actually somewhat diverse and measures the frequency with which others come asking for advice and the frequency with which help is given.

A second area in which leadership is often mentioned is in relation to using peer opinion leaders to deliver programs. The primary concern of measurement has to date been identifying those who have pre-existing leadership qualities, not necessarily building leadership characteristics in individuals. There are known methods for identifying peer opinion leaders, but they generally involve open-ended surveys (unlike the other surveys we have considered) and often require either extra effort or extra skill to tally and code. Such scales, furthermore, are not intended to be used as indicators of successful program outcomes but rather are used for program completion. For all of these reasons, the Task Force did not recommend these types of scales.

2.10 Antisocial Behavior

Antisocial behavior refers to non-ATOD behaviors that are thought to correlate with drug use. Notably, violence and delinquency are considered important to this topic area. From a programmatic perspective, many interventions that target delinquency and violence also target drug use. When considered together with drug use, these behaviors represent the broader focus often referred to as problem behaviors.

It quickly became evident that the 11 instruments we initially identified to measure antisocial behavior assessed a variety of behaviors and activities, none of which was considered particularly antisocial by the Task Force. We found dozens of instruments measuring antisocial behavior, but given the criteria for inclusion we considered only a few in earnest.

Two of the instruments we considered were variants of the 1957 Nye-Short inventory. The first, which we recommend for use in capturing data on antisocial behavior among youth, is the National Youth Survey's Antisocial Scale. This inventory was selected, and is notable for, its brevity (only 15 items), its national contrast group (the NYS), and its breadth of questions, which range from stealing items worth less than \$5.00 to attacking someone with the idea of seriously hurting or killing them. On the down side, the interval period for reporting is, "In the past year have you . . ." Given the relatively low base rate of many of these behaviors, this interval period is not entirely unwarranted, but it is unlikely to be sensitive to intervention effects. Nonetheless, we believe that the attractive features of this inventory make it appropriate for use in estimating the prevalence of antisocial behavior in CSAP study samples. The second variant of the Nye-

Short is the Age 13 Self-report Inventory from the Development of Aggression study by Lefkowitz, Eron, Walder, & Huesmann (1977). This inventory is 26 items long and asks “How many times in the last 3 years . . .” Although this instrument queries more activities than does the NYS instrument, the 3-year reporting period and the instrument’s overlap with the NYS inventory made this a less attractive inventory to recommend.

The Task Force examined a third self-report inventory was examined: the Buss-Perry Aggression Questionnaire (Buss & Perry, 1992), which is an updated version of the Buss-Durkee Aggression Inventory (Buss & Durkee, 1957). This inventory has two scales, a nine-item inventory assessing physical aggression and a five-item scale for verbal aggression (alphas = .85 and .72, respectively; 9-week test-retest reliability = .80 and .76, respectively). No time period for reporting is specified.

In addition to the three self-report inventories, we examined two sociometric (peer-nomination) inventories for possible recommendation. We rejected the first, Lefkowitz, Eron, Walder, and Huesmann’s (1977) Eighth Grade Aggression Inventory, because, although popular, it assesses both aggressive classroom behaviors and disruptive behaviors that may not be aggressive in origin (that is, without aggressive intent). The second sociometric instrument we examined was the Pupil Evaluation Inventory (PEI) developed by Pekarik et al. (1976). This 35- item questionnaire contains three homogeneous and stable factors, labeled aggression, withdrawal, and likeability. Like those in the Lefkowitz et al. inventory, the aggression items in the PEI seem to tap constructs that are correlates of antisocial behaviors but may not be antisocial in origin.

Ultimately, CSAP chose not to recommend a scale for antisocial behavior. Measures for this construct will be further studied for inclusion in future versions of the CMI Notebook

2.11 Engagement in Pro-social Activities with Friends/Peers

Unstructured and unsupervised time has been shown to be a risk-factor for drug use onsets, but the Task Force did not find good measures in this area.

2.12 Media Literacy

The Task Force found no good measures for media literacy.

2.13 Mental Health Factors

Our search for instruments in this class of measures is incomplete. Many clinical instruments exist, but most focus on assisting clinicians with diagnosis among restricted populations, and were never intended to be used as measures that would be sensitive to school- or community-based interventions.

Because of the variability of constructs, the broad range of instrumentation, and the history of mental health assessment, we have limited our recommendations in this category to two instruments for depression, the original proximal outcome identified in our initial meeting in San Antonio. Because depression is only one of many possible proximal outcomes that might be identified and targeted by local interventions, we recommend the Buros Mental Measurements Yearbook (1998) to those seeking instrumentation for assessing anger, anxiety, hopelessness, and the like. Alternately, the Ovid Technology Inc. database, Health and Psychological Instruments

(HAPI)—available in many university libraries or on the web at www.ovid.com — is a resource that catalogs documents reporting on the development, validity, and reliability of many instruments for use in assessing the broad category loosely known as mental health factors.

For younger youth, we recommend the Depression Inventory by Michael Arthur (coefficient alpha .86). This four-item scale assesses the respondent’s general level of depression using fairly simple sentence structure as well as “NO!” to “YES!” response categories that we believe are easily understood by young respondents. For older respondents, the 20-item Center for Epidemiological Studies-Depression Scale (CES-D) is our choice for assessing depression. This scale is to be commended for its ability to tap situational depression (the response interval being “during the last week”) and its simple question structure. Our reference is to its use for screening older adults, but we believe that this instrument is also likely to have construct validity among the younger populations CSAP seeks to serve.

Ultimately, CSAP chose not to recommend a scale for mental health factors. Measures for this construct will be further researched for inclusion in future versions of the CMI Notebook.

3.7 Religiosity

Religiosity may be of interest primarily as a moderator of behavior rather than as a variable targeted for intervention. We found three scales to recommend, each addressing different aspects of religious thought and behavior.

The first scale measures participation in religious activities, notably attending church and reading religious materials. This scale contains four items and has an alpha coefficient of 0.79. The second scale measures the salience of religion, primarily assessing the importance of religion in daily life. The alpha coefficient for this scale is 0.85. The final scale is titled “Hellfire” and measures personal beliefs regarding divine rewards and punishments for personal behavior. Its controversial title aside, this scale has excellent internal consistency, with an alpha of 0.88. It contains seven items. This scale may be useful for assessing a belief in a general moral order.

Ultimately, CSAP chose not to recommend a measure for religiosity. Measures for this construct will be further researched for inclusion in future versions of the CMI Notebook.

2.14 Resistance Skills

Resistance skills refer youths’ ability to refuse offers of and temptations to use substances. Resistance skills have been classified differently from life skills because of the direct attention to drugs and other problem behaviors that have been integrated into these scales. That is, as opposed to a general skill, resistance skills are specifically targeted at substance-related events.

We recommend two scales. For those who require a short scale, a four-item scale is available from the National Youth Survey. It assesses how difficult it would be for youths to say no to offers to use alcohol, cigarettes, marijuana, and other drugs. The alpha coefficient for this scale is 0.93.

The second recommended scale has eight items. In addition to assessing how difficult it would be to refuse an offer to use a drug, this scale also assesses youths’ confidence that they can actually refuse a putative offer to use substances. This breadth permits a slightly broader characteristic to be assessed, which may be important for evaluating some prevention programs.

The alpha for this scale is 0.80. This scale correlates well with drug use. For alcohol use, the lagged correlation between this scale and 1-year subsequent to measurement was -0.47; for tobacco it was -0.41.

Ultimately, CSAP chose not to recommend a measure for resistance skills. Measures for this construct will be further researched for inclusion in future versions of the CMI Notebook.

3. RECOMMENDATIONS FOR THE FUTURE

The Individual/Peer Task Force recommends that additional work be completed in several areas. Most notably, existing mental health measures need to be reviewed and considered. Many topics, including depression, suicidality, anger, emotional expression, and so forth, have received extensive attention for clinical diagnosis purposes. Appropriate measures that may be suitable indicators for normal and high-risk populations need to be identified and included.

There is also a need to develop measures related to media exposure and skills for responding to media promoting inappropriate norms related to drug use. Ongoing ONDCP, NIDA, and CSAP media efforts should result in a number of new measures for assessing these topics.

Individual/Peer

- 1 Construct: **Rebelliousness/Impulsiveness**
- 2 Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Rebelliousness**
- 3 Construct Operational Definition as used in Instrument: Assesses student's willingness to seek out insubordinate behavior.
- 4 Reliability: 0.78
- 5 Validity: High concurrent validity with drug and alcohol use and delinquency.
- 6 Target Population: General population of students in grades 6, 8, 10, and 12
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
 Alpha Coefficients:

Males	.76	6 th Grade	.72	10 th Grade	.75
Females	.75	8 th Grade	.77	12 th Grade	.73
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy. Four-point scale (Very false to Very true)
- 10 Number of items in scale: 3
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors: Direct/self-evident
 Correlations (r) to:

Cigarette Use, Lifetime	.37	Cigarette Use, 30 Days	.33
Alcohol Use, Lifetime	.35	Alcohol Use, 30 Days	.36
Marijuana Use, Lifetime	.33	Marijuana Use, 30 Days	.27
Illicit Drugs Use, Lifetime	.36	Illicit Drugs, 30 Days	.31
- 13 Source: Social Development Research Group
 University of Washington
 9725 3rd Ave. NE, Suite 401
 Seattle, WA 98115-2024.
 206-685-3858
 marthur@u.washington.edu
<http://depts.washington.edu/sdrg/>
- 14 Author: Dr. Michael Arthur, Dr. J. David Hawkins, Dr. Richard Catalano and Dr. John Pollard
- 15 Availability: Public Domain
- 16 Cost: None
- 17 Copyright: Public Domain
- 18 Citation Information (abstracts, where used):

Arthur, M.W., Hawkins, J.D., Pollard, J.A., Catalano, R.F., & Baglioni, A.J. (2001). Measuring risk and protective factors for substance use, delinquency, and other adolescent problem

behaviors: The Communities That Care Youth Survey. Manuscript submitted for publication.

Hawkins, J.D., Arthur, M.W., & Catalano, R.F. (1997). Six State Consortium for Prevention Needs Assessment Studies: Final Report. Seattle: University of Washington, Social Development Research Group.

Pollard, J.A., Hawkins, J.D., & Arthur, M.W. (1999). Risk and protection: Are both necessary to understand diverse behavioral outcomes in adolescence? Social Work Research, 23 (3), pp. 129-208.

Individual/Peer

- 1 Construct: **Rebelliousness/Impulsiveness**
- 2 Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Impulsiveness**
- 3 Construct Operational Definition as used in Instrument: Assesses student's willingness to seek out insubordinate behavior.
- 4 Reliability: 0.78
- 5 Validity: High concurrent validity with drug and alcohol use and delinquency.
- 6 Target Population: General population of students in grades 6, 8, 10, and 12
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic

Alpha Coefficients:			
African-American	.22	Native American	.39
Asian/Pacific Islander	.36	White	.44
Hispanic	.39		
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy. Four-point scale (NO! To YES!)
- 10 Number of items in scale: 4
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors: Direct/self-evident

Correlations (r) to:			
Cigarette Use, 30 Days	.24	Marijuana Use, 30 Days	.17
Alcohol Use, 30 Days	.25	Antisocial Behavior	.25
- 13 Source: Social Development Research Group

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- 14 Author: Dr. Michael Arthur, Dr. J. David Hawkins, Dr. Richard Catalano and Dr. John Pollard
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- 16 Cost: None
- 17 Copyright: Public Domain
- 18 Citation Information (abstracts, where used):

Individual/Peer

Impulsiveness Scale:

- | | | | | |
|---|-----|----|-----|------|
| 1. It is important to think before you act. | NO! | no | yes | YES! |
| 2. Do you have to have everything right away? | NO! | no | yes | YES! |
| 3. I often do things without thinking about what will happen. | NO! | no | yes | YES! |
| 4. Do you often switch from activity to activity rather than sticking to one thing at a time? | NO! | no | yes | YES! |

Individual/Peer

- 1 Construct: **Antisocial Attitudes**
- 2 Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Favorable Attitudes Toward Antisocial Behavior**
- 3 Construct Operational Definition as used in Instrument: Assesses student's attitude toward violent behavior.
- 4 Reliability: 0.83
- 5 Validity: High concurrent validity with drug and alcohol use and delinquency.
- 6 Target Population: General population of students in grades 6, 8, 10, and 12
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic

Alpha Coefficients:			
African-American	.82	Native American	.83
Asian/Pacific Islander	.84	White	.81
Hispanic	.84		
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy. Four-point scale (Very wrong to Not wrong at all)
- 10 Number of items in scale: 5
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors:

Correlations (r) to:			
Cigarette Use, Lifetime	.34	Cigarette Use, 30 Days	.32
Alcohol Use, Lifetime	.29	Alcohol Use, 30 Days	.35
Marijuana Use, Lifetime	.34	Marijuana Use, 30 Days	.29
Illicit Drugs Use, Lifetime	.37	Illicit Drugs, 30 Days	.34
- 13 Source: Social Development Research Group

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Individual/Peer

Favorable Attitudes Toward Antisocial Behavior Scale:

- 1 How wrong do you think it is for someone your age to take a handgun to school?
Very wrong Wrong A little bit wrong Not wrong at all
- 2 How wrong do you think it is for someone your age to steal anything worth more than \$5?
Very wrong Wrong A little bit wrong Not wrong at all
- 3 How wrong do you think it is for someone your age to pick a fight with someone?
Very wrong Wrong A little bit wrong Not wrong at all
- 4 How wrong do you think it is for someone your age to attack someone with the idea of seriously hurting them?
Very wrong Wrong A little bit wrong Not wrong at all
- 5 How wrong do you think it is for someone your age to stay away from school all day when their parents think they are at school?
Very wrong Wrong A little bit wrong Not wrong at all

Individual/Peer

- 1 Construct: **Antisocial Attitudes**
- 2 Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Belief in the Moral Order**
- 3 Construct Operational Definition as used in Instrument: Assesses student's attitude toward morality issues through their reactions to specific scenarios.
- 4 Reliability: 0.73
- 5 Validity: High concurrent validity with drug and alcohol use and delinquency.
- 6 Target Population: General population of students in grades 6, 8, 10, and 12
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
 Alpha Coefficients:

Males	.70	6 th Grade	.64	10 th Grade	.68
Females	.71	8 th Grade	.72	12 th Grade	.62
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy. Four-point scale (NO! to YES!)
- 10 Number of items in scale: 5
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors:
 Correlations (r) to:

Cigarette Use, Lifetime	-0.39	Cigarette Use, 30 Days	-0.32
Alcohol Use, Lifetime	-0.38	Alcohol Use, 30 Days	-0.38
Marijuana Use, Lifetime	-0.35	Marijuana Use, 30 Days	-0.29
Illicit Drugs Use, Lifetime	-0.37	Illicit Drugs, 30 Days	-0.30
- 13 Source: Social Development Research Group
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Hawkins, J.D., Arthur, M.W., & Catalano, R.F. (1997). Six State Consortium for Prevention Needs Assessment Studies: Final Report. Seattle: University of Washington, Social Development Research Group.

Pollard, J.A., Hawkins, J.D., & Arthur, M.W. (1999). Risk and protection: Are both necessary to understand diverse behavioral outcomes in adolescence? Social Work Research, 23 (3), pp. 129-208.

Individual/Peer

Belief in the Moral Order Scale:

- | | | | | |
|---|-----|----|-----|------|
| 1. I think it is okay to take something without asking if you can get away with it. | NO! | no | yes | YES! |
| 2. I think sometimes it's okay to cheat at school. | NO! | no | yes | YES! |
| 3. It is all right to beat up people if they start the fight. | NO! | no | yes | YES! |
| 4. It is important to be honest with your parents, even if they become upset or you get punished. | NO! | no | yes | YES! |

Individual/Peer

- 1 Construct: **Self-esteem**
- 2 Name and Description of Instrument/Scale **Rosenberg Self-esteem Scale**
- 3 Construct Operational Definition as used in Instrument: Assesses characteristics of ones self-worth or value.
- 4 Reliability: 0.92. Test-retest has correlations of .85 and .88 over two weeks
- 5 Validity: Construct validity of .72 to .76.
- 6 Target Population: Adolescents
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
Unspecified
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy.
- 10 Number of items in scale: 10
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors:
Studies show mixed results regarding the relationship between self-esteem and alcohol consumption. DeSimone, Murray, & Lester (1994) found a negative relationship between alcohol consumption in youth (under 21) and self esteem ($r = -.30, p < .05$), with self esteem decreasing as alcohol consumption increased. Similarly, Corbin, McNair, & Carter (1996) found a similar effect in college females, $F(2,121) = 4.36, p < .05$. However, for males, as alcohol consumption increased, self-esteem also increased.
- 13 Source: The Morris Rosenberg Foundation
C/O Department of Sociology
University of Maryland
2112 Art/Soc Building
College Park, MD 20742-1315
- 14 Author: Dr. Morris Rosenberg
- 15 Availability: Public Domain
- 16 Cost: None
- 17 Copyright: Public Domain
- 18 Citation Information (abstracts, where used):
Rosenberg, M. Society and the Adolescent Self-image. Princeton, NJ: Princeton University Press, 1965.

Individual/Peer

Rosenberg Self-esteem Scale:

- | | | | | | |
|----|---|-------|----------|-------------------|--|
| 1 | I feel that I am a person of worth, at least on an equal basis with others. | | | | |
| | Strongly agree | Agree | Disagree | Strongly disagree | |
| 2 | I feel that I have a number of good qualities. | | | | |
| | Strongly agree | Agree | Disagree | Strongly disagree | |
| 3 | I really feel that I am a failure. | | | | |
| | Strongly agree | Agree | Disagree | Strongly disagree | |
| 4 | I am able to do things as well as most other people. | | | | |
| | Strongly agree | Agree | Disagree | Strongly disagree | |
| 5 | I do not have much to be proud of. | | | | |
| | Strongly agree | Agree | Disagree | Strongly disagree | |
| 6 | I take a positive attitude toward myself | | | | |
| | Strongly agree | Agree | Disagree | Strongly disagree | |
| 7 | On the whole, I am satisfied with myself. | | | | |
| | Strongly agree | Agree | Disagree | Strongly disagree | |
| 8 | I wish I could have more respect for myself. | | | | |
| | Strongly agree | Agree | Disagree | Strongly disagree | |
| 9 | I certainly feel useless at times. | | | | |
| | Strongly agree | Agree | Disagree | Strongly disagree | |
| 10 | At times I think I am no good at all. | | | | |
| | Strongly agree | Agree | Disagree | Strongly disagree | |

Individual/Peer

- 1 Construct: **Attitude Toward Use**
- 2 Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Favorable Attitudes Toward Drug Use**
- 3 Construct Operational Definition as used in Instrument: Assesses student's attitudes toward using drugs.
- 4 Reliability: 0.88
- 5 Validity: High concurrent validity with drug and alcohol use and delinquency.
- 6 Target Population: General population of students in grades 6, 8, 10, and 12
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic

Alpha Coefficients:					
Males	.86	6 th Grade	.82	10 th Grade	.83
Females	.84	8 th Grade	.86	12 th Grade	.80
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy. Four-point scale (Very wrong to Not wrong at all)
- 10 Number of items in scale: 4
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors:

Correlations (r) to:			
Cigarette Use, Lifetime	.52	Cigarette Use, 30 Days	.53
Alcohol Use, Lifetime	.42	Alcohol Use, 30 Days	.51
Marijuana Use, Lifetime	.57	Marijuana Use, 30 Days	.49
Illicit Drugs Use, Lifetime	.48	Illicit Drugs, 30 Days	.41
- 13 Source: Social Development Research Group

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http://depts.washington.edu/sdrg/
- 14 Author: Dr. Michael Arthur, Dr. J. David Hawkins, Dr. Richard Catalano and Dr. John Pollard
- 15 Availability: Public Domain
- 16 Cost: None
- 17 Copyright: Public Domain
- 18 Citation Information (abstracts, where used):

Arthur, M.W., Hawkins, J.D., Pollard, J.A., Catalano, R.F., & Baglioni, A.J. (2001). Measuring

risk and protective factors for substance use, delinquency, and other adolescent problem behaviors: The Communities That Care Youth Survey. Manuscript submitted for publication.

Hawkins, J.D., Arthur, M.W., & Catalano, R.F. (1997). Six State Consortium for Prevention Needs Assessment Studies: Final Report. Seattle: University of Washington, Social Development Research Group.

Pollard, J.A., Hawkins, J.D., & Arthur, M.W. (1999). Risk and protection: Are both necessary to understand diverse behavioral outcomes in adolescence? Social Work Research, 23 (3), pp. 129-208.

Individual/Peer

Favorable Attitudes Toward Drug Use Scale:

1 How wrong do you think it is for someone your age to drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?

Very wrong Wrong A little bit wrong Not wrong at all

2 How wrong do you think it is for someone your age to smoke cigarettes?

Very wrong Wrong A little bit wrong Not wrong at all

3 How wrong do you think it is for someone your age to smoke marijuana?

Very wrong Wrong A little bit wrong Not wrong at all

4 How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines or another illegal drug?

Very wrong Wrong A little bit wrong Not wrong at all

Individual/Peer

- 1 Construct: **Attitude Toward Use**
- 2 Name and Description of Instrument/Scale **Monitoring the Future/Disapproval of Drug Use**
- 3 Construct Operational Definition as used in Instrument: Assesses student's attitudes toward using drugs.
- 4 Reliability: Not Applicable
- 5 Validity: Disapproval of Drug Use has been found to negatively relate to use and onset of use.
- 6 Target Population: General population of students in grades 8, 10, and 12.
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
None Available
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy. 3-point Likert scale with not applicable listing
- 10 Number of items in scale: 16
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors: Strong
- 13 Source: Dr. Lloyd Johnston or CSAP Project Officer
Institute for Social Research
University of Michigan
426 Thompson Street
Ann Arbor, MI 48104-2321
(734) 764-8354
MTFinfo@isr.umich.edu
- 14 Author: Dr. Lloyd Johnston
- 15 Availability: Public Domain
- 16 Cost: None
- 17 Copyright: Public Domain
- 18 Citation Information (abstracts, where used):

Johnston, L.D., O'Malley, P.M., & Bachman, J.G. (2001). Monitoring the Future national survey results on drug use, 1975-2001: Volume 1, Secondary School Students 2000 (NIH Publication NO. 01-4924) Bethesda, MD: National Institute on Drug Abuse.

Individual/Peer

Disapproval of Drug Use Scale:

Do YOU disapprove of people doing each of the following?

- | | | | | | |
|----|--|------------------|------------|---------------------|------------------------------|
| 1 | Smoking one or more packs of cigarettes per day | Don't disapprove | Disapprove | Strongly disapprove | Can't say or drug unfamiliar |
| 2 | Using smokeless tobacco regularly | Don't disapprove | Disapprove | Strongly disapprove | Can't say or drug unfamiliar |
| 3 | Trying marijuana once or twice | Don't disapprove | Disapprove | Strongly disapprove | Can't say or drug unfamiliar |
| 4 | Smoking marijuana occasionally | Don't disapprove | Disapprove | Strongly disapprove | Can't say or drug unfamiliar |
| 5 | Smoking marijuana regularly | Don't disapprove | Disapprove | Strongly disapprove | Can't say or drug unfamiliar |
| 6 | Trying cocaine in powder form once or twice | Don't disapprove | Disapprove | Strongly disapprove | Can't say or drug unfamiliar |
| 7 | Taking cocaine powder occasionally | Don't disapprove | Disapprove | Strongly disapprove | Can't say or drug unfamiliar |
| 8 | Trying "crack" cocaine once or twice | Don't disapprove | Disapprove | Strongly disapprove | Can't say or drug unfamiliar |
| 9 | Taking "crack" cocaine occasionally | Don't disapprove | Disapprove | Strongly disapprove | Can't say or drug unfamiliar |
| 10 | Trying one or two drinks of an alcoholic beverage (beer, wine, liquor) | Don't disapprove | Disapprove | Strongly disapprove | Can't say or drug unfamiliar |

11 Taking one or two drinks nearly every day

Don't disapprove Disapprove Strongly disapprove Can't say or drug unfamiliar

12 Having five or more drinks once or twice each weekend

Don't disapprove Disapprove Strongly disapprove Can't say or drug unfamiliar

13 Sniffing glue, gases, or sprays once or twice

Don't disapprove Disapprove Strongly disapprove Can't say or drug unfamiliar

14 Sniffing glue, gases, or sprays regularly

Don't disapprove Disapprove Strongly disapprove Can't say or drug unfamiliar

15 Trying heroin once or twice without using a needle

Don't disapprove Disapprove Strongly disapprove Can't say or drug unfamiliar

16 Trying heroin occasionally without using a needle

Don't disapprove Disapprove Strongly disapprove Can't say or drug unfamiliar

Individual/Peer

- 19 Construct: **Perceived Harm/Risk**
- 20 Name and Description of Instrument/Scale: **Monitoring the Future/Perceived Harm**
- 21 Construct Operational Definition as used in Instrument: Assesses the opinions of physical harm/risk from substance abuse
- 22 Reliability: Not Applicable
- 23 Validity: Perceived harm from substance use has been found to negatively relate to use and onset of use.
- 24 Target Population: General population of students in grades 8, 10, and 12.
- 25 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
None Available
- 26 Respondent: Self
- 27 Ease of use/scoring: Easy/Easy. 4-point Likert scale with “not familiar with drug” listing
- 28 Number of items in scale: 14
- 29 Mode of Administration: Pencil and paper self-report
- 30 Strength of relationship to ATOD and other problem behaviors: Strong
- 31 Source: Dr. Lloyd Johnston or CSAP Project Officer
Institute for Social Research
University of Michigan
426 Thompson Street
Ann Arbor, MI 48104-2321
(734) 764-8354
MTFinfo@isr.umich.edu
- 32 Author: Dr. Lloyd Johnston
- 33 Availability: Public Domain
- 34 Cost: None
- 35 Copyright: Public Domain
- 36 Citation Information (abstracts, where used):

Johnston, L.D., O’Malley, P.M., & Bachman, J.G. (2001). Monitoring the Future national survey results on drug use, 1975-2001: Volume 1, Secondary School Students 2000 (NIH Publication NO. 01-4924) Bethesda, MD: National Institute on Drug Abuse.

Individual/Peer

Perceived Harm Scale:

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

- | | |
|---|---|
| <p>1 Smoke one or more packs of cigarettes per day</p> <ul style="list-style-type: none"> 1 No risk 2 Slight risk 3 Moderate risk 4 Great risk 5 Can't Say/Drug Unfamiliar <p>2 Try marijuana once or twice</p> <ul style="list-style-type: none"> 1 No risk 2 Slight risk 3 Moderate risk 4 Great risk 5 Can't Say/Drug Unfamiliar <p>3 Smoke marijuana occasionally</p> <ul style="list-style-type: none"> 1 No risk 2 Slight risk 3 Moderate risk 4 Great risk 5 Can't Say/Drug Unfamiliar <p>4 Smoke marijuana regularly</p> <ul style="list-style-type: none"> 1 No risk 2 Slight risk 3 Moderate risk 4 Great risk 5 Can't Say/Drug Unfamiliar <p>5 Try cocaine in powder form one or twice</p> <ul style="list-style-type: none"> 1 No risk 2 Slight risk 3 Moderate risk 4 Great risk 5 Can't Say/Drug Unfamiliar <p>6 Take cocaine powder occasionally</p> <ul style="list-style-type: none"> 1 No risk 2 Slight risk 3 Moderate risk 4 Great risk 5 Can't Say/Drug Unfamiliar <p>7 Take cocaine powder regularly</p> <ul style="list-style-type: none"> 1 No risk 2 Slight risk 3 Moderate risk 4 Great risk 5 Can't Say/Drug Unfamiliar | <p>8 Try "crack" cocaine once or twice</p> <ul style="list-style-type: none"> 1 No risk 2 Slight risk 3 Moderate risk 4 Great risk 5 Can't Say/Drug Unfamiliar <p>9 Try "crack" cocaine occasionally</p> <ul style="list-style-type: none"> 1 No risk 2 Slight risk 3 Moderate risk 4 Great risk 5 Can't Say/Drug Unfamiliar <p>10 Try crack cocaine regularly</p> <ul style="list-style-type: none"> 1 No risk 2 Slight risk 3 Moderate risk 4 Great risk 5 Can't Say/Drug Unfamiliar <p>11 Try one or two drinks of an alcoholic beverage (beer, wine, liquor)</p> <ul style="list-style-type: none"> 1 No risk 2 Slight risk 3 Moderate risk 4 Great risk 5 Can't Say/Drug Unfamiliar <p>12 Take one or two drinks nearly every day</p> <ul style="list-style-type: none"> 1 No risk 2 Slight risk 3 Moderate risk 4 Great risk 5 Can't Say/Drug Unfamiliar <p>13 Take four of five drinks nearly every day</p> <ul style="list-style-type: none"> 1 No risk 2 Slight risk 3 Moderate risk 4 Great risk 5 Can't Say/Drug Unfamiliar <p>14 Have five or more drinks once or twice each weekend</p> <ul style="list-style-type: none"> 1 No risk 2 Slight risk 3 Moderate risk 4 Great risk 5 Can't Say/Drug Unfamiliar |
|---|---|

Individual/Peer

- 1 Construct: **Perceived Harm/Risk**
- 2 Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Perceived Risk of Drug Use**
- 3 Construct Operational Definition as used in Instrument: Assesses student's perception of the potential risks due to drug use.
- 4 Reliability: 0.88
- 5 Validity: High concurrent validity with drug and alcohol use and delinquency.
- 6 Target Population: General population of students in grades 6, 8, 10, and 12
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
Alpha Coefficients:

African-American	.86	Native American	.80
Asian/Pacific Islander	.85	White	.75
Hispanic	.82		
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy. Four-point scale (No risk to Great risk)
- 10 Number of items in scale: 4
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors:
Correlations (r) to:

Cigarette Use, 30 Days	.40	Marijuana Use, 30 Days	.36
Alcohol Use, 30 Days	.38	Antisocial Behavior	.30
- 13 Source: Social Development Research Group
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9725 3rd Ave. NE, Suite 401
Seattle, WA 98115-2024.
206-685-3858
marthur@u.washington.edu
<http://depts.washington.edu/sdrg/>
- 14 Author: Dr. Michael Arthur, Dr. J. David Hawkins, Dr. Richard Catalano and Dr. John Pollard
- 15 Availability: Public Domain
- 16 Cost: None
- 17 Copyright: Public Domain
- 18 Citation Information (abstracts, where used):

Individual/Peer

Perceived Risk of Drug Use Scale:

- 1 How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?

No risk	Slight risk	Moderate risk	Great risk
---------	-------------	---------------	------------

- 2 How much do you think people risk harming themselves (physically or in other ways) if they try marijuana once or twice?

No risk	Slight risk	Moderate risk	Great risk
---------	-------------	---------------	------------

- 3 How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana regularly?

No risk	Slight risk	Moderate risk	Great risk
---------	-------------	---------------	------------

- 4 How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?

No risk	Slight risk	Moderate risk	Great risk
---------	-------------	---------------	------------

Individual/Peer

- 1 Construct: **Intentions/Expectations to Use**
- 2 Name and Description of Instrument/Scale: **Tanglewood Research Evaluation/Commitment to Not Use Drugs**
- 3 Construct Operational Definition as used in Instrument: Assesses commitment to not use drugs.
- 4 Reliability: 0.84
- 5 Validity: Not available
- 6 Target Population: White, African-American, Hispanic, middle school, junior high school, high school
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic

Alpha Coefficients:			
African-American	.55-.58	6 th Grade	.50-.60
Caucasian	.63-.67	8 th Grade	.61-.72
Female	.64-.70	10 th Grade	.63-.66
Male	.64-.69	12 th Grade	.61-.68
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy
- 10 Number of items in scale: 8
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors:

Correlations (r) to:			
Alcohol	-.64	Cigarette Use	-.60 to -.65
Smokeless Tobacco Use	-.28 to -.31	Marijuana Use	-.19 to -.55
Other Drug Use	-.25 to -.27	Drinking & Driving	-.37 to -.38
Problem Behavior	-.32 to -.34		
- 13 Source: Dr. Bill Hansen

Tanglewood Research Inc.
701 Albert Pick Road
Greensboro, NC 27409
336-662-0090
billhansen@tanglewood.net
- 14 Author: Dr. Bill Hansen
- 15 Availability: Approved for CSAP use with source citation
- 16 Cost: None
- 17 Copyright: Tanglewood Research
- 18 Citation Information (abstracts, where used):

Hansen, W.B., & McNeal, R.B. How D.A.R.E. works: An examination of program effects on mediating variables. Health Education & Behavior. 1997; 24(2): 165-176.

INDIVIDUAL/PEER

Commitment to Not Use Drugs Scale:

- 1 I have made a final decision to stay away from marijuana.
Strongly agree Agree Disagree Strongly disagree
- 2 I have decided that I will smoke cigarettes.
Strongly agree Agree Disagree Strongly disagree
- 3 If I had the chance and knew I would not be caught, I would get drunk.
Strongly agree Agree Disagree Strongly disagree
- 4 I plan to get drunk sometime in the next year.
Strongly agree Agree Disagree Strongly disagree
- 5 I have made a promise to myself that I will not drink alcohol.
Strongly agree Agree Disagree Strongly disagree
- 6 I have told at least one person that I do not intend to smoke.
Strongly agree Agree Disagree Strongly disagree
- 7 It is clear to my friends that I am committed to living a drug-free life.
Strongly agree Agree Disagree Strongly disagree
- 8 I have signed my name to a pledge saying that I will not use marijuana or drugs.
Strongly agree Agree Disagree Strongly disagree

Individual/Peer

- 1 Construct: **Life Skills**
- 2 Name and Description of Instrument/Scale: **Stress Management Skills**
- 3 Construct Operational Definition as used in Instrument: Assesses skills needed to manage events or situations that cause mental tension or strain.
- 4 Reliability: 0.75
- 5 Validity: Not available
- 6 Target Population: White, African-American, Hispanic, middle school, junior high school, high school.
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic

Alpha Coefficients:			
African-American	.71-.81	6 th Grade	.63-.66
Caucasian	.80-.83	8 th Grade	.70-.74
Female	.76-.79	10 th Grade	.80-.82
Male	.72-.75	12 th Grade	.79-.81
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy
- 10 Number of items in scale: 4
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors:

Correlations (r) to:			
Alcohol	-.12 to -.16	Cigarette Use	-.01 to -.20
Smokeless Tobacco Use	-.02 to -.05	Marijuana Use	-.02 to -.05
Other Drug Use	-.07 to -.10	Drinking & Driving	-.04 to -.08
Problem Behavior	-.09 to -.12		
- 13 Source: Dr. Bill Hansen

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- 18 Citation Information (abstracts, where used):

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mediating variables. Health Education & Behavior. 1997; 24(2): 165-176.

Individual/Peer

Stress Management Skills Scale:

1 I handle stress very well.

Strongly agree

Agree

Disagree

Strongly disagree

2 Stressful situations are very difficult for me to deal with..

Strongly agree

Agree

Disagree

Strongly disagree

3 I know how to relax when I feel too much pressure.

Strongly agree

Agree

Disagree

Strongly disagree

4 I know what to do to handle a stressful situation.

Strongly agree

Agree

Disagree

Strongly disagree

Individual/Peer

- 1 Construct: **Life Skills**
- 2 Name and Description of Instrument/Scale: **Decision Making Skills**
- 3 Construct Operational Definition as used in Instrument: Assesses perceived ability to make thoughtful decisions and follow steps typical of decision making training
- 4 Reliability: 0.70
- 5 Validity: Not available
- 6 Target Population: White, African-American, Hispanic, middle school, junior high school.
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic

Alpha Coefficients:			
African-American	.68-.77	6 th Grade	.64-.70
Caucasian	.73-.78	8 th Grade	.68-.75
Female	.69-.72	10 th Grade	.74-.75
Male	.68-.72	12 th Grade	.70-.71
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy
- 10 Number of items in scale: 4
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors:

Correlations (r) to:			
Alcohol	-.21 to -.26	Cigarette Use	-.21 to -.24
Smokeless Tobacco Use	-.13 to -.16	Marijuana Use	-.11 to -.18
Other Drug Use	-.17 to -.20	Drinking & Driving	-.18 to -.21
Problem Behavior	-.29 to -.34		
- 13 Source: Dr. Bill Hansen

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mediating variables. Health Education & Behavior. 1997; 24(2): 165-176.

Individual/Peer

Decision Making Skills Scale:

- | | | | | | |
|---|--|-------|--------------------------|-------|--------------|
| 1 | How often do you stop to think about your options before you make a decision? | Never | Sometimes, but not often | Often | All the time |
| 2 | How often do you stop to think about how your decisions may affect others' feelings? | Never | Sometimes, but not often | Often | All the time |
| 3 | How often do you stop and think about all of the things that may happen as a result of your decisions? | Never | Sometimes, but not often | Often | All the time |
| 4 | I make good decisions. | Never | Sometimes, but not often | Often | All the time |

Individual/Peer

- 1 Construct: **Life Skills**
- 2 Name and Description of Instrument/Scale: **Social Skills**
- 3 Construct Operational Definition as used in Instrument: Assesses youths' ability to make friends and get along with others.
- 4 Reliability: 0.63
- 5 Validity: Not available
- 6 Target Population: White, African-American, Hispanic, middle school, junior high school, high school.
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic

Alpha Coefficients:			
African-American	.56-.63	6 th Grade	.60-.63
Caucasian	.64-.69	8 th Grade	.62-.67
Female	.60-.62	10 th Grade	.62-.67
Male	.65-.69	12 th Grade	.54-.64
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy
- 10 Number of items in scale: 5
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors:

Correlations (r) to:			
Alcohol	-.04 to .05	Cigarette Use	-.001 to -.65
Smokeless Tobacco Use	-.02 to -.05	Marijuana Use	-.002 to -.06
Other Drug Use	-.03 to -.09	Drinking & Driving	.01 to .08
Problem Behavior	-.01 to .03		
- 13 Source: Dr. Bill Hansen

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- 14 Author: Dr. Bill Hansen
- 15 Availability: Approved for CSAP use with source citation
- 16 Cost: None
- 17 Copyright: Tanglewood Research (formerly Wake Forest Evaluation)
- 18 Citation Information (abstracts, where used):

Hansen, W.B., & McNeal, R.B. How D.A.R.E. works: An examination of program effects on mediating variables. Health Education & Behavior. 1997; 24(2): 165-176.

Individual/Peer

Social Skills Scale:

1 I know how to make friends with people of the opposite sex.

Strongly agree

Agree a little

Disagree a little

Strongly disagree

2 If I want my friends to go along with me, I know what to say to them.

Strongly agree

Agree a little

Disagree a little

Strongly disagree

3 It is easy for me to make new friends.

Strongly agree

Agree a little

Disagree a little

Strongly disagree

4 It is easy for me to ask my friends for favors and help when I need to.

Strongly agree

Agree a little

Disagree a little

Strongly disagree

5 How hard or easy is it for you to get along with other people?

Very easy

Pretty easy

Pretty hard

Very hard

Individual/Peer

- 1 Construct: **Life Skills**
- 2 Name and Description of Instrument/Scale: **Goal Setting Skills**
- 3 Construct Operational Definition as used in Instrument: Assesses skills needed to direct an effort to reach a desired result.
- 4 Reliability: 0.77
- 5 Validity: Not available
- 6 Target Population: White, African-American, Hispanic, middle school, junior high school, high school.
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic

Alpha Coefficients:			
African-American	.75-.77	6 th Grade	.72-.76
Caucasian	.79-.82	8 th Grade	.78-.81
Female	.77-.80	10 th Grade	.77-.82
Male	.75-.78	12 th Grade	.75-.80
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy
- 10 Number of items in scale: 6
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors:

Correlations (r) to:			
Alcohol	-.22 to -.26	Cigarette Use	-.23 to -.25
Smokeless Tobacco Use	-.10 to -.15	Marijuana Use	.02 to -.21
Other Drug Use	-.17 to -.20	Drinking & Driving	-.17 to -.19
Problem Behavior	-.22 to -.28		
- 13 Source: Dr. Bill Hansen

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701 Albert Pick Road
Greensboro, NC 27409
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billhansen@tanglewood.net
- 14 Author: Dr. Bill Hansen
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- 17 Copyright: Tanglewood Research (formerly Wake Forest Evaluation)
- 18 Citation Information (abstracts, where used):

Hansen, W.B., & McNeal, R.B. How D.A.R.E. works: An examination of program effects on mediating variables. Health Education & Behavior. 1997; 24(2): 165-176.

Individual/Peer

Goal Setting Skills Scale:

- 1 How often do you work on goals that you have set for yourself.
- | | | | |
|-------|--------------------------|-------|--------------|
| Never | Sometimes, but not often | Often | All the time |
|-------|--------------------------|-------|--------------|
- 2 Once I set a goal, I don't give up until I achieve it.
- | | | | |
|----------------|-------|----------|-------------------|
| Strongly agree | Agree | Disagree | Strongly disagree |
|----------------|-------|----------|-------------------|
- 3 Whenever I do something, I always give it my best.
- | | | | |
|----------------|-------|----------|-------------------|
| Strongly agree | Agree | Disagree | Strongly disagree |
|----------------|-------|----------|-------------------|
- 4 I think about what I would like to be when I become an adult.
- | | | | |
|-------|--------------------------|-------|--------------|
| Never | Sometimes, but not often | Often | All the time |
|-------|--------------------------|-------|--------------|
- 5 How hard or easy is it for you to get along with other people?
- | | | | |
|---------------------------|-----------------------|---------------------|--------------------|
| I usually don't set goals | I sometimes set goals | I usually set goals | I always set goals |
|---------------------------|-----------------------|---------------------|--------------------|
- 6 When I set a goal, I think about what I need to do to achieve that goal.
- | | | | |
|-------|--------------------------|-------|--------------|
| Never | Sometimes, but not often | Often | All the time |
|-------|--------------------------|-------|--------------|

Individual/Peer

- 1 Construct: **Life Skills**
- 2 Name and Description of Instrument/Scale: **Botvin Life Skills Training Evaluation/Assertiveness**
- 3 Construct Operational Definition as used in Instrument: An assessment of an adolescent's ability to stand up for oneself in a bold or confident manner.
- 4 Reliability: 0.82
- 5 Validity: Not available
- 6 Target Population: White, African-American, Hispanic, middle school, junior high school, high school.
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy
- 10 Number of items in scale: 9
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors:
- 13 Source: Dr. Gilbert Botvin
445 East 69th Street
New York, NY 10021
212-746-1270
- 14 Author: Dr. Gilbert Botvin
- 15 Availability: Public Domain
- 16 Cost: None
- 17 Copyright: Public Domain
- 18 Citation Information (abstracts, where used):

Botvin, G.J., Baker, E., Dusenbury, L., Tortu, S., & Botvin, E. (1990). Preventing adolescent drug abuse through a multimodal cognitive-behavioral approach: Results of a 3-year study. Journal of Consulting and Clinical Psychology, 58, 437-446.

Individual/Peer

Assertiveness Scale:

How likely would you be to do the following things?

Take something back to the store, if it doesn't work right.

- Definitely would
- Probably would
- Not sure
- Probably would not
- Definitely would not

Ask people to give back things that they have borrowed, if they forget to give them back to you.

- Definitely would
- Probably would
- Not sure
- Probably would not
- Definitely would not

Tell someone if they give you less change (money) than you're supposed to get back after you pay for something.

- Definitely would
- Probably would
- Not sure
- Probably would not
- Definitely would not

Tell people your opinion, even if you know they will not agree with you.

- Definitely would
- Probably would
- Not sure
- Probably would not
- Definitely would not

Ask someone for a favor.

- Definitely would
- Probably would
- Not sure
- Probably would not
- Definitely would not

Assertiveness Scale:

Tell someone to go to the end of the line if they try to cut in line ahead of you.

- Definitely would
- Probably would
- Not sure
- Probably would not
- Definitely would not

Start a conversation with someone you would like to know better.

- Definitely would
- Probably would
- Not sure
- Probably would not
- Definitely would not

Keep a conversation going by asking questions.

- Definitely would
- Probably would
- Not sure
- Probably would not
- Definitely would not

Give and receive compliments without acting or feeling stupid.

- Definitely would
- Probably would
- Not sure
- Probably would not
- Definitely would not

Individual/Peer

- 1 Construct: **Normative Beliefs (Specific to Use)**
- 2 Name and Description of Instrument/Scale: **Beliefs About Peer Norms**
- 3 Construct Operational Definition as used in Instrument: Assesses beliefs about the prevalence and acceptability of drug use among peers.
- 4 Reliability: 0.88
- 5 Validity: Not available
- 6 Target Population: White, African-American, Hispanic, middle school, junior high school, high school.
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic

Alpha Coefficients:			
African-American	.82-.86	6 th Grade	.79-.82
Caucasian	.89-.90	8 th Grade	.84-.88
Female	.86-.90	10 th Grade	.87-.89
Male	.85-.89	12 th Grade	.85-.88
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy
- 10 Number of items in scale: 8
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors:

Correlations (r) to:			
Alcohol	-.71 to -.78	Cigarette Use	-.57 to -.60
Smokeless Tobacco Use	-.30 to -.60	Marijuana Use	-.56 to -.62
Other Drug Use	-.35 to -.38	Drinking & Driving	-.49 to -.51
Problem Behavior	-.41 to -.46		
- 13 Source: Dr. Bill Hansen

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Greensboro, NC 27409
336-662-0090
billhansen@tanglewood.net
- 14 Author: Dr. Bill Hansen
- 15 Availability: Approved for CSAP use with source citation
- 16 Cost: None
- 17 Copyright: Tanglewood Research (formerly Wake Forest Evaluation)
- 18 Citation Information (abstracts, where used):

Hansen, W.B., & McNeal, R.B. How D.A.R.E. works: An examination of program effects on mediating variables. Health Education & Behavior. 1997; 24(2): 165-176.

Individual/Peer

Goal Setting Skills Scale:

- 1 How many of your closest friends do you think have used marijuana during the past 30 days?
All of them Most of them Some of them None of them
- 2 How many of your closest friends do you think have been drunk during the past 30 days?
All of them Most of them Some of them None of them
- 3 What would your best friends think if you tried using marijuana?
They would be angry with me
They would be a little upset
They wouldn't care one way or the other
They would accept me
They would be glad
- 4 People who use drugs are stupid. How do you think your closest friends feel about this statement?
Strongly agree Agree Disagree Strongly disagree
- 5 How hard or easy is it for you to get along with other people?
They would be angry with me
They would be a little upset
They wouldn't care one way or the other
They would accept me
They would be glad
- 6 How many of your closest friends do you think have had some kind of alcoholic beverage during the past 30 days?
Never Sometimes, but not often Often All the time
- 7 It is cool to get drunk. How do you think your closest friends feel about this statement?
Strongly agree Agree Disagree Strongly disagree
- 8 How many of your closest friends do you think have used a drug like cocaine or heroin during the past 30 days?
All of them Most of them Some of them None of them

Individual/Peer

- 1 Construct: **Normative Beliefs (Antisocial Norms)**
- 2 Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Interaction with Antisocial Peers**
- 3 Construct Operational Definition as used in Instrument: Assesses student's normative beliefs about their friends' engagement in activities that violate accepted mores.
- 4 Reliability: 0.86
- 5 Validity: High concurrent validity with drug and alcohol use and delinquency.
- 6 Target Population: General population of students in grades 6, 8, 10, and 12.
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
 Alpha Coefficients:

Males	.85	6 th Grade	.81	10 th Grade	.87
Females	.85	8 th Grade	.86	12 th Grade	.84
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy
- 10 Number of items in scale: 6
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors:
 Correlations (r) to:

Cigarette Use, Lifetime	.34	Cigarette Use, 30 Days	.38
Alcohol Use, Lifetime	.23	Alcohol Use, 30 Days	.33
Marijuana Use, Lifetime	.42	Marijuana Use, 30 Days	.39
Illicit Drugs Use, Lifetime	.35	Illicit Drugs, 30 Days	.33
- 13 Source: Social Development Research Group
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<http://depts.washington.edu/sdrg/>
- 14 Author: Dr. Michael Arthur, Dr. J. David Hawkins, Dr. Richard Catalano and Dr. John Pollard
- 15 Availability: Public Domain
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INDIVIDUAL/PEER

Interaction with Antisocial Peers Scale:

- | | |
|--|---|
| <p>1 Think of your <u>four best friends</u> (the friends you feel closest to). In the past year (12 months), how many of your best friends have been suspended from school?</p> <p>None of my friends
1 of my friends
2 of my friends
3 of my friends
4 of my friends</p> <p>2 Think of your <u>four best friends</u> (the friends you feel closest to). In the past year (12 months), how many of your best friends have carried a handgun?</p> <p>None of my friends
1 of my friends
2 of my friends
3 of my friends
4 of my friends</p> <p>3 Think of your <u>four best friends</u> (the friends you feel closest to). In the past year (12 months), how many of your best friends have sold illegal drugs?</p> <p>None of my friends
1 of my friends
2 of my friends
3 of my friends
4 of my friends</p> | <p>4 Think of your <u>four best friends</u> (the friends you feel closest to). In the past year (12 months), how many of your best friends have stolen or tried to steal a motor vehicle such as a car or motorcycle?</p> <p>None of my friends
1 of my friends
2 of my friends
3 of my friends
4 of my friends</p> <p>5 Think of your <u>four best friends</u> (the friends you feel closest to). In the past year (12 months), how many of your best friends have been arrested?</p> <p>None of my friends
1 of my friends
2 of my friends
3 of my friends
4 of my friends</p> <p>6 Think of your <u>four best friends</u> (the friends you feel closest to). In the past year (12 months), how many of your best friends have dropped out of school?</p> <p>None of my friends
1 of my friends
2 of my friends
3 of my friends
4 of my friends</p> |
|--|---|

Individual/Peer

- 19 Construct: **Leadership/Mentoring**
- 20 Name and Description of Instrument/Scale: **Assistance Skills**
- 21 Construct Operational Definition as used in Instrument: Assesses youths' ability to give help to peers and get help for themselves when they have problems.
- 22 Reliability: 0.71
- 23 Validity: Not available
- 24 Target Population: White, African-American, Hispanic, middle school, junior high school, high school.
- 25 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
- Alpha Coefficients:
- | | | | |
|------------------|---------|------------------------|---------|
| African-American | .72-.75 | 6 th Grade | .68-.72 |
| Caucasian | .72-.76 | 8 th Grade | .71-.74 |
| Female | .70-.71 | 10 th Grade | .71-.73 |
| Male | .70-.71 | 12 th Grade | .67-.71 |
- 26 Respondent: Self
- 27 Ease of use/scoring: Easy/Easy
- 28 Number of items in scale: 5
- 29 Mode of Administration: Pencil and paper self-report
- 30 Strength of relationship to ATOD and other problem behaviors:
- Correlations (r) to:
- | | | | |
|-----------------------|--------------|--------------------|--------------|
| Alcohol | -.10 to .12 | Cigarette Use | .05 to .10 |
| Smokeless Tobacco Use | -.01 to -.04 | Marijuana Use | -.001 to .04 |
| Other Drug Use | -.02 to .02 | Drinking & Driving | .01 to .04 |
| Problem Behavior | -.01 to .04 | | |
- 31 Source: Dr. Bill Hansen
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 336-662-0090
 billhansen@tanglewood.net
- 32 Author: Dr. Bill Hansen
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Individual/Peer

Assistance Skills Scale:

1. During the past 30 days, how many times have you given friends advice to help them solve a problem?

No times
1 to 2 times
3 to 4 times
5 to 6 times
7 or more times

2. During the past 30 days, how many times have you told friends about what other people have said about them to help them understand their problems?

No times
1 to 2 times
3 to 4 times
5 to 6 times
7 or more times

3. During the past 30 days, how many times have you tried to stop a friend from doing something that was bad for them?

No times
1 to 2 times
3 to 4 times
5 to 6 times
7 or more times
10 or more times

4. During the past 30 days, how many times have you told a friend about a counselor or other source of help they could use to help them solve a personal problem?

No times
1 to 2 times
3 to 4 times
5 to 6 times
7 or more times
10 or more times

5. How often do your friends come to you seeking your advice?

All the time Quite often Rarely Never

Individual/Peer – In Progress

Antisocial Behavior

Engagement in Prosocial Activities

Media Literacy

Mental Health Factors (Anger, Depression, Anxiety, Hopelessness, Aggression)

Religiosity

Resistance Skills

Risk Taking

Sensation Seeking

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V. School Domain

**TABLE OF CORE MEASURES
DOMAINS, CONSTRUCTS, AND INSTRUMENTS**

Domain Code	Construct Name	Sub-Construct Scale	Instrument Name	Version
School	School Bonding/ Commitment		Student Survey of Risk and Protective Factors	98
	School Grades and Records		Student Survey of Risk and Protective Factors	98
	Education Expectations and Aspirations		Monitoring the Future	96
	Parent-School Involvement		Parent-School Involvement	
	School Safety/ Dangerousness		Youth Risk Behavior Survey	97
	Academic Self-Esteem		In progress	
	Positive School Behaviors/Problem School Behaviors		In progress	
	School Climate		In progress	
	School Health and Environment Policies		In progress	

RECOMMENDED MEASURES OF THE SCHOOL TASK FORCE

1. BACKGROUND

The School Domain consists of a number of constructs that seek to capture student, parent, and teacher experiences and beliefs about the educational process. One of the most common and consistent research findings in the area of prevention is that the more children are failing and/or alienated from school, the more likely they are to engage in substance abuse and related problem behaviors. For this reason, many educational constructs are considered either risk or protective factors, depending on whether they tend to buffer or increase the risk of student involvement in substance use. These constructs often reflect the attitudes and experiences of students, parents, and teachers and may include student and/or parent attitudes toward school, parent involvement in children's education, or teachers' reports of student behaviors. It is imperative to select measures that assess these constructs accurately and appropriately.

2. UNIQUE PROCESS AND ISSUES

The School Task Force's process of choosing relevant school-related measures began with a meeting at which all the Task Force members discussed and conceptually defined each construct. On the basis of the conceptual definitions, the Task Force members then selected two or three measures that could be used to assess each construct. Using the 13 criteria provided by CSAP as a basis, the Task Force then examined each measure to determine which one was most suitable to the construct being assessed. The Task Force paid particular attention to sensitivity to change and practical issues, including but not limited to, ease of use and scoring, availability, and cost.

On the basis of the information available for each measure, and through consensus, the Task Force selected the best measure for each construct. After the group completed this process, individual members of the Task Force summarized one or more constructs and then presented the rationale behind the group's selection of each measure.

During this selection process, several issues arose within the School Task Force:

- At times the Task Force encountered difficulties in categorizing instruments because some of the constructs seemed to overlap with others. For example, school bonding and lack of involvement in school appear to overlap because some may consider them to be simply opposites.
- Task Force members raised the question of whether certain constructs could be placed in other domains. The parent involvement in school measure, for example, could also be classified as both School and Family Domain measures.
- The Task Force raised the issue of what change is actually being measured through these constructs. For example, if use of these measures identifies a change in school bonding at an institution where a substance abuse prevention program has been implemented, the question arises as to whether the change is a result of some modification in the school (due to the intervention) or the result of a change in the children.
- Issues were raised regarding specific constructs. For example, to assess parental

involvement in school, one must consider whose perspective should be used. Does the parent have the most accurate perception of involvement in school, or does the child? What about the teacher's perspective?

Selecting a measure for school climate was especially difficult. Measures assessing school climate were found to be multidimensional and very long, making it difficult to recommend one that can be easily and appropriately used as part of the CMI. As a result, the Task Force had to leave this construct "in progress," with no measure currently recommended.

Despite these unique issues and concerns the School Task Force was able to recommend several measures for use in assessing the School Domain constructs.

3. RECOMMENDED MEASURES

Below are descriptions of five constructs and the corresponding measure that were ultimately recommended. There are an additional four constructs for which no measure has as yet been recommended. Descriptions of these constructs are not provided.

3.1 *School Bonding/Attitudes/Attachment*¹

One widely used proxy for parent or child connectedness to school that is inversely related to youth substance use is school bonding or attachment, which has been defined as the extent to which an individual likes and enjoys school. A number of different measurement scales assess this construct (CSAP, 1997). Most scales are unidimensional, while others tap multidimensional constructs. Either way, school bonding scales capture student or parent subjective beliefs, attitudes, and experiences with a school.

The Student Survey of Risk and Protective Factors/Little Commitment to School is recommended for measuring School Bonding/Attitudes/Achievement. Designed for use with students in Grades 6, 8, 10, and 12 in the general population, this five-item, pencil and paper self-report scale measures low commitment to school, the importance of school and assignments, and level of interest/enjoyment in school. It has been normed with different ethnic populations and has a reliability of 0.76.

3.2 *School Performance*

School performance, whether characterized by self-report grades, school records, or grade retention has also been moderately, and negatively, associated with substance abuse (Graham, 1996; Kingery, Pruitt, Brizzolara & Heuberger, 1996). As with school bonding, students who succeed in school by achieving higher grades are less likely to use ATOD. School bonding and school performance may be part of a larger constellation of attitudes, motivations, and experiences that are incongruent with a drug-using lifestyle. Additionally, higher levels of academic achievement often require a significant investment of time and effort, which may reduce opportunities to use drugs or chances of affiliating with drug-using peers.

The Academic Failure Scale from the Student Survey of Risk and Protective Factors is recommend to measure school performance. This one-item scale is designed for use with students in the general population in Grades 6, 8, 10, and 12. A pencil and paper self-report of

¹ Additional sections for other school constructs were unavailable at the time of the printing of this report.

last year's grades, it has been normed with different ethnic populations.

3.3 *Educational Aspirations and Expectations*

The degree to which a parent or child is committed to education is also viewed as a protective factor. That is, the greater a student's commitment to continuing his or her education, the less likely it is that the student will become involved in alcohol, tobacco, and other drug use. Educational aspirations can be measured by using multiple sources, such as student, teacher, and parent report of educational aspirations.

To measure educational expectations and aspirations, the Monitoring the Future (MTF) Survey is recommended. As used in the MTF, the operational definition of educational aspirations and expectations is students' self-expectations for post-secondary education. Normed with different populations, the MTF is designed for use with students in Grades 6, 8, 10, and 12 in the general population. This scale is a pencil and paper self-report with five items that are scored using a four-point Likert scale.

3.4 *Parent-School Involvement and Bonding (Attitudes*

There is considerable interest in parents' report of their school involvement and their attitudes toward teachers and schools. Numerous interventions now target parent-school involvement as either a mediating variable or an outcome of preventive interventions to improve function and reduce problem behavior. Parent-school involvement and bonding (attitudes) has five dimensions:

- Parent contact with tea
- Parent attitudes toward the school
- Parent attitudes toward the teacher
- Parent monitoring and support of school homework and performance
- Quality/nature of the parent's home involvement in monitoring and supporting the child's school performance.

As these five dimensions illustrate, there are both contact/participation and attitudes/comfort/bonding dimensions at the teacher and school levels.

Although there are a number of measures of most of these constructs at the elementary level, there is little in the way of measurement of these constructs at the middle- and high-school levels. In fact, there are no measures recommended at these higher grade/age levels. There are single-item measures from the National Longitudinal Study of Adolescent Health that are not recommended because of the absence of data on validity and truncated response scale (Yes/No).

The recommended measure for this construct is the Parent Involvement in School Interview. This six-item scale inquires about parents' involvement in/monitoring of their sons'/daughters' school activities (e.g., tests, homework, classes, after school). Designed for use with students in Grades 5 through 12, it has a reliability of 0.86. It is a pencil and paper self-report, and the respondent is the parent.

3.5 *School Safety/Dangerousness*

The recommended scale for school safety/dangerousness comes from the Youth Risk Behavior Survey (1997). This scale measures threats to safety (physical harm and property damage during school). This pencil and paper self-report scale has four items and has been used with 10,900 students in Grades 8 to 12 nationwide.

3.6 *Academic Self-esteem, Positive School Behaviors/Problem School Behaviors, School Climate, and School Health and Environmental Policies*

Efforts are still in progress to identify measures for academic self-esteem, positive school behaviors/problem school behaviors, school climate, and school health and environmental policies.

4. RECOMMENDATIONS FOR THE FUTURE

Further progress can be made in the School Domain. First, new constructs, such as teacher practices, should be considered in future phases of the CMI. Second, the use of more comprehensive and longer measures needs to be explored. When brief measures are used, there is a concern that one may lose the depth that is desired in measuring a construct. Similarly, the appropriateness of pulling apart multidimensional measures and breaking them into smaller measures should be addressed.

School

- 1 Construct: **School Bonding/Commitment**
- 2 Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Little Commitment to School**
- 3 Construct Operational Definition as used in Instrument: Measures low commitment to school in there of importance of school and assignments and level of interest/enjoyment in school.
- 4 Reliability: .76
- 5 Validity: Moderate positive relationship with ATOD outcomes.
- 6 Target Population: General population of students in grades 6, 8, 10 and 12.
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic

Alpha Coefficients:			
African-American	.68	Native American	.70
Asian/Pacific Islander	.70	White	.76
Hispanic	.73		
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy
- 10 Number of items in scale: 5
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors

Correlations (r) to:			
Cigarette Use, Lifetime	.28	Cigarette Use, 30 Days	.27
Alcohol Use, Lifetime	.10#r<.20	Alcohol Use, 30 Days	.26
Marijuana Use, Lifetime	.30	Marijuana Use, 30 Days	.26
Illicit Drugs Use, Lifetime	.27	Illicit Drugs, 30 Days	.22
- 13 Source: Social Development Research Group

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SCHOOL

School Bonding/Commitment Scale:

1. How often do you feel that the school work you are assigned is meaningful and important?
 Almost always Often Sometimes Seldom Never

2. How interesting are most of your courses to you?
 Very interesting and stimulating
 Quite interesting
 Fairly interesting
 Slightly dull
 Very dull

3. How important do you think things you are learning in school are going to be for your later life?
 Very important
 Quite important
 Fairly important
 Slightly important
 Not at all important

4. *Now thinking back over the past year in school,...*
 How often did you enjoy being in school?
 Almost always Often Sometimes Seldom Never
 How often did you hate being in school?
 Almost always Often Sometimes Seldom Never
 How often did you try to do your best in school?
 Almost always Often Sometimes Seldom Never

5. *During the LAST FOUR WEEKS,...*
 How many whole days have you missed because of illness?
 None 1 2 3 4-5 6-10 11 or more
 How many whole days have you missed because you skipped or cut?
 None 1 2 3 4-5 6-10 11 or more
 How many whole days have you missed for other reasons?
 None 1 2 3 4-5 6-10 11 or more

School

- 1 Construct: **School Grades and Records**
- 2 Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Academic Failure**
- 3 Construct Operational Definition as used in Instrument: A self report of last year's grades.
- 4 Reliability: Not Applicable
- 5 Validity: Moderate positive relationship with ATOD outcomes
- 6 Target Population: General population of students in grades 6, 8, 10 and 12.
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic

Alpha Coefficients:			
African-American	.49	Native American	.59
Asian/Pacific Islander	.65	White	.72
Hispanic	.63		
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy
- 10 Number of items in scale: 1
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors

Correlations (r) to:			
Cigarette Use, 30 Days	.28	Marijuana Use, 30 Days	.22
Alcohol Use, 30 Days	.22	Antisocial Behavior	.22
- 13 Source: Social Development Research Group

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SCHOOL

Academic Failure SSRPF

Items Scale:

1. Putting them all together, what were your grades like last year?

_____ Mostly Fs

_____ Mostly Ds

_____ Mostly Cs

_____ Mostly Bs

_____ Mostly As

School

- 1 Construct: **Education Expectations and Aspirations**
- 2 Name and Description of Instrument/Scale: **Monitoring the Future/Education Expectations and Aspirations Scale.**
- 3 Construct Operational Definition as used in Instrument: Students' expectations for post-secondary education.
- 4 Reliability: Not Applicable
- 5 Validity: High face validity and high predictive validity
- 6 Target Population: General population of students in grades 6, 8, 10 and 12
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
None Available
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy
- 10 Number of items in scale: 5
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors
Moderate relationship to ATOD, although less so in the college-bound substance using population.
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- 17 Copyright: Public Domain
- 18 Citation Information (abstracts, where used):

Johnston, L.D., O'Malley, P.M., & Bachman, J.G. (2001). Monitoring the Future national survey results on drug use, 1975-2001: Volume 1, Secondary School Students 2000 (NIH Publication NO. 01-4924) Bethesda, MD: National Institute on Drug Abuse.

SCHOOL

Education Expectations and Aspirations Scale:

How likely is it that you will do each of the following things after high school?

1. Attend a technical or vocational school.
 - 1 Definitely won't
 - 2 Probably won't
 - 3 Probably will
 - 4 Definitely will
2. Serve in the armed forces.
 - 1 Definitely won't
 - 2 Probably won't
 - 3 Probably will
 - 4 Definitely will
3. Graduate from a two-year college program.
 - 1 Definitely won't
 - 2 Probably won't
 - 3 Probably will
 - 4 Definitely will
4. Graduate from a college (four-year program).
 - 1 Definitely won't
 - 2 Probably won't
 - 3 Probably will
 - 4 Definitely will
5. Attend graduate or professional school after college.
 - 1 Definitely won't
 - 2 Probably won't
 - 3 Probably will
 - 4 Definitely will

School

- 1 Construct: **Parent-School Involvement**
- 2 Name and Description of Instrument/Scale: **Parent Involvement in School Interview**
- 3 Construct Operational Definition as used in Instrument: Inquires about parents involvement/monitoring of son/daughters school activities (e.g., tests, homework, classes, after school).
- 4 Reliability: 0 .86
- 5 Validity: Not Available
- 6 Target Population: Designed for grades 5 thru 12
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
- 8 Respondent: Parent
- 9 Ease of use/scoring: Easy/Easy
- 10 Number of items in scale: 6
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors : Undetermined
- 13 Source: Dr. Ken Resnicow
Emory University
Rollins School of Public Health
1518 Clifton Road
Atlanta, GA 30322
404-727-7222
Kresnic@sph.emory.edu
- 14 Author: Credit due to a collaborative effort at Emory University, University of Miami, and Predictor Variable Working Group
- 15 Availability: Available for public use
- 16 Cost: None
- 17 Copyright: Unknown
- 18 Citation Information (abstracts, where used):

School

Parent-School Involvement Scale:

During the last 6 months

- | | | | | | | |
|---|--|-------|---------------|-----------|-----------|------------|
| 1 | Check your son's/daughter's homework after it was completed? | Never | Once or Twice | Sometimes | Regularly | Very Often |
| 2 | Help your son or daughter do his or her homework? | Never | Once or Twice | Sometimes | Regularly | Very Often |
| 3 | Help your son or daughter prepare for tests? | Never | Once or Twice | Sometimes | Regularly | Very Often |
| 4 | Talk with your son or daughter about his or her experience at school with classes or class work that day? | Never | Once or Twice | Sometimes | Regularly | Very Often |
| 5 | Talk with your son or daughter about his or her experience at school with friends or other school children that day? | Never | Once or Twice | Sometimes | Regularly | Very Often |
| 6 | Talk with your son or daughter about his or her experience with other school activities (sports, lunch time) that day? | Never | Once or Twice | Sometimes | Regularly | Very Often |

School

- 1 Construct: **School Safety/Dangerousness**
- 2 Name and Description of Instrument/Scale: **Youth Risk Behavior Survey (Year 1997)/School Safety/Dangerousness Scale**
- 3 Construct Operational Definition as used in Instrument: Measures threats to safety (physical harm and property damage during school).
- 4 Reliability: 0 .86
- 5 Validity: Not Available
- 6 Target Population: Grades 9 through 12
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
10,900 students in grades 8 to 12 (nationwide)
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy
- 10 Number of items in scale: 4
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors : Undetermined
- 13 Source: Centers for Disease Control and Prevention
Division of Adolescent and School Health
Mailstop K-33
4770 Buford Highway, N.E.
Atlanta, GA 30341
- 14 Author: C/O Dr. Laura Kahn
770-488-6181
Lkk1@cdc.gov
- 15 Availability: Contact the CDC
- 16 Cost: None
- 17 Copyright: Unknown
- 18 Citation Information (abstracts, where used):

Center for Disease Control and Prevention, Atlanta, Georgia, Morbidity and Mortality Weekly Report-Assorted years, Website: <http://www.cdc.gov/epo/mmwr/mmwr.html>

School

School Safety/Dangerousness Scale:

1. During the past 30 days, how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
 - 1 0 days
 - 2 1 day
 - 3 2 or 3 days
 - 4 4 or 5 days
 - 5 6 or more days
2. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?
 - 1 0 days
 - 2 1 day
 - 3 2 or 3 days
 - 4 4 or 5 days
 - 5 6 or more days
 - 6 8 or 9 times
 - 7 10 or 11 times
 - 8 12 or more times
3. During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books on school property?
 - 1 0 days
 - 2 1 day
 - 3 2 or 3 days
 - 4 4 or 5 days
 - 5 6 or more days
 - 6 8 or 9 times
 - 7 10 or 11 times
 - 8 12 or more times
4. During the past 12 months, how many times were you in a physical fight on school property?
 - 1 0 days
 - 2 1 day
 - 3 2 or 3 days
 - 4 4 or 5 days
 - 5 6 or more days
 - 6 8 or 9 times
 - 7 10 or 11 times
 - 8 12 or more times

School – In Progress

Academic Self-Esteem

Positive School Behaviors/Problem School Behaviors

School Climate

School Health and Environmental Policies

BIBLIOGRAPHY FOR SCHOOL DOMAIN

Arthur, M.W., Hawkins, J.D., Pollard, J.A., Catalano, R.F., & Baglioni, A.J. . Measuring risk and protective factors for substance use, delinquency, and other adolescent problem behaviors: The Communities That Care Youth Survey. Manuscript submitted for publication, 2001.

Center for Substance Abuse Prevention (1997)

Hawkins, J.D., Arthur, M.W., & Catalano, R.F. Six State Consortium for Prevention Needs Assessment Studies: Final Report. Seattle: University of Washington, Social Development Research Group, 1997.

Grahm (1996)

Johnston, L.D., O'Malley, & Bachman, J.G. Monitoring the Future national survey results on drug use, 1975-2001: Volume 1, Secondary School Students 2000 (NIH Publication NO. 01-4924) Bethesda, MD: National Institute on Drug Abuse. 2001.

Kingery, P.M., Pruitt, B, Heuberger, G, & Brizzolara, J.A.. Violence prevention in rural areas: Evidence of the need for educational reform and community action. International journal of educational reform. 5(1), 26-34. (1996).

Pollard, J.A., Hawkins, J.D., & Arthur, M.W. Risk and protection: Are both necessary to understand diverse behavioral outcomes in adolescence? Social Work Research. 1999; 23 (3): 129-208.

VI. Family Domain

**TABLE OF CORE MEASURES
DOMAINS, CONSTRUCTS, AND INSTRUMENTS**

Domain Code	Construct Name	Sub-Construct Scale	Instrument Name	Version
Family	Family Conflict		Student Survey of Risk and Protective Factors	98
	Family Cohesion		Family Relations Scale	
	Parent/Child Bonding	Parent-Child Affective Quality (Parent Report)	Parent-Child Affective Quality	
	Parent/Child Bonding	Family Attachment Scale	Student Survey of Risk and Protective Factors	98
	Family ATOD Use/ History of Use	Family History of Antisocial Behavior	Student Survey of Risk and Protective Factors	98
	Family ATOD Use/ History of Use	Family History of AOD Problems	FIPSE Core Alcohol and Drug Survey	1989-1993
	Parenting Practices	Poor Family Management	Student Survey of Risk and Protective Factors	98
	Parenting Practices	Poor Discipline	Student Survey of Risk and Protective Factors	98
	Family Composition		Capable Families and Youth Family Form	Fall 1998
	Perceived Parental Attitudes Toward Youth ATOD Use		Student Survey of Risk and Protective Factors	98
	Family Involvement	Opportunities for Prosocial Involvement	Student Survey of Risk and Protective Factors	98
	Family Involvement	Rewards for Prosocial Involvement	Student Survey of Risk and Protective Factors	98
	Decision Making/ Problem solving		In progress	
	Family Coping Styles		In progress	
	Family Ethnic Identity		In progress	
	Family Stress		In progress	
	Poverty		In progress	
	Resources/Opportunity Structures		In progress	
Social Support		In progress		

RECOMMENDED MEASURES OF THE FAMILY TASK FORCE

The Family Task Force has organized a summary of its process and recommendations in three sections: Unique Process and Issues, Recommended Measures, and Recommendations for the Future.

1. UNIQUE PROCESS AND ISSUES

The first step the Family Task Force took toward accomplishing its objective of recommending measures in the Family Domain was to identify potential measures for each construct. Task Force members reported on measures with which they were familiar, identifying 15 constructs and 126 measures for consideration and then narrowing them down by assessing them on the basis of the following criteria:

- Target population
- Target age
- Scale alpha
- Number of items
- Self-report/interview/observation and coding
- Cost and availability.

The following list of constructs and, in parentheses, number of identified measures associated with the constructs resulted from this first cut:

- Family Conflict/Cohesion (13)
- Parent/Child Bonding (15)
- Family ATOD Use/History of Use (11)
- Parenting Practices (20)
- Family Composition (4)
- Perceived Parental Attitudes Toward Youth ATOD Use (5)
- Family Involvement (8).

Task Force then met face-to-face to discuss the measures and decide which ones to recommend to CSAP. After much discussion about the feasibility of narrowing the list to one “best” instrument for each construct, we arrived at a compromise. Rather than select one measure for each construct, we decided to identify the criteria that make a “good measure” and then require that the measures we would recommend meet these criteria. The general guide we used to select “promising” measures was that they have:

- Established reliability and validity
- Sensitivity to change
- Developmental appropriateness

- Use in at least two studies.

In addition, to be considered promising, measures had to be familiar to the Task Force members.

To meet these criteria, we included several measures for each construct. The resulting measures are *examples* of promising measures—not necessarily the only possible choices.

A number of issues emerged during the selection process:

- The Task Force concluded that ethnic identity is an individual and not a family issue, and should therefore be excluded from the list of constructs in the Family Domain.
- There was a great deal of discussion around the issue of self-report versus observational measures. Self-report data may be easiest and cheapest to collect, but observational measures are important tools and should be utilized.
- CSAP provided a list of 13 criteria for use in judging measures, but data on these criteria were unfortunately not available for many scales, making assessment difficult at times.
- The funding and time constraints of Phase I of the CMI limited the Task Force’s ability to do an extensive search and assessment of measures.

2. RECOMMENDED MEASURES

The following sections present the measures the Family Task Force recommends for the constructs listed in Section 1 above. It is important to note that the process of selecting measures for recommendation was essentially one of “expert opinion.” Following the general criteria provided by CSAP, the Task Force discussed each measure and then voted on whether to recommend it.

2.1 Family Conflict

The Task Force recommended three measures for Family Conflict:

- (Adult) Conflict Tactics Scale (Straus) (self-report version)
- (Adolescent) Conflict Behavior Questionnaire (Prinz)
- (Family) Student Survey of Risk and Protective Factors—Family Conflict (Hawkins, Catalano).

Ultimately, CSAP chose to recommend the Student Survey’s Family Conflict Scale. This three-item scale measures arguments within the family.

2.2 Family Cohesion

The Task Force recommended two measures for Family Cohesion:

- (Family) Family Relations Scale (Gorman-Smith)
- (Family) Family Environment Scale (Moos & Moos).

Ultimately, CSAP chose to recommend the Family Relations Scale. This is a six-item scale measuring time spent together and closeness. The scale is being normed in ongoing studies.

2.3 Parent/Child Bonding

After an initial assessment of alpha coefficients, number of items, target population, etc., as discussed in Section 1 above, we considered thirteen measures for Parent/Child Bonding and finally narrowed down to four. Of the final four, two were observational measures:

- OSLC Observer Impression Inventory (Weinrott)
- Coder Impressions Inventory—CII (Webster-Stratton).

The OSCL targets families of adolescents, and the Coder Impression Inventory targets families of children 4 through 8 years old.

The other two measures the Task Force recommends were self-report:

- Parent Child Affective Quality (Spoth & Redmond)
- Student Survey of Risk and Protective Factors—Family Attachment/Parent Bonding (Hawkins, Catalano).

Ultimately, CSAP chose to recommend Spoth and Redmond’s Parent Child Affective Quality scale and the Family Attachment Scale from the Student Survey. This scale measures a parent’s positive reinforcement/affection, and also includes items on responses to the target child’s misconduct. The scale contains seven questions and uses a seven-point Likert-type scale.

2.4 Family ATOD Use/History of Use

Of the 11 measures the Task Force considered for Family ATOD Use/History of Use, it recommends three:

- Student Survey of Risk and Protective Factors – Family Use (Hawkins/Catalano)
- National Household Survey of Drug Abuse (adult-use scale)
- FIPSE (Kumpfer) (family history of use).

Ultimately, CSAP chose to recommend the Family History of Antisocial Behavior scale from the Student Survey and the FIPSE Core Alcohol and Drug Survey. The Student Survey scale is for non-college individuals, and the FIPSE is for college students.

2.5 Parenting Practices

The Task Force considered a total of 20 measures for Parenting Practices. The ten measures it recommends utilize three different modes of administration: interview, self-report, and observation/impression. We list the measures by mode of administration:

- Interview: OSLC Parent Interview 9 - 18 (Capaldi & Patterson).
- Self-report
 - Iowa Child Management Scale (Conger & Spoth)
 - Student Survey of Risk and Protective Factors (Hawkins Catalano)
 - LIFT Parenting Practices 4-8 (Webster-Stratton)
 - Parenting Practices (Gorman Smith)
 - Parenting Scale (Arnold, O’Leary, et al.).

- Observational/Coder Impression
 - DPICS-R (Webster-Stratton)
 - Coder Impression Inventory—CII (Webster-Stratton adaptation)
 - OSLC Observer Impression Inventory
 - Structural Family System Rating Scale (Szapocznik, et al).

Ultimately, CSAP chose to recommend the Student Survey’s Poor Family Management and Poor Discipline scales. The Poor Family Management Scale contains six items and the Poor Discipline Scale contains three. Both have been normed with different ethnic populations.

2.6 Family Composition

The Task Force recommended only one measure for this construct: the Family Composition portion of the Capable Families and Youth Family Form, developed by Granger and Spoth. This scale contains nine items, including a grid of family relationships.

2.7 Perceived Parental Attitudes Toward Youth ATOD Use

Of the five measures the Task Force considered for this construct, it recommends three:

- Student Survey of Risk and Protective Factors (Hawkins, Catalano)
- Monitoring the Future
- Parental Attitudes about Teen Substance Use (Lineey, Forman, Egan).

Ultimately, CSAP chose to recommend the Parental Attitudes Favorable Toward Drug Use Scale from the Student Survey. This three-item scale has high concurrent validity with drug and alcohol use and delinquency and has been normed with different ethnic populations.

2.8 Family Involvement

The Task Force considered eight measures for the Family Involvement construct. Of those, it recommends four:

- Parenting Practices Scale (Gorman-Smith)
- Student Survey of Risk and Protective Factors (Hawkins, Catalano)
- Family Meetings (Spoth)
- INVOLVE-P and INVOLVE-T (Webster-Stratton).

Ultimately, CSAP chose to recommend two scales from the Student Survey: the Opportunities for Prosocial Involvement Scale, and the Rewards for Prosocial Involvement Scale. These scales contain three and four items, respectively, and have been normed with different ethnic populations.

2.9 Decision Making/Problem Solving

The Task Force found no measures to recommend for Decision Making/Problem Solving.

2.10 Family Coping Styles

The Task Force found no measures to recommend for Family Coping Styles.

2.11 Family Ethnic Identity

The Task Force found no measures to recommend for Family Ethnic Identity.

2.12 Family Stress

The Task Force found no measures to recommend for Family Stress.

2.13 Poverty

The Task Force found no measures to recommend for Poverty.

2.14 Resources/Opportunity Structures

The Task Force found no measures to recommend for Resources/Opportunity Structures.

2.15 Social Support

The Task Force found no measures to recommend for Social Support.

3. RECOMMENDATIONS FOR THE FUTURE

Because of the time constraints of Phase I of the CMI, the Family Task Force focused primarily on school-age children. In future phases, the CMI should include a more thorough review for younger populations (0 to 7 years old). Observational measures should continue to be considered in any future Core Measures activities.

Family

- 1 Construct: **Family Conflict**
- 2 Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Family Conflict**
- 3 Construct Operational Definition as used in Instrument: Measures arguments within the family
- 4 Reliability: 0.83
- 5 Validity: High concurrent validity with drug and alcohol use and delinquency.
- 6 Target Population: General population of students in grades 6, 8, 10 and 12
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic

Alpha Coefficients:			
African-American	.72	Native American	.73
Asian/Pacific Islander	.81	White	.77
Hispanic	.74		
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy. Straightforward 4 point (NO! no yes Yes!)
- 10 Number of items in scale: 1
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors

Correlations (r) to:			
Cigarette Use, Lifetime	.10#r.20	Cigarette Use, 30 Days	.10#r.20
Alcohol Use, Lifetime	.10#r.20	Alcohol Use, 30 Days	.10#r.20
Marijuana Use, Lifetime	.10#r.20	Marijuana Use, 30 Days	.10#r.20
Illicit Drugs Use, Lifetime	.10#r.20	Illicit Drugs, 30 Days	.10#r.20
- 13 Source: Social Development Research Group

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http://depts.washington.edu/sdrg/
- 14 Author: Dr. Michael Arthur, Dr. J David Hawkins, Dr. Richard Catalano and Dr. John Pollard
- 15 Availability: Public Domain
- 16 Cost: None
- 17 Copyright: Public Domain
- 18 Citation Information (abstracts, where used):

Arthur, M.W., Hawkins, J.D., Pollard, J.A., Catalano, R.F., & Baglioni, A.J. (2001). Measuring risk and protective factors for substance use, delinquency, and other adolescent problem behaviors: The Communities That Care Youth Survey. Manuscript submitted for publication.

Hawkins, J.D., Arthur, M.W., & Catalano, R.F. (1997). Six State Consortium for Prevention Needs Assessment Studies: Final Report. Seattle: University of Washington, Social Development Research Group.

Liddle, H.A., & Rowe, C. (1998). Family Measures in Drug Abuse Prevention. NIDA Monograph.

Pollard, J.A., Hawkins, J.D., & Arthur, M.W. (1999). Risk and protection: Are both necessary to understand diverse behavioral outcomes in adolescence? *Social Work Research*, 23 (3), pp. 129-208.

SAMHSA/CSAP. (1998). Inventory of CSAP Program Variables for Intermediate and Long-Term Outcome Measurement. Unpublished Working Document

SAMHSA/CSAP. (1995). ATOD Prevention Program Outcomes and Instrument Selection System.

Family

Family Conflict Scale:

- | | | | | |
|---|-----|----|-----|------|
| 1. People in my family often insult or yell at each other. | NO! | no | yes | YES! |
| 2. People in my family have serious arguments. | NO! | no | yes | YES! |
| 3. We argue about the same things in my family over and over. | NO! | no | yes | YES! |

Family

- 1 Construct: **Family Cohesion**
- 2 Name and Description of Instrument/Scale: **Family Relations Scale / Cohesion Scale**
- 3 Construct Operational Definition as used in Instrument: Includes measures of time spent together and closeness (e.g., communication)
- 4 Reliability: Factor structure—0.69 (mother) and 0.80 (child)
- 5 Validity: Scale is being validated in ongoing studies.
- 6 Target Population: Urban, ethnically diverse families with delinquent and drug-abusing children and adolescents
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
While the scale is being normed in ongoing studies, measures were specifically developed for ethnically diverse urban families and incorporates African-American and Latino cultural issues. Spanish translation available. Has not been used with older adolescents
- 8 Respondent: Self report by both parent and adolescent
- 9 Ease of use/scoring: Moderate/Moderately difficult. This measure usually used as an interview. Summation/average of all nonmissing values for questions
- 10 Number of items in scale: 6
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors
- 13 Source: Dr. Patrick Tolan
University of Illinois Institute for Juvenile Research
840 Southwood Street
Mailcode 747.
Chicago, IL 60612
(312) 413-1763
Tolan@uic.edu
- 14 Author: Dr. Deborah Gorman-Smith, et al.
- 15 Availability: Contact Dr. Deborah Gorman-Smith
(312) 413-1888 (University of Illinois at Chicago)
(847) 467-6680 (Northwestern University)
debg@uic.edu
- 16 Cost: None
- 17 Copyright: Users are free to duplicate the instrument
- 18 Citation Information (abstracts, where used):

Liddle, H.A., & Rowe, C. Family Measures in Drug Abuse Prevention. NIDA Monograph, 1998.

Family

Family Relations/Cohesion Scale:

1. I'm available when others in the family want to talk with me.
 - 1 Not true
 - 2 Hardly true or sometimes
 - 3 True a lot of the time
 - 4 Always true or almost always
2. I listen to what other family members have to say, even when I disagree.
 - 1 Not true
 - 2 Hardly true or sometimes
 - 3 True a lot of the time
 - 4 Always true or almost always
3. Family members ask each other for help.
 - 1 Not true
 - 2 Hardly true or sometimes
 - 3 True a lot of the time
 - 4 Always true or almost always
4. Family members like to spend free time with each other.
 - 1 Not true
 - 2 Hardly true or sometimes
 - 3 True a lot of the time
 - 4 Always true or almost always
5. Family members feel very close to each other.
 - 1 Not true
 - 2 Hardly true or sometimes
 - 3 True a lot of the time
 - 4 Always true or almost always
6. We can easily think of things to do together as a family.
 - 1 Not true
 - 2 Hardly true or sometimes
 - 3 True a lot of the time
 - 4 Always true or almost always

Family

- 1 Construct: **Parent/Child Bonding (Parent Instrument)**
- 2 Name and Description of Instrument/Scale: **Parent-Child Affective Quality/Parent Report**
- 3 Construct Operational Definition as used in Instrument: Measures parent's positive reinforcement/affection. Also includes items on responses to child's misconduct.
- 4 Reliability: 0.84 - 0.86
- 5 Validity: Not Available
- 6 Target Population: Parents
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
Scale has been used on rural Midwestern populations
- 8 Respondent: Parent
- 9 Ease of use/scoring: Easy/Easy. 7-point Likert scale.
- 10 Number of items in scale: 7
- 11 Mode of Administration: Self
- 12 Strength of relationship to ATOD and other problem behaviors
Significant negative relationship between parent-child affective quality and oppositional behavior, $r = -.54$ to $-.56$, $p < .01$ (Spoth, Redmond, Shin, & Huck, 1999).
- 13 Source: Dr. Richard Spoth and Dr. Cleve Redmond
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rlspoth@iastate.edu
- 14 Author:
- 15 Availability: Public Domain
- 16 Cost: None
- 17 Copyright: Public Domain
- 18 Citation Information (abstracts, where used):

Liddle, H.A., & Rowe, C. Family Measures in Drug Abuse Prevention. NIDA Monograph, 1998.

Family

Parent/Child Bonding (Parent Instrument)

(a) Parent-Child Affective Quality Parent Report

1. During the past month, when you and your child have spent time talking or doing things together, how often did you:

	Always	Almost Always	Fairly Often	About Half the Time	Not too Often	Almost Never	Never
a. Get angry at him or her	1	2	3	4	5	6	7
b. Let this child know you really care about him/her	1	2	3	4	5	6	7
c. Shout or yell at this child because you were mad at him/her	1	2	3	4	5	6	7
d. Act loving and affectionate toward him/her	1	2	3	4	5	6	7
e. Let this child know that you appreciate him/her, his/her ideas or things he/she does	1	2	3	4	5	6	7
f. Yell, insult or swear at him/her when you disagreed	1	2	3	4	5	6	7
g. When this child does something wrong, how often do you lose your temper and yell at him or her	1	2	3	4	5	6	7

Family

- 1 Construct: **Parent/Child Bonding (Student Instrument)**
- 2 Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/ Family Attachment Scale**
- 3 Construct Operational Definition as used in Instrument: Measures respondents closeness and ease in sharing thoughts/feelings with parents.
- 4 Reliability: 0.74
- 5 Validity: High concurrent validity with drug and alcohol use and delinquency
- 6 Target Population: General population of students in grades 6, 8, 10 and 12
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
 Alpha Coefficients:

Males	.78	African-American	.75
Females	.76	Asian American /Pacific Islander	.80
6 th Grade	.76	European American	.77
8 th Grade	.77	Hispanic	.78
10 th Grade	.75	Native American	.73
12 th Grade	.75	Other Ethnic	.77
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy. Straightforward 4 point (NO! no yes Yes!)
- 10 Number of items in scale: 4
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors
 Correlations (r) to:

Cigarette Use, Lifetime	-.22	Cigarette Use, 30 Days	-.10#r.20
Alcohol Use, Lifetime	-.10#r.20	Alcohol Use, 30 Days	-.10#r.20
Marijuana Use, Lifetime	-.10#r.20	Marijuana Use, 30 Days	-.10#r.20
Illicit Drugs Use, Lifetime	-.20	Illicit Drugs, 30 Days	-.10#r.20
- 13 Source: Social Development Research Group
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 206-685-3858
 marthur@u.washington.edu
<http://depts.washington.edu/sdrg/>
- 14 Author: Dr. Michael Arthur, Dr. J David Hawkins, Dr. Richard Catalano and Dr. John Pollard
- 15 Availability: Public Domain
- 16 Cost: None
- 17 Copyright: Public Domain

18 Citation Information (abstracts, where used):

Arthur, M.W., Hawkins, J.D., Pollard, J.A., Catalano, R.F., & Baglioni, A.J. (2001). Measuring risk and protective factors for substance use, delinquency, and other adolescent problem behaviors: The Communities That Care Youth Survey. Manuscript submitted for publication.

Hawkins, J.D., Arthur, M.W., & Catalano, R.F. (1997). Six State Consortium for Prevention Needs Assessment Studies: Final Report. Seattle: University of Washington, Social Development Research Group.

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SAMHSA/CSAP. (1998). Inventory of CSAP Program Variables for Intermediate and Long-Term Outcome Measurement. Unpublished Working Document.

SAMHSA/CSAP. (1995). ATOD Prevention Program Outcomes and Instrument Selection System.

Family

Parent/Child Bonding (Student Instrument)

Family Attachment Scale:

- | | | | | |
|--|-----|----|-----|------|
| 1. Do you feel very close to your mother?. | NO! | no | yes | YES! |
| 2. Do you share your thoughts and feelings with your mother? | NO! | no | yes | YES! |
| 3. Do you feel very close to your father? | NO! | no | yes | YES! |
| 4. Do you share your thoughts and feelings with your father? | NO! | no | yes | YES! |

Family

- 1 Construct: **Family ATOD—History of Use (Noncollege Instrument)**
- 2 Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Family History of Antisocial Behavior**
- 3 Construct Operational Definition as used in Instrument: In addition to an item on if a family member has a “severe” ATOD problem, scale includes questions on siblings use of drugs and other antisocial behavior (e.g., carrying handgun, school expulsion).
- 4 Reliability: 0.73
- 5 Validity: High concurrent validity with drug and alcohol use and delinquency
- 6 Target Population: General population of students in grades 6, 8, 10 and 12
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic

Alpha Coefficients:			
African-American	.81	Native American	.83
Asian/Pacific Islander	.84	White	.82
Hispanic	.83		
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy.
- 10 Number of items in scale: 6
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors

Correlations (r) to:			
Cigarette Use, Lifetime	.44	Cigarette Use, 30 Days	.38
Alcohol Use, Lifetime	.36	Alcohol Use, 30 Days	.42
Marijuana Use, Lifetime	.48	Marijuana Use, 30 Days	.39
Illicit Drugs Use, Lifetime	.39	Illicit Drugs, 30 Days	.31
- 13 Source: Social Development Research Group

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- 14 Author: Dr. Michael Arthur, Dr. J David Hawkins, Dr. Richard Catalano and Dr. John Pollard
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risk and protective factors for substance use, delinquency, and other adolescent problem behaviors: The Communities That Care Youth Survey. Manuscript submitted for publication.

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SAMHSA/CSAP. (1998). Inventory of CSAP Program Variables for Intermediate and Long-Term Outcome Measurement. Unpublished Working Document, 1998.

SAMHSA/CSAP. (1995). ATOD Prevention Program Outcomes and Instrument Selection System.

Family

Family ATOD—History of Use (Noncollege Instrument)

Family History of Antisocial Behavior Scale:

1. Has anyone in your family ever had a severe alcohol or drug problem?
 No Yes
2. Have any of your brother(s) or sister(s) ever drunk beer, wine or hard liquor (for example, vodka, whiskey or gin)?
 No Yes
3. Have any of your brother(s) or sister(s) ever smoked marijuana?
 No Yes I don't have any brothers or sisters
4. Do you share your thoughts and feelings with your father?
 No Yes I don't have any brothers or sisters
5. Have any of your brother(s) or sister(s) ever taken a handgun to school?
 No Yes I don't have any brothers or sisters
6. Have any of your brother(s) or sister(s) ever been suspended or expelled from school?
 No Yes I don't have any brothers or sisters

Family

- 1 Construct: **Family ATOD—History of Use (College Instrument)**
- 2 Name and Description of Instrument/Scale: **FIPSE—Core Alcohol and Drug Survey/Family History of AOD Problems**
- 3 Construct Operational Definition as used in Instrument: Specifies which family members have had a drug or alcohol problem
- 4 Reliability: Test-retest from .61 to .99 86
- 5 Validity:
- 6 Target Population: Undergraduate and graduate students
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
Does have Spanish translation
- 8 Respondent: Self
- 9 Ease of use/scoring: Not Applicable
- 10 Number of items in scale: 1
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors
- 13 Source: Core Project
- 14 Author: Grantee Group of the Drug Prevention Program: Cheryl A. Presley, R. Harrold, P. Meilman, V. Stolberg, G. Wilson and C. Fix
- 15 Availability: **Core Project**
Office of Measurement Services
University of Minnesota
(612) 626-0006
- 16 Cost: Survey \$.06/each. User manuals \$7.50. Can provide survey scanning, cross-tab analysis and reports.
- 17 Copyright: Public Domain
- 18 Citation Information (abstracts, where used):
Kumpfer, K.L., Shur, G.H., Ross, J.G., Bunnell, K.K., Librett, J.J., & Milward, A.R. Measurements in Prevention: A Manual on Selecting and Using Instruments To Evaluate Prevention Programs. CSAP Technical Report # 8. U.S. Department of Health and Human Services. Public Health Service. Substance Abuse and Mental Health Services Administration. Center for Substance Abuse Prevention: Rockville, MD. 1993.

Family

Family ATOD—History of Use (College Instrument)

Family History of AOD Problems Scale:

1. Have any of your family had alcohol or other drug problems? (Mark all that apply.)

- Mother
- Father
- Stepmother
- Stepfather
- Brothers/sisters
- Mother's parents
- Father's parents
- Aunts/uncles
- Spouse
- Children
- None

Family

- 1 Construct: **Parenting Practices (Student Instrument)**
- 2 Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Poor Family Management**
- 3 Construct Operational Definition as used in Instrument: Includes likelihood of being caught by parents in antisocial behavior, parents monitoring of respondent's whereabouts and the setting of clear rules.
- 4 Reliability: 0.79
- 5 Validity: High concurrent validity with drug and alcohol use and delinquency
- 6 Target Population: General population of students in grades 6, 8, 10 and 12
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic

Alpha Coefficients:			
Males	.81	African-American	.75
Females	.78	Asian American /Pacific Islander	.79
6 th Grade	.79	European American	.80
8 th Grade	.79	Hispanic	.81
10 th Grade	.79	Native American	.79
12 th Grade	.78	Other Ethnic	.81
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy. Straightforward 4 point (NO! no yes Yes!)
- 10 Number of items in scale: 6
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors

Correlations (r) to:			
Cigarette Use, 30 Days	.27	Marijuana Use, 30 Days	.24
Alcohol Use, 30 Days	.31	Antisocial Behavior	.26
- 13 Source: Social Development Research Group

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Family

Parenting Practices (Student Instrument)

Poor Family Management Scale:

- | | | | | |
|---|-----|----|-----|------|
| 1. My parents ask if I've gotten my homework done. | NO! | no | yes | YES! |
| 2. My parents want me to call if I'm going to be late getting home. | NO! | no | yes | YES! |
| 3. Would your parents know if you did not come home on time? | NO! | no | yes | YES! |
| 4. When I am not at home, one of my parents knows where I am and who I am with. | NO! | no | yes | YES! |
| 5. The rules in my family are clear. | NO! | no | yes | YES! |
| 6. My family has clear rules about alcohol and drug abuse. | NO! | no | yes | YES! |

Family

- 1 Construct: **Parenting Practices (Student Instrument)**
- 2 Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Poor Discipline**
- 3 Construct Operational Definition as used in Instrument: Includes likelihood of being caught by parents in antisocial behavior, parents monitoring of respondent's whereabouts and the setting of clear rules.
- 4 Reliability: 0.76
- 5 Validity: High concurrent validity with drug and alcohol use and delinquency
- 6 Target Population: General population of students in grades 6, 8, 10 and 12.
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
 Alpha Coefficients:

Males	.79	6 th Grade	.78	10 th Grade	.73
Females	.76	8 th Grade	.77	12 th Grade	.69
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy. Four-point scale Straightforward 4 point (NO! no yes Yes!)
- 10 Number of items in scale: 3
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors:
 Correlations (r) to:

Cigarette Use, Lifetime	.39	Cigarette Use, 30 Days	.31
Alcohol Use, Lifetime	.37	Alcohol Use, 30 Days	.38
Marijuana Use, Lifetime	.38	Marijuana Use, 30 Days	.28
Illicit Drugs Use, Lifetime	.33	Illicit Drugs, 30 Days	.24
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Family

Parenting Practices (Student Instrument)

Poor Discipline Scale:

- | | | | | |
|--|-----|----|-----|------|
| 1. If you drank some beer or wine or liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents? | NO! | no | yes | YES! |
| 2. If you skipped school, would you be caught by your parents? | NO! | no | yes | YES! |
| 3. If you carried a handgun without your parents' permission, would you be caught by your parents? | NO! | no | yes | YES! |

Family

- 1 Construct: **Family Composition**
- 2 Name and Description of Instrument/Scale: **Capable Families and Youth Family Form**
- 3 Construct Operational Definition as used in Instrument: Includes detailed information on people who live in the household (e.g., age, gender, grade and relationship to respondent). Also records information on children living outside the home (and part-time residents), along with urbanicity.
- 4 Reliability: Not Applicable
- 5 Validity: Not Applicable
- 6 Target Population: The form has been previously used in a rural Iowa population.
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
Not Applicable
- 8 Respondent: Parent and Target
- 9 Ease of use/scoring: Easy/Not Applicable. Questioner completes survey while conducting interview face to face
- 10 Number of items in scale: 9 (includes grid of relationships)
- 11 Mode of Administration: Interview
- 12 Strength of relationship to ATOD and other problem behaviors: Not Applicable
- 13 Source: Institute for Social and Behavioral Research, Iowa State University
Iowa State University Research Park
4225 N. Loop Dr. Suite 500
Ames, IA 50010-8286
515-294-0114
- 14 Author: Dr. Granger & Dr. Richard Spoth
- 15 Availability: Public Domain
- 16 Cost: None
- 17 Copyright:
- 18 Citation Information (abstracts, where used):

Family

Family Composition

Capable Families and Youth Family Form

GRID 1:

People who live in Target's Home (anyone who lives in Target's home more than 50% of the time)

1. Family lives...

On a farm	1
In a rural area, but not a farm	2
In a town or city	3

2. Let's begin with a few questions about your family.

1. How many children do you have altogether, either living at home or outside this home? (Include any step-children or adopted children living inside or outside the home)

_____ (equals children in Grid 1 + Grid 2)

2. How many of these children live outside this home more than 50% of the time?

_____ (equals children in Grid 2)

3. During the past year has [Target] lived with this family all of the time or split time between two more living situations?

This family all the time	1
More than one living situation	2

4. Now I'd like to know how many people live in this household—that means anyone who lives here more than 50% of the time.

_____ (equals people in Grid 1)

5. Now I need to verify our information about each member of your household.

Begin with "Target" and ask each person for the following information. Be sure to get correct spelling on names.

- We'll need a first name
- Gender
- We also need a birthdate, the month, day and year
- What was (name's) age on his/her last birthday
- What is (name's) relationship to target
- Is (name) currently in school?

g. For those currently in school:

What grade is (name) currently enrolled in? (For school beyond high school, give credit hours accumulated or years completed toward what kind of degree.)

For those not currently in school:

What is (name's) highest grade of schooling completed? (For schooling beyond high school write in degree received.)

If no degree, give credit hours accumulated or write “completed freshman year of a 4 year degree,” etc.)

Relationship to Target Table:

- | | | | |
|----|--------------------------|----|---|
| 10 | Target (self) | 27 | Other relative |
| 11 | Spouse | 28 | Exchange Student |
| 12 | Romantic Partner | 29 | Close friend |
| 13 | Mother | 30 | Friend |
| 14 | Step-mother | 31 | Other related people |
| 15 | Father | 32 | Parent's significant other |
| 16 | Step-father | 33 | Parent's fiancée/fiancé |
| 17 | Grandmother | 34 | Renter/housemate/roommate |
| 18 | Step-grandmother | 36 | Adoptive parent |
| 19 | Grandfather | 40 | Foster parent |
| 20 | Step-grandfather | 42 | Biological child |
| 21 | Sister/brother | 43 | Step child |
| 22 | Step-sister/step-brother | 44 | Adopted child |
| 23 | Mother-in-law | 45 | Foster child |
| 24 | Father-in-law | 46 | Unmarried partner's child with different parent |
| 25 | Aunt/uncle | 47 | Other relationship with child |
| 26 | Cousin | | |

Grid 1: Household Roster

(a) Member's First Name	(b) Gender		(c) Birthday			(d) Age	(e) Relationship to Target	(f) In School		(g) Grade Completed or Current Grade
	M	F	Mo	Dy	Yr			(Yes)	(No)	
Target										
Mom: (NA if not living here)								1	2	
Dad: (NA if not living here)								1	2	
								1	2	
								1	2	
								1	2	
								1	2	

Children of Target's parents/guardians who live outside Target's Home (any of parents'/guardians' children—natural, adopted, or stepchildren—who live outside Target's home more than 50% of the time)

6. Now I need to verify our information about each of your children living outside this home.
 - a. We need a first name...
 - b. Gender...
 - c. What was (name) age on his/her last birthday...
 - d. In what city and state does (name) live?
 - e. Is (name) currently in school?
 - f. For those currently in school:
 - What grade is (name) currently enrolled in...
 - (For schooling beyond high school, give credit hours accumulated or years completed toward what kind of degree.)
 - For those not currently in school:
 - What is (name) highest grade of schooling completed? (For schooling beyond high school, write in degree received. If no degree, give credit hours accumulated or write “completed freshman year of a 4 year degree,” etc.)
 - g. Does (name) ever reside in your home on a part-time basis?
 - h. Has (name) ever resided in a home with (target)?

Grid 2: Children Living Outside This House

(a) Child's First Name	(b) Gender		(c) Age	(d) City and State	(e) In School		(f) Grade Completed or Current Grade	(g) Grade Completed or Current Grade		(h) Lived with Target	
	M	F			(Yes)	(No)		(Yes)	(No)	(Yes)	(No)
					1	2		1	2	1	2
					1	2		1	2	1	2
					1	2		1	2	1	2
					1	2		1	2	1	2
					1	2		1	2	1	2
					1	2		1	2	1	2
					1	2		1	2	1	2

7. How many years have you resided in your current residence?

_____ years

8. How many miles is (Target's) school from your home?

_____ (enter 1 if one mile or less)

9. Including Kindergarten and this year, how long has (Target) attended school in this school district?

_____ years
 _____ months

INTERVIEWER NOTES: Please make any notes that would help us to understand the make-up of this family, or anything else that may need clarifying.

Family

SKILLS QUESTION

I would like to ask you about a situation that has actually happened to people your age. Even if this has never happened to you, I'd like you to imagine it as best you can and think about what you would do in this situation. There are no right or wrong answers. I'll write down what you say.

1. You are at a party at someone' house and one of your friends offers you an alcoholic drink. What would you say or do now?

Family ID Number _____

CONTACT PERSON: Who would always know your whereabouts in case you move and we need to get in touch with you?

Name: _____

Address: _____

Phone: _____

Relationship to Family: _____

- 1 Construct: **Perceived Parental Attitudes Toward Youth ATOD Use**
- 2 Name and Description of Instrument/Scale **Student Survey of Risk and Protective Factors/Parental Attitudes Favorable Toward Drug Use**
- 3 Construct Operational Definition as used in Instrument: Measures parents feelings about respondent using specific ATOD.
- 4 Reliability: 0.78
- 5 Validity: High concurrent validity with drug and alcohol use and delinquency
- 6 Target Population: General population of students in grades 6, 8, 10 and 12
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
 Alpha Coefficients:

Males	.77	African-American	.81
Females	.75	Asian American /Pacific Islander	.79
6 th Grade	.71	European American	.75
8 th Grade	.77	Hispanic	.81
10 th Grade	.76	Native American	.75
12 th Grade	.72	Other Ethnic	.78
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy. (Very wrong to Not Wrong at All)
- 10 Number of items in scale: 3
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors
 Correlations (r) to:

Cigarette Use, 30 Days	.45	Marijuana Use, 30 Days	.41
Alcohol Use, 30 Days	.46	Antisocial Behavior	.38
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Family

Perceived Parental Attitudes Toward Youth ATOD Use

Parental Attitudes Favorable Toward Drug Use Scale:

- 1 How wrong do your parents feel it would be for you to drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?

Very Wrong

Wrong

A Little Bit Wrong

Not Wrong At All

- 2 How wrong do your parents feel it would be for you to smoke cigarettes?

Very Wrong

Wrong

A Little Bit Wrong

Not Wrong At All

- 3 How wrong do your parents feel it would be for you to smoke marijuana?

Very Wrong

Wrong

A Little Bit Wrong

Not Wrong At All

Family

- 1 Construct: **Family Involvement**
- 2 Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Opportunities for Prosocial Involvement**
- 3 Construct Operational Definition as used in Instrument: Measures opportunities and rewards for family involvement and parental interaction.
- 4 Reliability: 0.76
- 5 Validity: High concurrent validity with drug and alcohol use and delinquency
- 6 Target Population: General population of students in grades 6, 8, 10 and 12
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
 Alpha Coefficients:

Males	.73	African-American	.72
Females	.76	Asian American /Pacific Islander	.78
6 th Grade	.71	European American	.75
8 th Grade	.74	Hispanic	.77
10 th Grade	.75	Native American	.75
12 th Grade	.74	Other Ethnic	.77
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy
- 10 Number of items in scale: 3
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors
 Correlations (r) to:

Cigarette Use, Lifetime	-.25	Cigarette Use, 30 Days	-.22
Alcohol Use, Lifetime	-.10#r-.20	Alcohol Use, 30 Days	-.21
Marijuana Use, Lifetime	-.23	Marijuana Use, 30 Days	-.10#r.20
Illicit Drugs Use, Lifetime	-.22	Illicit Drugs, 30 Days	-.10#r.20
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Family

Family Involvement

Opportunities for Prosocial Involvement Scale:

- | | | | | |
|--|-----|----|-----|------|
| 1. My parents give me lots of chances to do fun things with them. | NO! | no | yes | YES! |
| 2. My parents ask me what I think before most family decisions affecting me are made | NO! | no | yes | YES! |
| 3. If I had a personal problem, I could ask my mom or dad for help. | NO! | no | yes | YES! |

Family

- 1 Construct: **Family Involvement**
- 2 Name and Description of Instrument/Scale: : **Student Survey of Risk and Protective Factors/Rewards for Prosocial Involvement Scales**
- 3 Construct Operational Definition as used in Instrument: Measures opportunities and rewards for family involvement and parental interaction.
- 4 Reliability: 0.86
- 5 Validity: High concurrent validity with drug and alcohol use and delinquency
- 6 Target Population: General population of students in grades 6, 8, 10 and 12
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
 Alpha Coefficients:

Males	.67	6 th Grade	.55	10 th Grade	.65
Females	.65	8 th Grade	.67	12 th Grade	.61
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy
- 10 Number of items in scale: 4
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors
 Correlations (r) to:

Cigarette Use, Lifetime	-0.25	Cigarette Use, 30 Days	-0.22
Alcohol Use, Lifetime	-0.10#r-.20	Alcohol Use, 30 Days	-0.21
Marijuana Use, Lifetime	-0.22	Marijuana Use, 30 Days	-0.10#r.20
Illicit Drugs Use, Lifetime	-0.21	Illicit Drugs, 30 Days	-0.10#r.20
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Family

Family Involvement

Rewards for Prosocial Involvement Scale:

1. My parents notice when I am doing a good job and let me know about it.

Never or Almost Never Sometimes Often All the Time

2. How often do your parents tell you they're proud of you for something you've done?

Never or Almost Never Sometimes Often All the Time

3. Do you enjoy spending time with your mother? NO! no yes YES!

4. Do you enjoy spending time with your father? NO! no yes YES!

Family – In Progress

Decision Making/Problem Solving

Decision Making/Problem Solving

Family Ethnic Identity

Family Stress

Poverty

Resources/Opportunity Structures

Social Support

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VII. Community Domain

**TABLE OF CORE MEASURES
DOMAINS, CONSTRUCTS, AND INSTRUMENTS**

Domain Code	Construct Name	Sub-Construct Scale	Instrument Name	Version
Community	Neighborhood Attachment		Student Survey of Risk and Protective Factors	98
	Social Disorganization	Social Disorganization	Student Survey of Risk and Protective Factors	98
	Social Disorganization	Frequency of Participation in Organized Community Activities	National Youth Survey	12-18 Version
	Sense of Community		Sense of Community Index	
	Perceived Availability of Drugs and Handguns		Student Survey of Risk and Protective Factors	98
	Youth Participation	Opportunities for Prosocial Involvement	Student Survey of Risk and Protective Factors	98
	Youth Participation	Rewards for Prosocial Involvement	Student Survey of Risk and Protective Factors	98
	Community Laws and Norms		In progress	
	Empowerment		In progress	
	Enforcement		In progress	
	Social Support		In progress	

RECOMMENDED MEASURES OF THE COMMUNITY TASK FORCE

Before turning its attention to specific measures, the Community Task Force held discussions that resulted in agreement among its members that specific recommendations must be understood within the context of a number of Task Force parameters. One of the major products of the Task Force's discussions has been clarification of its members' mutual understanding of the meanings of the various constructs for which the Task Force was given the responsibility of recommending measures. Indeed, members agree that clear conceptual definition and elaboration to capture multiple dimensions within constructs is a critical foundation for recommending measures.

This report briefly summarizes the dimensionality of each of the major constructs identified in the Community Domain.

1. BACKGROUND

The Community Task Force members undertook a major search for alternative measures in each construct area. This search included:

- Instruments
- Measurement models and psychometrics
- Measures applications
- Information on the samples to which the measures studied have been applied.

Many times the full range of this information was not available, and individual members often had identified promising measures for which they did not have time or resources to conduct an exhaustive search. The Task Force has not based its recommendations on full information, and in some instances we identify options or examples rather than fully recommending measures.

The Task Force members strongly endorse the CMI as an important and large first step in addressing important issues of improving the capability of building cumulative science-based knowledge in the prevention field. We also recognize that this effort must be ongoing and that the work done here can not be considered definitive. In addition, the Task Force members agree that the application of the products of the CMI must maintain flexibility and discretion so that local programs and researchers can use measures that meet the specific objectives of local initiatives and are appropriate in the context of the culture of the local community.

2. UNIQUE PROCESS AND ISSUES

Generally, the Task Force proceeded under the assumption that shorter scales (approximately 10 items or fewer) that are acceptable with respect to other criteria are preferable to longer measures that carry excessive respondent burden within the context of comprehensive evaluative instruments to be applied in field settings. In some instances the Task Force recommends alternative measures that vary in length, specific emphasis, or target respondent characteristics.

In approaching its work, the Task Force divided the various constructs among its members. The members researched the construct(s) and potential measures they were assigned, and reported

back to the group via conference calls. During a face-to-face meeting, the Task Force members presented the results of their searches, including the strengths and weaknesses of each measure. The Task Force reached its final recommendations by consensus.

Community measures have not been as widely researched as individual and family measures. Consequently, the Task Force spent a significant amount of time clarifying the definitions of the constructs. The lack of research also meant that the Task Force had fewer measures to choose from. The Task Force often found it difficult to identify “the best” measure, and as a result it has recommended multiple measures for some constructs.

3. RECOMMENDED MEASURES

The following sections discuss the major dimensions considered within each construct area and provide descriptions of the various measures considered.

3.1 *Neighborhood Attachment*

Neighborhood attachment is one of several constructs in the Community Domain that concern the relationship between the individual respondent and the social, psychological, and/or geographic environment of the community. Thus, the Task Force’s discussion of the construct involved distinguishing it from other constructs, in particular, sense of community, linkages, and empowerment. Accordingly, the Task Force limited its interpretation of neighborhood attachment to involving a sense of being rooted in the community, separate from satisfaction, participation, or other dimensions related to sense of community or other constructs identified above.

As a short measure of neighborhood attachment, the Task Force recommends the Low Neighborhood Attachment Scale (three items, four-point response format, $\alpha = .84$) from the Student Survey of Risk and Protective Factors.

3.2 *Social Disorganization*

The Task Force recognizes that social disorganization can encompass a number of sub-dimensions, including the presence of threatening or anti-social behavior, signs of economic and physical decay, and signs of a lack of community supervision. As understood by the Task Force, social disorganization focuses on the degree to which these conditions *describe* the neighborhood. We address related concepts, such as the perception of the degree to which these conditions are a problem (needs and issues) and the degree to which the community exhibits formal organizational infrastructure or capacity (linkage/empowerment), within other constructs in the Community Domain.

The Task Force recommends two alternatives for measuring social disorganization. As a short measure that encompasses the physical and social dimensions of social disorganization, the Task Force recommends the Social Disorganization Scale from the Student Survey of Risk and Protective Factors, which has five, four-point items, $\alpha = .80$. As a short measure that focuses on social disorder, the Task Force recommends the Neighborhood Risk Scale from CSAP’s National Youth Survey developed for the National Cross-Site Evaluation of High Risk Youth Programs, six items, $\alpha = .73$.

3.3 Sense of Community

Sense of community is a global construct that has been conceptualized in multiple ways. Psychological sense of community is the orientation of individuals to a relevant community of which they consider themselves members. It encompasses the salience of the relevance of the community and its condition to their lives and the degree to which their community membership is related to their own self-concept. The concept, operationalized in slightly different ways, has been shown to correlate with:

- Concern about the neighborhood and participation in community activities
- Personal quality of life issues, such as degree of depression.

The sense of community may be of concern to prevention researchers because of its relation to mediators of substance use and the important role it plays in involvement in community efforts and activities. The Task Force agreed that the construct has several associated dimensions, including a sense:

- Of membership in the community
- That one matters and has influence in the community
- That the community is a source of meeting personal needs
- Of emotional attachment to the community that is shared with other members.

Prevention researchers will probably be interested in a global measure of sense of community, rather than measures that focus on just some of the above aspects of the construct.

The Task Force conducted a thorough review and identified several comprehensive and lengthy instruments that did not, in its judgment, fit the general mandate of this task. These instruments may, however, be of interest to community interventions with significant outcome objectives at the community level (see notes on community cohesion at the end of this report).

The Task Force found—and recommends—one measure of sense of community that encompasses all of these dimensions and meets the criteria of brevity, reliability, and frequent reference in the prevention literature: the Sense of Community Index (David Chavis and Abe Wandersman). The measure has twelve items and four sub-scales, all in a dichotomous true/false format. It has been reported in several separate studies with α s in the range of .70 to .80.

3.4 Availability

Alcohol availability is a straightforward concept for which community environment may be one important determinant (along with family, peer membership, and individual characteristics). Studies have found that community factors such as policies, outlet density, enforcement, and norms correlate with perceived availability and use. Within its charge to recommend measures that can be used widely and that conform to a structure that is basically psychometric, the Task Force determined that availability might best be conceptualized as perceived availability. It reviewed several similar measures, differing largely in level of detail and therefore burden and potential top-end sensitivity. The Task Force placed a priority on brevity and appropriateness to the potential base rate behaviors of likely target populations.

As a measure of perceived availability, the Task Force recommends the Student Survey of Risk and Protective Factors Perceived Availability of Drugs and Handguns Scale. This additive measure is composed of five four-point items ($\alpha = .88$).

3.5 Youth Participation

The Task Force interpreted youth participation as a construct reflecting the degree to which communities provide protective participation for youth. As an attribute of the community, the degree to which organized opportunities for youth participation in community matters and activities are available is relevant. The degree to which youth actually participate and their participation is valued in their community is another dimension of youth participation that is particularly relevant to programs utilizing community service and community involvement interventions.

Perceived Opportunities

As a measure of perceived opportunities for participation in community matters and activities, the Task Force recommends the Opportunities for Pro-social Involvement Scale from the Student Survey of Risk and Protective Factors. This scale uses multiple formats and assesses the degree to which specified opportunities for involvement are present in a community. The scale has six items ($\alpha = .74$).

Actual Involvement

As a measure of actual involvement in community matters and activities, the Task Force recommends the Protective Community Environment Scale from CSAP's National Youth Survey. This six-item scale uses a common report format to measure the frequency of youth participation in different categories of organized youth activities in the community. It has an unacceptably low α of .53 (although inter-item consistency is not a necessary property of this multiple-item measure of alternative options for involvement).

Ultimately, CSAP chose not to recommend a measure for actual involvement. Measures for this construct will be further studied for inclusion in future versions of the Core Measures Notebook.

Rewards for Involvement

The Task Force recommends the Rewards for Pro-social Involvement Scale from the Student Survey of Risk and Protective Factors. This scale has three items ($\alpha = .89$).

3.6 Community Laws and Norms

The Task Force agreed that this construct includes at least the following frequently-identified dimensions.

- Perceptions of normative *beliefs and values* concerning substance use that characterize a community
- Perceptions of normative *behaviors* concerning substance use that characterize a community
- Perceptions of probable *sanctions* that will attend deviating from approved substance

- use behaviors in a community
- Support for laws and policies in a community
- Awareness of laws and policies in a community
- Existence of laws and policies in a community.

These dimensions are described in greater detail below.

Perceived Community Values, Behaviors, and Sanctions

To measure these dimensions of community norms, the Task Force recommends two measures with different conceptual emphases. As a scale that encompasses these three dimensions in a single measure of community norms concerning substance use, the Task Force recommends the Laws and Norms Favorable to Drug Use Scale from the Student Survey of Risk and Protective Factors. This scale has 10 items in three sub-scales ($\alpha = .86$). The sub-scales (with three, four, and three items) are potentially separable, but discrete indicators of reliability are not published. As a measure that focuses on community tolerance of alcohol, tobacco, and drug use among teenagers, the Task Force recommends the Permissive Attitudes Toward ATOD Use Scale from the Community Readiness Survey (seven items, $\alpha = .78$).

Support for Laws and Policies

Support for laws and policies designed to prevent or reduce substance use or reduce the harm associated with use may be an important measurement construct for community-oriented prevention interventions, particularly those emphasizing advocacy of policy change or other environmental strategies. The Task Force did not locate specific measures for this dimension that reported appropriate reliability information, but it does note that the Community Readiness Survey (Minnesota Department of Human Services and the Search Institute) contains measures of support that may be useful for researchers looking for a measure of this construct.

Awareness of Laws and Policies

Awareness of laws and policies is another conceptual dimension of potential importance to research on community laws and norms. Again, the Task Force was unable to find clearly articulated and supported, generally applicable measures in this area. Our inability to do so may reflect the importance of contextually specific references for measures of this construct.

Existence of Laws and Policies

The existence of relevant laws and policies may be the most important outcome measure for environmental prevention strategies aimed at policy change. Measurement in this area is clearly contextually sensitive and must be determined through observational methods rather than surveys of perceptions. Conventional scaling techniques and psychometric measures of the qualities of generally applicable measures do not apply. Therefore, the Task Force has not recommended a measure of the existence of laws and policies.

The Task Force has, however, identified two data development procedures that may provide guidance to researchers who are developing context-specific measurement of existing laws and

policies. The California Department of Drug Programs and Freid Whitman, PhD, have developed the Environmental Strategy ADP 7235G Prevention Activities Data System. This system includes worksheets to assess the types, numbers, time frames, and target populations of environmental prevention strategy activities carried out by county agencies and private providers. In addition, the Pathfinder for Research of Alcohol Law in the United States is a resource for identifying sources documenting Federal, State, county, and municipal law relevant to substance use through Internet access.

Ultimately, CSAP chose not to recommend a measure for community laws and norms. Measures for this construct will be further researched for inclusion in future versions of the Core Measures Notebook.

3.7 Empowerment

Empowerment is another broad concept that presented significant challenges to the Task Force in its effort to find broadly applicable measures at the community level. The issues here are more related to:

- Lack of consensus on the meaning of the term
- The term's use as a descriptor of individuals, groups, organizations, and communities
- The argument (explicitly made to the Task Force by a widely recognized expert) that empowerment must be assessed in reference to the particular field context being studied.

More explicitly, the Task Force's discussion of empowerment included the following issues:

- Much of the literature in the area, and virtually all of the widely used instrumentation, measures an attribute of individuals or of group interaction, rather than communities (or explicitly of one's relation to a community). Some measures of empowerment look a lot like an adult version of locus of control measures or the adolescent self-efficacy measures used in studies of individual protective factors. The Task Force determined that this measurement orientation was not relevant to its task.
- Much of the research on empowerment and empowering communities is based on case studies. Indeed, some of the leading researchers on the topic insist that field study is appropriate because empowerment must be understood 1) as a process and the product of that process and b) in relation to the context in which the process occurred. While we clearly recognize the value and contribution of the qualitative and case study work in this area, we agreed that this work does not contribute directly to our mandate.

Within this context, the Task Force decided not to recommend a specific measure of empowerment. Because most measures of empowerment related to groups or communities are embedded in particular context-specific studies, the Task Force does refer to the Task Empowerment Scale by Chinman, Wandersman, and Goodman as a measure that would be appropriate for use by prevention researchers who are interested in assessing the degree to which community-based task forces or coalition leadership groups are empowered. The Task Force also recognizes that many additional areas exist in which researchers may want to apply empowerment concepts.

We do wish to note that in our search and deliberations we discovered work in progress that focuses on the development of generally applicable measures aimed at assessing the degree to which communities achieve empowerment.

3.8 Enforcement

Enforcement is a policy- and community-related variable that the Task Force generally interpreted as referring to the degree of enforcement of laws intended to prevent, limit, or ameliorate the harm related to substance use. Like several of the community-related constructs assigned to the Task Force, enforcement can be conceptualized either as perceived probabilities of “being caught” or as the actual degree of enforcement in the community. The Task Force recommends one measure in the area of perceived enforcement and notes another that assesses visible policing in the community. We recommend the three-item sub-scale on the perceived probability of apprehension within the Laws and Norms Scale from the Student Survey of Risk and Protective Factors. Separate reliability information is not available. We also note that the seven-item scale on Policing Behavior from Wesley Skogan’s Chicago Community Policing survey assesses observed neighborhood policing behavior. Inter-item consistency measures are not calculated for this scale because it is a report of observed behaviors that may vary independently (i.e., it is an index, not a scale).

Ultimately, CSAP chose not to recommend a measure for enforcement. Measures for this construct will be further researched for inclusion in future versions of the Core Measures Notebook.

3.9 Social Support

Social support is a widely used sociological construct that is most often related to interpersonal support systems, rather than focused on the community. Indeed, most of the instruments reviewed by the Task Force in its search for measures of social support were more appropriately applicable to the Individual/Peer or Family Domains. The Task Force members agreed that instruments not clearly referring to support tied to community environment were not appropriate. As a measure of social support tied to community, it recommends the Neighborliness Scale (Wandersman), which measures the perceived availability of a variety of instrumental and affective support from neighbors.

Ultimately, CSAP chose not to recommend a measure for social support. Measures for this construct will be further researched for inclusion in future versions of the Core Measures Notebook.

4. RECOMMENDATIONS FOR THE FUTURE

In addition to the instruments recommended above, the Community Task Force members believed it appropriate to note additional measurements that may be considered for use in the Community Domain in future versions of the Core Measures Notebook.

- The Task Force notes that the Campbell Community Survey, which measures 17 characteristics of community, may be useful for special purpose prevention initiatives targeting broad community involvement and change.
- The Community Organization Sense of Community Scale (Hughey, Speer and

Peterson) may prove useful for researchers interested in the dynamics of community-based organizations pursuing prevention objectives.

- The Collegiate Psychological Sense of Community Scale (Lounsbury & DeNui) may serve the purposes of researchers focusing on college campus interventions.

Community

1. Construct: **Neighborhood Attachment**
 2. Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Neighborhood Attachment**
 3. Construct Operational Definition as used in Instrument: Respondent’s perception of how easy it would be to obtain alcohol, cigarettes, marijuana, other illicit drugs or handguns.
 4. Reliability: 0.88
 5. Validity: Correlations between .25 and .45 with measures of ATOD use and other antisocial behavior.
 6. Target Population: General population of students in grades 6, 8, 10 and 12
 7. Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
 Alpha Coefficients:

Males	.81	6 th Grade	.81	10 th Grade	.84
Females	.85	8 th Grade	.83	12 th Grade	.82
- Statewide representative samples of 6th-12th grade students in more than 20 States. Reliabilities and correlation coefficients with outcome measures vary little across grade, gender, and ethnic groups, including European-American, African-American, Hispanic, and Asian/Pacific Islander.
8. Respondent: Self
 9. Ease of use/scoring: Easy/Easy. Five-item scale. Items can be averaged to create a scale score.
 10. Number of items in scale: 3
 11. Mode of Administration: Pencil and paper self-report
 12. Strength of relationship to ATOD and other problem behaviors
 Correlations (r) to:

Cigarette Use, Lifetime	.20	Cigarette Use, 30 Days	.10#r<.20
Alcohol Use, Lifetime	.10#r<.20	Alcohol Use, 30 Days	.10#r<.20
Marijuana Use, Lifetime	.10#r<.20	Marijuana Use, 30 Days	.10#r<.20
Illicit Drugs Use, Lifetime	.10#r<.20	Illicit Drugs, 30 Days	.10#r<.20
 13. Source: Social Development Research Group
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 14. Author: Dr. Michael Arthur, Dr. J David Hawkins, Dr. Richard Catalano and Dr. John Pollard
 15. Availability: Public Domain
 16. Cost: None
 17. Copyright: Public Domain

18. Citation Information (abstracts, where used):

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Community

Neighborhood Attachment Scale:

- | | | | | |
|---|-----|----|-----|------|
| 1. I'd like to get out of my neighborhood. | NO! | no | yes | YES! |
| 2. I like my neighborhood. | NO! | no | yes | YES! |
| 3. If I had to move, I would miss the neighborhood I now live in. | NO! | no | yes | YES! |

Community

1. Construct: **Social Disorganization**
2. Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Social Disorganization**
3. Construct Operational Definition as used in Instrument: The presence of threatening or anti-social behavior, signs of economic and aesthetic decay, and signs of a lack of community supervision.
4. Reliability: 0.80
5. Validity: High concurrent validity with drug and alcohol use and delinquency.
6. Target Population: General population of students in grades 6, 8, 10 and 12.
7. Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
 Alpha Coefficients:

Males	.79	6 th Grade	.76	10 th Grade	.81
Females	.80	8 th Grade	.80	12 th Grade	.81
8. Respondent: Self
9. Ease of use/scoring: Easy/Easy. Two questions and five items (NO! To YES!). The first question is a bit awkward in its wording and may lead to some confusion in respondents.
10. Number of items in scale: 5
11. Mode of Administration: Pencil and paper self-report
12. Strength of relationship to ATOD and other problem behaviors
 Correlations (r) to:

Cigarette Use, Lifetime	.10#r<.20	Cigarette Use, 30 Days	.10#r<.20
Alcohol Use, Lifetime	.10#r<.20	Alcohol Use, 30 Days	.10#r<.20
Marijuana Use, Lifetime	.10#r<.20	Marijuana Use, 30 Days	.10#r<.20
Illicit Drugs Use, Lifetime	.10#r<.20	Illicit Drugs, 30 Days	.10#r<.20
13. Source: Social Development Research Group
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Pollard, J.A., Catalano, R.F., Hawkins, J.D., Arthur, M.W. (1998). Development of a School-Based Survey Measuring Risk and Protective Factors Predictive of Substance Abuse, Delinquency, and Other Problem Behaviors in Adolescent Populations. Unpublished Paper

Pollard, J.A., Hawkins, J.D., & Arthur, M.W. (1999). Risk and protection: Are both necessary to understand diverse behavioral outcomes in adolescence? *Social Work Research*, 23 (3), pp. 129-208.

Community

Social Disorganization Scale:

How much do each of the following statements describe your neighborhood:

1. Crime and/or drug selling.	NO!	no	yes	YES!
2. Fights.	NO!	no	yes	YES!
3. Lots of empty or abandoned buildings..	NO!	no	yes	YES!
4. Lots of graffiti.	NO!	no	yes	YES!
5. I feel safe in my neighborhood.	NO!	no	yes	YES!

Community

- 1 Construct: **Social Disorganization**
- 2 Name and Description of Instrument/Scale: **CSAP's National Youth Survey/Social Disorganization Scale**
- 3 Construct Operational Definition as used in Instrument: The frequency of participation in organized community activities.
- 4 Reliability: 0.73
- 5 Validity: Correlates with other constructs as hypothesized.
- 6 Target Population: Individuals between the ages of 11 and 33.
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
Unavailable
- 8 Respondent: Self
- 9 Ease of use/scoring: Unavailable/Unavailable. Six item—five point common format.
- 10 Number of items in scale: 5
- 11 Mode of Administration: Pencil and paper self report
- 12 Strength of relationship to ATOD and other problem behaviors: .2
- 13 Source: Dr. Soledad Sambrano
Center for Substance Abuse Prevention
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Rockville, MD 20852
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ssambran@samhsa.gov
- 14 Author: Dr. Delbert S. Elliot
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(303) 492-1226
- 15 Availability: Public Domain
- 16 Cost: None
- 17 Copyright:
- 18 Citation Information (abstracts, where used):

Elliot, D.S., Huizinga, D., & Ageton, S.S. (1985). *Explaining Delinquency and Drug Use*. Newbury Park, CA: Sage.

Community

Social Disorganization Scale:

1. How often do you go to sports practice or play in games?
 - Almost every day
 - Once or twice a week
 - A few times a month
 - A few times a year
 - Never
2. How often do you take lessons or attend classes out of school?
 - Almost every day
 - Once or twice a week
 - A few times a month
 - A few times a year
 - Never
3. How often do you go to meetings or activities for a club or youth group?
 - Almost every day
 - Once or twice a week
 - A few times a month
 - A few times a year
 - Never
4. How often do you talk to an adult about what you are doing or thinking?
 - Almost every day
 - Once or twice a week
 - A few times a month
 - A few times a year
 - Never
5. Last summer how often did you go to a summer program for learning or for fun?
 - Almost every day
 - Once or twice a week
 - A few times a month
 - A few times a year
 - Never

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Community

Sense of Community Index:

I am going to read some statements that people might make about their [block]. Each time I read one of these statements, please tell me if it is mostly true or mostly false about your [block] simply by saying "true" or "false."

True = 1

False = 0

- Q1. I think my [block] is a good place for me to live.
- Q2. People on this [block] do not share the same values.
- Q3. My [neighbors] and I want the same things from the [block].
- Q4. I can recognize most of the people who live on my [block].
- Q5. I feel at home on this [block].
- Q6. Very few of my [neighbors] know me.
- Q7. I care about what my [neighbors] think of my actions.
- Q8. I have no influence over what this [block] is like.
- Q9. If there is a problem on this [block] people who live here can get it solved.
- Q10. It is very important to me to live on this particular [block].
- Q11. People on this [block] generally don't get along with each other.
- Q12. I expect to live on this [block] for a long time.

Subscales: Membership=Q4+Q5+Q6
 Influence=Q7+Q8+Q9
 Reinforcement of Needs=Q1+Q2+Q3
 Shared Emotional Connection-Q10+Q11+Q12

*Scores for Q2, Q6, Q8, & Q11 need to be reversed before scoring.

Community

1. Construct: **Perceived Availability of Drugs and Handguns**
2. Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Perceived Availability of Drugs and Handguns**
3. Construct Operational Definition as used in Instrument: Measures respondent’s perception of the availability of drugs and handguns in their neighborhood.
4. Reliability: 0.84
5. Validity: High concurrent validity with drug and alcohol use and delinquency..
6. Target Population: General population of students in grades 6, 8, 10 and 12
7. Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
 Alpha Coefficients:

Males	.87	6 th Grade	.80	10 th Grade	.83
Females	.87	8 th Grade	.85	12 th Grade	.79
8. Respondent: Self
9. Ease of use/scoring: Easy/Easy. Four-point scale (NO! To YES!)
10. Number of items in scale: 5
11. Mode of Administration: Pencil and paper self-report
12. Strength of relationship to ATOD and other problem behaviors
 Correlations (r) to:

Cigarette Use, Lifetime	.45	Cigarette Use, 30 Days	.36
Alcohol Use, Lifetime	.44	Alcohol Use, 30 Days	.43
Marijuana Use, Lifetime	.45	Marijuana Use, 30 Days	.33
Illicit Drugs Use, Lifetime	.38	Illicit Drugs, 30 Days	.27
13. Source: Social Development Research Group
 University of Washington
 9725 3rd Ave. NE, Suite 401
 Seattle, WA 98115-2024.
 206-685-3858
 marthur@u.washington.edu
<http://depts.washington.edu/sdrg/>
14. Author: Dr. Michael Arthur, Dr. J David Hawkins, Dr. Richard Catalano and Dr. John Pollard
15. Availability: Public Domain
16. Cost: None
17. Copyright: Public Domain
18. Citation Information (abstracts, where used):

Arthur, M.W., Hawkins, J.D., Pollard, J.A., Catalano, R.F., & Baglioni, A.J. (2001). Measuring risk and protective factors for substance use, delinquency, and other adolescent problem behaviors: The Communities That Care Youth Survey. Manuscript submitted for publication.

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Community

Perceived Availability of Drugs and Handguns Scale:

1. If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey or gin), how easy would it be for you to get some?.

Very hard Sort of hard Sort of easy Very easy

2. If you wanted to get some cigarettes, how easy would it be for you to get some?

Very hard Sort of hard Sort of easy Very easy

3. If you wanted to get some marijuana, how easy would it be for you to get some?

Very hard Sort of hard Sort of easy Very easy

4. If you wanted to get a drug like, cocaine, LSD, or amphetamines, how easy would it be for you to get some?

Very hard Sort of hard Sort of easy Very easy

5. If you wanted to get a handgun, how easy would it be for you to get one?

Very hard Sort of hard Sort of easy Very easy

Community

- 1 Construct: **Youth Participation**
- 2 Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Opportunities for Prosocial Involvement**
- 3 Construct Operational Definition as used in Instrument: Assesses student’s perceptions of opportunities available in the community for them to interact with adults and to become involved in prosocial activities.
- 4 Reliability: 0.74
- 5 Validity: Significant, but fairly weak relationship with ATOD outcomes
- 6 Population instrument has been used with (demographics of target group): 6-12th Graders
- 7 Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
 Alpha Coefficients:

African-American	.69	Native American	.69
Asian/Pacific Islander	.73	White	.68
Hispanic	.73		
- 8 Respondent: Self
- 9 Ease of use/scoring: Easy/Easy. 4-point Likert scale
- 10 Number of items in scale: 6
- 11 Mode of Administration: Pencil and paper self-report
- 12 Strength of relationship to ATOD and other problem behaviors: Direct/self-evident
 Correlations (r) to:

Cigarette Use, 30 Days	- .13	Marijuana Use, 30 Days	- .13
Alcohol Use, 30 Days	- .10	Antisocial Behavior	- .15
- 13 Source: Social Development Research Group
 University of Washington
 9725 3rd Ave. NE, Suite 401
 Seattle, WA 98115-2024.
 206-685-3858
 marthur@u.washington.edu
<http://depts.washington.edu/sdrg/>
- 14 Author: Dr. Michael Arthur, Dr. J. David Hawkins, Dr. Richard Catalano and Dr. John Pollard
- 15 Availability: Public Domain
- 16 Cost: None
- 17 Copyright: Public Domain
- 18 Citation Information (abstracts, where used):

Community

1. Construct: **Youth Participation**
2. Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Rewards for Prosocial Involvement**
3. Construct Operational Definition as used in Instrument: Measures respondent's level of rewards for conventional involvement
4. Reliability: 0.89
5. Validity: Significant, but fairly weak relationship with ATOD outcomes
6. Population instrument has been used with (demographics of target group): 6th-12th grades
7. Population instrument has been used with and associate psychometric data: Age Group/Ethnic Group/Gender/Geographic
 Alpha Coefficients:

Males	.82	6 th Grade	.84	10 th Grade	.83
Females	.85	8 th Grade	.84	12 th Grade	.83
8. Respondent: Self
9. Ease of use/scoring: Easy/Easy. 4-point Likert scale.
10. Number of items in scale: 3
11. Mode of Administration: Pencil and paper self-report
12. Strength of relationship to ATOD and other problem behaviors
 Correlations (r) to:

Cigarette Use, Lifetime	-0.22	Cigarette Use, 30 Days	-0.10
Alcohol Use, Lifetime	-0.21	Alcohol Use, 30 Days	-0.10
Marijuana Use, Lifetime	-0.21	Marijuana Use, 30 Days	-0.10
Illicit Drugs Use, Lifetime	-0.10	Illicit Drugs, 30 Days	-0.10
13. Source: Social Development Research Group
 University of Washington
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 Seattle, WA 98115-2024.
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Community

Social Disorganization Scale:

- | | | | | |
|--|-----|----|-----|------|
| 1. My neighbors notice when I am doing a good job and let me know. | NO! | no | yes | YES! |
| 2. There are people in my neighborhood who encourage me to do my best. | NO! | no | yes | YES! |
| 3. There are people in my neighborhood who are proud of me when I do something well. | NO! | no | yes | YES! |

Community – In Progress

Community Laws and Norms

Empowerment

Enforcement

Social Support

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