

## PEER HELPER SURVEY

|                         |                      |
|-------------------------|----------------------|
| <b>Your student id:</b> | <b>Today's date:</b> |
|-------------------------|----------------------|

*Please answer the following questions as best you can. Do not look at any other person's answers. All of your answers are confidential. After you have finished, please put your survey in the envelope and seal it and give it to your teacher.*

|   |                                      |
|---|--------------------------------------|
| What is your age? _____                 | Are you:      1. Male      2. Female |
| High School: _____                      | What grade are you in? _____         |
| Please identify your race or ethnicity. |                                      |
| 1. Caucasian                            | 2. Black/African-American            |
| 3. Hispanic/Mexican-American            | 4. Asian American                    |
| 5. Native American/Indian               | 6. Bi-racial/Other _____             |

| 1. Please indicate if you <b>STRONGLY AGREE, AGREE, DISAGREE, or STRONGLY DISAGREE</b> with each statement by circling the number under your answer. |                |       |          |                   |
|--|----------------|-------|----------|-------------------|
|  | Strongly Agree | Agree | Disagree | Strongly Disagree |
| a. Drinking alcohol is more dangerous for people under 21 than for people 21 and older.  | 1              | 2     | 3        | 4                 |
| b. I might drink alcohol when I get older.   | 1              | 2     | 3        | 4                 |
| c. I am comfortable teaching children.   | 1              | 2     | 3        | 4                 |
| d. I have an understanding of children's brain development.  | 1              | 2     | 3        | 4                 |
| e. It's okay to drink alcohol if you don't get caught.   | 1              | 2     | 3        | 4                 |
|  |                |       |          |                   |
| f. I can't wait to be old enough to drink alcohol legally.   | 1              | 2     | 3        | 4                 |
| g. I have good public speaking skills.   | 1              | 2     | 3        | 4                 |
| h. I know what alcohol does to the brains of people under 21.  | 1              | 2     | 3        | 4                 |
| i. I am comfortable presenting information in front of groups.   | 1              | 2     | 3        | 4                 |
| j. Drinking alcohol harms the development of people under 21.  | 1              | 2     | 3        | 4                 |

2. Do you think you will drink beer or wine or other alcohol beverage when you are 20 years old?
1. Definitely yes
  2. Probably yes
  3. Probably no
  4. Definitely no

| 3. How sure are you that you could say “no” if:              |                           |   |   |   |                                   |
|--|---------------------------|---|---|---|-----------------------------------|
|  | <b>I could say<br/>no</b> |   |   |   | <b>I could<br/>NOT say<br/>no</b> |
| a. you were offered alcohol at a friend’s house?             | 1                         | 2 | 3 | 4 | 5                                 |
| b. you were offered alcohol by an older brother or sister?   | 1                         | 2 | 3 | 4 | 5                                 |
| c. you were offered alcohol by other older persons?          | 1                         | 2 | 3 | 4 | 5                                 |
| d. you were offered alcohol at a party or dance?             | 1                         | 2 | 3 | 4 | 5                                 |
| e. you were offered alcohol by a boyfriend or girlfriend?    | 1                         | 2 | 3 | 4 | 5                                 |
| f. you were offered a ride by someone who had been drinking? | 1                         | 2 | 3 | 4 | 5                                 |

| 4. How much do you think people under 21 years of age risk harming themselves (physically or in other ways) if they... |                |                    |                      |                   |
|--|----------------|--------------------|----------------------|-------------------|
|  | <b>No risk</b> | <b>Slight risk</b> | <b>Moderate risk</b> | <b>Great risk</b> |
| a. try one or two drinks of an alcoholic beverage (beer, wine, wine cooler, liquor).                                   | 1              | 2                  | 3                    | 4                 |
| b. have one or two drinks once or twice a year.  | 1              | 2                  | 3                    | 4                 |
| c. have one or two drinks once or twice a month.   | 1              | 2                  | 3                    | 4                 |
| e. have one or two drinks nearly every day.  | 1              | 2                  | 3                    | 4                 |
| f. have five or more drinks at one time.   | 1              | 2                  | 3                    | 4                 |
| g. drive after drinking one or two drinks.   | 1              | 2                  | 3                    | 4                 |
| h. drive after drinking three or more drinks.  | 1              | 2                  | 3                    | 4                 |

| 5. IN THE PAST 30 DAYS, how many times have you:                         |                                |                      |                       |                        |                      |
|--|--------------------------------|----------------------|-----------------------|------------------------|----------------------|
|  | <b>Not in past<br/>30 days</b> | <b>1-2<br/>times</b> | <b>3-10<br/>times</b> | <b>11-19<br/>times</b> | <b>20+<br/>times</b> |
| a. had beer.   | 1                              | 2                    | 3                     | 4                      | 5                    |
| b. had flavored alcohol drinks (such as hard lemonade, malt beverage)    | 1                              | 2                    | 3                     | 4                      | 5                    |
| b. had wine cooler.  | 1                              | 2                    | 3                     | 4                      | 5                    |
| c. had wine.   | 1                              | 2                    | 3                     | 4                      | 5                    |
| d. had liquor.   | 1                              | 2                    | 3                     | 4                      | 5                    |
| e. had 5 or more drinks of any alcohol in one sitting.                   | 1                              | 2                    | 3                     | 4                      | 5                    |
| f. ridden in a car with a driver who had recently been drinking alcohol. | 1                              | 2                    | 3                     | 4                      | 5                    |
| g. driven a car within 2 hours after drinking alcohol.                   | 1                              | 2                    | 3                     | 4                      | 5                    |

| 6. How often do you get alcoholic beverages from the following sources? |              |               |                             |               |
|---|--------------|---------------|-----------------------------|---------------|
|   | <b>Never</b> | <b>Seldom</b> | <b>Most of the<br/>time</b> | <b>Always</b> |
| a. At home  | 1            | 2             | 3                           | 4             |
| b. From friends   | 1            | 2             | 3                           | 4             |
| c. From a store   | 1            | 2             | 3                           | 4             |
| d. At parties   | 1            | 2             | 3                           | 4             |
| e. Other source   | 1            | 2             | 3                           | 4             |

**Additional questions for Post-Survey**

7. Protecting You/Protecting Me Training and Teaching

|   | <b>YES</b> | <b>NO</b> |
|---|------------|-----------|
| a. Were you trained to teach <i>Protecting You/Protecting Me</i> this school year?  | 1          | 2         |
| b. Did you teach the PY/PM curriculum to elementary students?<br>**If "YES" please proceed to question 8**<br>**If "NO" that's all and thank you for your participation** | 1          | 2         |

**~STOP HERE IF YOU DID NOT TEACH PROTECTING YOU/PROTECTING ME~**

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If you taught *Protecting You/Protecting Me* (answered "YES" to question 7b.):

8. PY/PM Curriculum

|   | <b>YES</b> | <b>NO</b> | <b>Don't know</b> |
|---|------------|-----------|-------------------|
| a. Were all 8 lessons taught?   | 1          | 2         | 3                 |
| b. Did you do all of the ownership activities with the elementary students? | 1          | 2         | 3                 |
| c. Did you add supplemental information?                                    | 1          | 2         | 3                 |
| <i>If "Yes," specify what was added:</i>                                    |            |           |                   |
|   |            |           |                   |
| d. Did you omit anything?   | 1          | 2         | 3                 |
| <i>If "Yes," specify what was omitted:</i>                                  |            |           |                   |
|   |            |           |                   |

9. What was the main thing you gained or learned from teaching *Protecting You/Protecting Me*?  
(use other side of sheet if needed)