

Ohio's Strategic Prevention Framework – Partnerships for Success (SPF-PFS)

Prevention Education Intervention

Survey Number = ID#

Participant Survey – ADULT Form

Directions: Funding for this program comes from state and federal sources. Those funding agencies request that the following information be collected about program participants.

- Q1** 1. Date: month / day / year (MM/DD/YYYY)
- Q2** 2. What is your county of residence?
CALC Q39c, CLI-R, p.32

- Q3** 3. What is your home Zip code? _____
CALC Q39d, CLI-R, p.32
- Q4** 4. What is your gender? Male ¹ Female ²
CALC Q70, CLI-R, p.43
- Q5** 5. What is your age? _____
CALC Q71, CLI-R, p.43
6. What is your race?
CALC Q72, CLI-R, p.43
- Q6a** a. American Indian or Alaska Native
- Q6b** b. Black or African American
- Q6c** c. White
- d. Asian (please specify)
- Q6d1** i. Asian Indian
- Q6d2** ii. Chinese
- Q6d3** iii. Filipino
- Q6d4** iv. Japanese
- Q6d5** v. Korean
- Q6d6** vi. Vietnamese
- Q6d7** vii. Other Asian: Q6d7_text
- e. Native Hawaiian or Other Pacific Islander (please specify)
- Q6e1** i. Native Hawaiian
- Q6e2** ii. Guamanian or Chamorro
- Q6e3** iii. Samoan
- Q6e4** iv. Other Pacific Islander
- Q6f** f. Multiracial
- Q6g** g. Other: Q6g_text
- Q7a** 7a. Are you of Hispanic, Latino/a, or of Spanish origin? CALC Q73, CLI-R, p.44
- a. Yes (if yes, please answer question 7b) ¹
- b. No (if no, please skip to question 8) ²
- 7b. If yes, what is your ethnicity?
- Q7ba** a. Mexican, Mexican American, Chicano/a
- Q7bb** b. Puerto Rican
- Q7bc** c. Cuban
- Q7bd** d. Other Hispanic, Latino, or Spanish origin: Q7bd_text
- Q8** 8. How well do you speak English?
CALC Q74a, CLI-R, p.44
- a. Very well ¹
- b. Well ²
- c. Not well ³
- d. Not at all ⁴
- Q9** 9. What is the primary language spoken at home? CALC Q74b, CLI-R, p.44
- a. English ¹
- b. Spanish ²
- c. Other language (specify): ³
Q9_text
- Q10a** 10a. Do you have a disability that requires accommodations? CALC Q75, CLI-R, p.45
- a. Yes (if yes, please answer question 10b) ¹
- b. No (if no, please skip to question 11) ²
- 10b. If yes, which of the following? (select all the apply)
- Q10ba** a. Hearing
- Q10bb** b. Vision
- Q10bc** c. Mobility: walking or climbing stairs
- Q10bd** d. Other: Q10bd_text
- Q11** 11. Are you currently on active duty in the military (e.g., Armed Forces, Reserves, National Guard)? CALC Q76, CLI-R, p.45
- a. Yes, currently serve in the Armed Forces ¹
- b. Yes, currently serve in the Reserves ²
- c. Yes, currently serve in the National Guard ³
- d. Served in the past, but not currently serving ⁴
- e. No, never served ⁵
- Q12** 12. Are you a family member of someone on active duty in the military (e.g., Armed Forces, Reserves, National Guard)? CALC Q77, CLI-R, p.46
- a. Yes, family member is active duty ¹
- b. Yes, family member is separated or retired ²
- c. No, non-military family ³