

REAL PREVENTION

Keepin' it REAL Evaluation I N S T R U C T I O N G U I D E

The kiR evaluation tool a survey instrument that is used to examine changes in knowledge, attitudes, and skills among students receiving the kiR program.

This guide provides an overview of the Survey and instructions on how to administer and score the survey as part of a “pre-post” evaluation design.

Demographic Information	Question Numbers
Student name or ID	0
Gender	1
Age	2

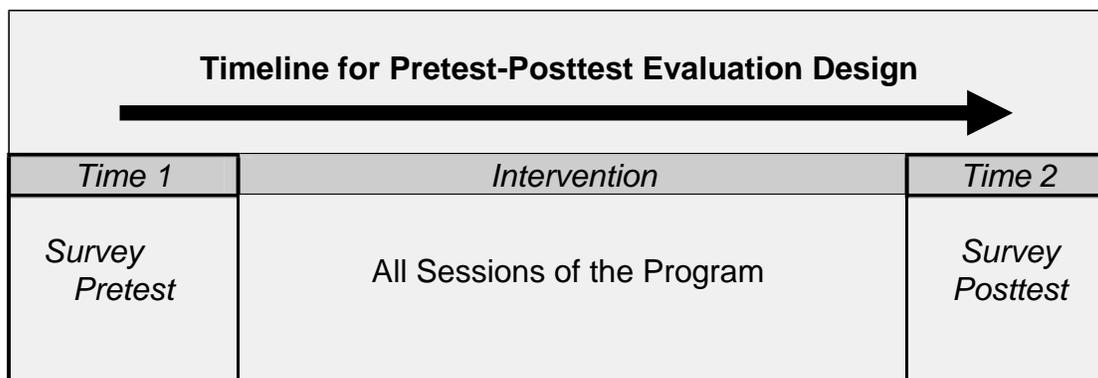
Outcome	Question Numbers
Identifying risks and consequences	3
Self-Management	4
Personal Responsibility	5
Acceptance of others' Use	6
Peer Norms	7-8
Substance Use Intentions	9
Amount of Substance use—Past 30 days	10-12
Frequency of Substance use—Past 30 days	13
Refusal Self-efficacy	14
Substance Use Resistance Skills	15-18
Positive Substance Use Expectancies	19
Decision Making Skills	20

Pre-Post Evaluation Design

A pretest-posttest (i.e., “pre-post”) evaluation design is implemented to look at the effect of programs, such as keepin’ it REAL, on relevant outcomes. This is accomplished by having participants complete the same survey before and after the program.

The keepin’ it REAL Evaluation form is a tool to examine pre-post changes in students’ attitudes, skills, and behaviors as a result of participating in the keepin’ it REAL program. The pretest will allow you to assess students before receiving the program and then assess changes after receiving the program.

The form **MUST** be administered both before receiving the program and after receiving the program to examine changes over time.



Administering the Survey

We strongly recommend that someone ***other than*** the classroom teacher administers and collects the questionnaire data, if possible. This will increase the chances that students will answer the questions honestly. In addition, we recommend that the pretest survey be administered a few days before starting the program, and the posttest be administered a few days after completing the program. The surveys should not be administered in such a way that it takes time away from implementing the program itself. The person responsible for data collection (again, preferably someone other than the classroom teacher) should follow these guidelines when administering the survey:

1. Remind students to sit quietly and not begin marking the questionnaire until they are told to begin.
2. Distribute pencils and questionnaires (remove and discard the “Tear Off Sheet”).
3. Read instructions (see below) before students begin.
4. When students are finished, collect the completed surveys and put them in a large envelope so that no one can see the responses.

Score & Analyzing Data

- I. Score each of the items consecutively from low to high.

For example:

1 = Definitely NO!

2 = No

3 = Yes

4 = Definitely YES!

- II. Remove

For items 16-18 (Substance Use Resistance Skills) remove responses indicating "I was not offered."

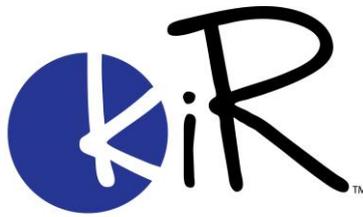
- III. Interpret

For the following, higher scores represent better outcomes: Identifying Risks and Consequences, Self-Management, Personal Responsibility, Refusal Self-Efficacy, Substance Use Resistance Skills and Decision-Making Skills.

For the following, lower scores represent better outcomes: Acceptance of Others' Use, Peer Norms, Substance Use Intentions, Amount of Recent Substance Use, Frequency of Recent Substance Use, and Positive Substance Use Expectancies.

For decision making skills higher scores on the first, third, and fourth items represent better outcomes, while lower scores on the second and fifth items represent better outcomes.

kiR Evaluation Form



refuse · explain · avoid · leave

Student name or ID _____

Instructions

This is not a test, so there are no right or wrong answers.

Answer the questions by filling in the circle next to the best answer for you. If you don't find an answer that fits exactly, choose the one that comes closest.

Now let's begin!

1) What is your gender?

- Male
- Female

2) What is your age?

- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18 or older

3) When I have a problem or need to make an important decision ...	Definitely NO!	No	Yes	Definitely YES!
...I consider the risks of a choice before making a decision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I consider the benefits of a choice before making a decision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4) Indicate how much you think these statements describe you today. There are no right or wrong answers.	Definitely NO!	No	Yes	Definitely YES!
I understand that I am responsible for my own actions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can figure out ahead of time how certain situation may get me into trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to say no to people who may get me into trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I figure out different solutions to personal problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5) Indicate how much you think these statements describe you today. There are no right or wrong answers.	Definitely NO!	No	Yes	Definitely YES!
It is my responsibility to help others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often think about how my actions affect other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I always do my part	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6) Is it OK for someone your age to:	Definitely OK	OK	Not OK	Definitely Not OK
... drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	All or Most	Half	Some	Hardly Any or None
7) How many kids in your school would you guess have used alcohol, cigarettes, or other drugs at least once?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) How many kids in your school do you think have used other drugs at least once?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9) What would you say if:	Definitely NO!	Probably No	Probably Yes	Definitely YES!
...someone offered you alcohol to drink (beer, wine, hard liquor)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... someone offered you a cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...someone offered you marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	None	Once	A few	4 to 7	8 to 15	16 to 30	More than 30
10) How many drinks of alcohol have you had in the past 30 days? Do NOT count if for religious services.	<input type="radio"/>						
11) How many times have you smoked cigarettes or chewed tobacco in the past 30 days?	<input type="radio"/>						
12) How many times have you smoked/vaped or eaten something that included marijuana in the past 30 days?	<input type="radio"/>						

13) How many <u>days</u> in the past 30 days have you:	None	One	2 or 3	4 to 7	8 to 15	16 to 30
...had alcohol to drink?	<input type="radio"/>					
...smoked cigarettes?	<input type="radio"/>					
...smoked marijuana?	<input type="radio"/>					

14) How sure are you that you would say NO if:	Not at all Sure	A little Sure	Somewhat Sure	Pretty Sure	Very Sure
...a family member (parent, brother, sister, aunt, uncle, etc.) offered you cigarettes, alcohol, or marijuana?	<input type="radio"/>				
...someone you don't know very well offered you cigarettes, alcohol, or marijuana?	<input type="radio"/>				
... a friend you really liked offered you cigarettes, alcohol, or marijuana?	<input type="radio"/>				

15) In the last 30 days, how often have you intentionally decided to stay away from people or places where you knew people your age were:	Never	Rarely	Sometimes	Often	Always
...drinking alcohol?	<input type="radio"/>				
...smoking cigarettes?	<input type="radio"/>				
...smoking marijuana?	<input type="radio"/>				

19) How often do you believe the following are true?	Never	Almost Never	Sometimes	Almost Always	Always
Smoking cigarettes makes it easier to concentrate.	<input type="radio"/>				
Drinking alcohol makes it easier to have a good time with friends.	<input type="radio"/>				
Smoking marijuana makes food taste better.	<input type="radio"/>				
Drinking alcohol makes parties more fun.	<input type="radio"/>				
Smoking cigarettes makes people less nervous.	<input type="radio"/>				
Drinking alcohol makes it easier to be part of a group.	<input type="radio"/>				

20) When I have a problem or need to make an important decision, I:	Never	Almost Never	Sometimes	Almost Always	Always
Get the information needed to make the best choice.	<input type="radio"/>				
Let someone else decide for me (parent/adult).	<input type="radio"/>				
Think of as many possible choices or ways of solving the problem	<input type="radio"/>				
Make the best choice and then do it.	<input type="radio"/>				
Just let it happen.	<input type="radio"/>				