

SFY2025 Grantee Survey Training

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policy • partnership • prevention



Agenda

- **Survey Overview**
 - Who uses them?
 - Why do they matter?
- **Survey Instructions**
 - How to access surveys
 - How to implement surveys
 - Obtaining Parental Consent
 - Tips & tricks
- **Survey Discussion**
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Participant Survey Overview

Who uses participant surveys?

Grantees providing direct curriculum-based prevention education (i.e., LifeSkills, Positive Action, Strengthening Families) are required to conduct surveys with program participants at the completion of each program cohort.

Participant Survey Overview

Value for ODP

The surveys are used to inform ODPs overall annual state-level grant program evaluation:

- Helps ODP understand which EBPs are being impactful with different populations
- Allows ODP to demonstrate the positive impact of primary prevention grant funds to the State Legislature

Value for Grantee

After the program year eligible providers will receive an outcome report from their programs' survey results. The state- and provider-level survey evaluations:

- Help grantees understand and demonstrate the impact and value of programs
- Outcomes can be used to guide and/or strengthen an organizations applications in future years
- Data can be used to support efforts to receive grant funds from other sources

Survey Changes



Participant Surveys Changed in SFY2025

- There is **NO** Younger Youth (Grades 4-5) Survey.
- The Older Youth (Grades 6-12) Survey has been transitioned from a pre-post format to a **retrospective** format.

Participant Survey Overview

Types of Surveys

- Older Youth (Grades 6-12) Survey
- Parent Survey (English and Spanish)

Survey Formats

- Paper-Based
- Online, Computer-Based

Youth Survey <REGION ###> <PROVIDER-----> <PROGRAM----->

This survey is designed to give us information about your health knowledge, attitudes, and behaviors. Please answer all of the questions honestly. Your answers are confidential – no one will ever know how you answered. Please bubble in the response that best matches your answer. Do not put your name on this form.

Please completely fill in the bubble for your answer: Like This: ● NOT Like This: ☒ ☑ ☐

On the left side, mark the answer for each question that best fit you **BEFORE** you started the program. On the right side, mark the answer for each question that best fits you **NOW** that you have completed the program.

Yes	No	← BEFORE, Did you ever...	NOW, Do you... →	Yes	No
<input type="radio"/>	<input type="radio"/>	1. Drink alcoholic beverages (beer, wine, or hard liquor) – more than just a few sips?		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	2. Have 5 or more drinks of an alcoholic beverage in a row?		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	3. Use tobacco or nicotine in any form (including cigarettes, chewing tobacco, Zyn nicotine pouches, or vape)?		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	4. Use marijuana in any form (including pot, weed, edibles, or vape)?		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	5. Misuse prescription drugs?		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	6. Use electronic vaping devices (including e-cigarettes, vape pens, or JUUL)?		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	7. Have you talked with at least one of your parents/caregivers about the dangers of tobacco, alcohol, or drug use?		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	8. Have you and either of your parents/caregivers discussed family rules or expectations about using drugs?		<input type="radio"/>	<input type="radio"/>

Never	Sometimes but not often	Often	All the time	← BEFORE, How often did you...	NOW, How often do you... →	Never	Sometimes but not often	Often	All the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Stop to think about your options before you make a decision?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Stop to think about how your decisions may affect others' feelings?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Stop and think about all of the things that may happen as a result of your decisions?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. Make good decisions.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On the left, **BEFORE** you started the program, how much did you think people risked harming themselves when they would... On the right, **NOW** that you have completed the program, how much do you think people risk harming themselves when they...

No risk	Slight risk	Moderate risk	Great risk	← BEFORE	NOW →	No risk	Slight risk	Moderate risk	Great risk
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. Use tobacco or nicotine in any form (including cigarettes, chewing tobacco, Zyns, or vape)?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. Use marijuana once or twice per week?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. Have one or two alcoholic beverages nearly every day.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Have five or more drinks of an alcoholic beverage once or twice a week?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. Misuse prescription drugs?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Use electronic vaping devices (including e-cigarettes, vape pens, or JUUL)?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Parenting Survey <REGION ###> <PROVIDER-----> <PROGRAM----->

This survey is designed to help us understand how well this parenting program supports families to live and work together. Your answers will be kept strictly confidential and will only be reported as part of the entire group of people taking this program. Completing this survey is not a requirement to take the parenting program. Thank you for your participation.

Please completely fill in the bubble for your answer: Like This: ● NOT Like This: ☒ ☑ ☐

On the left side, for each question, choose the option that best indicates how often each item currently occurs, **NOW** that you have taken the program. On the right side, for each question, choose the option that best indicates how often each item previously occurred, **BEFORE** you came to the program.

Always	Almost always	About half the time	Almost never	Never	← NOW	BEFORE →	Always	Almost always	About half the time	Almost never	Never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. How often do you give up when you ask your child to do something and he or she doesn't do it?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Once a discipline has been decided, how often can he or she get out of it?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. How often do you discipline your child for something at one time, and then at other times not discipline him or her for the same thing?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. When you discipline your child, how often does the kind of discipline you use depend on your mood?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. How often do you give reasons to your child for your decisions?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. How often do you ask your child what he or she thinks before making decisions that affect him or her?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. When he or she doesn't know why you make certain rules, how often do you explain the reasons?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On the left side, choose the option showing how much you agree with each statement, **NOW** that you have taken the program. On the right side, choose the option showing how much you agreed with each statement **BEFORE** you came to the program.

Strongly agree	Agree	Neutral or mixed	Disagree	Strongly disagree	← NOW	BEFORE →	Strongly agree	Agree	Neutral or mixed	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. I have clear and specific rules about my child's association with peers who use alcohol, tobacco, or other drugs.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. I have explained my rules concerning alcohol, tobacco, or other drug use to my child.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. I have explained the consequences of not following my rules concerning alcohol, tobacco, or other drugs to my child.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. I am able to control my anger and frustration with my child.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. I work hard with my child on ways to express and control his/her anger and frustration.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. I find ways to keep my child involved with fun activities in our family.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. I find ways to keep my child involved in family work activities (chores, for example).		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Survey Instructions

How to Access Surveys

Paper-based surveys were shared via email and can be accessed through your Grantee Portal on Neighborly.

Online, computer-based surveys are provided upon request. Please complete this form to request online computer-based surveys:

<https://form.jotform.com/IdahoODP/survey-request-form>

Survey Administration Instructions

Survey Administration Instructions, Example Surveys, Parental Consent Information, and other resources can be found at:

<https://prevention.odp.idaho.gov/provider-information>



Program Survey Administration Instructions

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Survey Administration for Prevention Programming

To evaluate the investment in substance misuse prevention programs the Idaho Office of Drug Policy (ODP) requires grantees that implement direct service, evidence-based programs and curriculums to conduct retrospective survey assessments with program participants. The goal of the retrospective survey assessments is to measure the substance use-related attitude and behavioral outcomes for the various evidence-based programs.

Working with professional evaluators, ODP developed surveys to assess program outcomes among two different age groups (older youth & parents) as well as survey administration procedures. Participant surveys can be implemented via a paper-based or computer-based format and the two formats have different implementation procedures. Please read the following guidance for detailed instructions on how to properly implement paper-based surveys (pages 3-6) and computer-based surveys (page 7).

Questions or concerns related to the survey forms or procedures should be directed to Grace Tucker at grace.tucker@odp.idaho.gov

Who Do You Survey?

- If possible, ODP recommends that you survey all participants that receive direct service, evidence-based curriculum programs (youth and parent participants).
- If your program serves more than 300 participants and you are not able to survey all of them, notify ODP and we will randomly select cohorts for you to survey. Providers with less than 300 program participants are asked to administer the survey to all participants.
- Participants in Grades 5 and under should not be surveyed.

Obtaining Parental Consent

Parental consent must be obtained before the implementation of youth surveys. Grantees administering youth surveys to ODP grant-funded program participants have the option of using passive parental consent or active consent, depending on the preferences of stakeholders.

- Under **passive consent** procedures, parents/guardians inform the program facilitator only if they do not want their child to participate in the survey process (opt out).
- Under **active consent** procedures, parents/guardians inform the program facilitator only if they do want their child to participate (opt in).

Keep a list of youth whose parents have declined their participation in the survey and be sure to administer the survey only to youth whose parents have not declined their participation.



Before implementing youth surveys: providers should review the **[Parental Consent Policy on Idaho Substance Abuse Prevention Programs Serving Minors](http://www.prevention.odp.idaho.gov/provider-information)**. Located at www.prevention.odp.idaho.gov/provider-information

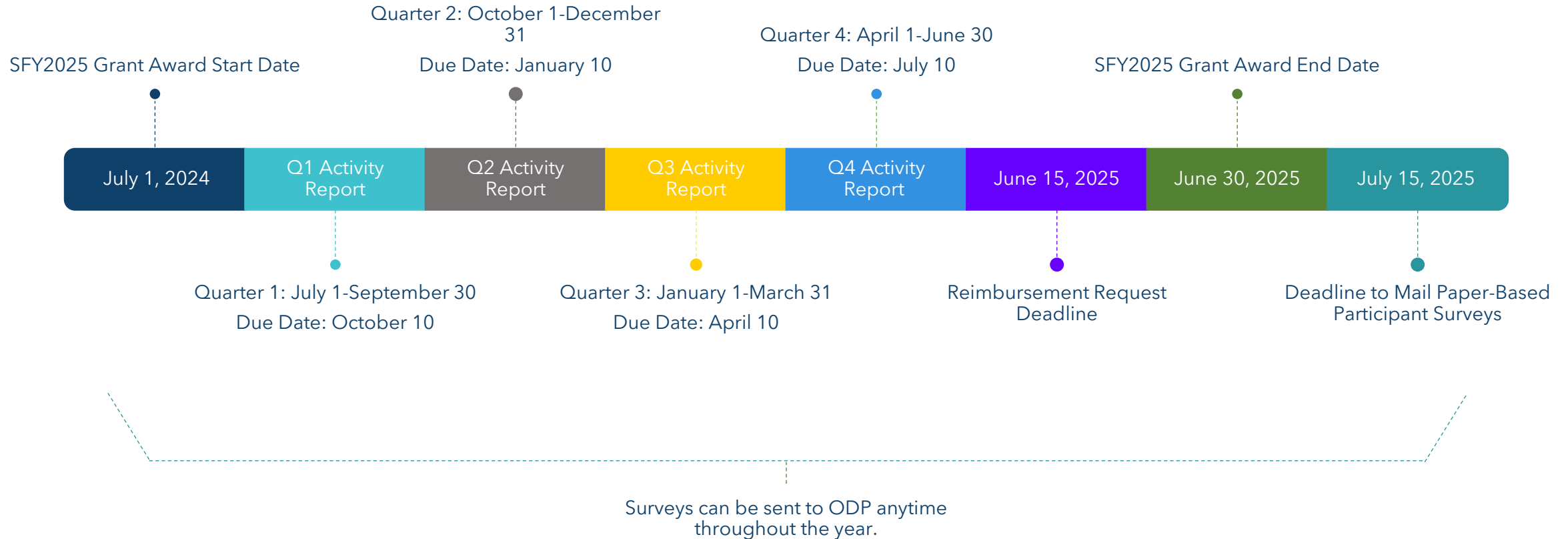
Submitting Completed Surveys to ODP

- Grantees will submit completed paper-based surveys to ODP by mail. Grantees can send surveys to ODP at any time - you do not need to wait until you have a certain amount collected or until all programming is completed.
- ODP will then count the surveys and send them to our optical survey scanning contractor to be scanned and processed.
- Please note: when grantees use online surveys the program participants will submit their survey responses online. Grantees do not need to print them off and mail them as paper surveys.

ODP Mailing Address:

**Idaho Office of Drug Policy
ATTN: Grace Tucker
304 N 8th St. STE 455
Boise, ID 83720**

SFY2025 Grant Timeline



Survey Administration Guidance

- Make sure to only use the **SFY2025 surveys** provided by ODP.
- ODP provides the surveys to grantees as PDF files. **DO NOT alter or make any changes** to the survey documents.
- Both the Parent and Older Youth surveys are two pages - but one page, front and back. **Please ensure you print all surveys on one piece of paper - so you will print them double-sided** (flip on short edge). Surveys cannot be used if they are printed on two, one-sided pieces of paper. If you do not have the ability to print the surveys on one page, front and back, please notify ODP and we can print and mail surveys to you.
- Make sure that the surveys remain **anonymous** and that participants **do not** write their names on the surveys.
- If using a copier, we recommend making all copies from one **original print-out**. Do not make copies of copies.
- Print all surveys on **regular WHITE** copy paper. Please do not use colored paper, as it will cause the survey scanning software to read all responses as marked.

Survey Administration Guidance Continued

- Program participants can complete the surveys/fill in the survey response bubbles using a **dark-colored ballpoint pen or pencil**. We do not recommend using markers or felt-tip pens (which bleed through the paper, potentially causing errors to responses on the opposite side), crayons (which can jam the scanner), or highlighters (which are too light to be recognized by the software).
- **Avoid** having program participants complete surveys while eating, immediately after an arts and crafts project, or on surfaces that may have food, liquids, or art supplies on them that could get on the survey. Anything that sticks to the paper (e.g., food smudges, glue, paint) will cause the survey to jam in the scanner, potentially destroying the survey and/or scanner.
 - This includes white-out - **do not use white-out to correct a response**. If an error is made, respondents can cross out the incorrect response and mark their intended response.
- We recommend that grantees track delivery of all survey packages mailed to ODP to ensure successful delivery.

Grantee Questions & Discussion

- Jessie Dexter, jessie.dexter@odp.idaho.gov
- Grace Tucker, grace.tucker@odp.idaho.gov

