

FAMILY CIRCLES EXIT ASSESSMENT

For course participants age 18 or older only.

THANK YOU for participating in Family Circles. (Instructor/facilitator should read aloud this opening) Your input and feedback is very important to help all of us understand if the Family Circles course content and methods met your needs. This survey will document what has been learned, how the course has impacted your family and how the course can be improved for others in the future. Please answer the questions as accurately as possible. Do NOT put your name on the survey. The survey information will be analyzed without your name associated the survey you completed in order to protect your confidentiality. A course evaluation report will be available for you upon request in one month. We encourage your participation in the survey, though you may decline if you wish. For more information, please contact XXXXXXXXX. Thank you.

1. Spirituality and/or religion is important in my life (check the most appropriate response and if you are interested in learning more).

a lot
somewhat
a little
not at all

2. I seek guidance through religious/spiritual means and/or Tribal Elders.

always
often
sometimes
rarely
never

3. I use Traditional Native remedies/practices.

always
often
sometimes
rarely
never

4. I use the four medicines in a good way.

always
often
sometimes
rarely

never

I don't know what the four medicines are

5. I play traditional games (such as moccasin game, snow snake, bones, lacrosse).

always
often
sometimes
rarely
never

6. I participate in traditional dances.

always
often
sometimes
rarely
never

7. I participate in traditional singing and/or drumming.

always
often
sometimes
rarely
never

8. I create traditional arts and crafts (such as beadwork, quillwork, regalia making, basket making) and/or use traditional subjects or materials in modern forms of artwork.

liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does NOT include a few sips of wine for religious purposes.

20. During the *past 30 days*, on how many days did you have at least one drink of alcohol?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

21. During the *past 30 days*, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a few hours?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

22. How wrong do you think it is for someone your age to drink beer, wine, or hard liquor (for example; vodka, tequila, whiskey)?

- very wrong
- wrong
- a little bit wrong
- not at all wrong

23. How wrong do *your parents* feel it would be for you to drink beer, wine, or hard liquor (for example; vodka, tequila, whiskey)?

- very wrong
- wrong
- a little bit wrong

not at all wrong

24. How much do you think people risk harming themselves (physically or in other ways) when they have *one or two drinks* nearly every day?

- no risk
- slight risk
- moderate risk
- great risk
- don't know or can't say

25. How much do you think people risk harming themselves (physically or in other ways) when they have *five or more drinks* once or twice each week?

- no risk
- slight risk
- moderate risk
- great risk
- don't know or can't say

26. If you wanted to, how easy would it be for

10 to 19 times
20 to 39 times

36. What would you recommend to improve Family Circles for future participants