

YOUTH SURVEY: Grades 6-12

2016-17

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: ☑ ☒ ☓

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. What grade are you in?
<input type="radio"/> 6th <input type="radio"/> 10th
<input type="radio"/> 7th <input type="radio"/> 11th
<input type="radio"/> 8th <input type="radio"/> 12th
<input type="radio"/> 9th | 2. What is your gender?
<input type="radio"/> Male
<input type="radio"/> Female | 3. What is your race/ethnicity? (Mark all that apply)
<input type="radio"/> White <input type="radio"/> Hispanic
<input type="radio"/> Native American <input type="radio"/> Pacific Islander
<input type="radio"/> Black <input type="radio"/> Asian
<input type="radio"/> Other |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

	No Risk	Slight Risk	Moderate Risk	Great Risk
4. How much do you think people risk harming themselves physically or in other ways if they:				
a. Use marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Use prescription drugs not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have five or more alcoholic beverages once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have one or two alcoholic beverages nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Use electronic vapor product (e-cigarette, vape pen)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not At All Wrong	A Little Bit Wrong	Wrong	Extremely Wrong
5. How wrong is it for someone your age to:				
a. Use marijuana (pot, weed)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Use electronic vapor product (e-cigarette, vape pen)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have five or more alcoholic beverages once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have one or two alcoholic beverages nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Use tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0 Days	1-2 Days	3-5 Days	6-9 Days	10-19 Days	20-29 Days	30 Days
6. During the past 30 days, how many days did you:							
a. Drink alcohol?	<input type="radio"/>						
b. Use electronic vapor product (e-cigarette, vape pen)?	<input type="radio"/>						
c. Use prescription drugs not prescribed to you?	<input type="radio"/>						
d. Use marijuana (pot, weed)?	<input type="radio"/>						
e. Use tobacco?	<input type="radio"/>						

	None of the Time	A Little of the Time	Most of the Time	All of the Time
7. How often do you:				
a. Think about how others might feel about what you're doing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Resolve conflicts with someone without yelling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Talk behind someone else's back?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Stand up for someone who is being made fun of or teased?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. How often do you:	None of the Time	A Little of the Time	Most of the Time	All of the Time
e. Feel safe at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Feel like you fit in at this school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Feel comfortable talking to an adult about your feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Have difficulty making friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. How much do you agree with each statement?	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
If all my friends wanted me to _____, it would be hard for me to say "no".					
a. drink alcohol	<input type="radio"/>				
b. use prescription medication not prescribed to me.....	<input type="radio"/>				
c. use marijuana	<input type="radio"/>				
d. use tobacco	<input type="radio"/>				
<u>Answer these three questions at the end of the program only:</u>					
e. Someone my age is less likely to use drugs or alcohol after being in this program.....	<input type="radio"/>				
f. I would recommend this program to other people my age.....	<input type="radio"/>				
g. This program has helped me understand the risk of substance use.	<input type="radio"/>				

Thank you for taking part in this survey!

FOR STAFF USE ONLY:					
<u>Region:</u>	<u>Provider:</u>	<u>Program:</u>			
<input type="radio"/> 1 <input type="radio"/> 5	<input type="radio"/> AJI Counseling/Pt of Hope	<input type="radio"/> Active Parenting			
<input type="radio"/> 2 <input type="radio"/> 6	<input type="radio"/> Bannock Cty JJ	<input type="radio"/> Al's Pals			
<input type="radio"/> 3 <input type="radio"/> 7	<input type="radio"/> Bannock Youth Fnd	<input type="radio"/> Boomerang Project Link Crew			
<input type="radio"/> 4	<input type="radio"/> Basin Schl Dist	<input type="radio"/> CAMP			
	<input type="radio"/> Bear Lake Schl Dist	<input type="radio"/> eCHUG			
<u>Survey:</u>	<input type="radio"/> Boise County	<input type="radio"/> Life Skills Training			
<input type="radio"/> Pre	<input type="radio"/> Boise Schl Dist	<input type="radio"/> Nurturing Parenting Program			
<input type="radio"/> Post	<input type="radio"/> Boys & Girls Club	<input type="radio"/> Parent Project			
	<input type="radio"/> Catholic Char Idaho	<input type="radio"/> PATHS			
	<input type="radio"/> Clearwater Youth Alliance	<input type="radio"/> Positive Action			
	<input type="radio"/> Comm Coalition SA Prev	<input type="radio"/> Project Alert			
	<input type="radio"/> Council Schl Dist	<input type="radio"/> Project Northland			
	<input type="radio"/> Custer County Coalition	<input type="radio"/> Project Towards No Drug Abuse			
	<input type="radio"/> Emmett Schl Dist	<input type="radio"/> Project Towards No Drug Abuse +			
	<input type="radio"/> Enough Is Enough Coal'n	<input type="radio"/> Second Step			
	<input type="radio"/> Homedale Schl Dist	<input type="radio"/> Strengthening Families			
	<input type="radio"/> Kamiah Schl Dist				
	<input type="radio"/> Kellogg Joint Schl Dist				
	<input type="radio"/> Kootenai Juvenile Div				
	<input type="radio"/> Lewis Clark State Coll				
	<input type="radio"/> Lifeways, Inc				
	<input type="radio"/> Lutheran Comm Svc				
	<input type="radio"/> Middleton Un SA Cncl				
	<input type="radio"/> Minidoka County				
	<input type="radio"/> Mtn View Schl Dist				
	<input type="radio"/> Parma Schl Dist				
	<input type="radio"/> Pennys Prev Svcs				
	<input type="radio"/> Prevention Assoc				
	<input type="radio"/> ReVisions Soc Svcs				
	<input type="radio"/> Salmon Schl Dist				
	<input type="radio"/> Sandpoint Police Dept				
	<input type="radio"/> St. Luke's McCall				
	<input type="radio"/> St. Vinc de Paul ICARE				
	<input type="radio"/> Still Waters Outreach				
	<input type="radio"/> Twin Falls Tx & Rec Ctr				
	<input type="radio"/> Vallivue Schl Dist				
	<input type="radio"/> Women Child Alliance				