

YOUTH SURVEY: Grades 6-12

2015-16

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?

- 6th 10th
 7th 11th
 8th 12th
 9th

2. What is your gender?

- Male
 Female

3. What is your race/ethnicity? (Mark one)

- White Hispanic
 Native American Pacific Islander
 Black Asian
 More than one race

4. How much do you think people risk harming themselves physically or in other ways if they:

	No Risk	Slight Risk	Moderate Risk	Great Risk
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"/>

5. How wrong is it for someone your age to:

	Not At All Wrong	A Little Bit Wrong	Wrong	Extremely Wrong
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"/>

6. During the past 30 days, how many days did you:

	0 Days	1-2 Days	3-5 Days	6-9 Days	10-19 Days	20-29 Days	30 Days
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"/>						

Please continue on the other side →

7. How much do you agree with each statement?

Strongly Disagree	Disagree	Agree	Strongly Agree
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- | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a. If all my friends wanted me to drink alcohol , it would be difficult for me to resist. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. If all my friends wanted me to use prescription medication not prescribed to me, it would be difficult for me to resist..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. If all my friends wanted me to use marijuana , it would be difficult for me to resist. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. If all my friends wanted me to use tobacco , it would be difficult for me to resist. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Answer these three questions at the end of the program only:

- | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| e. A person my age is less likely to use substances after being in this program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. I would recommend this program to other people my age..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. This program has helped me understand the risk of substance use..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <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	<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	<input type="radio"/> Class Action
<input type="radio"/> 4	<input type="radio"/> Basin Schl Dist	<input type="radio"/> eCHUG
	<input type="radio"/> Bear Lake Schl Dist	<input type="radio"/> Guiding Good Choices
Survey:	<input type="radio"/> Boise County CJ	<input type="radio"/> Life Skills Training
<input type="radio"/> Pre	<input type="radio"/> Boise Schl Dist	<input type="radio"/> Life Skills Parenting
<input type="radio"/> Post	<input type="radio"/> Boise State University	<input type="radio"/> Nurturing Parenting Program
	<input type="radio"/> Boys & Girls MV	<input type="radio"/> Positive Action
	<input type="radio"/> BYDC	<input type="radio"/> Project Alert
	<input type="radio"/> Catholic Char Idaho	<input type="radio"/> Second Step
	<input type="radio"/> Clearwater Youth Alliance	<input type="radio"/> Steps to Respect
	<input type="radio"/> Comm Coalition SA Prev	<input type="radio"/> Strengthening Families
	<input type="radio"/> Council Schl Dist	<input type="radio"/> Towards No Drug Abuse
	<input type="radio"/> Homedale Schl Dist	<input type="radio"/> TND+
	<input type="radio"/> ICARE St Vincent de Paul	
	<input type="radio"/> Kamiah Commun Prtnrs	
	<input type="radio"/> Kamiah Schl Dist	
	<input type="radio"/> Kellogg Joint Schl Dist	
	<input type="radio"/> Kootenai Alliance	
	<input type="radio"/> Kootenai Juvenile Div	
	<input type="radio"/> Lutheran Comm Svc	
	<input type="radio"/> Minidoka County	
	<input type="radio"/> Mtn View Schl Dist	
	<input type="radio"/> Nez Perce Stdts 4 Scss	
	<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"/> St. Luke's McCall	
	<input type="radio"/> Still Waters Outreach	
	<input type="radio"/> Twin Falls Tx & Rec Ctr	
	<input type="radio"/> Vallivue Schl Dist	
	<input type="radio"/> Walker Center	
	<input type="radio"/> Women Child Alliance	