

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"/>

On the left, **BEFORE** you started the program, how wrong did you think it was for someone your age to ...

On the right, **NOW** that you have completed the program, how wrong do you think it is for someone your age to ...

Not wrong at all	Somewhat wrong	Very wrong	← BEFORE	NOW →	Not wrong at all	Somewhat wrong	Very wrong
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. Drink alcohol?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20. Have five or more alcoholic beverages once or twice per week?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21. Use tobacco or nicotine?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22. Use marijuana?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23. Misuse prescription drugs?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24. Use electronic vaping devices (e-cigarettes, vape pens, or JUUL)?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On the left, **BEFORE** you started the program, how sure were you that you could say **NO** to drugs or alcohol if you really wanted to...

On the right, **NOW** that you have completed the program, how sure are you that you could say **NO** to drugs or alcohol if you really wanted to...

Not at all	Slightly	Somewhat	Mostly	Completely	← BEFORE	NOW →	Not at all	Slightly	Somewhat	Mostly	Completely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25. If you are at a party where most people are using 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"/>	26. If a very close friend suggests that you use 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"/>	27. If you are home alone and feeling sad or bored?		<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"/>	28. If you are on school property and someone offers 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"/>	29. If you're hanging out at a friend's house whose parents aren't home?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On the left, **BEFORE** you started the program, how many of the students in your grade at school would you have said...

On the right, **NOW** that you've completed the program, how many of the students in your grade at school would you say ...

None of them	A few of them	Most of them	All of them	← BEFORE	NOW →	None of them	A few of them	Most of them	All of them
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30. Drink alcohol?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	31. Use tobacco or nicotine in any form?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	32. Use marijuana?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	33. Misuse prescription drugs?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. What grade are you in?

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

35. What is your gender?

- Male
 Female
 Other
 I prefer not to say

36. What is your race/ethnicity? (Mark all that apply.)

- White Asian
 Black or African American Native Hawaiian/Other Pacific Islander
 Hispanic American Indian/Alaska Native