

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

35. What is your gender?

- Male
- Female
- Other
- I prefer not to say

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

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