

Lucas County 2010 YOUTH SURVEY



DIRECTIONS

This survey is being given to students in **grades 5 and 6**. Your answers will be added to the survey to help us learn about students. We hope to learn whether students smoke cigarettes, use alcohol, or use other drugs. We want to hear what you have to say.

This is not a test. You do not have to take this survey. If you do not wish to start the survey, or wish to stop once you have started, that will be alright. No one will become angry with you, nor will you be in trouble.

Please be truthful and honest with your answers. The answers you give cannot be used to identify you. Your answers will not be shown to anyone. No one will know your personal answers to the questions. **DO NOT** write your name on the survey. Please read each question carefully before marking your answers. Mark your answers on the answer sheet.

Please mark the response that best describes you.

• What is the zip code where you live?

Mark your answer in the space provided on your answer sheet.

• What grade are you in school?

- A . 5th
- B . 6th

1. How old are you?

- A . 8 or younger
- B . 9
- C . 10
- D . 11
- E . 12
- F . 13
- G . 14

2. What is your gender?

- A . Male
- B . Female

3. How would you best describe yourself?

- A . White
- B . Black or African American
- C . Hispanic or Latino
- D . Asian
- E . Native Hawaiian or Other Pacific Islander
- F . Middle Eastern
- G . Native American
- H . Multicultural
- I . Other

Do you ever think that you will do any of the following?	No, I never will	Maybe I will someday	Yes, I will someday	I already have
4. Do you think you will ever chew tobacco or use snuff?	A	B	C	D
5. Do you think you will ever smoke cigarettes?	A	B	C	D
6. Do you think you will ever drink beer?	A	B	C	D
7. Do you think you will ever drink wine or liquor?	A	B	C	D
8. Do you think you will ever huff, inhale, or sniff something in order to get high?	A	B	C	D

9. During the past 30 days, have you smoked cigarettes?

- A . Not at all
- B . Less than one cigarette per day
- C . One to five cigarettes per day
- D . About one-half pack per day
- E . About one pack or more per day

10. During the past 30 days, have you used smokeless tobacco (snuff, plug, chewing tobacco, dip, etc.)?

- A . Not at all
- B . Once or twice
- C . Once or twice per week
- D . Several times per week
- E . Once or more per day

11. From where have you learned the most about not using drugs or alcohol?

- A . School
- B . Friends
- C . Parents
- D . Relatives
- E . Place of worship
- F . Clubs
- G . Media (TV, Radio)
- H . Other

12. If you thought you had a problem with alcohol or other drugs, who would you talk to?

- A . Parents/stepparents
- B . Other family member
- C . Other adult
- D . Peer listener or hotline
- E . Friend
- F . School Counselor
- G . Other

Do YOU disapprove of your friends and classmates doing any of the following?	Don't Disapprove	Disapprove	Strongly Disapprove
13. Using tobacco (cigarettes, cigars, chewing tobacco, or dip)	A	B	C
14. Smoking marijuana	A	B	C
15. Drinking alcohol (beer, wine, liquor)	A	B	C

16. During the school year, how often do you participate in sports or athletic activities (team sports such as football, basketball, track, etc.), dance class, or swimming

- A . Never
- B . 1-2 times per month
- C . 1-2 times per week
- D . Almost daily

17. On an average school day, how many hours do you watch TV, play video games, or use a computer for things other than school work?

- A . 1 hour or less
- B . 2 hours per day
- C . 3 hours per day
- D . 4 hours per day
- E . 5 hours or more per day
- F . Not at all

18. **During the past 30 days**, on how many occasions (if any) have you had alcohol to drink (beer, wine coolers, malt liquor, liquor - more than just a few sips - not counting religious services)?
- A . Never D . 6 - 10 times
B . 1 - 2 times E . 11+ times
C . 3 - 5 times
19. **During the past 30 days**, on how many occasions (if any) have you used marijuana (pot, weed, blunt, bud, greens, etc.)?
- A . Never D . 6 - 10 times
B . 1 - 2 times E . 11+ times
C . 3 - 5 times
20. **During the past 30 days**, on how many occasions (if any) have you used inhalants (things some people sniff, huff, or inhale to get high)?
- A . Never D . 6 - 10 times
B . 1 - 2 times E . 11+ times
C . 3 - 5 times
21. **During the past year**, on how many occasions (if any) have you had alcohol to drink (beer, wine coolers, malt liquor, liquor - more than just a few sips -not counting religious services)?
- A . Never D . 6 - 10 times
B . 1 - 2 times E . 11+ times
C . 3 - 5 times
22. **During the past year**, on how many occasions (if any) have you used marijuana (pot, weed, blunt, bud, greens, etc.)?
- A . Never D . 6 - 10 times
B . 1 - 2 times E . 11+ times
C . 3 - 5 times
23. **During the past year**, on how many occasions (if any) have you used inhalants (things some people sniff, huff, or inhale to get high)?
- A . Never D . 6 - 10 times
B . 1 - 2 times E . 11+ times
C . 3 - 5 times
24. **During the past year**, on how many occasions (if any) have you used vitra-tabs or vital (vits, vt's)?
- A . Never D . 6 - 10 times
B . 1 - 2 times E . 11+ times
C . 3 - 5 times
25. **During the past year**, on how many occasions (if any) have you taken Ritalin, Adderall, Concerta, or Stratera without a doctor's prescription?
- A . Never D . 6 - 10 times
B . 1 - 2 times E . 11+ times
C . 3 - 5 times
26. **During the past year**, on how many occasions (if any) have you used caffeinated energy drinks (Red Bull, Rock Star, Monster, etc.)?
- A . Never D . 6 - 10 times
B . 1 - 2 times E . 11+ times
C . 3 - 5 times
27. **How much do you think people risk hurting themselves if they use tobacco (cigarettes, cigars, or chewing tobacco, dip, etc.)?**
- A . No harm
B . Slight harm
C . Medium harm
D . Great harm
E . Don't know
28. **How much do you think people risk hurting themselves if they use marijuana (pot, weed, blunt, bud, greens, etc.)?**
- A . No harm
B . Slight harm
C . Medium harm
D . Great harm
E . Don't know

29. **How much do you think people risk hurting themselves if they drink alcohol (beer, wine, liquor)**

- A . No harm
B . Slight harm
C . Medium harm
D . Great harm
E . Don't know

Do you think your parents would disapprove if you were doing any of the following?

	Don't Disapprove	Disapprove	Strongly Disapprove
30. Using tobacco (cigarettes, cigars, chewing tobacco, or dip)	A	B	C
31. Smoking marijuana	A	B	C
32. Drinking alcohol (beer, wine, liquor)	A	B	C

33. **Do you feel safe in your school?**
A. Yes B. No
34. **Do you feel safe in your neighborhood?**
A. Yes B. No
35. **If you have used alcohol, how old were you when you first started?**
A. Never Used D. 10 F. 12
B. 8 or younger E. 11 G. 13
C. 9
36. **If you have used marijuana, how old were you when you first started?**
A. Never Used D. 10 F. 12
B. 8 or younger E. 11 G. 13
C. 9
37. **If you have used tobacco products (cigarettes, chewing tobacco, snuff, dip) how old were you when you first started?**
A. Never Used D. 10 F. 12
B. 8 or younger E. 11 G. 13
C. 9
38. **Do you think there is a serious drug problem at your school?**
A . Strongly agree D . Disagree
B . Agree E . Strongly disagree
C . Undecided
39. **What grades do you typically get in school?**
A . Mostly A's
B . Mostly B's
C . Mostly C's
D . Mostly D's
E . Mostly F's
40. **How honest were you in filling out the survey?**
A . I was very honest
B . I was honest most of the time
C . I was honest some of the time
D . I has honest once in a while
E . I was not honest at all

Thank You!
We appreciate your help.

