

# ARIZONA YOUTH SURVEY

1. Thank you for agreeing to participate in this survey. The purpose of this survey is to learn how students in our schools feel about their community, family, peers, and school. The survey also asks about health behaviors.
- 2. The survey is completely voluntary and anonymous. DO NOT put your name on the questionnaire.**
3. This is not a test, so there are no right or wrong answers. We would like you to work quickly so you can finish.
4. All of the questions should be answered by completely filling in one of the answer spaces. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank. You can skip any question that you do not wish to answer.
5. For questions that have the following answers: **NO! no yes YES!**  
 Mark (the BIG) **NO!** if you think the statement is **DEFINITELY NOT TRUE** for you.  
 Mark (the little) **no** if you think the statement is **MOSTLY NOT TRUE** for you.  
 Mark (the little) **yes** if you think the statement is **MOSTLY TRUE** for you.  
 Mark (the BIG) **YES!** if you think the statement is **DEFINITELY TRUE** for you.

Example: Chocolate is the best ice cream flavor.

NO!     no     yes     YES!

In the example above, the student marked "yes" because he or she thinks the statement is mostly true.

- 6. Please mark only one answer for each question by completely filling in the circle with a #2 pencil.**

**Please fill in the following information with the help of your teacher/survey assistant.**

**County:**

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

**Type:**

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

**District:**

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

**District Site:**

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

**Student's Zip Code:**

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

43  
42  
41  
40  
39  
38  
37  
36  
35  
34

1. Are you:     MALE     FEMALE
2. How old are you?  
 10 or younger     12     14     16     18  
 11     13     15     17     19 or older
3. What grade are you in?  
 6th     7th     8th     9th     10th     11th     12th
4. What is your race? (Mark all that apply.)  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Hawaiian or Other Pacific Islander  
 White

5. Are you Hispanic or Latino?     Yes     No
6. What is the language you use most often at home?  
 English     Spanish     Another language
7. Think of where you live most of the time. Which of the following people live there with you? (Mark all that apply.)  
 Mother     Uncle  
 Stepmother     Other Adult(s)  
 Father     Brother(s)  
 Stepfather     Stepbrother(s)  
 Foster Parent(s)     Sister(s)  
 Grandparent(s)     Stepsister(s)  
 Aunt     Other Children

31  
30  
27  
26  
25  
21  
20  
18  
17  
16  
15  
14  
13  
12  
11  
10  
9  
8

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

4

The next section asks about your experiences at school.

	NO!	no	yes	YES!
78				
76				
74				
8. In my school, students have lots of chances to help decide things like class activities and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90				
9. Teachers ask me to work on special classroom projects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67				
10. My teachers notice when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65				
11. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62				
12. There are lots of chances for students in my school to talk with a teacher one-on-one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60				
13. I feel safe at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58				
14. The school lets my parents know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56				
15. My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55				
16. Are your school grades better than the grades of most students in your class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52				
17. I have lots of chances to be part of class discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48				
45				
41				
40				

	Never	Seldom	Sometimes	Often	Almost always
35					
18. Now thinking back over the past year in school, how often did you:					
32					
31					
29					
27					
26					
25					
19. How often do you feel that the school work you are assigned is meaningful and important?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22					
20					

20. Putting them all together, what were your grades like last year?
- Mostly F's                       Mostly B's
- Mostly D's                       Mostly A's
- Mostly C's
21. How important do you think the things you are learning in school are going to be for your later life?
- Very important                       Slightly important
- Quite important                       Not at all important
- Fairly important

22. How interesting are most of your courses to you?
- Very interesting and stimulating     Slightly interesting
- Quite interesting                       Not at all interesting
- Fairly interesting

23. During the LAST FOUR WEEKS how many whole days of school have you missed because you skipped or 'cut'?
- None     2 days     4-5 days     11 or more days
- 1 day     3 days     6-10 days

24. Do you get a free or reduced cost lunch at school?
- Free lunch
- Reduced cost lunch
- Neither

The next questions ask about your feelings and experiences in other parts of your life.

25. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:

	Number of friends				
	0	1	2	3	4
a. participated in clubs, organizations or activities at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. tried beer, wine or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. made a commitment to stay drug-free?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. tried to do well in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. liked school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. dropped out of school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. been members of a gang?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. What are the chances you would be seen as cool if you:

Very good chance  
 Pretty good chance  
 Some chance  
 Little chance  
 No or very little chance

a. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. worked hard at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. defended someone who was being verbally abused at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. regularly volunteered to do community service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. How old were you when you first:

17 or older  
 16  
 15  
 14  
 13  
 12  
 11  
 10 or younger  
 Never

a. smoked 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"/>	<input type="radio"/>
b. smoked a cigarette, even just a puff?	<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"/>
c. had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?	<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"/>
d. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<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"/>
e. used methamphetamines (meth, crystal)?	<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"/>
f. got suspended from school?	<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"/>
g. got arrested?	<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"/>
h. carried a handgun?	<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"/>
i. attacked someone with the idea of seriously hurting them?	<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"/>
j. belonged to a gang?	<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"/>
k. gambled or bet on anything (cards, lottery, sports, bingo, dice, raffles, casino, internet or video games, etc.)?	<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. I do the opposite of what people tell me, just to get them mad.

- Very False                       Somewhat True  
 Somewhat False                 Very True

29. How wrong do you think it is for someone your age to:

Not wrong at all  
 A little bit wrong  
 Wrong  
 Very wrong

a. take a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. steal anything worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. attack someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. stay away from school all day when their parents think they are at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. drink beer, wine or hard liquor (for example, vodka, whiskey, or gin) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. use LSD, cocaine, amphetamines or another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. How many times in the past year (12 months) have you:

40+ times  
 30 to 39 times  
 20 to 29 times  
 10 to 19 times  
 6 to 9 times  
 3 to 5 times  
 1 to 2 times  
 Never

a. been suspended from school?	<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"/>
b. carried a handgun?	<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"/>
c. sold illegal 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"/>	<input type="radio"/>
d. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<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"/>
e. participated in clubs, organizations or activities at school?	<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"/>
f. been arrested?	<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"/>
g. done extra work on your own for school?	<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"/>
h. attacked someone with the idea of seriously hurting them?	<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"/>
i. been drunk or high at school?	<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"/>
j. volunteered to do community service?	<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"/>
k. taken a handgun to school?	<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"/>
l. been hit, slapped, pushed, shoved, kicked or any other way physically assaulted by your boyfriend or girlfriend?	<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"/>
m. seen someone punched with a fist, kicked, choked, or beaten up?	<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"/>
n. seen someone attacked with a weapon, other than a gun, such as a knife, bat, bottle, or chain?	<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"/>
o. seen someone shot or shot at?	<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"/>

31. I like to see how much I can get away with.

- 80  Very False  Somewhat True  
 79  Somewhat False  Very True

32. I ignore rules that get in my way.

- 77  Very False  Somewhat True  
 76  Somewhat False  Very True  
 75

33. How often have you done the following for money, possessions, or anything of value:

	Never	Before, but not in the past 12 months	At least once in the past 12 months	Once or twice a month	Once or twice a week	Almost every day
68 a. Played a slot machine, poker machine or other gambling machine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66 b. Played the lottery or scratch off tickets?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64 c. Bet on sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63 d. Played cards?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61 e. Bought a raffle ticket?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59 f. Played bingo?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58 g. Gambled on the internet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56 h. Played a dice game?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54 i. Bet on a game of personal skill such as pool or a video game?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53 j. Bet on a horse or other animal race?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52						
50						
48						
47						
46						
45						
43						

34. During the past 30 days, how many times did you RIDE in a car or other vehicle driven by someone who had been drinking alcohol?

- 39  0 times  4 or 5 times  
 37  1 time  6 or more times  
 36  2 or 3 times  
 35

35. During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been drinking alcohol?

- 33  0 times  4 or 5 times  
 30  1 time  6 or more times  
 29  2 or 3 times  
 28

36. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club ON SCHOOL PROPERTY?

- 26  0 times  6-7 times  
 24  1 time  8-9 times  
 22  2-3 times  10-11 times  
 21  4-5 times  12 or more times  
 20  
 19

37. During the past 12 months, how many times were you in a physical fight ON SCHOOL PROPERTY?

- 16  0 times  6-7 times  
 15  1 time  8-9 times  
 14  2-3 times  10-11 times  
 13  4-5 times  12 or more times  
 12

38. During the past 12 months, how often have you been picked on or bullied by a student ON SCHOOL PROPERTY?

- 10  0 times  6-7 times  
 7  1 time  8-9 times  
 6  2-3 times  10-11 times  
 5  4-5 times  12 or more times  
 4

39. During the past 30 days, on how many days did you NOT go to school because you felt you would be unsafe at school or on the way to or from school?

- 0 days  4-5 days  
 1 day  6 or more days  
 2-3 days

40. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club ON SCHOOL PROPERTY?

- 0 days  4-5 days  
 1 day  6 or more days  
 2-3 days

	NO!	no	yes	YES!
41. I think sometimes it's okay to cheat at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. It is all right to beat up people if they start the fight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. I think it is okay to take something without asking if you can get away with it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44. Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, or chewing tobacco)?

- Never  Regularly in the past  
 Once or twice  Regularly now  
 Once in a while but not regularly

45. How frequently have you used smokeless tobacco during the past 30 days?

- 0 days  10 to 19 days  
 1 or 2 days  20 to 29 days  
 3 to 5 days  All 30 days  
 6 to 9 days

46. Think back over the LAST TWO WEEKS. How many times have you had five or more alcoholic drinks in a row?

- None  3-5 times  
 Once  6-9 times  
 Twice  10 or more times

47. In the last 30 days, about how many times were you offered:

	Never	Once	2-3 times	4-6 times	7-10 times	More than 10 times
a. alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. other drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48. In the last 30 days, how often have you avoided people or places because you might be offered alcohol, cigarettes, marijuana, or other drugs?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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**On how many occasions (if any) have you:**

**OCCASIONS**

	0	1-2	3-5	6-9	10-19	20-39	40+	
49. had alcoholic beverages (beer, wine or hard liquor) to drink in your <b>lifetime</b> -- more than just a few sips?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	75
50. had beer, wine or hard liquor to drink during the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	73
51. used marijuana in your <b>lifetime</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	71
52. used marijuana during the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	69
53. used LSD or other hallucinogens in your <b>lifetime</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	67
54. used LSD or other hallucinogens during the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	65
55. used cocaine or crack in your <b>lifetime</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	63
56. used cocaine or crack during the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	61
57. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high in your <b>lifetime</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	59
58. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high during the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	56
59. used phenoxydine (pox, px, breeze) in your <b>lifetime</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	53
60. used phenoxydine (pox, px, breeze) during the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	51
61. used methamphetamines (meth, crystal meth) in your <b>lifetime</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	49
62. used methamphetamines (meth, crystal meth) in the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	47
63. used heroin or other opiates in your <b>lifetime</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	45
64. used heroin or other opiates during the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	43
65. used Ecstasy ('X', 'E', or MDMA) in your <b>lifetime</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	41
66. used Ecstasy ('X', 'E', or MDMA) in the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	39
67. used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in your <b>lifetime</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	37
68. used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	34
69. used prescription pain relievers (such as Vicodin, Oxycontin, Percocet, or Codeine) without a doctor telling you to take them in your <b>lifetime</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	31
70. used prescription pain relievers (such as Vicodin, Oxycontin, Percocet, or Codeine) without a doctor telling you to take them during the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28
71. used prescription stimulants (such as Ritalin, Adderal, or Dexedrine) without a doctor telling you to take them in your <b>lifetime</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25
72. used prescription stimulants (such as Ritalin, Adderal, or Dexedrine) without a doctor telling you to take them during the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22
73. used prescription sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) in your <b>lifetime</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19
74. used prescription sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) during the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16
75. used over the counter drugs (such as cough syrup, cold medicine, or diet pills) for the purposes of getting high in your <b>lifetime</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13
76. used over the counter drugs (such as cough syrup, cold medicine, or diet pills) for the purposes of getting high during the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10

77. In the last 30 days, how often did you respond in the following ways when alcohol, cigarettes, marijuana or other drugs were offered to you? (Fill in an answer for each way of responding)

	Never	Once	Twice	Three times	Four or more times	I never got offers
78						
77						
76						
75						
74						
73						
72						
71						
70						
69						
66						
63						

a. say "No" without giving a reason why?

b. give an explanation or excuse to turn down the offer?

c. decide to leave the situation without accepting the offer?

d. use some other way to not accept the alcohol or drugs?

78. Have you ever smoked cigarettes?

- Never  Regularly in the past  
 Once or twice  Regularly now  
 Once in a while but not regularly

79. During the past 30 days, on how many days did you smoke cigarettes?

- 0 days  10 to 19 days  
 1 or 2 days  20 to 29 days  
 3 to 5 days  All 30 days  
 6 to 9 days

80. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- I did not smoke cigarettes during the past 30 days  
 Less than 1 cigarette per day  
 One cigarette per day  
 2 to 5 cigarettes per day  
 6 to 10 cigarettes per day  
 11 to 20 cigarettes per day  
 More than 20 cigarettes per day

81. Does anyone who lives with you now smoke cigarettes? (Mark all that apply.)

- No one who lives with me now smokes cigarettes.  
 A parent (or guardian)  
 A brother or sister  
 Another adult who lives with us  
 Another young person who lives with us

82. Which statement best describes the rules about smoking where you live?

- Smoking is not allowed anywhere  
 Smoking is allowed in some places or at some times  
 Smoking is allowed anywhere

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

	No Risk	Slight Risk	Moderate Risk	Great Risk
15				
13				
12				
10				
9				
7				
4				

a. smoke one or more packs of cigarettes per day?

b. try marijuana once or twice?

c. smoke marijuana regularly?

d. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?

e. have five or more drinks of an alcoholic beverage in a row once or twice a week?

84. If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all that apply.)

- I've never used prescription drugs to get high  
 Friends  
 Family/Relatives  
 Parties  
 Home (e.g., Medicine Cabinet)  
 Doctor/Pharmacy  
 School  
 Other  
 Over the Internet  
 Outside the United States (e.g., Mexico, Canada)

These questions ask about the neighborhood and community where you live

	Very hard	Sort of hard	Sort of easy	Very easy
85. If you wanted to get some cigarettes, how easy would it be for you to get some?				
86. If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?				
87. If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?				
88. If you wanted to get a handgun, how easy would it be for you to get one?				
89. If you wanted to get some marijuana, how easy would it be for you to get some?				

90. If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.)

- I did not drink alcohol in the past 30 days  
 I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station  
 I bought it at a restaurant, bar, or club  
 I bought it at a public event such as a concert or sporting event  
 I gave someone else money to buy it for me  
 My parent or guardian gave it to me  
 Another family member who is 21 or older gave it to me  
 Someone not related to me who is 21 or older gave it to me  
 Someone under the age of 21 gave it to me  
 I got it at a party  
 I took it from home  
 I took it from a store or someone else's home  
 I got it some other way

91. About how many adults (over 21) have you known personally who in the past year have:

	Number of Adults				
	0	1	2	3-4	5+
a. used marijuana, crack, cocaine, or other drugs?					
b. sold or dealt drugs?					
c. done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc?					
d. gotten drunk or high?					

	NO!	no	yes	YES!
92. If a kid smoked marijuana in your neighborhood would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. If a kid drank some beer, wine or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. If a kid carried a handgun in your neighborhood would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**95. Have you ever belonged to a gang?**

- No                                       Yes, belong now  
 No, but would like to               Yes, but would like to get out  
 Yes, in the past

**96. If you have ever belonged to a gang, what was the one major reason you joined?**

- Protection/safety                       Make money  
 Friendship                                       Other  
 Parent(s) are in a gang               I have never belonged to a gang  
 Sibling(s) are in a gang

**97. If you have ever belonged to a gang, did the gang have a name?**

- I have never belonged to a gang     No     Yes

**98. How wrong would most adults (over 21) in your neighborhood think it is for kids your age:**

	Very Wrong	Wrong	A little Bit Wrong	Not Wrong at All
a. to use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. to drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. to smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	NO!	no	yes	YES!
99. If I had to move, I would miss the neighborhood I now live in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100. My neighbors notice when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101. I like my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102. There are lots of adults in my neighborhood I could talk to about something important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103. I'd like to get out of my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. There are people in my neighborhood who are proud of me when I do something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. There are people in my neighborhood who encourage me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**107. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use?**

- No     Yes

**108. Which school-sponsored activities are you involved in during after school hours? (Mark all that apply)**

- Sports     Newspaper/Yearbook  
 Music     Mentoring or Tutoring  
 Drama     Other school group or club  
 Foreign Language Club                       I am not involved in any school-sponsored activities  
 Student Council/ Government

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78  
77  
76  
75  
74

**109. Which after-school activities, that are not school-sponsored, are you involved in? (Mark all that apply)**

- Sports     Big Brothers Big Sisters or other mentoring program  
 Religious group                                 Other after school activity  
 Music/Dance/Drama                         I am not involved in after school activities that are not school-sponsored  
 Scouts/Campfire  
 Boys and Girls Club/Junior Achievement/YMCA

69  
68  
67  
66  
65  
64  
63  
62

**110. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians – whether or not they live with you. (Choose all that apply)**

- No, I did not talk with my parents about the dangers of tobacco, alcohol, or drug use.  
 Yes, I talked with my parents about the dangers of tobacco use.  
 Yes, I talked with my parents about the dangers of alcohol use.  
 Yes, I talked with my parents about the dangers of drug use.

58  
57  
56  
55  
54

51

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45  
44

**The next few questions ask about your family. When answering these questions please think about the people you consider to be your family, for example, parents, stepparents, grandparents, aunts, uncles, etc.**

42  
40

**111. My parents notice when I am doing a good job and let me know about it.**

- Never or Almost Never                       Often  
 Sometimes     All the Time

34  
33

31

**112. How often do your parents tell you they're proud of you for something you've done?**

- Never or Almost Never                       Often  
 Sometimes     All the Time

28

26

24

**113. How wrong do your parents feel it would be for YOU to:**

	Very wrong	Wrong	A little bit wrong	Not wrong at all
--	------------	-------	--------------------	------------------

- a. drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?  
b. smoke cigarettes?  
c. smoke marijuana?  
d. steal something worth more than \$5?  
e. draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?  
f. pick a fight with someone?

22

18  
17

14  
13  
12

10

7

4

**114. Has anyone in your family ever had severe alcohol or drug problems?**

78  No  Yes

**115. Have any of your brothers or sisters ever:**

		I don't have any brothers or sisters		
		Yes		
		No		
70	69	a. drunk beer, wine or hard liquor (for example, vodka, whiskey or gin)?	<input type="checkbox"/>	<input type="checkbox"/>
67	66	b. smoked marijuana?	<input type="checkbox"/>	<input type="checkbox"/>
65		c. smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>
63		d. taken a handgun to school?	<input type="checkbox"/>	<input type="checkbox"/>
61	60	e. been suspended or expelled from school?	<input type="checkbox"/>	<input type="checkbox"/>

		NO!	no	yes	YES!	
56	55	116. The rules in my family are clear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53		117. People in my family often insult or yell at each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	49	118. When I am not at home, one of my parents knows where I am and who I am with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	47					
46	45	119. We argue about the same things in my family over and over.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44						
40	39	120. If you drank some beer, wine or liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	37					
36	35	121. My family has clear rules about alcohol and drug use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	33	122. If you carried a handgun without your parents' permission, would you be caught by your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28		123. If you skipped school would you be caught by your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25		124. My parents ask me what I think before most family decisions affecting me are made.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	22	125. Do you feel very close to your mother?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19		126. Do you share your thoughts and feelings with your mother?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17						
15		127. Do you share your thoughts and feelings with your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		128. Do you enjoy spending time with your mother?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	10	129. Do you enjoy spending time with your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	8					
7						

Bach Harrison, L.L.C.  
Salt Lake City, Utah 84102

116 South 500 East  
Phone: 801-359-2064

	NO!	no	yes	YES!
130. If I had a personal problem, I could ask my mom or dad for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131. Do you feel very close to your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
132. My parents give me lots of chances to do fun things with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133. My parents ask if I've gotten my homework done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
134. People in my family have serious arguments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
135. Would your parents know if you did not come home on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
136. It is important to be honest with your parents, even if they become upset or you get punished.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**137. Have any of your relatives previously been in prison or jail? (Mark all that apply)**

- Mother
- Stepmother
- Father
- Stepfather
- Foster Parent(s)
- Grandparent(s)
- Aunt
- Uncle
- Other Adult(s)
- Brother(s)
- Stepbrother(s)
- Sister(s)
- Stepsister(s)
- Other Children

**138. Are any of your relatives currently in prison or jail? (Mark all that apply)**

- Mother
- Stepmother
- Father
- Stepfather
- Foster Parent(s)
- Grandparent(s)
- Aunt
- Uncle
- Other Adult(s)
- Brother(s)
- Stepbrother(s)
- Sister(s)
- Stepsister(s)
- Other Children

**139. During a typical week, how many days do all or most of your family eat at least one meal together?**

Number of days:  0  1  2  3  4  5  6  7

**140. Have you ever heard of the gun violence prevention program, Project Safe Neighborhoods (PSN)?**

No  Yes

**141. How did you hear about the gun violence prevention program, Project Safe Neighborhoods? (Mark all that apply.)**

- T.V.
- Billboard
- Have not heard of PSN
- Radio
- Other

**142. How honest were you in filling out this survey?**

- I was very honest
- I was honest most of the time
- I was honest some of the time
- I was honest once in a while
- I was not honest at all

Thank you for completing the survey