

South Windsor SERASE Youth Survey 2012

This survey is sponsored by South Windsor Alliance for Families and ERASE. The survey is open to youth in grades 6 through 12 attending school in South Windsor. We are conducting the survey to learn about your experiences and feelings regarding tobacco, alcohol, drugs, and various activities. This is **NOT** a test. There are no right or wrong answers. We encourage you to answer truthfully. Your answers cannot be traced back to you, so you can be completely honest. This is your chance to be heard. If you are taking this survey later in the cycle, you may have heard classmates talking about the questions or answers they gave. We are relying on your independent spirit and integrity to give answers based on your OWN opinions and experiences, regardless of what you may have heard. If you don't find an answer that fits exactly, choose the one that comes closest. You should not compare or discuss your answers with other students while you are taking the survey, but you may ask your teacher or survey administrator if you do not understand a question. ***When you have completed the survey, turn it face down and wait for instructions from your teacher.***

SECTION 1: Questions About You.

1. What grade are you in now?

- 6 7 8 9 10 11 12

2. Are you female or male?

- Female
 Male

3. How do you describe yourself? (Mark all that apply)

- White or Caucasian
 Black or African American
 Asian or Pacific Islander
 Native American
 Hispanic or Latino
 Other (please specify)

SECTION 2: Questions About School, Spending Time, Relationships.

4. On a regular weekday, how many hours do you usually spend after school without an adult present?

- None
 Less Than 1 Hour
 1 To 2 Hours
 Up To 4 Hours
 More Than 4 Hours

5. Please choose how true the following statements are for you:

	Definitely NOT True	Mostly NOT True	Mostly True	Definitely True
I try hard to do good work at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers/staff at my school encourage and support me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please choose how true the following statements are for you:

	Definitely NOT True	Mostly NOT True	Mostly True	Definitely True
When I am away from home, my parent/guardian(s) know where I am and who I am with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I share my thoughts and feelings with my parent/guardian(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent/guardian(s) participates in activities at my school, including attendance at school events.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel very close to my parent/guardian(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel loved and valued by my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I break one of my parent/guardian(s) rules, I am usually disciplined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 3: Substance Use

7. Please choose how true this statement is for you:

My family has clear rules discouraging me from the following:

	Definitely NOT True	Mostly NOT True	Mostly True	Definitely True
Smoking cigarettes or using tobacco.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking alcoholic beverages.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using marijuana.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a prescription drug that is not prescribed to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Do either of your parents/guardians:

	NO	YES
Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>
Drink alcoholic beverages?	<input type="radio"/>	<input type="radio"/>

9. Has anyone in your family (such as a parent, brother or sister, not including you) ever used alcohol so that it created problems at home, at work, or with friends?

NO YES

10. Think back over the past 30 days. On how many days, if any, did you use any of the following?

	I have NEVER used.	Not in the past 30 days	Occasionally (1 - 5 days)	Frequently (6 - 20 days)	Almost every day (21 days or more)
Cigarettes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other tobacco products (like snuff, chewing tobacco, smoking tobacco from a pipe).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana or hashish.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription Drugs for the purpose of getting "high".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An energy drink (like Red Bull, Monster, Amp, or Rock Star).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An energy drink containing alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Think back over your entire lifetime and try to remember whether you have **EVER used any of the following. If so, what was your age (in years) when you **FIRST** used the substance?**

	I have NEVER used.	10 yrs or younger	11 - 13	14 - 15	16 or older
Cigarettes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other tobacco products (like snuff, chewing tobacco, smoking tobacco from a pipe).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcoholic beverages (more than a sip, and NOT including religious activities).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana or hashish.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 4: Alcohol

12. During the past 30 days, on how many days (if any) did you drink one or more drinks of an alcoholic beverage (more than a sip, and NOT including religious activities)?

- I have NEVER used. **ANSWER A: SKIP TO QUESTION 17**
- Not in the past 30 days **ANSWER B: SKIP TO QUESTION 14**
- Occasionally (1 - 5 days)
- Frequently (6 - 20 days)
- Almost every day (21 days or more)

13. In the past 30 days, did you drink alcoholic beverages in any of the following places:

	Never	Sometimes	Often
On the street, in the woods, or in parks or fields?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At school activities, like dances or sporting events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While you were driving a car, truck, or motorcycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. How often have you drank 4 or more alcoholic drinks (beer, wine, wine coolers, mixed drinks, hard liquor etc.) during a single occasion?

- I have NEVER drank 4 or more drinks in a single occasion.
- Not in the past 30 days
- Occasionally (1 - 5 days)
- Frequently (6 - 20 days)
- Almost every day (21 days or more)

15. How often do you get alcoholic beverages from:

	Never	Sometimes	Often
Your parents, <u>with</u> their permission?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your parents, <u>without</u> their permission?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your brother(s) or sister(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From other people who buy it for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At a party with an adult's permission (21 or older)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At a restaurant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At a store or bar (you buy it)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. What influences you the most to use alcohol (more than a sip, and NOT including religious activities)? Please check only 1 or 2 boxes.

- Friends/peer pressure
- Boredom
- Curiosity
- Advertisements/Media
- Family tradition
- Alcohol readily available
- Angry/upset with someone
- Stress/to feel better

17. How important do you think the following are in preventing kids from drinking alcoholic beverages?

	Very Important	Somewhat Important	Not Important	I Don't Know.
Having driver's license suspended for drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Checking ID's in stores or bars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High price	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breathalyzer tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental strictness about drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol education in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends who don't drink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 5: Substances

18. How much do you think people risk harming themselves physically or in other ways when they do the following:

	No Risk	Slight Risk	Moderate Risk	Great Risk	I Don't Know.
Smoke cigarettes, 1 or more packs a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink alcoholic beverages, 5 or more once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana 1 or 2 times a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks of an alcoholic beverage nearly every day?

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk
- I Don't Know

20. How wrong do your parents/guardians feel it would be for you to do the following:

	Not At All Wrong	A Little Bit Wrong	Wrong	Very Wrong
Smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink one or two alcoholic beverages (beer, wine, or liquor) nearly everyday?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. How wrong do your friends feel it would be for you to do the following:

	Not At All wrong	A Little Bit Wrong	Wrong	Very Wrong
Smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink one or two alcoholic beverages (beer, wine, or liquor) nearly everyday?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly everyday?

- Neither Approve or Disapprove
 Strongly Disapprove
 Somewhat Disapprove
 Don't Know or Can't Say

23. Have you EVER used any of these drugs?

	NO, Never	YES, But NOT in the past 30 days	YES, In the past 30 days
Inhalants (things you sniff or inhale to get high such as glue, paint, whippets, or sprays)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack cocaine (rock)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allovides (vites)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy (MDMA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens (LSD, acid or mushrooms, PCP or Angel Dust)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salvia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ketamine (Special K)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GHB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamine (Meth)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synthetic marijuana (Spice, K2, K3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bath Salts (Ivorywave, Red Dove)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Have you ever used any of these drug(s) on your own, without your own prescription or a doctor or dentist telling you to?

	NO, Never	Yes, But NOT in the past 30 days	Yes, In the past 30 days
Pain medication (OxyContin, Vicodin, Percodan, Codeine, or Dilaudid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steroids (juice, roids)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Downers (barbiturates, sleeping pills, sedatives, Quaaludes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tranquilizers (Valium, Xanax, or Librium)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uppers (Ritalin, Adderall, Amphetamines, or Speed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over the counter medications to get "high" (cough medicine, mouthwash)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 6: Your Community and Friends.

25. Please choose how true the following statement are for you.

	Definitely NOT True	Mostly NOT True	Mostly True	Definitely True
A lot of drugs are sold in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A lot of kids in my community are into using marijuana and other drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. In the past year did you:

	No	Yes
Steal something less than \$100?	<input type="radio"/>	<input type="radio"/>
Cheat on a test at school?	<input type="radio"/>	<input type="radio"/>
Sell illegal drugs?	<input type="radio"/>	<input type="radio"/>
Bring a knife, gun, or other weapon to school?	<input type="radio"/>	<input type="radio"/>
Ride as a passenger with a driver under the influence of drugs or alcohol?	<input type="radio"/>	<input type="radio"/>

27. How much do you disagree or agree with the following:

	Strongly Disagree	Disagree	Agree	Strongly Agree
I feel lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am good at making decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel sad most of the time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have so much energy I don't know what to do with it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a number of good qualities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble concentrating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I stand up for what I believe in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that my life is going in a positive direction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. When you have a problem that bothers you, how often do you:

	Never or Almost Never	Sometimes	Often	Always or Almost Always
Talk about it with your parent(s) or guardian(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk about it with a teacher?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk about it with a friend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep it to yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 7: Gambling

Gambling is risking money or something of value on an activity that has an uncertain outcome.

29. During the past 30 days, on how many days did you gamble for money or possessions (such as poker, lottery, sports betting, online bets)?

- I have NEVER gambled before. **ANSWER A: YOU HAVE COMPLETED SURVEY**
- Not in the past 30 days
- Occasionally (1 - 5 days)
- Frequently (6 - 20 days)
- Almost every day (21 days or more)

30. Have you ever been untruthful about the extent of your gambling?

- NO
- YES

31. Have you ever thought you might have a problem with gambling or been told you might?

- NO
- YES

Thank You

Thank you for completing the survey!
Please remain quiet until everyone has finished.