ennsylvania Youth Survey

Thank you for agreeing to participate in this survey. The survey asks your opinion about a number of things in your life, including your friends, your family, your neighborhood and your community. Your answers to these questions will be <u>confidential</u>. This means your answers will stay secret. Your name will never be asked. Please <u>do not</u> write your name on this survey form.

This survey is completely voluntary. You may skip any question you don't want to answer.

Other students have said they enjoy taking part in these surveys. We hope you will, too. <u>Be sure to read the instructions before you mark any answers</u>. Thank you very much.

nstructions

- 1. This is not a test, so there are no right or wrong answers.
- 2. Each question should be answered by marking only one of the answer spaces. If you don't find an answer that fits exactly, use one that comes closest. If any question does not apply to you, or you are not sure of what it means, just leave it blank.
- 3. Your answers will be read by a computer. Please follow these instructions carefully.
 - Use a #2 pencil only.
 - Make heavy marks inside the circles.
 - Completely erase any answer you want to change.
 - Make no other markings or comments on the answer pages.
- 4. Some of the questions have the following format:

Please fill in the circle for the word that best describes how you feel.

EXAMPLE: Pepperoni pizza is one of my favorite foods.

NO! no yes YES!

Mark (the Big) NO! if you think the statement is definitely not true for you.

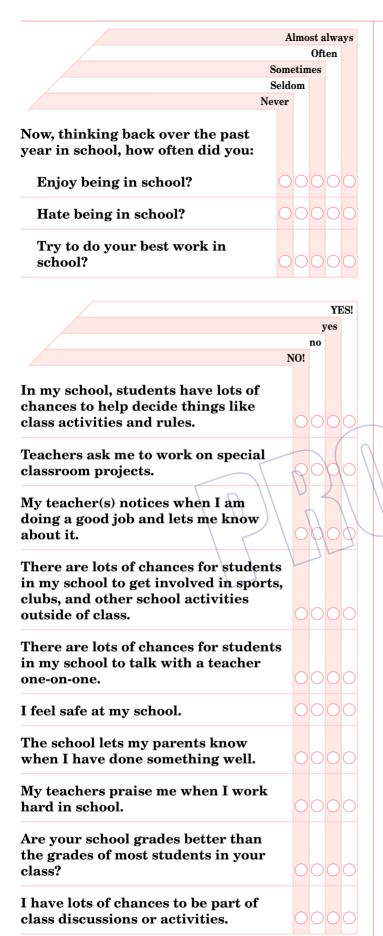
Mark (the little) no if you think the statement is mostly not true for you.

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.

In the example above, the student marked yes because he or she thinks the statement is <u>mostly true</u>. (Please mark only one answer for each question or statement.)

These questions ask for some general information about you. Please mark the response that best describes you.	This section asks about your experiences at school.
How old are you? 10 11 12 13 14	Putting them all together, what were your grades like last year? Mostly F's Mostly D's Mostly C's Mostly B's Mostly A's
15 16 17 18 19 or older	During the LAST FOUR WEEKS, how many whole days have you missed because you skipped or "cut"? None 1 2 3
What grade are you in? 6th 7th 8th	4-56-1011 or more
9th 10th 11th 12th	How often do you feel that the schoolwork you are assigned is meaningful and important? Almost always Often Sometimes Seldom
Are you: Female Male	How interesting are most of your courses to you? Very interesting and stimulating Quite interesting
What do you consider yourself to be? (choose all that apply) White Black or African American	Fairly interesting Slightly dull Very dull
American Indian/Native American, Eskimo or Aleut Spanish/Hispanic/Latino Asian or Pacific Islander Other (Please specify:	How important do you think the things you are learning in school are going to be for your later life? Very important
What is the language you use most often at home? English Spanish	Quite important Fairly important Slightly important Not at all important
Another language (Please specify:	1 Not at all important



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

					4
			2	3	
		1	_		
Think of your <u>four best friends</u> (the friends you feel closest to). In the past year (12 months), how	one				
many of your best friends have: Smoked cigarettes?	0			0	C
Tried beer, wine or hard liquor (for example, vodka, whiskey or gin) when their parents didn't know about it?	0	0	0	0	C
Used marijuana?	0	0	0	0	C
Used LSD, cocaine, amphetamines, or other illegal drugs?	0	0	0	0	С
Been suspended from school?	0	0	0	0	C
Carried a handgun?	0	0	0	0	C
Sold illegal drugs?	0	0	0	0	С
Stolen or tried to steal a motor vehicle such as a car or motorcycle?	0	0	0	0	C
Been arrested?	0	0	0	0	C
Dropped out of school?	0	0	0	0	C
Been members of a gang?	0	0	0	0	C
	Very	_			ce
Pretty	z god me d			ce	
Little			100		
No or very little cha	nce				
What are the chances you would be seen as cool if you:					
Smoked cigarettes?	0			0	C
Began drinking alcoholic beverages regularly, that is, at least once or twice a month?	0	0	0	0	C
Smoked marijuana?	0	0	0	0	C
Carried a handgun?	0	0	0	0	C

The next section asks about your experience with tobacco, alcohol, and other drugs. Please fill in the circle for the answer that best describes how often you use or have used each drug. Remember, your answers are confidential. This means your answers will stay secret.

wiii stay secret.						
					ry d	ay
Use about once Use about once or t					ек	
Use about once or tw				1011		
Used before, but not in the pas		•	-			
Never us	_					
BEER (beer, ale, malt liquor)						
DEEn (beer, aic, mait riquor)						
WINE (wine, champagne)	0	0	0	0	0	0
LIQUOR (vodka, whiskey, etc.)	0	0	0	0	0	0
Once or twice Once in a while but not regularly Regularly in the past Regularly now)\	\				7
How frequently have you used stobacco during the past 30 days?		ke	ele	SS		
O Never						
Once or twice						
Once or twice per weekAbout once a day						
More than once a day						
Have you ever smoked cigarette	s?					
Never						
Once or twice						
Once in a while but not regularlyRegularly in the past						
Regularly now						
How frequently have you smoke during the past 30 days?	d d	eig	ar	ett	es	
Not at all						
Less than one cigarette per dayOne to five cigarettes per day						
About one-half pack per day						
About one pack per day						
About one and one-half nacks per o	łav					

Two packs or more per day

10 to 19 occasions 6 to 9 occasions 3 to 5 occasions 1 or 2 occasions 0 occasions On how many occasions (if any) have you: Had beer, wine, or hard liquor in your lifetime? Had beer, wine, or hard liquor during the past 30 days? Used marijuana in your lifetime? Used marijuana during the past 30 days? Sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in your <u>lifetime</u>? Sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high during the past 30 days? Used cocaine in your <u>lifetime</u>? Used cocaine during the past 30 days? Used crack in your <u>lifetime</u>? Used crack during the past 30 days? Used heroin in your <u>lifetime</u>? Used heroin during the past 30 days? Used hallucinogens (acid, LSD, shrooms) in your <u>lifetime</u>? Used hallucinogens (acid, LSD, shrooms) during the past 30 days?

40 or more occasions

20 to 39 occasions

40 or more occasions 20 to 39 occasions 10 to 19 occasions 6 to 9 occasions 3 to 5 occasions 1 or 2 occasions 0 occasions On how many occasions (if any) have you: Used derbisol in your lifetime? Used derbisol during the past 30 days? Used methamphetamine (meth, crystal meth, crank) in your lifetime? Used methamphetamine (meth, crystal meth, crank) during the past 30 days? Used Ecstasy in your lifetime? **Used Ecstasy during the** past 30 days? Taken steroids without a doctor's orders in your lifetime? Taken steroids without a doctor's orders during the past 30 days?

This section asks you questions about your use of prescription drugs.

40 or more occasions
20 to 39 occasions
10 to 19 occasions
6 to 9 occasions
3 to 5 occasions

1 or 2 occasions 0 occasions

Amphetamines have been prescribed by doctors to help people lose weight or to give people more energy. They are sometimes called uppers, ups, speed, bennies, dexies, pep pills, and diet pills. Drugstores are not supposed to sell them without a prescription from a doctor. Amphetamines do NOT include any non-prescription drugs, such as over-the-counter diet pills (like Dexatrim®) or stay-awake pills (like No-Doz®), or any mail-order drugs. On how many occasions (if any) have you taken amphetamines on your own-that is, without a doctor telling you to take them...

in your lifetime?

during the last 12 months?

during the last 30 days?

Sedatives, including barbiturates, are sometimes prescribed by doctors to help people relax or get to sleep. They are sometimes called downs or downers, and include phenobarbital, Tuinal, Nembutal, and Seconal. On how many occasions (if any) have you taken sedatives on your own—that is, without a doctor telling you to take them...

in your lifetime?

during the last 12 months?

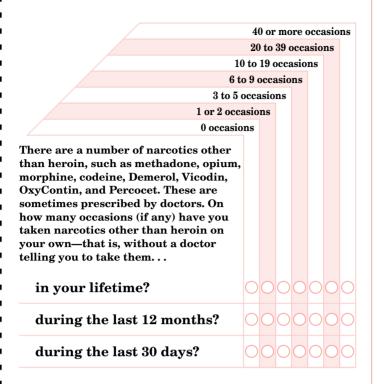
during the last 30 days?

Tranquilizers are sometimes prescribed by doctors to calm people down, quiet their nerves, or relax their muscles. Librium, Valium, and Xanax are all tranquilizers. On how many occasions (if any) have you taken tranquilizers on your own—that is, without a doctor telling you to take them...

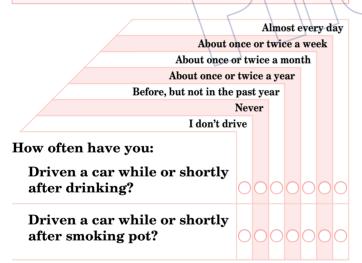
in your lifetime?

during the last 12 months?

during the last 30 days?



These questions ask about experiences in other areas of your personal life.



			3	0 to	39	tim	es	
		2	0 to	29	tim	es		
			19		es			
			tim	es				
	to 5 2 tim		ies					
	ever	les						
How many times in the past year (12 months) have you:								
Been suspended from school?	0	0	0	0	0	0	0	C
Sold illegal drugs?	0	0	0	0	0	0	0	C
Stolen or tried to steal a motor vehicle such as a car or motorcycle?	0	0	0	0	0	0	0	C
Been arrested?	0	0	0	0	0	0	0	C
Attacked someone with the idea of seriously hurting them?	0	0	0	0	0	0	0	C
Been drunk or high at school?	0	0	0	0	0	0	0	C
How many times in the <u>past</u> 30 days have you brought a weapon (such as a gun, knife or club) to school?	0	0	0	0	0	0	0	C
Have you ever belonged to a g No Yes If you have ever belonged to a				dic	i ti	ha	t	
gang have a name?			,					
Yes								
I have never belonged to a gang.								
Think back over the last two times have you had five or modrinks in a row? None Once Twice							an	y
3–5 times								
○ 6–9 times○ 10 or more times								



Not wrong at all A little bit wrong Wrong Very wrong How wrong do you think it is for someone your age to: Take a handgun to school? Steal anything worth more than \$5? Pick a fight with someone? Attack someone with the idea of seriously hurting them? Stay away from school all day when their parents think they are at school? Drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly? Smoke cigarettes? Smoke marijuana? Use LSD, cocaine, amphetamines or another illegal drug?

Great risk

Moderate risk
Slight risk
No risk

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

Smoke one or more packs of
cigarettes per day?

Try marijuana once or twice?

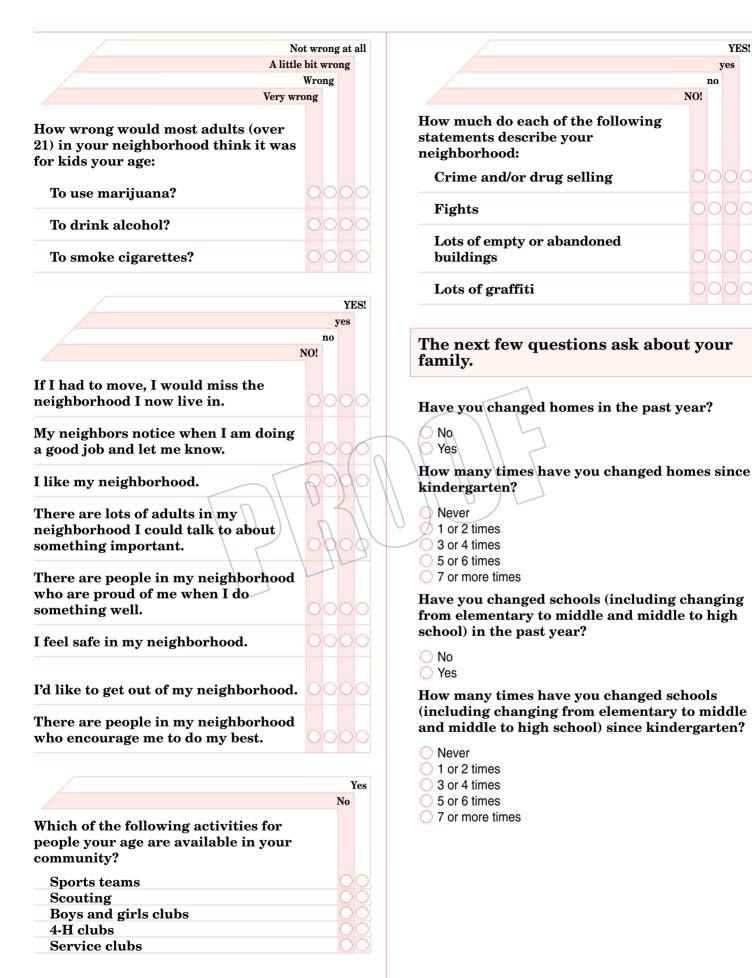
Smoke marijuana regularly?

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

These questions ask about the neighborhood and community where you live.

	,	Ver	y ea	sy
So	Sort of eas			
Sort o	f ha	rd		
Very ha	rd			
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?	0	0	0	C
If you wanted to get some cigarettes, how easy would it be for you to get some?	0	0	0	С
If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?	0	0	0	C
If you wanted to get some marijuana, how easy would it be for you to get some?	0	0	0	С
If you wanted to get a handgun, how easy would it be for you to get one?	0	0	0	C

			YF	ES!
		3	es	
		no		
	NO!			
If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?	C		0	C
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?			0	C
If a kid carried a handgun in your neighborhood, would he or she be caught by the police?	C		0	0



YES!

yes

no

Choose all that ap	ople live there with you? oply.)	
Mother Stepmother Foster mother Grandmother Aunt	Father Stepfather Foster father Grandfather Uncle	
Other adults		
Brother(s) Stepbrother(s) Sister(s) Stepsister(s) Other children		
		_
best describes ho	circle for the answer that w many times these things you in the past 12 months.	
	10 times or more	e
	10 times or more 6 to 9 times 4 or 5 times 2 or 3 times Once Never	•
In the past 12 monoten have you:	6 to 9 times 4 or 5 times 2 or 3 times Once Never	a l
_	6 to 9 times 4 or 5 times 2 or 3 times Once Never ths, how	9
often have you: Been threatened to l	6 to 9 times 4 or 5 times 2 or 3 times Once Never ths, how be hit or property?	
often have you: Been threatened to l beaten up on school Been attacked and h	6 to 9 times 4 or 5 times 2 or 3 times Once Never ths, how be hit or property? nit by someone, cool property? someone with	

Think of where you live most of the time. Which

Please fill in the circle for the answer that best describes how willing you are to try or use the drugs listed below. These are not questions about current or past use of these drugs.

I would use it	t ans	, oh	ono	ο T (rat
I would like to	•			•	gui
I'm not sure whether or not I w	_				
I probably wouldn	't us	e it			
I would never u	se it				
ALCOHOL (beer, wine, coolers, hard liquor)		0	0	0	
MARIJUANA (pot, hash, hemp, weed)	0	0	0	0	C
COCAINE (coke, snow, blow, dust)	0	0	0	0	C
HALLUCINOGENS (acid, trip, LSD, shrooms)	0	0	0	0	C
INHALANTS (whippets, butane, paint thinner)	0	0	0	0	C

This section asks about your gambling experiences. How old were you the first time you gambled (bet money or something of value on sports, a game of chance or skill, played the lottery, or bet cards or dice games)? Never have gambled 10 or younger

Never have gambled 10 or younger 11 12 13 14 15 16 17 or older
In the past year, have you gambled for money or anything of value?
○ Yes ○ No
In the last 30 days, have you gambled for money or anything of value?
Yes No
In the past year, have you often found yourself thinking about gambling or planning to gamble?
○ Yes ○ No
In the past year, have you ever spent more than you meant to on gambling?
○ Yes ○ No
In the past year, has your gambling ever led to lies to your family?
○ Yes ○ No

