

# Forest/Warren County Youth Drug Use Survey

**Directions:** Please read each question carefully and circle the letter corresponding to the answer for each question. Answer each question to the best of your knowledge. Remember, your name is not on this and it is completely anonymous. Please be truthful with each question.

Demographic Information: *Please check the one that applies for each demographic.*

School

Grade
5
8
11

Gender
Male
Female

Race
American Indian
Asian
Black or African American
More Than One race
Native Hawaiian or Other Pacific Islander
White
Unknown

Ethnicity
Hispanic or Latino
Not Hispanic or Latino

1. In the past 30 days, how many days did you smoke all or part of a cigarette?
  - A 0
  - B 1-5 Days
  - C 6-10 Days
  - D 11-20 Days
  - E 21-30 Days
2. During the past 30 days, how many days did you use chew or spit tobacco?
  - A 0
  - B 1-5 Days
  - C 6-10 Days
  - D 11-20 Days
  - E 21-30 Days
3. During the past 30 days, how many days did you use a tobacco product other than cigarettes or spit/chew tobacco (cigar, pipe)?
  - A 0
  - B 1-5 Days
  - C 6-10 Days
  - D 11-20 Days
  - E 21-30 Days
4. How old were you the first time you tried smoking a cigarette?
  - A I have never tried smoking a cigarette.
  - B Before the age of 10.
  - C 10-14
  - D 15-17
  - E 18 or older
5. How old were you the first time you tried spit/chew tobacco?
  - A I have never tried smoking a cigarette.
  - B Before the age of 10.
  - C 10-14
  - D 15-17
  - E 18 or older
6. How old were you the first time you tried a tobacco product other than cigarettes or spit/chew tobacco (cigar, pipe)?
  - A I have never tried smoking a cigarette.
  - B Before the age of 10.
  - C 10-14
  - D 15-17
  - E 18 or older
7. On average, how many cigarettes do you smoke each day?
  - A 0
  - B 1-5
  - C 6-10
  - D 10-20
  - E More than 20
8. On average, how many times each day do you use spit/chew tobacco?
  - A 0
  - B 1-5
  - C 6-10
  - D 10-20
  - E More than 20

9. On average, how many times each day do you use tobacco products other than cigarettes or spit/chew tobacco (cigar, pipe)?
- A 0
  - B 1-5
  - C 6-10
  - D 10-20
  - E More than 20
10. How do you feel about someone your age trying a tobacco product?
- A Approve
  - B Neither Approve or Disapprove
  - C Somewhat Disapprove
  - D Strongly Disapprove
11. How do you feel about someone your age using a tobacco product on a regular basis, 3 or more times per week?
- A Approve
  - B Neither Approve or Disapprove
  - C Somewhat Disapprove
  - D Strongly Disapprove
12. How much do people risk harming themselves physically and in other ways when they smoke cigarettes?
- A No Risk
  - B Slight Risk
  - C Moderate Risk
  - D Great Risk
13. How much do people risk harming themselves physically and in other ways when they use chew/spit tobacco?
- A No Risk
  - B Slight Risk
  - C Moderate Risk
  - D Great Risk
14. How much do people risk harming themselves physically and in other ways when they use some other type of tobacco product (cigar, pipe)?
- A No Risk
  - B Slight Risk
  - C Moderate Risk
  - D Great Risk
15. In the past 30 days how many days did you drink at least half of an alcoholic drink?
- A 0
  - B 1-5 Days
  - C 6-10 Days
  - D 11-20 Days
  - E 21-30 Days
16. In the past 30 days how many days did you drink at least half of a can/bottle/glass of beer?
- A 0
  - B 1-5 Days
  - C 6-10 Days
  - D 11-20 Days
  - E 21-30 Days

17. In the past 30 days how many days did you drink at least half of a glass of wine or bottle of wine cooler
- A 0
  - B 1-5 Days
  - C 6-10 Days
  - D 11-20 Days
  - E 21-30 Days
18. In the past 30 days how many days did you drink at least half of a malt beverage, shot or liquor, or mixed drink?
- A 0
  - B 1-5 Days
  - C 6-10 Days
  - D 11-20 Days
  - E 21-30 Days
19. How old were you the first time you had more than two sips of an alcoholic beverage?
- A I have never tried an alcoholic beverage.
  - B Before the age of 10.
  - C 10-14
  - D 15-17
  - E 18 or older
20. How do you feel about someone your age trying alcohol?
- A Approve
  - B Neither Approve or Disapprove
  - C Somewhat Disapprove
  - D Strongly Disapprove
21. How do you feel about someone your age using alcohol on a regular basis (5 or more drinks at least once a week)?
- A Approve
  - B Neither Approve or Disapprove
  - C Somewhat Disapprove
  - D Strongly Disapprove
22. How much do you think people risk harming themselves physically and in other ways when they drink 5 or more drinks (1 drink = 1 can or bottle of beer, 1 mix drink, 1 shot of liquor, 1 glass of wine, 1 bottle of a malt beverage) of alcohol once or twice a week?
- A No Risk
  - B Slight Risk
  - C Moderate Risk
  - D Great Risk
23. How much do you think people risk harming themselves physically and in other ways when they drink 5 or more drinks (1 drink = 1 can or bottle of beer, 1 mix drink, 1 shot of liquor, 1 glass of wine, 1 bottle of a malt beverage) of alcohol on a daily basis?
- A No Risk
  - B Slight Risk
  - C Moderate Risk
  - D Great Risk
24. During the past 30 days, how many days did you use marijuana?
- A 0
  - B 1-5 Days
  - C 6-10 Days
  - D 11-20 Days
  - E 21-30 Days

25. How old were you the first time you tried marijuana?
- A I have never tried marijuana
  - B Before the age of 10
  - C 10-14
  - D 15-17
  - E 18 or older
26. How much do people risk harming themselves physically and in other ways when they use marijuana once or twice per week?
- A No Risk
  - B Slight Risk
  - C Moderate Risk
  - D Great Risk
27. How much do people risk harming themselves physically and in other ways when they use marijuana on a daily basis.
- A No Risk
  - B Slight Risk
  - C Moderate Risk
  - D Great Risk
28. How do you feel about someone your age trying marijuana once or twice?
- A Approve
  - B Neither Approve or Disapprove
  - C Somewhat Disapprove
  - D Strongly Disapprove
29. How do you feel about someone your age using marijuana once a month or more?
- A Approve
  - B Neither Approve or Disapprove
  - C Somewhat Disapprove
  - D Strongly Disapprove
30. During the past 30 days, how many days did you use cocaine or crack?
- A 0
  - B 1-5 Days
  - C 6-10 Days
  - D 11-20 Days
  - E 21-30 Days
31. How old were you the first time you tried cocaine or crack?
- A I have never tried cocaine or crack
  - B Before the age of 10
  - C 10-14
  - D 15-17
  - E 18 or older
32. During the past 30 days, how many days have you used any other illegal drug besides marijuana, cocaine, or crack?
- A 0
  - B 1-5 Days
  - C 6-10 Days
  - D 11-20 Days
  - E 21-30 Days

33. How old were you the first time you tried any other illegal drug besides marijuana, cocaine, or crack?
- A I have never tried any illegal drug.
  - B Before the age of 10
  - C 10-14
  - D 15-17
  - E 18 or older
34. How much do people risk harming themselves physically and in other ways when they use marijuana once or twice per week?
- A No Risk
  - B Slight Risk
  - C Moderate Risk
  - D Great Risk
35. How much do people risk harming themselves physically and in other ways when they use marijuana on a daily basis.
- A No Risk
  - B Slight Risk
  - C Moderate Risk
  - D Great Risk
36. How do you feel about someone your age trying marijuana once or twice?
- A Approve
  - B Neither Approve or Disapprove
  - C Somewhat Disapprove
  - D Strongly Disapprove
37. How do you feel about someone your age using marijuana once a month or more?
- A Approve
  - B Neither Approve or Disapprove
  - C Somewhat Disapprove
  - D Strongly Disapprove
38. During the past 12 months, how many times have your parents talked with you about using drugs and alcohol?
- A 0
  - B 1-2 times
  - C 3-5 times
  - D 6-10 times
  - E More than 10 times.
39. How would your parents feel if they knew that you smoked a cigarette, even just once?
- A Approve
  - B Neither Approve or Disapprove
  - C Somewhat Disapprove
  - D Strongly Disapprove
40. How would your parents feel if they knew that you had tried an alcoholic drink, even just once?
- A Approve
  - B Neither Approve or Disapprove
  - C Somewhat Disapprove
  - D Strongly Disapprove

41. How would your parents feel if they knew that you had tried marijuana, even just once?
- A Approve
  - B Neither Approve or Disapprove
  - C Somewhat Disapprove
  - D Strongly Disapprove
42. How would your parents feel if they knew that you had tried Crack or Cocaine, even just once?
- A Approve
  - B Neither Approve or Disapprove
  - C Somewhat Disapprove
  - D Strongly Disapprove
43. How would your parents feel if they knew you had tried some other illegal drug other than marijuana, crack, or cocaine, even just once?
- A Approve
  - B Neither Approve or Disapprove
  - C Somewhat Disapprove
  - D Strongly Disapprove
44. During the past 30 days, how many days did a parent/guardian use tobacco products?
- A 0
  - B 1-5 days
  - C 6-10 days
  - D 11-20 days
  - E 21-30 days
46. During the past 30 days, how many days did an older sibling use tobacco products? If you don't have an older sibling, please mark 0.
- A 0
  - B 1-5 days
  - C 6-10 days
  - D 11-20 days
  - E 21-30 days
47. During the past 30 days, how many days did a parent/guardian use alcohol?
- A 0
  - B 1-5 days
  - C 6-10 days
  - D 11-20 days
  - E 21-30 days
48. During the past 30 days, how many days did an older sibling, use alcohol? If you don't have an older sibling, please mark 0.
- A 0
  - B 1-5 days
  - C 6-10 days
  - D 11-20 days
  - E 21-30 days
49. During the past 30 days, how many times did a parent/guardian use marijuana?
- A 0
  - B 1-5 days
  - C 6-10 days
  - D 11-20 days
  - E 21-30 days

50. During the past 30 days, how many times did an older sibling use marijuana? If you don't have an older sibling, please mark 0.
- A 0
  - B 1-5 days
  - C 6-10 days
  - D 11-20 days
  - E 21-30 days
51. During the past 30 days, how many days did a parent/guardian use an illegal drug other than marijuana?
- A 0
  - B 1-5 days
  - C 6-10 days
  - D 11-20 days
  - E 21-30 days
52. During the past 30 days, how many days did an older sibling use an illegal drug other than marijuana? If you don't have an older sibling, please mark 0.
- A 0
  - B 1-5 days
  - C 6-10 days
  - D 11-20 days
  - E 21-30 days