

AWAKE to a Safe and Healthy Community Coalition Student Survey (2018)

Directions: Do **NOT** put your name on this survey. The information you give us will be used to develop better prevention programs and services for people your age.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grades.

Please read and answer each question carefully. Please pick the answer that best describes you and your views. **PLEASE BE HONEST.** If you feel you cannot be honest, please **DO NOT** answer the question at all. Just leave it blank. When you are done with the survey, place it in the envelope. Thank you for your participation! The information you have shared is very helpful.

1. General Information	2. Grade/Gender Information	3. 30-Day Use		
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<p>Gender: please circle</p> <p>Male Female</p>	<p>Grade:</p> <table style="border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="padding: 2px;">6</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="padding: 2px;">7</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="padding: 2px;">8</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="padding: 2px;">9</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="padding: 2px;">10</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="padding: 2px;">11</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="padding: 2px;">12</td></tr> </table>		6		7		8		9		10		11		12	<p>Age:</p> <table style="border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="padding: 2px;">11</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="padding: 2px;">12</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="padding: 2px;">13</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="padding: 2px;">14</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="padding: 2px;">15</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="padding: 2px;">16</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="padding: 2px;">17</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="padding: 2px;">18</td></tr> </table>		11		12		13		14		15		16		17		18	<p>In the past 30 days, have you had one or more drinks of an alcoholic beverage?</p> <p>In the past 30 days, have you used marijuana or hashish?</p> <p>In the past 30 days, have you smoked all or part of a cigarette?</p> <p>In the past 30 days, have you used prescription drugs NOT prescribed to you?</p> <p>During the past 30 days have you used a vape or e-cigarette?</p>	Yes	No
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<p>Where do you live?</p> <table style="border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="padding: 2px;">Maumee</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="padding: 2px;">Monclova</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="padding: 2px;">Waterville</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="padding: 2px;">Whitehouse</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="padding: 2px;">Swanton</td></tr> </table>		Maumee		Monclova		Waterville		Whitehouse		Swanton																									
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4. PERCEPTION OF RISK

How much do you think people risk harming themselves (physically or in other ways) if they:	No Risk	Slight Risk	Moderate Risk	Great Risk
Smoke one or more packs of cigarettes per day?				
Try marijuana once or twice?				
Smoke marijuana?				
Have five or more drinks of an alcoholic beverage nearly every day?				
Use a vape or e-cigarette?				
Take one or two drinks of an alcoholic beverage nearly every day?				
Use prescription drugs not prescribed to them?				

5. PERCEPTION OF PEER DISAPPROVAL

How wrong do your friends feel it would be for you to:	Not At All Wrong	A Little Bit Wrong	Wrong	Very Wrong
Have one or two drinks of alcoholic beverage nearly ever day? (beer, wine, liquor)				
Smoke tobacco?				
Smoke marijuana?				
Use a vape or e-cigarette?				
Use prescription drugs not prescribed to you?				

6. PERCEPTION OF PARENTAL DISAPPROVAL

How wrong do your parents feel it would be for you to:	Not At All Wrong	A Little Bit Wrong	Wrong	Very Wrong
Have one or two drinks of an alcoholic beverage nearly ever day? (beer, wine, liquor)				
Smoke tobacco?				
Smoke marijuana?				
Use a vape or e-cigarette?				
Use prescription drugs not prescribed to you?				

7. PERCEPTION OF ADULT DISAPPROVAL

How wrong would most adults (over 21) in your neighborhood feel it would be for you to:	Not At All Wrong	A Little Bit Wrong	Wrong	Very Wrong
Have one or two drinks of an alcoholic beverage nearly ever day? (beer, wine, liquor)				
Smoke tobacco?				
Smoke marijuana?				
Use a vape or e-cigarette?				
Use prescription drugs not prescribed to you?				

8. ATTITUDE TOWARDS PEER USE		Neither Approve Nor Disapprove	Somewhat Disapprove	Strongly Disapprove	Not Sure	
How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day? (beer, wine, liquor)						
9. FRIENDS		None	1	2	3	4+
Think of your FOUR best friends, In the past year (12 months) how many of your best friends have:						
Sold illegal drugs?						
Dropped out of school?						
Smoked cigarettes?						
Used hookah?						
Used e-cigarettes?						
Tried beer, wine or hard liquor (for example, vodka, whiskey or gin) when their parents didn't know about it?						
Used a vape?						
Used marijuana?						
Used LSD, cocaine, amphetamines, or other illegal drugs?						
Used prescription drugs without a prescription?						
Participated in clubs, organizations or activities at school?						
Made a commitment to stay drug-free?						
Liked school?						
What are the chances you would be seen as cool if you:		Very Cool	Somewhat Cool	Somewhat Not Cool	Not Cool At All	Don't Know
Smoked cigarettes?						
Used a vape ?						
Used e-cigarettes?						
Smoked marijuana?						
Carried a handgun?						
Used prescription drugs not prescribed to you?						
Began drinking alcoholic beverages regularly, that is at least once or twice a month?						
10. INDIVIDUAL BEHAVIOR						
How many times in the past 12 months have you:		None	1-2	3-5	6-9	10+
Sold illegal drugs?						
Been drunk or high at school?						
11. SUBSTANCES						
In the past year have you:		Yes	No	Yes	No	
Had alcoholic beverages to drink? (more than just a few sips)				Used heroin?		
				Used cocaine?		
Sniffed glue, or breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high?				Used LSD (acid)?		
				Used ecstasy?		
Used marijuana?				Used methamphetamines?		
Used derbisol?				Used prescription pain relievers such as Vicodin, Oxycontin or Tylox, without a prescription?		
Smoked cigarettes?				Used prescription stimulants, such as Ritalin or Adderall, without a prescription?		
Smoked e-cigarettes?				Used prescription tranquilizers, such as Xanax, Valium or Ambien, without a prescription?		
Smoked hookah?						
Used prescription drugs not prescribed to you?						
Used a vape?						

13. ACCESS-ALCOHOL		14. PRESCRIPTION DRUG USE			
Where would you get Alcohol? (check all that apply)		In the past 30 days have you:			
I do not drink	<input type="checkbox"/>	Used prescription pain relievers such as Vicodin, Oxycontin or Tylox, without a prescription?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Home (without permission)	<input type="checkbox"/>	Used prescription stimulants, such as Ritalin or Adderall, without a prescription?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
My parents	<input type="checkbox"/>	Used prescription tranquilizers, such as Xanax, Valium or Ambien, without a prescription?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
My friend's home (without permission)	<input type="checkbox"/>				
My friend's parents (with permission)	<input type="checkbox"/>				
Buy it at a store with a fake I.D.	<input type="checkbox"/>				
Buy it at the store, not using an I.D.	<input type="checkbox"/>				
Ask a stranger to buy it for me	<input type="checkbox"/>				
15. ACCESS-PRESCRIPTION DRUGS					
Where would you get Prescription drugs? (check all that apply)					
My home with permission	<input type="checkbox"/>	At school	<input type="checkbox"/>		
My home (without permission)	<input type="checkbox"/>	From a friend	<input type="checkbox"/>		
From the internet	<input type="checkbox"/>	Buy it from a stranger	<input type="checkbox"/>		
My friend's home (without permission)	<input type="checkbox"/>	At a party	<input type="checkbox"/>		
My friend's parents (with permission)	<input type="checkbox"/>	Fake an injury/pain and get it from a doctor	<input type="checkbox"/>		
16. CONSEQUENCES					
How likely is it that a person would get caught by the police if they:		Not Likely At All	Somewhat Not Likely	Somewhat Likely	Very Likely
Drank some beer, wine or hard liquor?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoked some marijuana?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Took some prescription drugs not prescribed to them?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. FAMILY					
		YES	NO		
Has anyone in your family ever had a severe alcohol or drug problem?		<input type="checkbox"/>	<input type="checkbox"/>		
If you drank some beer or wine or liquor without your parents' permission, would you be caught by your parents?		<input type="checkbox"/>	<input type="checkbox"/>		
My family has clear rules about alcohol and drug use.		<input type="checkbox"/>	<input type="checkbox"/>		

Thank you for your participation!