

# Hooked on Fishing Not on Drugs

## Middle School Questionnaire



### INSTRUCTIONS

- Thank you for taking part in this survey.
- Please do not write your name anywhere on this paper. The survey is confidential, meaning that no one will ever report how you, personally, answered the questions.
- Please use a pencil to fill out this survey.
- For each question, please circle the one answer that most closely fits how you think.
- For the questions grouped together in boxes, please check one box under the answer that most closely fits how you think.
- If you change an answer, please erase the old answer completely.

- If you do not understand a question or do not know what you think, you do not have to answer it.

## **BEGIN YOUR SURVEY BELOW**

A. Please circle the first letter of your FIRST name (for example, if your name is “John” you would circle “J”).

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

B. Please circle the first letter of your LAST name (for example, if your name is “Smith” you would circle “S”).

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

C. Please tell us your date of birth (for example May 10, 2001).

\_\_\_\_\_

Q1. How many years have you participated in the Hooked on Fishing Not on Drugs program? \_\_\_\_\_  
Years

Q2. Who sponsors your Hooked on Fishing Not on Drugs program?

- a) Conserve Wildlife Foundation of New Jersey
- b) Partnership for a Drug-Free New Jersey
- c) New Jersey Division of Fish & Wildlife
- d) Trout Unlimited
- e) I Don't Know

Q3. Are you male or female?

- a) Male
- b) Female

Q4. How old are you?

- |                 |       |                |
|-----------------|-------|----------------|
| a) 7 or younger | e) 11 | i) 15          |
| b) 8            | f) 12 | j) 16          |
| c) 9            | g) 13 | k) 17          |
| d) 10           | h) 14 | l) 18 or older |

**Q5. What is the race that you most identify with?**

- a) Hispanic/Latino
- b) White
- c) African-American
- d) Asian/Pacific Islander
- e) Native American/Alaska Native
- f) Other

**Q6. 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...**

	<i>Zero Friends</i>	<i>1 Friend</i>	<i>2 Friends</i>	<i>3 Friends</i>	<i>4 Friends</i>
a. Tried beer, wine or hard liquor (for example, vodka, whiskey or gin) when their parents didn't know about it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Used marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q7. How true are the following statements to you...**

	<i>Definitely Not True</i>	<i>Mostly Not True</i>	<i>Mostly True</i>	<i>Definitely True</i>
a. I feel safe in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There is crime and/or drug selling in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. There are fights in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. There are a lot of empty or abandoned buildings in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. There is a lot of graffiti in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q8. How wrong do you think it is for someone your age to...**

	<i>Very Wrong</i>	<i>Wrong</i>	<i>A Little Wrong</i>	<i>Not Wrong</i>
a. Drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly (at least once or twice a month)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Use LSD, cocaine, amphetamines or another illegal drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. Take prescription drugs without a doctor's prescription?

**Q9. How much do you think people risk harming themselves (physically or in other ways) if they...**

	<i>No Risk</i>	<i>Slight Risk</i>	<i>Medium Risk</i>	<i>Great Risk</i>
a. Have one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Smoke one or more packs of cigarettes per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Try marijuana once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Smoke marijuana regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Use prescription drugs that are not prescribed to them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q10. How wrong do your parents feel it would be for you to...**

	<i>Very Wrong</i>	<i>Wrong</i>	<i>A Little Wrong</i>	<i>Not Wrong</i>
a. Drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly (at least once or twice a month)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Take prescription drugs without a doctor's prescription?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q11. How much do you agree or disagree with the following statements?**

	<i>Strongly Disagree</i>	<i>Somewhat Disagree</i>	<i>Neutral</i>	<i>Somewhat Agree</i>	<i>Strongly Agree</i>
a. My neighborhood is the best place for what I like to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel like my neighborhood is part of me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Everything about my neighborhood reflects who I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am more satisfied in my neighborhood than in other places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I identify myself strongly with my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My neighborhood is not a good place for what I enjoy doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. There are better places to be than my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. My neighborhood reflects the type of person I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Q12. How much do you agree or disagree with the following statements?**

	<i>Strongly Disagree</i>	<i>Somewhat Disagree</i>	<i>Neutral</i>	<i>Somewhat Agree</i>	<i>Strongly Agree</i>
a. Fishing is something I would like to do for the rest my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am interested in careers that help wildlife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Participating in outdoor recreation like fishing is better than doing drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I know I can earn a good living as a wildlife or fish biologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. People depend on fish for their survival	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q13. How much do you agree or disagree with the following statements?**

	<i>Strongly Disagree</i>	<i>Somewhat Disagree</i>	<i>Neutral</i>	<i>Somewhat Agree</i>	<i>Strongly Agree</i>
a. My neighborhood is a place to connect with nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My neighborhood is a place to watch animals and birds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My neighborhood is a place where people can find nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My neighborhood is a place where trees are an important part of the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My neighborhood is a place where people have access to rivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My neighborhood is a place where people come to community gardens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My neighborhood is a place where people have access to parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. My neighborhood is a place to canoe and boat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. My neighborhood is a place to have fun in nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. My neighborhood is a place to learn about nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. My neighborhood is a place to enjoy nature's beauty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. My neighborhood is a place to grow food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Q14. For the next question, we have numbered seven fish parts on the left and offered descriptions of what those parts are used for on the right. Please place the number of the fish part on the line on the box in front of the description on the right that fits.

NOTE: PLEASE DO NOT DRAW LINES BETWEEN FISH PARTS AND PART DESCRIPTIONS.

FISH PART	Write Fish Part Number Below	DESCRIPTION OF PART
1. Lateral line	_____	Used to detect movement and vibration in the water
2. Swim bladder	_____	Used for balance and to change direction
3. Tail fin	_____	Increase forward motion
4. Pectoral fin	_____	Helps fish move up or down and stay upright in the water.
5. Dorsal fin	_____	Hard plates that protect them
6. Scales	_____	Allows fish to take in oxygen from the water
7. Gill	_____	Allows fish to steer, turn and stop

Q15. Please indicate which of the following statements are true and which are false.

	<i>True</i>	<i>False</i>
a. Fish do not breathe oxygen to survive	<input type="checkbox"/>	<input type="checkbox"/>
b. Most litter ends up in our water	<input type="checkbox"/>	<input type="checkbox"/>
c. Insects are indicators of water quality	<input type="checkbox"/>	<input type="checkbox"/>
d. Wildlife workers earn a good living	<input type="checkbox"/>	<input type="checkbox"/>
e. Insects are not part of a brook trout's food web	<input type="checkbox"/>	<input type="checkbox"/>
f. The fishes' lateral line helps it swim faster in water	<input type="checkbox"/>	<input type="checkbox"/>
g. Eating fish can be good for you	<input type="checkbox"/>	<input type="checkbox"/>
h. The water cycle makes new water	<input type="checkbox"/>	<input type="checkbox"/>
i. The difference between fly fishing and spin fishing is the type of hook you are using	<input type="checkbox"/>	<input type="checkbox"/>
j. Learning to tie knots is only useful for fishing	<input type="checkbox"/>	<input type="checkbox"/>
k. Big fish eat little fish	<input type="checkbox"/>	<input type="checkbox"/>
l. An ecosystem is where living and non-living things interact	<input type="checkbox"/>	<input type="checkbox"/>
m. Fish that live in saltwater cannot survive in freshwater	<input type="checkbox"/>	<input type="checkbox"/>
n. New Jersey's state fish is the yellow perch	<input type="checkbox"/>	<input type="checkbox"/>
o. Trout are made of trees	<input type="checkbox"/>	<input type="checkbox"/>

	<i>True</i>	<i>False</i>
p. Clams and oysters depend on the sun for their survival	<input type="checkbox"/>	<input type="checkbox"/>
q. All fish have scales	<input type="checkbox"/>	<input type="checkbox"/>
r. A floodplain is the best place to build a house	<input type="checkbox"/>	<input type="checkbox"/>
s. Dragonflies and bluegills are in the same food web	<input type="checkbox"/>	<input type="checkbox"/>

**Q16. What would you be doing with your time if you were not in the Hooked on Fishing Program?**

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**Thank You Very Much for Participating!**

**Hooked on Fishing Not on Drugs Program  
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