

## **Student Assistance Program Health Services Survey**

**This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve health education for young people like yourself. Answer the questions based on what you really do.**

**DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Once you complete the survey it will be placed into an envelope, sealed, and sent to a company for scanning. No one at your school will review your individual answers.**

**Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.**

**The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.**

**Make sure to read every question. Fill in the bubbles completely. When you are finished, follow the instructions of the person giving you the survey.**

**Thank you very much for your help.**

1. **What grade are you in?**
  - A) 7<sup>th</sup>
  - B) 8<sup>th</sup>
  - C) 9<sup>th</sup>
  - D) 10<sup>th</sup>
  - E) 11<sup>th</sup>
  - F) 12<sup>th</sup>
  
2. **During the past 12 months, how would you describe your grades in school?**
  - A) Mostly A's
  - B) Mostly B's
  - C) Mostly C's
  - D) Mostly D's
  - E) Mostly F's
  - F) None of these grades
  - G) Not sure
  
3. **What is your gender?**
  - A) Female
  - B) Male
  
4. **During the past 30 days, on how many days did you smoke *cigarettes*?**
  - A) 0 days
  - B) 1 or 2 days
  - C) 3 to 5 days
  - D) 6 to 9 days
  - E) 10 to 19 days
  - F) 20 to 29 days
  - G) All 30 days
  
5. **During the past 30 days, on how many days did you have at least *one drink of alcohol*?**
  - A) 0 days
  - B) 1 or 2 days
  - C) 3 to 5 days
  - D) 6 to 9 days
  - E) 10 to 19 days
  - F) 20 to 29 days
  - G) All 30 days

6. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- A) 0 days
  - B) 1 day
  - C) 2 days
  - D) 3 to 5 days
  - E) 6 to 9 days
  - F) 10 to 19 days
  - G) 20 or more days
7. During the past 30 days, how many times did you use marijuana?
- A) 0 times
  - B) 1 or 2 times
  - C) 3 to 9 times
  - D) 10 to 19 times
  - E) 20 to 39 times
  - F) 40 or more times
8. During the past 30 days, how many times did you take a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
- A) 0 times
  - B) 1 or 2 times
  - C) 3 to 9 times
  - D) 10 to 19 times
  - E) 20 to 39 times
  - F) 40 or more times

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

How much do you think people risk harming themselves (physically or in other ways)...	No risk	Slight risk	Moderate Risk	Great Risk
9. If they have 5 or more drinks of alcohol (beer, wine, or liquor) once or twice a week?	A	B	C	D
10. If they use marijuana once or twice a week?	A	B	C	D
11. If they take a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?	A	B	C	D

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

How wrong do your parents feel it would be for you...	Very wrong	Wrong	A little bit wrong	Not at all wrong	Not Sure
12. To have one or two drinks of an alcoholic beverage (beer, wine, or liquor) nearly every day?	A	B	C	D	E
13. To smoke marijuana?	A	B	C	D	E
14. To take a prescription drug (such as, OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?	A	B	C	D	E
15. To use other drugs?	A	B	C	D	E

**How wrong do your friends feel it would be for you...**

How wrong do your friends feel it would be for you...	Very wrong	Wrong	A little bit wrong	Not at all wrong	Not Sure
16. To have one or two drinks of an alcoholic beverage (beer, wine, or liquor) nearly every day?	A	B	C	D	E
17. To smoke marijuana?	A	B	C	D	E
18. To take a prescription drug (such as, OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?	A	B	C	D	E
19. To use other drugs?	A	B	C	D	E

**If I need help...**

To what extent do you agree with the following. If I need <u>help</u> ...	A lot	Some	Not much	Not at all
20. My parents will help me	A	B	C	D
21. Teachers will help me	A	B	C	D
22. Police in my community will help me	A	B	C	D
23. Other adults will help me	A	B	C	D
24. My friends will help me	A	B	C	D
25. Other kids will help me	A	B	C	D
26. The SAP counselor will help me	A	B	C	D

**Knowledge and Consequences of Alcohol and Other Drug Use**

To what extent do you agree or disagree with the following statements.	Strongly Agree	Agree	Disagree	Strongly Disagree
27. If a child begins drinking before the age of 15, they are more likely to develop alcohol dependence.	A	B	C	D
28. People can inherit a higher risk for alcohol and drug problems.	A	B	C	D
29. Risk of alcohol or drug problems is influenced by surroundings such as home, school, and neighborhood.	A	B	C	D
30. Alcohol or drug use can be more harmful for adolescents because the brain is still developing.	A	B	C	D

**Intention to Use in the Future**

	Definitely yes	Probably Yes	Probably No	Definitely No
31. Do you think you will drink any alcohol within the next month? <i>Do not include wine at religious services.</i>	A	B	C	D
32. Do you think you will use any marijuana in the next month?	A	B	C	D
33. Do you think you will take any prescription drugs, not prescribed to you, in the next month?	A	B	C	D
34. Do you think you will use any other drugs in the next month?	A	B	C	D

35. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use?

- A) Yes
- B) No
- C) Not sure

**36. Do you agree or disagree that in your community you feel like you matter to people?**

- A) Strongly Agree
- B) Agree
- C) Not sure
- D) Disagree
- E) Strongly Disagree

**Participation in Peer/School Non-Drug Activities**

**37. What school-sponsored activities are you involved in? (Select all that apply)**

- A) Sports
- B) Music
- C) Drama
- D) Foreign language club
- E) Student council/government
- F) Newspaper/yearbook
- G) Other school club or group
- H) I'm not involved in any school-sponsored activities
- I) Prevention Youth Group (i.e. Prevention Youth Council, SADD, etc)

**38. What activities that are not school-sponsored are you involved in? (Select all that apply)**

- A) Sports
- B) Religious or church-based
- C) Music/ Dance/Theater
- D) Scouts/ Campfire/ 4H etc
- E) Boys and Girls Club/ YMCA
- F) Other club or group
- G) I'm not involved in activities that are not school-sponsored