

Youth Survey - Why Try

1. Office Use Only Page

Staff must complete this cover page for each individual/group administration session.

1. Staff Name

2. In what County did the program operate?

3. Funding Source

4. Type:

Pre

Post

5. School Name

6. School Grade

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11

12

7. Staff Comments:

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2. Demographic Section

1. What is your middle initial?

2. How old are you?

9

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15

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18

19

3. Date of Birth

Please provide your date of birth.

MM / DD / YYYY

/ /

4. I am a:

Male

Female

5. I am:

Asian

Black/African

Hispanic/Latino

Multiracial

Native American

Pacific Islander

White

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6. What language is used most frequently in your home?

English

Spanish

Another Language

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3. Section I

1. Please choose the answer that best fits how you feel about the following questions.

| | Very Wrong | Wrong | A Little Bit Wrong | Not Wrong at All |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| How wrong do you think it is for someone your age to drink beer, wine, or hard liquor (for example, vodka, whiskey or gin) regularly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How wrong do you think it is for someone your age to smoke cigarettes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How wrong do you think it is for someone your age to smoke marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines, or another illegal drug? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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2. Please provide answers below in a way that indicates how you feel about the question asked.

| | No Risks | Slight Risks | Moderate Risks | Great Risks |
|---|----------|--------------|----------------|-------------|
| 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? | jn | jn | jn | jn |
| How much do you think people risk harming themselves (physically or in other ways) if they try marijuana once or twice? | jn | jn | jn | jn |
| How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana regularly? | jn | jn | jn | jn |
| How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day? | jn | jn | jn | jn |

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4. Section III

1. Please choose the answer that best fits how you feel about the question.

| | Never | Sometimes, but Not Often | Often | All the Time |
|--|-----------------------|--------------------------|-----------------------|-----------------------|
| How often do you work on goals that you have set for yourself? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Once I set a goal, I don't give up until I achieve it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Whenever I do something, I always give it my best. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I think about what I would like to be when I become an adult. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| When I set a goal, I think about what I need to do to achieve that goal. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2. How often do you set goals to achieve?

I Usually Don't Set Goals

I Sometimes Set Goals

I Usually Set Goals

I Always Set Goals

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5. Section IV

1. How frequently have you smoked cigarettes during the past 30 days?

- Not at all
- Less than one cigarette per day
- One to five cigarettes per day
- About one-half pack per day
- About one pack per day
- About one and one-half packs per day
- Two packs or more per day

2. How frequently have you taken smokeless tobacco during the past 30 days?

- Not at all
- Once or twice
- Once to twice per day
- Three to five times per week
- About a day
- More than once a day

3. On how many occasions during the past 30 days (if any) have you had alcoholic beverages to drink - more than just a few sips? (Alcoholic beverages include beer, wine, wine coolers, and liquor.)

- None
- 1-2 Occasions
- 3-5 Occasions
- 6-9 Occasions
- 10-19 Occasions
- 20-39 Occasions
- 40+ Occasions

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4. On how many occasions during the past 30 days (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)?

None

1-2 Occasions

3-5 Occasions

6-9 Occasions

10-19 Occasions

20-39 Occasions

40+ Occasions

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6. Section V

If you are currently enrolled in school, please answer the following questions.

1. During the last four weeks, how many whole days of school have you missed because you skipped or cut?

- None
- 1 Day
- 2 Days
- 3 Days
- 4-5 Days
- 6-10 Days
- 11 or more Days

2. During the last four weeks, how often have you gone to school, but skipped a class when you were not supposed to?

- Not at all
- 1 or 2 times
- 3-5 times
- 6-10 times
- 11-20 times
- More than 20

If you have questions or comments regarding this survey please contact info@unlimitedsuccessnc.org or call (336) 397-0154.