

# 2018 INDIANA YOUTH SURVEY

## 7th - 12th Grades

Thank you for participating in this survey. These questions ask about things concerning you and your family, friends, and community. The survey is taken by students across Indiana. The purpose is to help schools and communities and to support their students' needs.

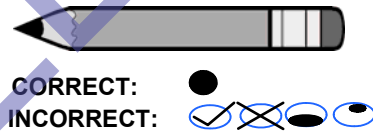
This is not a test, so there are no right or wrong answers. All of your answers will be kept strictly **confidential**. This means your answers are secret and no teachers will find out what you answered. Your individual answers will never be reported to anyone.

This survey is completely **voluntary**. You can skip any questions that you do not want to answer. If you do not want to participate in this survey, you may leave it blank.

Be sure to read the instructions below before you begin.

### MARKING INSTRUCTIONS

- Use a No. 2 pencil only.
- Do not use ink, ballpoint, or felt tip pens.
- Make solid marks that fill the response completely.
- Erase cleanly any marks you wish to change.
- Make no stray marks on this form.



**CORRECT:**  
**INCORRECT:**

### SCHOOL CODE

SCHOOL CODE							
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9
A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D

Please enter  
the school code  
provided by  
your teacher.



**INDIANA PREVENTION  
RESOURCE CENTER**

INDIANA UNIVERSITY  
School of Public Health  
Bloomington

This survey is funded by a contract with the Indiana Family and Social Services Administration, Division of Mental Health and Addiction, HHS/SAMHSA/SAPT Block Grant, and Indiana Gambler's Assistance Fund.

**PLEASE DO NOT WRITE IN THIS AREA**



**SERIAL**

- 62
- 61
- 60
- 59
- 58
- 57
- 56
- 55
- 54
- 53
- 52
- 51
- 50
- 49
- 48
- 47
- 46
- 45
- 44
- 43
- 42
- 41
- 40
- 39
- 38
- 37
- 36
- 35
- 34
- 33
- 32
- 31
- 30
- 29
- 28
- 27
- 26
- 25
- 24
- 23
- 22
- 21
- 20
- 19
- 18
- 17
- 16
- 15
- 14
- 13
- 12
- 11
- 10
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1

62  
61  
60  
59  
58  
57  
56  
55  
54  
53  
52  
51  
50  
49  
48  
47  
46  
45  
44  
43  
42  
41  
40  
39  
38  
37  
36  
35  
34  
33  
32  
31  
30  
29  
28  
27  
26  
25  
24  
23  
22  
21  
20  
19  
18  
17  
16  
15  
14  
13  
12  
11  
10  
9  
8  
7  
6  
5  
4  
3  
2  
1

The following questions ask about your **PERSONAL AND FAMILY INFORMATION.**

**1. SEX:**

- Male  Female

**2. Are you Hispanic or Latino?**

- No  Yes

**3. RACE:**

- White  
 Black or African-American  
 Asian  
 Native Hawaiian/Pacific Islander  
 American Indian/Alaskan Native  
 Race not known or other  
 More than one race

**4. GRADE:**

- 6th  7th  8th  9th  
 10th  11th  12th

**5. AGE:**

- 10 years old or younger  15 years old  
 11 years old  16 years old  
 12 years old  17 years old  
 13 years old  18 years old or older  
 14 years old

**6. During any time in your life, has either of your parents or guardians been sent to Iraq, Afghanistan, or other combat zone because they are in the military? (Military includes Army, Navy, Marines, Air Force, National Guard, and Reserves.)**

- No  
 Yes  
 Not sure

**7. During any time in your life, has either of your parents or guardians served time in jail or prison?**

- No  
 Yes  
 Not sure

The following questions ask about your **USE OF ALCOHOL AND OTHER DRUGS.**

**8. How many times in the last month (30 days) have you used... ?**

	Never	1-5 times	6-19 times	20-39 times	40 times or more
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smokeless tobacco (chew, snuff, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pipe (tobacco used in pipe, water-pipe, hookah)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic vapor products (e-cigarettes, vaping pens, e-hookahs, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol (beer, wine, liquor, wine coolers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (pot, hash, weed, kush, Mary Jane)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synthetic marijuana (K2, Spice, Katie)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine/crack (coke, blow, snow, rock, girl)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (whip-its, huffing, aerosol spray can, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamines (meth, crystal, speed, ice, crank)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vivoxiline (Vivo)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (dope, smack, H, boy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens/Ecstasy (Molly, X, E, LSD, MDMA, acid, rc's)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription painkillers (OxyContin, Vicodin, Codeine, etc.) not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription stimulants (Adderall, Ritalin, etc.) not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription sedatives (Xanax, Valium, etc.) not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over-the-counter drugs (like cough syrup, DXM, etc.) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How old were you when you first used...?

Never used   10 or younger   11   12   13   14   15   16   17 or older

Table with 10 columns for age groups and rows for various substances: Cigarettes, Smokeless tobacco, Cigars, Pipe, Electronic vapor products, Alcohol, Marijuana, Synthetic marijuana, Cocaine/crack, Inhalants, Methamphetamines, Vivoxiline, Heroin, Hallucinogens, Prescription drugs, Over-the-counter drugs.

10. Think back over the LAST TWO WEEKS. How many times have you had 5 or more alcoholic drinks in a row? (One drink is defined as a bottle of beer, a glass of wine, a wine cooler, a shot of liquor, or a mixed drink.)

- 0 times, 3 to 5 times, Once, 6 to 9 times, Twice, 10 or more times

11. How easy would it be for you to get...?

Very hard   Sort of hard   Sort of easy   Very easy

Table with 4 columns for difficulty levels and rows for: Cigarettes, Beer, wine or hard liquor, Marijuana, A drug like cocaine, LSD or amphetamines.

12. During the past year, how did you get your alcohol? MARK ALL THAT APPLY.

- I did not drink alcohol during the past year. I bought it at a restaurant, bar, or club. I bought it at a public event... I gave someone else money... I bought it at a store... A person 21 years old or older gave it to me. A person under 21 years old gave it to me. I took it from a store. I got it at a party. I got it from a parent/guardian. I got it from some other family member. I got it some other way.

13. During the past year, how did you get your prescription drugs that were used to get high? MARK ALL THAT APPLY.

- I did not use prescription drugs to get high during the past year. They were prescribed to me. My parents gave them to me. Someone other than my parents gave them to me... I took them from home without the knowledge of my parents/guardians. I bought them from someone... I bought them on the internet. I took them from someone else without their knowledge. I got them some other way.

PLEASE DO NOT WRITE IN THIS AREA

Serial entry box with 20 circles, the first one is checked.

SERIAL

3/8" SPINE PERF

- 62 61 60 59 58 57 56 55 54 53 52 51 50 49 48 47 46 45 44 43 42 41 40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1



20. What are the chances you would be seen as cool if you... ?

	Very good chance	Pretty good chance	Some chance	Little chance	No or very little chance
Smoked cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Began drinking alcoholic beverages regularly, that is, at least once or twice a month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoked marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carried a handgun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. How wrong do your parents feel it would be for you to... ?

	Very wrong	Wrong	A little bit wrong	Not at all wrong
Have one or two drinks of an alcoholic beverage nearly every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink beer, wine or hard liquor (for example vodka, whiskey, or gin) regularly (at least once or twice a month)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steal something worth more than \$5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pick a fight with someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Please answer the following questions:

	No	Yes
During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?	<input type="radio"/>	<input type="radio"/>
During the past 12 months, did you ever seriously consider attempting suicide?	<input type="radio"/>	<input type="radio"/>
During the past 12 months, did you make a plan about how you would attempt suicide?	<input type="radio"/>	<input type="radio"/>

The following questions ask about your GAMBLING. Gambling is playing a game in an attempt to win money (any amount) or something of value (like a video game, bike, iPod). You could gamble on a game or an event. Gambling means you don't know if you will win or lose.

23. During the past 12 months, how often have you bet/gambled for money or valuables in the following ways? Gambling can be done in a variety of settings, including with family and friends.

	Never	Less than once a month	1-3 times per month	Once a week or more
Card games (poker, blackjack, euchre, mystery)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal games of skill (pool, darts, video games)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports (fantasy leagues, March Madness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lottery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bingo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online (internet) gambling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal challenges (like a dare)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bet/gambled in other ways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. How often have you experienced the following consequences due to your gambling?

	I do not gamble	Never	Occasionally	Frequently
Academic problems (lower grades, did poorly on an exam)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issues with the legal system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lost possessions or money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt bad about gambling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor health (sleep issues, depression, poor hygiene)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issues with friends and family (lied, argued)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

The following questions ask about your **SCHOOL EXPERIENCES**.

25. Mark the Big "YES!" if you think the statement is definitely true for you.  
 Mark the little "yes" if you think the statement is mostly true for you.  
 Mark the little "no" if you think the statement is mostly not true for you.  
 Mark the Big "NO!" if you think the statement is definitely not true for you.

	YES!	yes	no	NO!
In my school, students have lots of chances to help decide things like class activities and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers ask me to work on special classroom projects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teacher(s) notices when I am doing a good job and lets me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are lots of chances for students in my school to get involved in sports, clubs, or other school activities outside of class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are lots of chances for students in my school to talk with a teacher one-on-one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The school lets my parents know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are lots of chances to be part of class discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are your school grades better than the grades of most students in your class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Now thinking back over the past year in school, how often did you... ?

	Never	Seldom	Sometimes	Often	A lot
Enjoy being in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hate being in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try to do your best work in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. During the **LAST FOUR WEEKS** how many whole days of school have you missed because you skipped or "cut"?

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

28. How interesting are most of your courses to you?

- Very interesting and stimulating
- Quite interesting
- Fairly interesting
- Slightly boring
- Very boring

29. Putting them all together, what were your grades like last year?

- Mostly A's       Mostly D's  
 Mostly B's       Mostly F's  
 Mostly C's

30. How often do you feel that the schoolwork you are assigned is meaningful and important?

- Almost always
- Often
- Sometimes
- Seldom
- Never

31. How important do you think the things you are learning in school are going to be for your later life?

- Very important
- Quite important
- Fairly important
- Slightly important
- Not at all important

PLEASE DO NOT WRITE IN THIS AREA



**SERIAL**



The following questions ask about your NEIGHBORHOOD AND COMMUNITY.

38. These questions ask about the neighborhood and community where you live.

YES!	yes	no	NO!
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, would he or she be caught by the police?

If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?

If a kid carried a handgun in your neighborhood, would he or she be caught by the police?

If a kid smoked a cigarette in your neighborhood, would he or she be caught by the police?

39. Please answer the following questions:

YES!	yes	no	NO!
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My neighbors notice when I am doing a good job and let me know about it.

There are people in my neighborhood who are proud of me when I do something well.

There are people in my neighborhood who encourage me to do my best.

40. How wrong would most adults (over 21) in your neighborhood think it is for kids your age... ?

Very wrong	Wrong	A little bit wrong	Not at all wrong
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To use marijuana

To drink alcohol

To smoke cigarettes

41. During the past 12 months, have you seen any "What's Your Side Effect" messages in your school?

No                       Yes                       Not Sure

42. How truthfully have you answered these questions?

Not truthfully at all               Somewhat truthfully               Completely truthfully

ADDITIONAL QUESTIONS

If your teacher gives you additional questions, please answer them using the spaces below.

- 1. A B C D E F G H                      6. A B C D E F G H                      11. A B C D E F G H
- 2. A B C D E F G H                      7. A B C D E F G H                      12. A B C D E F G H
- 3. A B C D E F G H                      8. A B C D E F G H                      13. A B C D E F G H
- 4. A B C D E F G H                      9. A B C D E F G H                      14. A B C D E F G H
- 5. A B C D E F G H                      10. A B C D E F G H                      15. A B C D E F G H

Thank you!

Please put your survey in the envelope.

