2016 INDIANA YOUTH SURVEY
6th GRADE

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.

SCHOOL CODE

Please enter the school code provided by your teacher.

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.
### 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:**
   - 5th
   - 6th
   - 7th
   - 8th

5. **AGE:**
   - 10 years old or younger
   - 11 years old
   - 12 years old
   - 13 years old or older

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
   - Alcohol (beer, wine, liquor, wine coolers)
   - Marijuana (pot, hash, weed, kush, Mary Jane)
   - Inhalants (whip-its, huffing, aerosol spray can, etc.)
   - Vivoxilene (Vivo)
   - Prescription drugs (like OxyContin, Xanax, Vicodin, Adderall, etc.) not prescribed to you
   - Other illegal drugs

9. **At what age did you first use...?**
   - Never used
   - 10 or younger
   - 11
   - 12
   - 13 or older

   - Cigarettes
   - Alcohol (beer, wine, liquor, wine coolers)
   - Marijuana (pot, hash, weed, kush, Mary Jane)
   - Inhalants (whip-its, huffing, aerosol spray can, etc.)
   - Vivoxilene (Vivo)
   - Prescription drugs (like OxyContin, Xanax, Vicodin, Adderall, etc.) not prescribed to you
   - Other illegal drugs

### The following questions ask about what you THINK OR FEEL.

10. **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 once or twice per week
    - Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day
    - Have five or more drinks of an alcoholic beverage once or twice a week
    - Use prescription drugs not prescribed to them
11. How wrong do your friends feel it would be for you to...?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Very wrong</th>
<th>Wrong</th>
<th>A little bit wrong</th>
<th>Not at all wrong</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoke tobacco</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Smoke marijuana</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Have one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day</td>
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<td></td>
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<tr>
<td>Use prescription drugs not prescribed to you</td>
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</tbody>
</table>

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

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

13. Please answer the following questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
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<tr>
<td>During the past 12 months, did you ever seriously consider attempting suicide?</td>
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<tr>
<td>During the past 12 months, did you make a plan about how you would attempt suicide?</td>
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</tbody>
</table>

14. 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.

<table>
<thead>
<tr>
<th>Statement</th>
<th>YES!</th>
<th>yes</th>
<th>no</th>
<th>NO!</th>
</tr>
</thead>
<tbody>
<tr>
<td>The rules in my family are clear.</td>
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<tr>
<td>My parents ask if I've gotten my homework done.</td>
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<tr>
<td>When I am not at home, one of my parents knows where I am and who I am with</td>
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<tr>
<td>My family has clear rules about alcohol and drug use.</td>
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<tr>
<td>We argue about the same things in my family over and over.</td>
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<td>People in my family have serious arguments.</td>
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<tr>
<td>People in my family often insult or yell at each other.</td>
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<td>My parents ask me what I think before most family decisions affecting me are made</td>
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<tr>
<td>If I had a personal problem, I could ask my mom or dad for help.</td>
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<tr>
<td>My parents give me lots of chances to do fun things with them.</td>
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</tbody>
</table>

15. Please answer the following questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>All the time</th>
<th>Often</th>
<th>Sometimes</th>
<th>Never or almost never</th>
</tr>
</thead>
<tbody>
<tr>
<td>My parents notice when I am doing a good job and let me know about it.</td>
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<tr>
<td>How often do your parents tell you they're proud of you for something you've done?</td>
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</table>
16. Please answer the following questions:

In my school, students have lots of chances to help decide things like class activities and rules.

Teachers ask me to work on special classroom projects.

My teacher(s) notices when I am doing a good job and lets me know about it.

There are lots of chances for students in my school to get involved in sports, clubs, or other school activities outside of class.

There are lots of chances for students in my school to talk with a teacher one-on-one.

I feel safe at my school.

The school lets my parents know when I have done something well.

My teachers praise me when I work hard in school.

There are lots of chances to be part of class discussions or activities.

Are your school grades better than the grades of most students in your class?

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

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

18. Please answer the following questions:

Would your parents know if you did not come home on time?

If you drank some beer or wine or hard liquor (for example, vodka, whiskey, or gin) without your parents’ permission, would you be caught by your parents?

If you carried a handgun without your parents’ permission, would you be caught by your parents?

If you skipped school would you be caught by your parents?

Do you enjoy spending time with your mother?

Do you enjoy spending time with your father?

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.

19. 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...

- Participated in clubs, organizations, or activities at school
- Made a commitment to stay drug-free
- Liked school
- Regularly attended religious services
- Tried to do well in school

20. How truthfully have you answered these questions?

- Not truthfully at all
- Somewhat truthfully
- Completely truthfully

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

   - A
   - B
   - C
   - D
   - E
   - F
   - G
   - H