

PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

lorida Youth Substance Abuse Survey

This survey is voluntary. That means you do not have to take it. If you choose to take it, you may skip any question you don't want to answer.

Thank you for agreeing to participate in this survey. The survey asks your opinion about a number of things in your life, including your friends, your family, your neighborhood and your community. Your answers to these questions will be <u>confidential</u>. That means no one will know your answers. To help us keep your answers secret, please <u>do not</u> write your name on this survey form.

This kind of mark will work: Correct Mark

These kinds of marks will NOT work:

Incorrect Marks

()

X

YES!

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nstructions

- 1. This is not a test. There are no right or wrong answers.
- 2. If you don't find an answer that fits exactly, use one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank.
- 3. Mark your answers clearly:
 - Completely fill in the circles.
 - Completely erase any answer you want to change.
 - Make no other markings or comments on the answer pages.
- 4. Some of the questions have the following format:

Please fill in the circle for the word that best describes how you feel.

EXAMPLE: Pepperoni pizza is one of my favorite foods.

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

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NO!

no

These questions ask for some general information about the people completing the survey. Please mark the response that best describes you.

1. How old are you?

- 0 10
- 0 11
- 0 12
- 0 13
- 0 14
- 0 15
- 0 16
- 0 17
- 0 18
- 19 or older

2. What grade are you in?

- O 6th
- 🔵 7th
- 0 8th
- 9th
- 10th
- 0 11th
- 12th

3. Are you:

- O Female
- 🔘 Male
- 4. How do you describe yourself? (YOU CAN CHOOSE ONE ANSWER, OR MORE THAN ONE)
 - O American Indian/Native American or Alaska Native
 - O Asian
 - O Black/African American
 - O Spanish/Hispanic/Latino
 - Native Hawaiian or other Pacific Islander
 - O White/Caucasian
 - Other

5. Which one of these ethnic groups BEST describes you? (CHOOSE ONLY ONE ANSWER)

 Central American (Guatemalan, Nicaraguan, Honduran, for example)

- O Cuban or Cuban American
- Dominican
- Mexican or Mexican American
- O Puerto Rican
- Other Hispanic, Latino or Spanish origin
- O Haitian
- West Indian or Caribbean
- None of these

- 6. Think of where you live most of the time. Which of the following people live there with you? (Choose all that apply.)
 - O Mother(s)
 - O Stepmother
 - Foster Mother
 - Grandmother
 - O Aunt
 - Father(s)
 - StepfatherFoster Father
- Stepsister(s)Other Children

Stepbrother(s)

Grandfather

Other Adults

Uncle

Brother(s)

Sister(s)

- 7. What is the language you use most often at home?
 - O English
 - O Spanish
 - Another Language

8. What is the highest level of schooling your father completed?

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- O Completed college
 - Graduate or professional school after college
- Don't know
- Does not apply
- 9. What is the highest level of schooling your mother completed?
 - Completed grade school or less
 - Some high school
 - O Completed high school
 - Some college
 - Completed college
 - Graduate or professional school after college
 - O Don't know
 - Does not apply

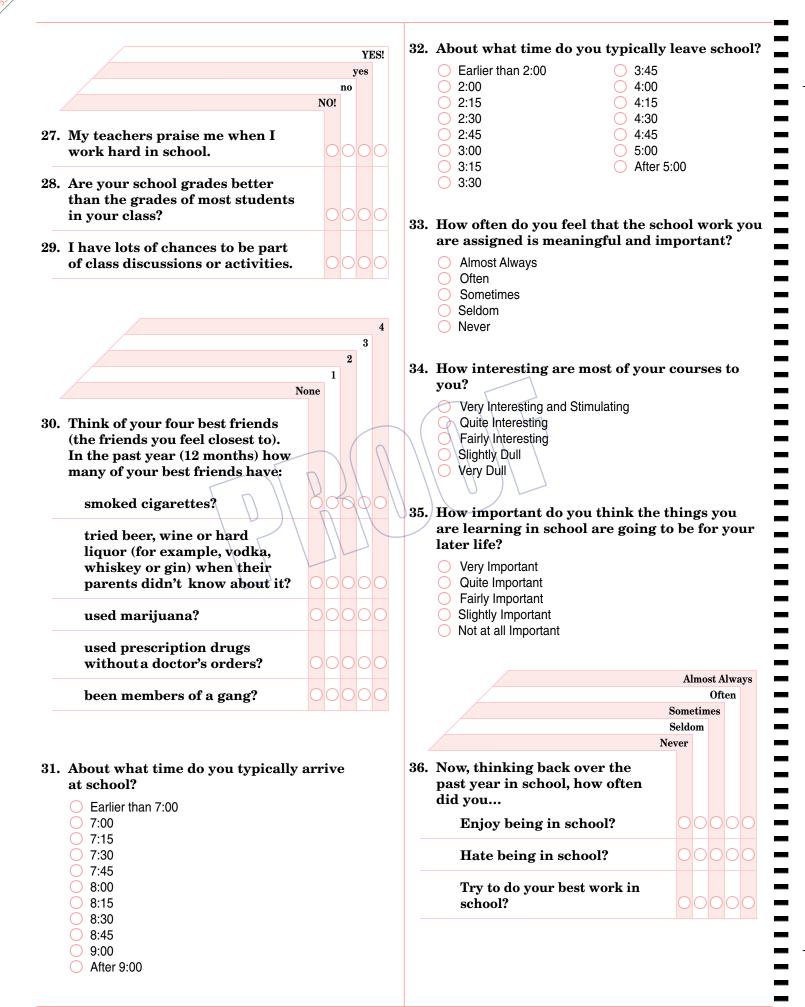
10. Where are you living now?

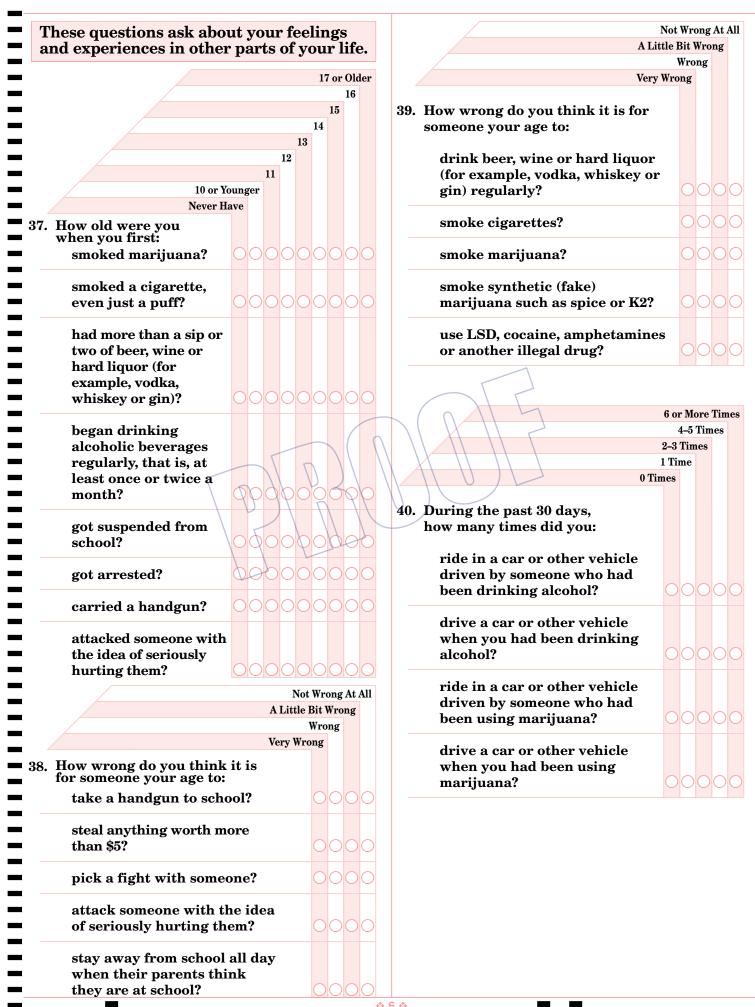
- 🔘 On a farm
- In the country, not on a farm
- In a city, town or suburb



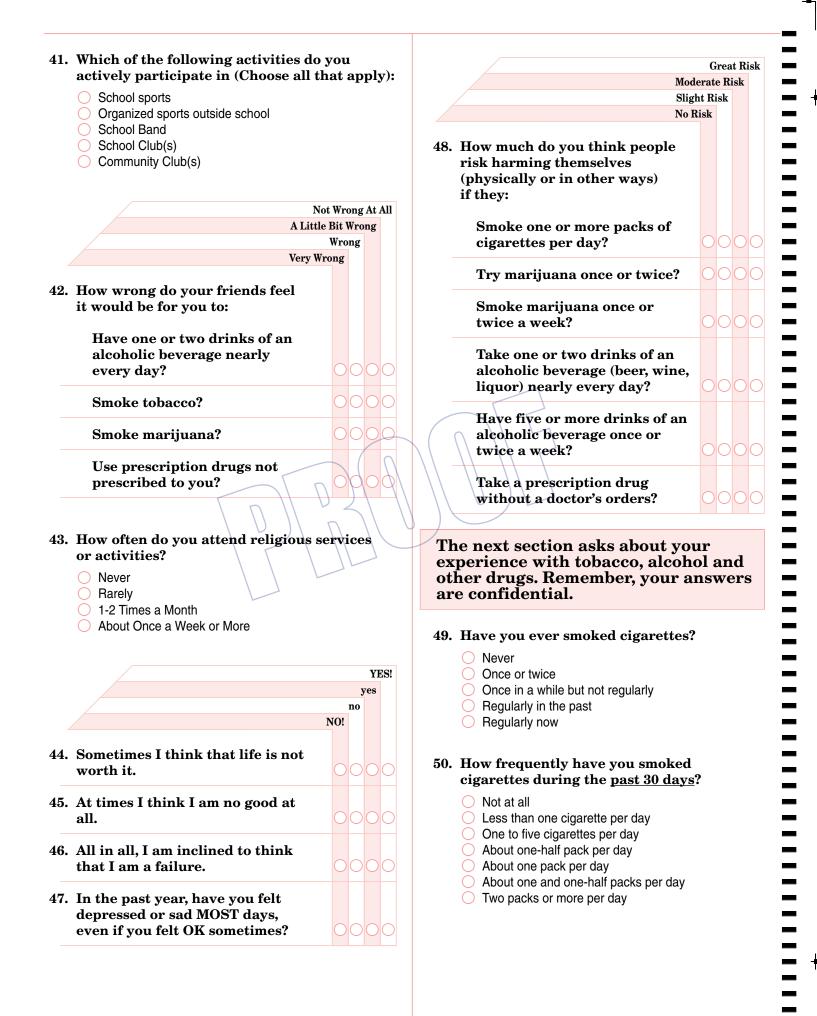
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This section asks about your experiences at school.	
11. Putting them all together, what were your grades like last year?	
 Mostly F's Mostly D's Mostly C's Mostly B's Mostly A's 	
12. During the LAST FOUR WEEKS, how many whole days have you missed because you skipped or "cut"?	
 None 1 2 3 4-5 6-10 11 or more 	
 Bullying happens when someone hurts or scare another person on purpose. The person being bullied has a hard time defending himself or herself. Usually, bullying happens over and over 	
13. Have you ever skipped school because someone was bullying you?	
 No Yes 14. How often has someone hit, kicked or shoved you, caused you physical harm/injury, or taken your money or belongings? 	l
 Never Once or twice A few times Many times Every day 	
15. How often have you been taunted, teased, experienced name-calling, or been excluded or ignored by others in a mean way?	
 Never Once or twice A few times Many times Every day 	
16. How often has someone sent mean emails, text messages, IM's or posted hurtful information on the Internet about you?	
 Never Once or twice A few times Many times Every day 	

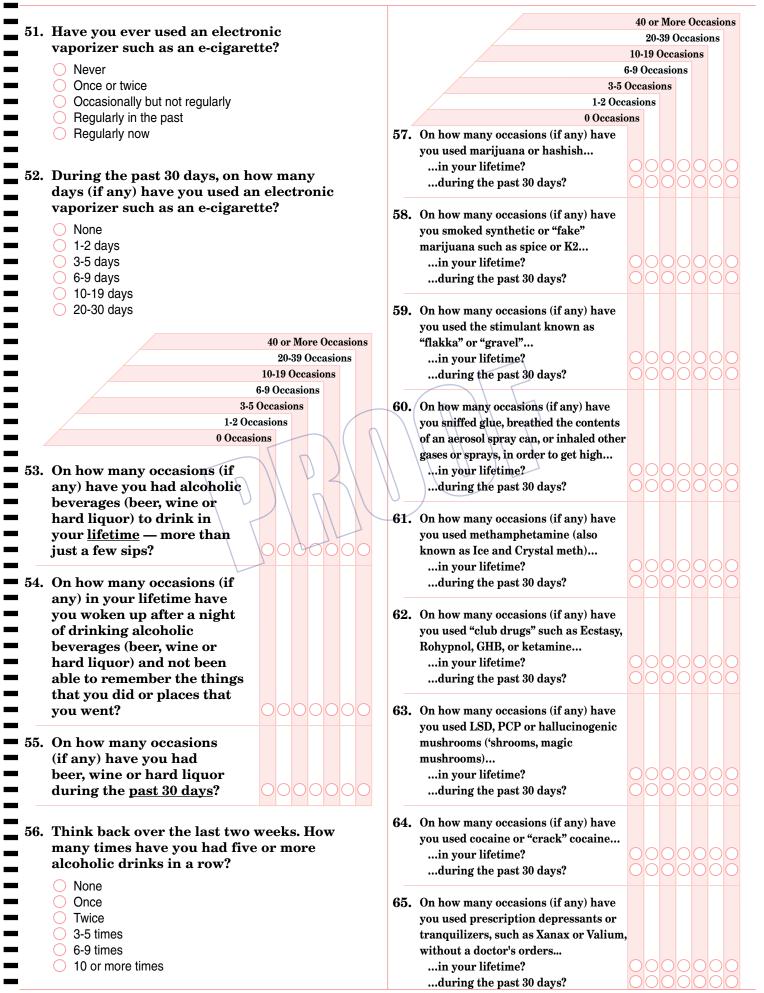
- 17. How often have you <u>repeatedly</u> hit, kicked, shoved someone, caused someone physical harm/injury, or taken someone's money or belongings without their permission?
 - O Never
 - Once or twice
 - A few times
 - Many times
 - O Every day
- 18. How often have you <u>repeatedly</u> taunted, teased, name called, excluded or ignored another person in a mean way?
 - O Never
 - Once or twice
 - A few times
 - Many times
 - Every day
- 19. How often have you <u>repeatedly</u> sent mean emails, text messages, IM's or posted hurtful information on the Internet about another person?
 - Never Once or twice
 - A few times
 - Many times
 - Every day
- YES! yes no NO! 20. In my school, students have lots of chances to help decide things like class activities and rules. 21. Teachers ask me to work on special classroom projects. 22. My teacher(s) notices when I am doing a good job and lets me know about it. 23. There are lots of chances for students in my school to get involved in sports, clubs and other school activities outside of class. 24. There are lots of chances for students in my school to talk with a teacher one-on-one. 25. I feel safe at my school. 26. The school lets my parents know when I have done something well.

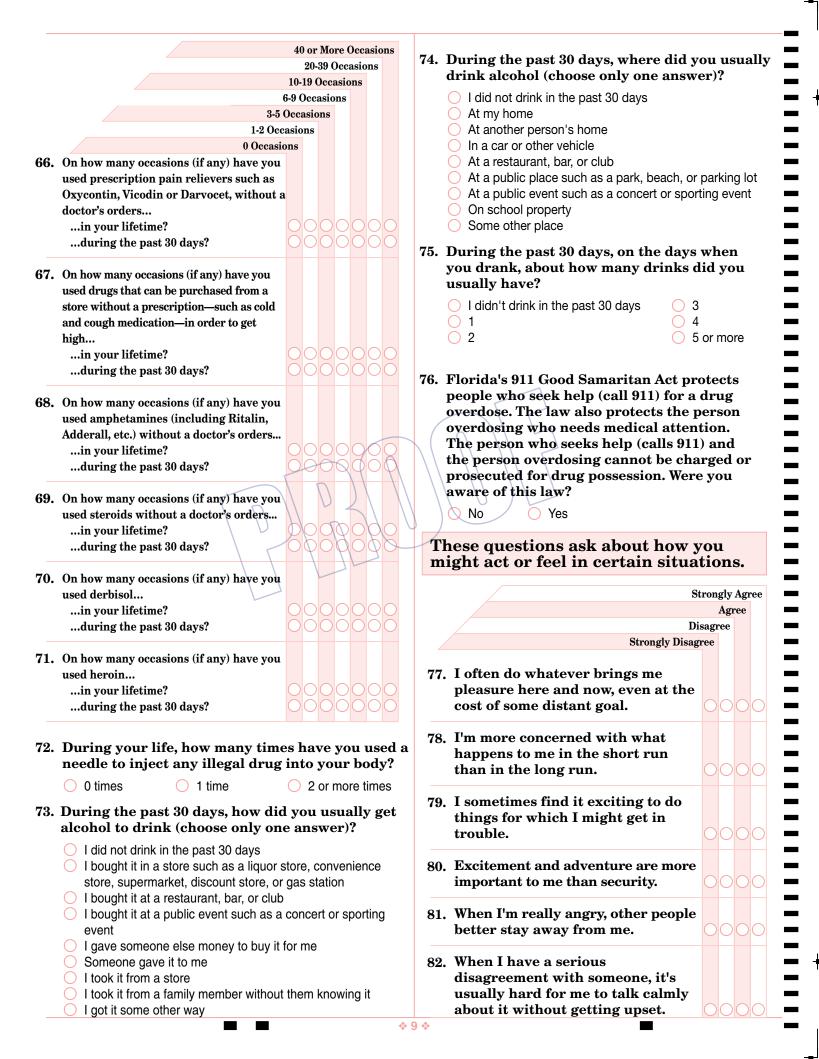




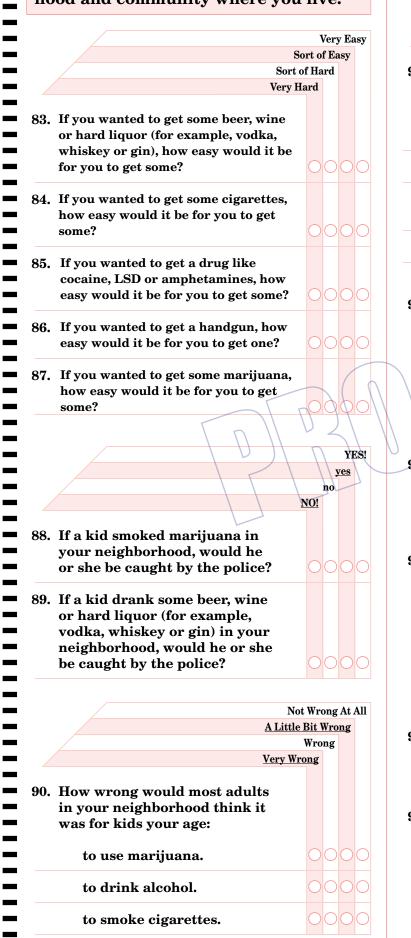
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These questions ask about the neighborhood and community where you live.



			Ył	ES!
		3	yes	
	NO	no		
	NO!			
91. How much do each of the following statements describe your neighborhood:				
crime and/or drug selling.	0	0	0	С
fights.	0	0	0	С
lots of empty or abandoned buildings.	0	0	0	С
lots of graffiti.	0	0	0	С

- 92. How many times have you changed homes since kindergarten?
 - Never 1 or 2 times 3 or 4 times 5 or 6 times 7 or more times
- 93. Have you changed schools (including changing from elementary to middle and middle to high school) in the past year?

O No Yes

- 94. How many times have you changed schools (including changing from elementary to middle and middle to high school) since kindergarten?
 - O Never

○ NO!

- 1 or 2 times
- 3 or 4 times
- 5 or 6 times
- 7 or more times
- 95. Have you changed homes in the past year (the last 12 months)?

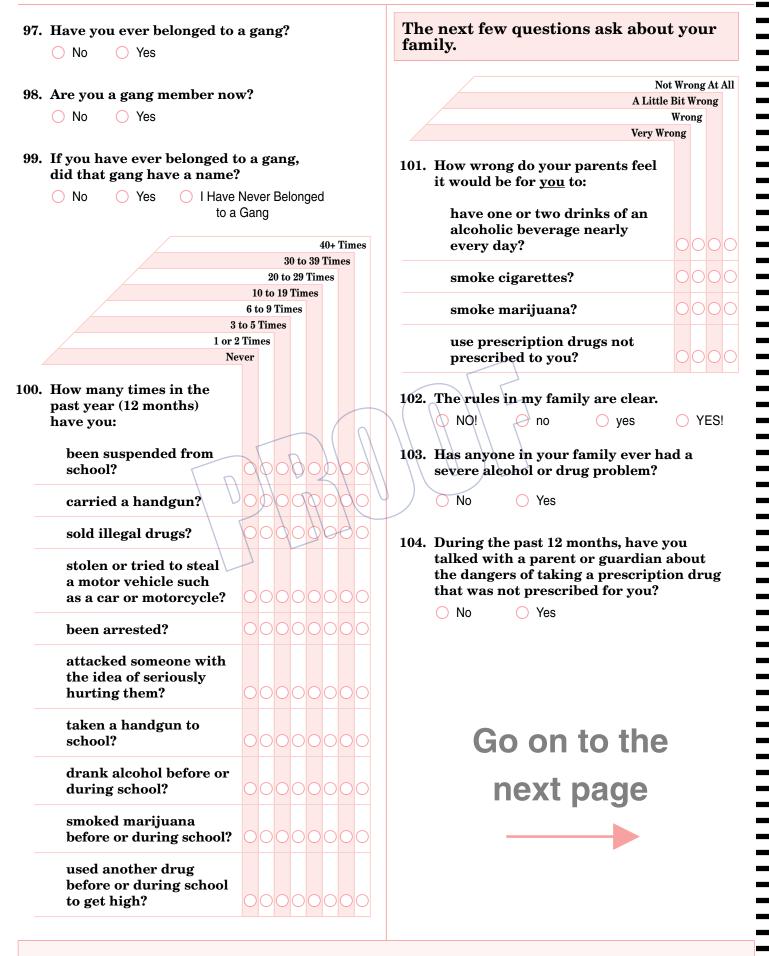
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O YES!

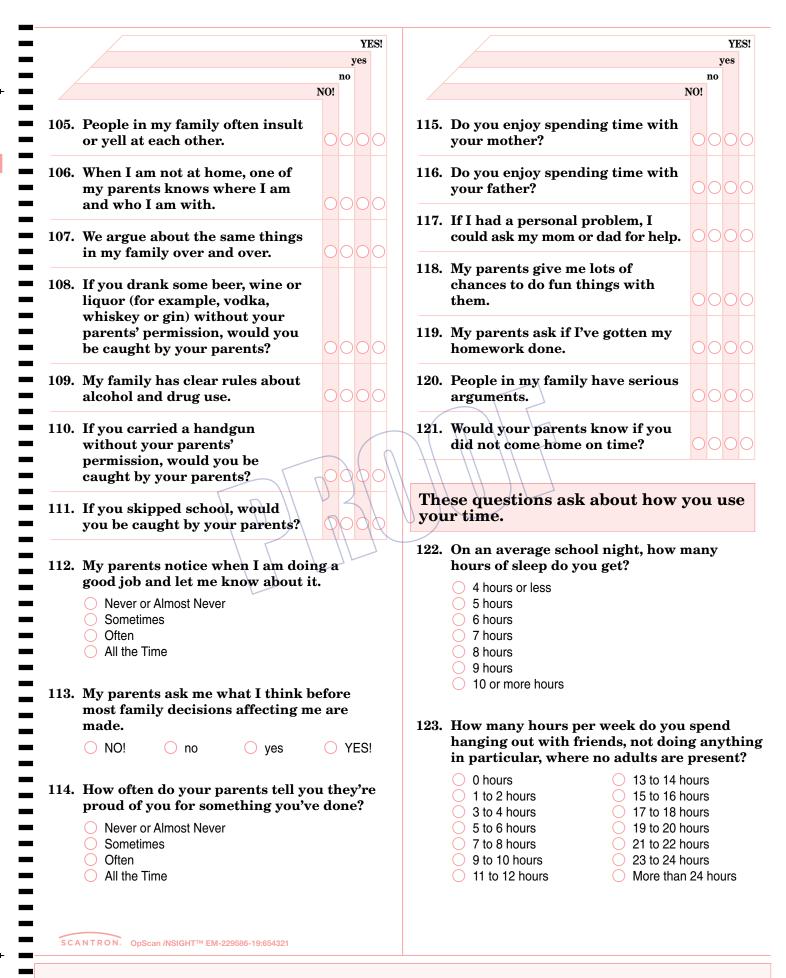
O No O Yes

96. I feel safe in my neighborhood. O no

♦ 10 ♦



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