

# Pennsylvania Youth Survey

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 confidential. This means your answer will stay secret. Your name will never be asked. Please do not write your name on this survey form.

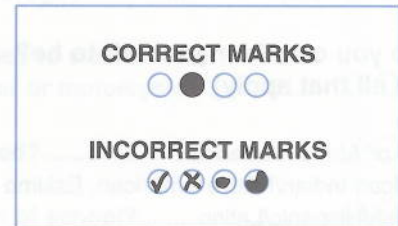
**This survey is completely voluntary. You may skip any question you don't want to answer.**

Other students have said they enjoy taking part in these surveys. We hope you will, too. Be sure to read the instructions before you mark any answers. Thank you very much.

## Instructions

1. This is not a test, so there are no right or wrong answers.
2. Each question should be answered by marking only one of the answer spaces. 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 of what it means, just leave it blank.
3. Your answers will be read by a computer. Please follow these instructions carefully.

- Use a #2 pencil only.
- Make heavy marks inside 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.      NO!    no    yes    YES!  
           

Mark (the Big) NO! if you think the statement is definitely not true for you.

Mark (the little) no if you think the statement is mostly not true for you.

Mark (the little) yes if you think the statement is mostly true for you.

Mark (the Big) YES! if you think the statement is definitely true for you.

In the example above, the student marked yes because he or she thinks the statement is mostly true.  
(Please mark only one answer for each question or statement.)

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

How old are you?

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

What grade are you in?

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

Are you?

- Female
- Male

What do you consider yourself to be?  
(choose all that apply)

- White
- Black or African American
- American Indian/Native American, Eskimo or Aleut
- Spanish/Hispanic/Latino
- Asian or Pacific Islander
- Other (Please specify: \_\_\_\_\_)

What is the language you use most often at home?

- English
- Spanish
- Another language (Please specify: \_\_\_\_\_)

This section asks about your experiences at school.

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

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

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

- Almost always
- Often
- Sometimes
- Seldom
- Never

How interesting are most of your courses to you?

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

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



Almost always

Often

Sometimes

Seldom

Never

Now, thinking back over the past year in school, how often did you:

Enjoy being in school?

Hate being in school?

Try to do your best work in school?

YES!

yes

no

NO!

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, and 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.

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

I have lots of chances to be part of class discussions or activities.

These questions ask about your feelings and experiences in other parts of your life.

None

1

2

3

4

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:

Smoked cigarettes?

Tried beer, wine or hard liquor (for example, vodka, whiskey or gin) when their parents didn't know about it?

Used marijuana?

Used LSD, cocaine, amphetamines, or other illegal drugs?

Been suspended from school?

Carried a handgun?

Sold illegal drugs?

Stolen or tried to steal a motor vehicle such as a car or motorcycle?

Been arrested?

Dropped out of school?

Been members of a gang?

Very good chance

Pretty good chance

Some chance

Little chance

No or very little chance

What are the chances you would be seen as cool if you:

Smoked cigarettes?

Began drinking alcoholic beverages regularly, that is, at least once or twice a month?

Smoked marijuana?

Carried a handgun?



The next section asks about your experience with tobacco, alcohol, and other drugs. Please fill in the circle for the answer that best describes how often you use or have used each drug. Remember, your answers are confidential. This means your answers will stay secret.

- 40 or more occasions
- 20 to 39 occasions
- 10 to 19 occasions
- 6 to 9 occasions
- 3 to 5 occasions
- 1 or 2 occasions
- 0 occasions

- Use about every day
- Use about once or twice a week
- Use about once or twice a month
- Use about once or twice a year
- Used before, but not in the past year
- Never used

BEER (beer, ale, malt liquor) .....

WINE (wine, champagne).....

LIQUOR (vodka, whiskey, etc.).....

Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?

- Never
- Once or twice
- Once in a while but not regularly
- Regularly in the past
- Regularly now

How frequently have you used smokeless tobacco during the past 30 days?

- Never
- Once or twice
- Once or twice per week
- About once a day
- More than once a day

Have you ever smoked cigarettes?

- Never
- Once or twice
- Once in a while but not regularly
- Regularly in the past
- Regularly now

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

On how many occasions (if any) have you:

Had beer, wine, or hard liquor in your lifetime? .....

Had beer, wine, or hard liquor during the past 30 days? .....

Used marijuana in your lifetime?..

Used marijuana during the past 30 days? .....

Sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in your lifetime?.....

Sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high during the past 30 days?.....

Used cocaine in your lifetime? .....

Used cocaine during the past 30 days? .....

Used crack in your lifetime? .....

Used crack during the past 30 days? .....

Used heroin in your lifetime?.....

Used heroin during the past 30 days? .....

Used hallucinogens (acid, LSD, shrooms) in your lifetime? .....

Used hallucinogens (acid, LSD, shrooms) during the past 30 days? .....

40 or more occasions

20 to 39 occasions

10 to 19 occasions

6 to 9 occasions

3 to 5 occasions

1 or 2 occasions

0 occasions

On how many occasions (if any) have you:

Used derbisol in your lifetime?.....

Used derbisol during the past 30 days? .....

Used methamphetamine (meth, crystal meth, crank) in your lifetime?.....

Used methamphetamine (meth, crystal meth, crank) during the past 30 days? .....

Used Ecstasy in your lifetime? .....

Used Ecstasy during the past 30 days? .....

Taken steroids without a doctor's orders in your lifetime?.....

Taken steroids without a doctor's orders during the past 30 days?.....

This section asks you questions about your use of prescription drugs.

40 or more occasions

20 to 39 occasions

10 to 19 occasions

6 to 9 occasions

3 to 5 occasions

1 or 2 occasions

0 occasions

Amphetamines have been prescribed by doctors to help people lose weight or to give people more energy. They are sometimes called uppers, ups, speed, bennies, dexies, pep pills, and diet pills. Drugstores are not supposed to sell them without a prescription from a doctor. Amphetamines do NOT include any non-prescription drugs, such as over-the-counter diet pills (like Dexatrim®) or stay-awake pills (like No-Doz®), or any mail-order drugs. On how many occasions (if any) have you taken amphetamines on your own—that is, without a doctor telling you to take them...

in your lifetime?.....

during the past 12 months?....

during the last 30 days? .....

Sedatives, including barbiturates, are sometimes prescribed by doctors to help people relax or get to sleep. They are sometimes called downs or downers, and include phenobarbital, Tuinal, Nembutal, and Seconal. On how many occasions (if any) have you taken sedatives on your own—that is, without a doctor telling you to take them...

in your lifetime?.....

during the past 12 months?....

during the last 30 days? .....

Tranquilizers are sometimes prescribed by doctors to calm people down, quiet their nerves, or relax their muscles. Librium, Valium, and Xanax are all tranquilizers. On how many occasions (if any) have you taken tranquilizers on your own—that is, without a doctor telling you to take them...

in your lifetime?.....

during the past 12 months?....

during the last 30 days? .....



- 40 or more occasions
- 20 to 39 occasions
- 10 to 19 occasions
- 6 to 9 occasions
- 3 to 5 occasions
- 1 or 2 occasions
- 0 occasions

There are a number of narcotics other than heroin, such as methadone, opium, morphine, codeine, Demerol, Vicodin, OxyContin, and Percocet. These are sometimes prescribed by doctors. On how many occasions (if any) have you taken narcotics other than heroin on your own—that is, without a doctor telling you to take them...

in your lifetime? .....

during the last 12 months? .....

during the last 30 days? .....

These questions ask about experiences in other areas of your personal life.

- Almost every day
- About once or twice a week
- About once or twice a month
- About once or twice a year
- Before, but not in the past year
- Never
- I don't drive

How often have you:

Driven a car while or shortly after drinking? .....

Driven a car while or shortly after smoking pot? .....

- 40+ times
- 30 to 39 times
- 20 to 29 times
- 10 to 19 times
- 6 to 9 times
- 3 to 5 times
- 1 or 2 times
- Never

How many times in the past year (12 months) have you:

Been suspended from school? .....

Sold illegal drugs? .....

Stolen or tried to steal a motor vehicle such as a car or motorcycle? .....

Been arrested? .....

Attacked someone with the idea of seriously hurting them? .....

Been drunk or high at school? .....

How many times in the past 30 days have you brought a weapon (such as a gun, knife or club) to school? .....

Have you ever belonged to a gang?

- No
- Yes

If you have ever belonged to a gang, did that gang have a name?

- No
- Yes
- I have never belonged to a gang.

Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?

- None
- Once
- Twice
- 3-5 times
- 6-9 times
- 10 or more times

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

How old were you when you first:

Smoked marijuana? .....

Smoked a cigarette, even just a puff? .....

Had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)? .....

Began drinking alcoholic beverages regularly, that is, at least once or twice a month? .....

Got suspended from school? .....

Got arrested? .....

Carried a handgun? .....

Attacked someone with the idea of seriously hurting them? .....

Belonged to a gang? .....

How often do you attend religious services or activities?

- Never
- Rarely
- 1-2 times a month
- About once a week or more

I like to see how much I can get away with.

- Very false
- Somewhat false
- Somewhat true
- Very true

	YES!
	yes
	no
	NO!

Sometimes I think that life is not worth it.....

At times I think I am no good at all. ....

All in all, I am inclined to think that I am a failure. ....

In the past year have you felt depressed or sad MOST days, even if you feel OK sometimes?.....

It is all right to beat up people if they start the fight. ....

I think it is okay to take something without asking if you can get away with it. ....

It is important to be honest with your parents, even if they become upset or you get punished.....

I think sometimes it's okay to cheat at school.....

I ignore rules that get in my way.

- Very false
- Somewhat true
- Somewhat false
- Very true

I do the opposite of what people tell me, just to get them mad.

- Very false
- Somewhat true
- Somewhat false
- Very true

	Once a week or more
	2 or 3 times a month
	About once a month
	Less than once a month
	I've done it, but not in the past year
	Never

How many times have you done the following things?

Done what feels good no matter what. ....

Done something dangerous because someone dared you to do it. ....

Done crazy things even if they are a little dangerous.....



	Not wrong at all
	A little bit wrong
	Wrong
	Very wrong

How wrong do you think it is for someone your age to:

Take a handgun to school?.....

Steal anything worth more than \$5? .....

Pick a fight with someone?.....

Attack someone with the idea of seriously hurting them? .....

Stay away from school all day when their parents think they are at school?.....

Drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?.....

Smoke cigarettes? .....

Smoke marijuana? .....

Use LSD, cocaine, amphetamines or another illegal drug? .....

	Great risk
	Moderate risk
	Slight risk
	No risk

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?.....

Try marijuana once or twice?.....

Smoke marijuana regularly? .....

Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?.....

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

	Very easy
	Sort of easy
	Sort of hard
	Very hard

If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some? .....

If you wanted to get some cigarettes, how easy would it be for you to get some? .....

If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some? .....

If you wanted to get some marijuana, how easy would it be for you to get some? .....

If you wanted to get a handgun, how easy would it be for you to get one?.....

	YES!
	yes
	no
	NO!

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

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

	Not wrong at all
	A little bit wrong
	Wrong
	Very wrong

How wrong would most adults (over 21) in your neighborhood think it was for kids your age:

To use marijuana?.....

To drink alcohol?.....

To smoke cigarettes?.....



- 5 or more adults
- 3 or 4 adults
- 2 adults
- 1 adult
- None

About how many adults (over 21) have you known personally who in the past year have:

Used marijuana, crack, cocaine, or other drugs?

Sold or dealt drugs?

Done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?

Gotten drunk or high?

- YES!
- yes
- no
- NO!

If I had to move, I would miss the neighborhood I now live in.

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

I like my neighborhood.

There are lots of adults in my neighborhood I could talk to about something important.

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

I feel safe in my neighborhood.

I'd like to get out of my neighborhood.

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

- Yes
- No

Which of the following activities for people your age are available in your community?

- Sports teams
- Scouting
- Boys and girls clubs
- 4-H clubs
- Service clubs

- Yes, I participate
- No, I do not participate

Which of the following activities for people your age do you participate in your community?

- Sports teams
- Scouting
- Boys and girls clubs
- 4-H clubs
- Service clubs

- YES!
- yes
- no
- NO!

How much do each of the following statements describe your neighborhood?

- Crime and/or drug selling
- Fights
- Lots of empty or abandoned buildings
- Lots of graffiti

The next few questions ask about your family.

- Not wrong at all
- A little bit wrong
- Wrong
- Very wrong

How wrong do your parents feel it would be for you to:

- Drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?
- Smoke cigarettes?
- Smoke marijuana?
- Steal anything worth more than \$5?
- Draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)?
- Pick a fight with someone?

Have you changed homes in the past year?

- No
- Yes

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

Have you changed schools (including changing from elementary to middle and middle to high school) in the past year?

- No
- Yes

How many times have you changed schools (including changing from elementary to middle and middle to high school) since kindergarten?

- Never
- 1 or 2 times
- 3 or 4 times
- 5 or 6 times
- 7 or more times

I don't have any brothers or sisters

Yes  
No

Have any of your brothers or sisters ever:

- Drunk beer, wine or hard liquor (for example, vodka, whiskey or gin)?.....
- Smoked marijuana? .....
- Smoked cigarettes? .....
- Taken a handgun to school?.....
- Been suspended or expelled from school?.....

Has anyone in your family ever had a severe alcohol or drug problem?

- No
- Yes

YES!

yes

no

NO!

The rules in my family are clear.....

People in my family often insult or yell at each other. ....

When I am not at home, one of my parents knows where I am and who I am with. ....

We argue about the same things in my family over and over.....

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

My family has clear rules about alcohol and drug use.....

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? .....

All the time

Often

Sometimes

Never or almost never

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

How often do your parents tell you they're proud of you for something you've done? .....



YES!  
yes  
no  
NO!

Do you feel very close to your mother?.....

Do you share your thoughts and feelings with your mother? .....

My parents ask me what I think before most family decisions affecting me are made .....

Do you share your thoughts and feelings with your father? .....

Do you enjoy spending time with your mother? .....

Do you enjoy spending time with your father? .....

YES!  
yes  
no  
NO!

If I had a personal problem, I could ask my mom or dad for help.....

Do you feel very close to your father?.....

My parents give me lots of chances to do fun things with them. ....

My parents ask if I've gotten my homework done.....

People in my family have serious arguments. ....

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

Think of where you live most of the time. Which of the following people live there with you? (Choose all that apply)

- |                                      |                                     |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Mother         | <input type="radio"/> Father        |
| <input type="radio"/> Stepmother     | <input type="radio"/> Stepfather    |
| <input type="radio"/> Foster mother  | <input type="radio"/> Foster father |
| <input type="radio"/> Grandmother    | <input type="radio"/> Grandfather   |
| <input type="radio"/> Aunt           | <input type="radio"/> Uncle         |
| <br>                                 |                                     |
| <input type="radio"/> Other adults   |                                     |
| <br>                                 |                                     |
| <input type="radio"/> Brother(s)     | <input type="radio"/> Sister(s)     |
| <input type="radio"/> Stepbrother(s) | <input type="radio"/> Stepsister(s) |
| <br>                                 |                                     |
| <input type="radio"/> Other children |                                     |

Please fill in the circle for the answer that best describes how many times these things have happened to you in the past 12 months.

10 times or more  
6 to 9 times  
4 or 5 times  
2 or 3 times  
Once  
Never

In the past 12 months, how often have you:

Been threatened to be hit or beaten up on school property? .....

Been attacked and hit by someone, or beaten up, on school property? ....

Been threatened by someone with a weapon on school property? .....

Been attacked by someone with a weapon on school property? .....

Been offered, given, or sold an illegal drug on school property? .....

Please fill in the circle for the answer that best describes how willing you are to try or use the drugs listed below. These are not questions about current or past use of these drugs.

I would use it any chance I got  
I would like to try it or use it  
I'm not sure whether or not I would use it  
I probably wouldn't use it  
I would never use it

ALCOHOL (beer, wine, coolers, hard liquor).....

MARIJUANA (pot, hash, hemp, weed) .....

COCAINE (coke, snow, blow, dust).....

HALLUCINOGENS (acid, trip, LSD, shrooms) .....

INHALANTS (whippets, butane, paint thinner) .....

**This section asks about your gambling experiences.**

**How old were you the first time you gambled (bet money or something of value on sports, a game of chance or skill, played the lottery, or bet cards or dice games)?**

- Never have gambled
- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17 or older

**In the past year, have you gambled for money or anything of value?**

- Yes
- No

**In the last 30 days, have you gambled for money or anything of value?**

- Yes
- No

**In the past year, have you often found yourself thinking about gambling or planning to gamble?**

- Yes
- No

**In the past year, have you ever spent more than you meant to on gambling?**

- Yes
- No

**In the past year, has your gambling ever led to lies to your family?**

- Yes
- No

	Yes
	No
	Don't know/Not sure
	Refused

**In the past year, have you:**

- Played a slot machine?.....
- Bought lottery tickets? .....
- Played bingo for prizes or money? .....
- Bet on sporting events (includes participating in sports pools).....
- Bet on table games like poker or other card games, dices, backgammon or dominos.....

**In the last 30 days, have you:**

- Played a slot machine?.....
- Bought lottery tickets? .....
- Played bingo for prizes or money? .....
- Bet on sporting events (includes participating in sports pools).....
- Bet on table games like poker or other card games, dices, backgammon or dominos.....

**If you are using this questionnaire as a header sheet, please fill in this bubble.**

SCHOOL I.D.										CLASS I.D.		
0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9