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Nicholas J. Pirro  
County Executive



**City of Syracuse / County of Onondaga  
Drug and Alcohol Abuse Commission**

Chairman  
John G. Duncan  
Assistant United States Attorney

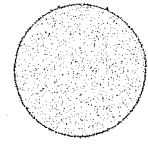


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Vice-Chairman  
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Syracuse Model Neighborhood Facility

Project Director  
Marilyn P. Morey

Vice-Chairman  
Dr. Lee Peters  
Onondaga-Cortland-Madison BOCES



**ALCOHOL AND OTHER DRUGS IN OUR COMMUNITY--YOUTH SURVEY  
INTRODUCTION/INSTRUCTIONS**

October 14, 1992

Dear Onondaga/Madison County Youth,

Your classroom has been randomly selected as one of 300 classrooms from across the community to participate in a survey about alcohol and other drugs. This survey is being conducted by the City/County Drug and Alcohol Abuse Commission. Information from the survey will be used by the Commission to help us work with schools and other organizations to address alcohol and other drug abuse among young people. Even if you do not use drugs or alcohol, you should fill out this survey. We want to know about kids who use and don't use in order to help us learn more about what young people like you are doing, feeling, and thinking.

**THE SURVEY IS COMPLETELY ANONYMOUS.** No one will be able to tell which survey you filled out or what building surveys came from. **DO NOT PUT YOUR NAME OR ANY OTHER IDENTIFYING INFORMATION ON THE SURVEY.** When you are finished with the survey seal it inside of the envelope you have been given and write a plus sign (+) across the seal. The survey will not be seen by your parents, friends, teachers, or anyone who knows you. The envelope will be opened later by someone who does not know you.

The survey should take about 25 minutes to complete. When you are filling out the survey please be as honest as possible. **IF YOU FEEL YOU CANNOT GIVE AN HONEST ANSWER TO A QUESTION, JUST LEAVE IT BLANK AND GO ON TO THE NEXT QUESTION.** If you have any questions during the survey you should go to a proctor or teacher WITHOUT your survey. If you finish the survey early, just sit quietly until others are finished.

Thank you so much for taking part in this important study.

**IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT ALCOHOL OR OTHER DRUGS CALL (315)472-DRUG. THIS IS A 24 HOUR, CONFIDENTIAL HOTLINE ANSWERED BY TRAINED SUBSTANCE ABUSE COUNSELORS.**

143450

**U.S. Department of Justice  
National Institute of Justice**

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ALCOHOL AND OTHER DRUG ABUSE IN OUR COMMUNITY--YOUTH SURVEY

PART I--YOUTH INFORMATION:

1. Age \_\_\_\_\_ Grade: (Check one).....  7th  8th  9th  10th  11th  12th
2. Sex: .....  Male  Female
3. Ethnic Origin:  Asian  Black  Hispanic  Native American  White  Other(specify) \_\_\_\_\_

**PART II--ALCOHOL AND OTHER DRUG USE/NON-USE:** *The next questions ask about use of cigarettes, alcohol and other drugs. When answering PLEASE DO NOT COUNT ANY DRUGS YOU HAVE TAKEN THAT WERE PRESCRIBED FOR YOU BY A DOCTOR. Please remember that all of your answers are strictly confidential and that your name will never be connected with your answers. (Fill in a circle for each. Example: ● ○ ○ ○ ○. You do not need to use pencil.)*

1. How many times (if ever) in your LIFE have you...

	0	1-2	3-5	6-9	10-19	20-39	40 or more	Don't Know What This Is
Smoked cigarettes .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used chewing tobacco .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had alcoholic beverages (beer, wine, wine coolers, liquor) (Not just a sip or taste, not part of a religious ceremony) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been drunk/very high on alcohol .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used inhalants (sniffed glue, gas, sprays) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used cocaine .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used crack .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used hallucinogens (LSD, acid, PCP, mushrooms, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used uppers (speed, bennies, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used downers (reds, yellows, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used steroids (to build muscle) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used over the counter diet pills to feel "up" .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used other drugs not listed here (not prescribed for you by a doctor).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How many times in the past 12 months have you...

	0	1-2	3-5	6-9	10-19	20-39	40 or more	Don't Know What This Is
Smoked cigarettes .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used chewing tobacco .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had alcoholic beverages (beer, wine, wine coolers, liquor) (Not just a sip or taste, not part of a religious ceremony) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been drunk/very high on alcohol .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used inhalants (sniffed glue, gas, sprays) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used cocaine .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used crack .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used hallucinogens (LSD, acid, PCP, mushrooms, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used uppers (speed, bennies, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used downers (reds, yellows, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used steroids (to build muscle) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used over the counter diet pills to feel "up" .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used other drugs not listed here (not prescribed for you by a doctor).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. How many times in the last 30 days have you...

(DO NOT COUNT DRUGS WHICH HAVE BEEN PRESCRIBED FOR YOU BY A DOCTOR)

	0	1-2	3-5	6-9	10-19	20-39	40 or more	Don't know what this
Smoked cigarettes .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used chewing tobacco .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had alcoholic beverages (beer, wine, wine coolers, liquor) (Not just a sip or taste, not part of a religious ceremony) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been drunk/very high on alcohol .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used inhalants (sniffed glue, gas, sprays) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used cocaine .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used crack .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used hallucinogens (LSD, acid, PCP, mushrooms, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used uppers (speed, bennies, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used downers (reds, yellows, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used steroids (to build muscle) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used over the counter diet pills to feel "up" .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used other drugs not listed here (not prescribed for you by a doctor).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. How old were you the first time you...

(DO NOT COUNT DRUGS WHICH WERE PRESCRIBED FOR YOU BY A DOCTOR)

	Never did this	under 10	10-11	12-13	14-15	16-17	18-19	over 19
Smoked cigarettes .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used chewing tobacco .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had alcoholic beverages (beer, wine, wine coolers, liquor) (Not just a sip or taste, not part of a religious ceremony) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been drunk/very high on alcohol .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used inhalants (sniffed glue, gas, sprays) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used cocaine .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used crack .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used a needle to inject drugs .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used hallucinogens (LSD, acid, PCP, mushrooms, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used uppers (speed, bennies, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used downers (reds, yellows, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used steroids (to build muscle) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used over the counter diet pills to feel "up" .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used other drugs not listed here (not prescribed for you by a doctor).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. If you used **ALCOHOL** during the last year, about how many times did you use it in each of the following situations?

\_\_\_ Check here if you did not use alcohol in the last year and go to question 6.

	0	1-2 times	3-5 times	6-10 times	more than 10
At parties (no adults) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At parties (adults present) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At home (parents knew) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At home (parents didn't know) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At friends' homes (adults knew) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At friends' homes (adults didn't know) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving around with friends .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outdoors in a park, field, parking lot .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At a bar or restaurant .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At family celebrations .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With just one or two other people ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With friends who don't go to my school .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At school-sponsored events .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before school .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During school hours away from school .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During school hours at school .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At work .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alone .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other places or occasions (describe) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. If you sometimes drink alcohol, where do you get the alcohol you drink? (Check all that apply)

- \_\_\_ Never drink alcohol
- \_\_\_ From same-aged friend
- \_\_\_ From brothers or sisters
- \_\_\_ From my parent(s)
- \_\_\_ From store(s)
- \_\_\_ From bar(s)
- \_\_\_ From alcohol my parents keep at home
- \_\_\_ From an older friend
- \_\_\_ From an adult (not a relative)
- \_\_\_ At parties
- \_\_\_ From friends' parents
- \_\_\_ Other (describe) \_\_\_\_\_

7. If you used **DRUGS** (other than those prescribed for you by a doctor) during the last year, how often did you use them in each of the following situations?

\_\_\_ Check here if you did not use drugs in the last year then go to Question 8.

	0	1-2 times	3-5 times	6-10 times	more than 10
At parties (no adults) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At parties (adults present) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At home (parents knew) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At home (parents didn't know) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At friends' homes (adults knew) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At friends' homes (adults didn't know) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving around with friends .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outdoors in a park, field, parking lot .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At a bar or restaurant .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At family celebrations .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With just one or two other people ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With friends who don't go to my school .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At school-sponsored events .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before school .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During school hours away from school .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During school hours at school .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At work .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alone .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other places or occasions (describe) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. If you sometimes use drugs, where do you get the drugs you use? (Check all that apply)

- \_\_\_ Never use drugs
- \_\_\_ From same-aged friend
- \_\_\_ From brothers or sisters
- \_\_\_ From a dealer
- \_\_\_ From an older friend
- \_\_\_ From an adult
- \_\_\_ From prescription medication for family member
- \_\_\_ From my parent(s)
- \_\_\_ From friends' parents
- \_\_\_ At parties
- \_\_\_ From advertisements in the back of magazines
- \_\_\_ Over the counter at a pharmacy or store
- \_\_\_ Other (describe) \_\_\_\_\_

9. When you go to parties (3 or more people getting together) how often are each of the following available...

	Never	Once in a while	Most of the time	Always
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wine coolers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hard Liquor (whiskey, vodka, gin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LSD or other hallucinogens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uppers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Downers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants ("Sniff" glue or gas, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. How easy do you think it would be for you to get each of the following drugs if you wanted some?

	Almost impossible	Very hard	Hard	Fairly easy	Very easy
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine, powder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uppers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Downers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LSD or other hallucinogens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants ("Sniff" glue or gas, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Do you feel pressured by your friends to...

	Not at all	A little	Some	A lot
smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
drink alcohol	<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 other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. How likely would you be to attend a party if you knew...

	Very unlikely	Somewhat unlikely	Somewhat likely	Very likely
Cigarettes were not available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol was not available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana was not available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other drugs were not available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. How much do you think people risk harming themselves (physically or in other ways if they...)

	No risk	Slight risk	Moderate risk	Great risk	Don't know
Try marijuana once or twice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana occasionally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try cocaine once or twice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do cocaine occasionally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try one or two drinks of alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have one or two drinks every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have five or more drinks in a row once or twice a weekend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. If you currently don't use alcohol, why not? (Check all that apply.)

- Check here if you drink alcohol sometimes then go to question 15
- I value my health too much
- It's against my values and beliefs
- People who don't drink are more fun to be around
- My friends do not use alcohol
- My parents would be disappointed in me
- My friends would be disappointed in me
- I'd rather spend my money on other things
- It might affect my school or athletic performance
- I don't want to break the law
- I don't want to become addicted
- I might get sick or have an accident
- Too hard to get
- I don't like feeling high on alcohol
- Other (explain) \_\_\_\_\_

15. If you currently don't use drugs, why not? (Check all that apply.)

- Check here if you sometimes use drugs and go to question 16.
- I value my health too much
- It's against my values and beliefs
- People who don't use drugs are more fun to be around
- My friends do not use drugs
- My parents would be disappointed in me
- My friends would be disappointed in me
- I'd rather spend my money on other things
- Using drugs might affect my school or athletic performance
- I don't want to break the law
- I don't want to become addicted
- I might have a bad trip
- Too hard to get
- I don't like feeling high on drugs
- Other (explain) \_\_\_\_\_

17. How do your parents feel about kids your age using ALCOHOL? (Check one)

- I do not know how my parents feel
- My parents strongly disapprove
- My parents mildly disapprove
- My parents neither approve nor disapprove
- My parents mildly approve
- My parents strongly approve

18. How do your parents feel about kids your age using DRUGS? (Check one)

- I do not know how my parents feel
- My parents strongly disapprove
- My parents mildly disapprove
- My parents neither approve nor disapprove
- My parents mildly approve
- My parents strongly approve

16. How many times in the past 12 months have you...

	0	1-2 times	3-5 times	6-10 times	more than 10
Driven a car or other vehicle after drinking alcohol .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driven a car or other vehicle after doing marijuana or other drugs .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been a passenger in a car or other vehicle when the driver has been drinking .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been a passenger in a car or other vehicle when the driver has smoked marijuana or done other drugs .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discouraged a friend from using alcohol .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discouraged a friend from using drugs .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discouraged someone from drinking and driving .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talked about the dangers of alcohol use with your parents .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talked about the dangers of drug use with your parents .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expressed your disapproval of alcohol being consumed at a party or get together .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expressed your disapproval of drugs being consumed at a party or get together .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. If you had an important question about alcohol or other drugs or alcohol, who would you be comfortable talking to? (check all that apply).

- Parent or guardian
- A friend my age
- An adult friend (not a relative)
- A relative such as an aunt or uncle
- An older brother or sister
- A priest, minister, or rabbi
- A teacher
- A school counselor
- School nurse
- Coach
- An anonymous/confidential hotline
- No one
- Other (specify) \_\_\_\_\_

20. About how many hours each day are you left alone at home unsupervised?

- I'm never left at home unsupervised
- About 1 hour a day
- About 2 hours a day
- About 3 hours a day
- 4 or more hours a day

21. About how many hours each week do you spend on...

		0	1-5 hours	6-10 hours	11-15 hours	more than 15
Doing homework .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating on sports teams at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in clubs and organizations like the school newspaper, scouting, band? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working at a job (during school year only) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organized sports outside school ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Church related activities .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other organized activities .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. In which of the following programs do you or have you participated? (Check all that apply.)

<input type="checkbox"/> SADD	<input type="checkbox"/> COA
<input type="checkbox"/> DARE	<input type="checkbox"/> Alanon or Alateen
<input type="checkbox"/> Just Say No Club	<input type="checkbox"/> Teen Institute
<input type="checkbox"/> Peer leadership program	<input type="checkbox"/> Youth to Youth
<input type="checkbox"/> Fay's Drug Quiz Show	<input type="checkbox"/> Other anti-substance abuse program (please name)

23. Do you know...

	YES	NO
How/where to get help for a drug problem?	<input type="radio"/>	<input type="radio"/>
How/where to get help for an alcohol problem?	<input type="radio"/>	<input type="radio"/>
Where to get information about alcohol and other drugs?	<input type="radio"/>	<input type="radio"/>
How to recognize signs of alcohol addiction/abuse?	<input type="radio"/>	<input type="radio"/>
How to recognize signs of drug abuse?	<input type="radio"/>	<input type="radio"/>

24. Do you think...

	YES	NO	MAYBE
You may have a problem with alcohol? ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You may have a problem with drugs? ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Do you think any of your friends...

May have a problem with alcohol? ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
May have a problem with drugs? ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. What other information/help about drugs or alcohol do you need? (Check all that apply.)

- Names and descriptions of drugs
- Signs and symptoms of alcohol abuse
- Signs and symptoms of drug abuse
- Effects of using drugs
- Information on how to resist peer pressure to use alcohol
- Information on how to resist peer pressure to use drugs
- Information on how to get help for someone with an alcohol or drug problem
- Other(describe) \_\_\_\_\_

**PART III--OPTIONAL QUESTIONS:** *These questions are optional but we'd really like to know what you think!*

27. What do you think is the most important thing that needs to be done to reduce alcohol and other drug abuse among young people in Onondaga County?

28. If you have any comments, questions, or concerns about alcohol or other drugs please write them in the space below. (This is an optional question but if there is anything you think we should know about that we haven't asked, we'd like to know).

Thank you for filling out this important survey. Please fold the survey and put it in the envelope you have been given. Seal the envelope and write a + sign on the seal.

IF YOU HAVE ANY QUESTIONS ABOUT ALCOHOL OR OTHER DRUGS YOU SHOULD CALL 472-DRUG, A 24-HOUR, CONFIDENTIAL HOTLINE ANSWERED BY TRAINED SUBSTANCE ABUSE COUNSELORS. page 7