

Community Prevention Wellness Initiative Community Survey

We are asking you to participate in this survey. The survey is about concerns related to substance abuse among youth in your community. We will use these surveys to guide our work to develop effective substance abuse prevention programs for your community.

This survey is anonymous. We will not know your identity. Your responses will be kept confidential and will be reported only in the aggregate (combined with other responses).

This survey is voluntary. That means you can refuse to answer any question or stop the survey at any time. The survey will take about 10 minutes.

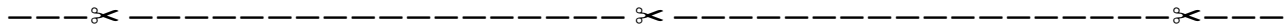
Would you like more information about our coalition? You can contact us by phone and by email.

Phone:

Email:

Website:

Want to know more about our group?
Please see our information on the cover page.
Your contact information will be kept separate from this anonymous survey.



If you would like to hear more about our coalition, please enter your contact information below.

Name _____

Phone number _____

Email address _____

Contact information is kept separate from this anonymous survey

COMMUNITY PREVENTION WELLNESS INITIATIVE COMMUNITY SURVEY

These first questions ask about your perceptions of substance abuse and mental health concerns in your community.

1	How much of a problem do you think each of the following is among youth (6 th – 12 th grade) in your community?	Not a problem	A minor problem	A moderate problem	A serious problem	Don't Know
	Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Marijuana or hashish use (weed, hash, pot)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Prescription drug misuse (using medication without a prescription or in a way other than prescribed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other drugs (specify below*)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Driving under the influence of alcohol, marijuana or other drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* If you marked "Other Drugs" above, which drugs?

This set of questions is about marijuana.

2	Are these statements True or False according to Washington State laws about recreational marijuana?	True	False	Don't Know
	Marijuana cannot be used in public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	It is not legal for a minor (less than 21 years of age) to possess and/or use any amount of marijuana.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Providing marijuana to a minor (less than 21 years of age) is illegal, even to your own children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Only people 21 and older can legally possess marijuana.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3	How much do you think people risk harming themselves and others when they drive . . .	No risk	Slight risk	Moderate risk	High risk	Don't Know
	under the influence of <u>alcohol</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	under the influence of <u>marijuana</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 Please share your opinion about law enforcement in your community.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
--	----------------	-------	----------	-------------------	------------

Law enforcement personnel in our community are effective when they respond to calls and requests about underage alcohol and other drug use at parties or gatherings.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

These questions ask about your perception of availability of substances to underage youth (6th – 12th grade).

	Very easy	Sort of easy	Sort of hard	Very hard	Don't Know
--	-----------	--------------	--------------	-----------	------------

5 If a youth (6th – 12th grade) wanted to get some alcohol, how easy would it be for them to get some?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

6 If a youth (6th – 12th grade) wanted to get some marijuana, how easy would it be for them to get some?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

These questions ask about your attitudes and customs related to underage youth (6th – 12th grade) substance use.

7 Do you think it is OK for teenagers to drink at parties if they don't get drunk?

- Yes
- Yes, but only on special occasions
- No
- Don't Know

Select one.

8 Do you think most adults in our community feel it is OK for parents to offer their youth alcoholic beverages in their home?

- Yes
- Yes, but only on special occasions
- No
- Don't Know

Select one.

9 Do you allow youth to drink alcohol (more than a sip) in your home?

- No, I do not keep alcohol in my home
- No, never
- Yes, but only on special occasions
- Yes, my own child/children, but not their friends
- Yes, but only under supervision
- Yes
- Don't Know

Select one.

10 Do you allow youth to use marijuana in your home?
Select one.

No, I do not keep marijuana in my home
 No, never
 Yes, but only on special occasions
 Yes, my own child/children, but not their friends
 Yes, but only under supervision
 Yes
 Don't Know

11 Do you monitor prescription drugs that youth might misuse, such as *pain killers, anti-depressants, drugs for hyperactivity, and sleeping pills*?
Select one.

No, we do not use these drugs
 Never
 Sometimes
 Most of the time
 Always
 Don't Know

12 Do you know where in your community you could get rid of prescription drugs that you no longer need?

Yes No Don't Know

13 There is a group of volunteers in your community who are working to reduce youth alcohol and other drug use. Are you aware of this group/coalition?

Yes No Don't Know

14 **Do you think there should be legal consequences if the police catch a youth (6th - 12th grade). . .**

	Yes	No	Don't Know
drinking <u>alcohol</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
using <u>marijuana</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15 **Do you think there should be legal consequences if the police catch an adult . . .**

	Yes	No	Don't Know
providing <u>alcohol</u> to a youth (6 th – 12 th grade)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
providing <u>marijuana</u> to a youth (6 th – 12 th grade)?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16 How much do you think youth risk harming themselves physically and in other ways when they use marijuana once or twice a week?

	No Risk	Slight Risk	Moderate Risk	High Risk	Don't Know
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17 How much do you think youth (6th-12th grade) risk harming themselves if they use medication without a prescription or in a way other than prescribed?

	No Risk	Slight Risk	Moderate Risk	High Risk	Don't Know
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18 Where do you think is youth's primary source of prescription drugs not legitimately prescribed by a doctor?
Select one.

At Home
 From friends
 Buying them
 Not sure
 Other _____

19 If you currently have prescription medication at your home, where are those medications usually kept?
Select all that apply.

In the bathroom / medicine cabinet
 In the bedroom / dresser drawer
 Another room in your home
 Hidden but not locked up
 Locked up
 Other _____

20 Are you a parent or guardian with any children in 6th – 12th grade?
 Yes No Don't Know

[if **NO** or **Don't Know**, go to →**Question 25**]

These following questions are about parenting and underage substance abuse concerns. If you have more than one child in 6th – 12th grade, please think of your oldest child in answering these questions.

21 **When your child (6th - 12th grade) goes out in the evening or on the weekend, how often do YOU:**

	Never	Rarely	Sometimes	Usually	Always
Ask who he/she will be with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask where he/she is going?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If my child is attending a party, check to see if the party will have adult supervision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check to see if your child is under the influence of alcohol or drugs (talk with them, smell breath, check eyes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set a time for your child to be home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wait up until your child comes home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22	Have you talked to your child (6 th – 12 th grade) in the last 3 months about the risks or harms from:	Yes	No	Don't Know
	underage alcohol use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	using marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	using medication without a prescription or in a way other than prescribed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23	How wrong do you think it would be for your child (6 th – 12 th grade) to . . .	Not At All Wrong	A Little Bit Wrong	Wrong	Very Wrong	Don't Know
	use marijuana once or twice a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	use medication without a prescription or in a way other than prescribed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions ask about your perception of your influence in your child's life. For each of the statements below, please indicate whether you strongly agree, agree, disagree, or strongly disagree:

24		Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
	I know what to say to my child about drugs (alcohol, tobacco, marijuana, and other drugs).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	What I say will have an influence on whether my child uses drugs (alcohol, tobacco, marijuana, and other drugs).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	There are places in my community where I can learn more about how to help prevent my child from using drugs (alcohol, tobacco, marijuana, and other drugs).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Demographics

25 What is your age? 18-24 25-34 35-44
 45-54 55-64 65+

26 What is your gender? Female Male

27 Are you transgender? Yes No

28 Are you of Hispanic, Latino/Latina or Spanish origin? Yes No

29 What is your race?
Select one.

American Indian, Alaska Native
 Asian
 Black
 Native Hawaiian or Other Pacific Islander
 White
 Two or more races (multiracial)
 Other _____

30 What languages are spoken in your home?
Check all that apply.

Cambodian/Khmer English
 Russian Spanish
 Somali
 Other _____

31 What is the highest grade or year of school you completed?

Never attended school High school graduate
 Less than high school Some college
 Some high school College/university graduate
 High school /GED Post graduate

32 What is your zip code where you live most of the time? _____

**Thank you for completing the survey!
 Your contribution is greatly appreciated.**