Community Prevention and Wellness Initiative
Community Survey
COMMUNITY NAME

We are asking you to participate in this survey. The survey asks about your views on youth substance use in the community. We will use these surveys to help us understand your thoughts and feelings, in order to better serve youth in our community.

This survey is anonymous. We will not know who you are and which responses are yours. 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.

Want to know more about our group?

You can contact us by phone and by email.

Please tear off this page if you would like to take our contact information with you.

Phone: PHONE NUMBER
Email: EMAIL
WEBSITE

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If you would like us to contact you,
please enter your contact information below.

Please tear off this portion of the page and hand it in separately.

Name_____

Phone number_____

Email address_____

Contact information is kept separate from this anonymous survey

ADMIN: INITIALS _____ # _____ ENGLISH

EVENT EVENT DATE DATE

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 *(6th–12th grade)* in your community?**	**Not a problem**	**A minor problem**	**A moderate problem**	**A serious problem**	**Don't Know**
	Alcohol use	☐	☐	☐	☐	☐
	Marijuana or hashish use *(weed, hash, pot)*	☐	☐	☐	☐	☐
	Prescription drug misuse *(using medication without a prescription or in a way other than prescribed)*	☐	☐	☐	☐	☐
	Other drugs *(specify below*)*	☐	☐	☐	☐	☐
	Driving under the influence of alcohol, marijuana or other drugs?	☐	☐	☐	☐	☐
	Tobacco	☐	☐	☐	☐	☐
	Depression	☐	☐	☐	☐	☐
	Suicide	☐	☐	☐	☐	☐

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

_____

This set of questions is about *recreational* marijuana laws.

2	**Are these statements True or False according to Washington State laws about <u>recreational</u> marijuana?**	**True**	**False**	**Don't Know**
	It is illegal to use marijuana in public.	☐	☐	☐
	It is illegal for someone under 21 years old to <u>use</u> any amount of marijuana.	☐	☐	☐
	It is illegal to provide marijuana to someone under 21 years old, even to your own children.	☐	☐	☐
	It is illegal for someone under 21 years old to <u>possess</u> any amount of marijuana.	☐	☐	☐

Please share your opinion about law enforcement in your community.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
3	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.	☐	☐	☐	☐	☐

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

4	Do you think it is OK for teenagers to drink at parties if they don't get drunk? *Select one.*	☐ Yes ☐ Yes, but only on special occasions ☐ No ☐ Don't Know
5	Do you think most adults in our community feel it is OK for parents to offer their youth alcoholic beverages in their home? *Select one.*	☐ Yes ☐ Yes, but only on special occasions ☐ No ☐ Don't Know
6	Do you allow youth to drink alcohol (more than a sip) in your home? *Select one.*	☐ Yes ☐ Yes, but only under supervision ☐ Yes, my own child/children, but not their friends ☐ Yes, but only on special occasions ☐ No ☐ N/A, I do not keep alcohol in my home ☐ Don't Know
7	Do you allow youth to use marijuana in your home? *Select one.*	☐ Yes ☐ Yes, but only under supervision ☐ Yes, my own child/children, but not their friends ☐ Yes, but only on special occasions ☐ No ☐ N/A, I do not keep marijuana in my home ☐ Don't Know
8	Do you monitor prescription drugs that youth might misuse, such as pain killers, anti-depressants, drugs for hyperactivity, and sleeping pills? *Select one.*	☐ Never ☐ Sometimes ☐ Most of the time ☐ Always ☐ N/A, we never use these medicines ☐ Don't Know

9 Do you know where in your community you could get rid of prescription drugs that you no longer need? ☐ 1 **Yes** ☐ 2 **No** ☐ 3 **Don't Know**

10 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? ☐ 1 **Yes** ☐ 2 **No** ☐ 3 **Don't Know**

11 Where do you think youth usually get prescription drugs not prescribed to them by a doctor?

Select one.

- ☐ At Home
- ☐ From friends
- ☐ Buying them
- ☐ Not sure
- ☐ Other_____

12 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 _____

Demographics

13 Are you a parent or guardian with any children in 6th – 12th grade? ☐ 1 Yes ☐ 2 No ☐ 3 Don't Know

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

15 What is your gender? ☐ 1 Female ☐ 2 Male

16 Are you transgender? ☐ 1 Yes ☐ 2 No

17 Are you of Hispanic, Latino/Latina or Spanish origin? ☐ 1 Yes ☐ 2 No

18 What is your race?

Select all that apply.

- ☐ American Indian, Alaska Native
- ☐ Asian or Asian American
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Other _____

19	What languages are spoken in your home? *Select all that apply.*	☐ 1 Cambodian/Khmer ☐ 2 English ☐ 3 Russian ☐ 4 Somali ☐ 5 Spanish ☐ 6 Other _____
20	What is the highest degree or level of school you completed?	☐ Less than high school ☐ High school degree or GED ☐ Some college ☐ College/university graduate ☐ Post graduate
21	What is your zip code where you live most of the time?_____	

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