

Community Prevention and Wellness Initiative Community Survey

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 this information 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 or 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 skip any question or stop the survey at any time. The survey will take about 15 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:

Email:

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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

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana or hashish use (<i>weed, hash, pot</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drug misuse (<i>using medication without a prescription or in a way other than prescribed</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other drugs (<i>specify below*</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving under the influence of alcohol, marijuana or other drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

2 **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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
under the influence of <u>marijuana</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very easy	Sort of easy	Sort of hard	Very hard	Don't Know
3 If a youth (6 th –12 th grade) wanted to get some <u>alcohol</u> , how easy would it be for them to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a youth (6 th –12 th grade) wanted to get some <u>marijuana</u> , how easy would it be for them to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please share your opinion about law enforcement in the community.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
4 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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5 How much do you think youth risk harming themselves if they...		No risk	Slight risk	Moderate risk	High risk	Don't Know
	<u>try</u> marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	use marijuana <u>regularly</u> (once or twice a week)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	use medication without a prescription or in a way other than prescribed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What are your opinions?

6	Do you think it is OK for teenagers to drink at parties if they don't get drunk? <i>Select one.</i>	<input type="radio"/> Yes <input type="radio"/> Yes, but only on special occasions <input type="radio"/> No
7	Do you think it is OK for parents to offer their teenage children alcoholic beverages in their home? <i>Select one.</i>	<input type="radio"/> Yes <input type="radio"/> Yes, but only on special occasions <input type="radio"/> No
8	Do you think most adults in our community feel it is OK for parents to offer their teenage children alcoholic beverages in their home? <i>Select one.</i>	<input type="radio"/> Yes <input type="radio"/> Yes, but only on special occasions <input type="radio"/> No

9 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 _____

10 If you currently have prescription medication at your home, where is the medication usually kept?
Select one.

☐ Hidden
☐ Locked up
☐ Neither
☐ Both (hidden and locked up)
☐ N/A

11 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

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

☐ Yes ☐ No

13 Are you a parent or guardian with any children in 6th–12th grade?

☐ Yes ☐ No

[if **NO**, go to →**Question 18**]

14 **For each of the statements below, please indicate whether you strongly agree, agree, disagree, or strongly disagree.**

	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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What I say will have an influence on whether my child uses drugs (alcohol, tobacco, marijuana, and other drugs).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 15 **Have you talked to your child (6th – 12th grade) in the last 3 months about the risks or harms from:**

	Yes	No	Don't Know
underage alcohol use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
using marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
using medication without a prescription or in a way other than prescribed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 16 **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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask where he/she is going?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If my child is attending a party, check to see if the party will have adult supervision?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Check to see if your child is under the influence of alcohol or drugs (talk with them, smell breath, check eyes)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Set a time for your child to be home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wait up until your child comes home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 17 **How wrong do you think it would be for your child (6th – 12th grade) to . . .**

	Not At All Wrong	A Little Bit Wrong	Wrong	Very Wrong	Don't Know
have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use prescription drugs not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Demographics

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

- 19 What is your gender?
- ☐ Female ☐ Male

- 20 Are you transgender?
- ☐ Yes ☐ No

- 21 Are you of Hispanic, Latino/Latina or Spanish origin?
- ☐ Yes ☐ No

- 22 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 _____

- 23 What languages are spoken in your home?
- Select all that apply.*
- ☐ Cambodian/Khmer
- ☐ English
- ☐ Russian
- ☐ Somali
- ☐ Spanish
- ☐ Other _____

- 24 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

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

Thank you for completing the survey!

Your contribution is greatly appreciated.