

RAPID CITY AREA SCHOOLS
Middle and High School
Online Youth Survey
2018

(The following includes all questions found on the Online Youth Survey for Middle and High School Students. Skip Logic is employed for those questions indicated.)

This survey is about character, health and behavior. It has been developed so you can tell us what you do that may affect your health and well-being. The information you give will be used to improve education and services, both in and out of school, for young people like yourself.

The answers you give will be kept private. No one will know what you enter.

Answer the questions based on what you really do and know. Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank. The questions that ask about your background will be used only to describe the types of students completing this survey.

The information will not be used to find out your name. **No names will ever be reported.**

Make sure to read every question. If you need to go back to a previous page, use the PREV button on the bottom of the current page, do not click your browser's back button. The survey should only take you a few minutes to complete.

When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help!

1. I am a:

- Boy
- Girl

2. How old are you?

3. I am in the following grade:

4. I go to the following school:

5. After school I have gone to: (check all that apply)

- boys club/The Club for Boys
- Girls Inc.
- YFS Boys' Health Program
- Ateyapi Program
- None of the above
- Other (please specify)

6. I consider myself to be:

- White or Caucasian
- Black or African American
- Asian
- Native or American Indian
- Latino or Hispanic
- More than one race
- Other (please specify)

7. During the past 30 days:

	0 times	1 time	2 times	3 times	4 or more times
Another student has hurt me on purpose					
I have brought or have seen another student bring a weapon (knife, gun, etc.) to school.					
I have seen someone sell or use illegal drugs or alcohol in school.					
have had a drink of alcohol or used drugs on school grounds while school was in session.					

8. During the past 30 days, I have been bullied or harassed before, during or after school.

- 0 times
- 1 time
- 2 times
- 3 times
- 4 or more times

9. I have been bullied or harassed (check all that apply):

- | | | |
|---|--|--|
| <input type="radio"/> I have not been bullied. | <input type="radio"/> through a cell phone. | <input type="radio"/> on the playground. |
| <input type="radio"/> through social media (Facebook, Snapchat, Twitter, email or other online sites) | <input type="radio"/> in the hallway. | <input type="radio"/> in the classroom. |
| <input type="radio"/> on my way to or from school. | <input type="radio"/> in the gym. | <input type="radio"/> in the cafeteria. |
| | <input type="radio"/> in the school restrooms. | <input type="radio"/> on the school bus. |
| | <input type="radio"/> Other (please specify) | |

10. How much do you agree with the following statements:

	Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
I feel safe coming to and from school.					
I respect other people's stuff.					
I feel comfortable telling an adult (or parent) about a dangerous situation in my school.					
I get into physical fights at school					
I consider my school to be a safe place.					
Some of my friends are gang members.					

11. During the past 6 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing your usual activities? (IF NO, AUTO SKIP TO 14.)

12. During the past 6 months, did you ever seriously consider hurting yourself?

13. When you considered hurting yourself, did you talk to an adult (parent, teacher, coach, school counselor) about how you felt?

14. During the past 30 days, have you missed any days of school (excused or unexcused)? **(IF NO, AUTO SKP TO 16.)**

15. Why did you miss school in the past 30 days (check all that apply)?

- Illness
- Did not feel safe at school
- Did not have a ride to school
- Did not want to attend school
- Was out of town for family reasons
- Medical appointment
- Was out of town for school activity
- Was suspended from school
- Other (please specify)

16. How many times each WEEK do you:

	0 times	1 time	2 times	3 times	4 or more times
play actively for at least one hour (exercise, run, dance, play sports, etc.).					
eat fruit.					
eat vegetables or salads					
drink milk.					
eat breakfast.					
eat fast food (McDonald's, Burger King, Wendy's etc.).					
eat alone/by yourself.					
eat meals at home with your family.					

17. Rate your level of agreement with the following statements:

	Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
I am sad most of the time.					
I feel good about my weight and size.					
I am a good person.					
I am a healthy person					

18. Rate your level of agreement with the following statements:

	Yes	Sometimes	No
I can talk to my parents or another adult about my problems.			
I can solve my problems with little or no help from others.			
Enough food is available in my home every day.			

19. On an average school day, how many hours do you watch TV?

20. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, Playstation, an iPod, iPad, smartphone, Facebook, SnapChat or other social networking tools and the internet):

21. On an average school night, how many hours of sleep do you get?

22. Rate your level of agreement with the following statements:

	Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
People lie and cheat to get ahead.					
It is okay to lie and cheat as long as you don't hurt anyone.					
It is okay to hit someone if they are mean to me.					
It is okay to lie or cheat so I don't feel bad.					
I have a responsibility to help other people.					
If I see something I think is wrong, I try to do something about it.					
It is okay to lie on an application if it means getting a better job.					
It is okay to use people to get something important as long as they are not really hurt by it.					
A person should do the right thing no matter what happens.					
I can accept another person's opinion that is different from my own.					
I respect the fact that each person is different in beliefs, culture, and ethnicity. (It is okay for people to be different.)					
I believe honesty is the best policy. (It is always best to tell the truth.)					

23. Within the past year, I have: (check all that apply)

- seen a presentation on drug and alcohol use presented by a police officer.
- participated in a youth group that promotes a drug free lifestyle such as RADD, SADD, TATU, Youth to Youth, etc.
- seen a presentation on drug and alcohol use presented by the Lifeways.
- participated in the Freshman Impact program at my school.
- seen a presentation on drug and alcohol use presented by a student group.
- None of the above.

24. During the past 30 days I have:

- ridden with someone who had been drinking alcohol or was intoxicated.
- had an unwelcome or bad touch.
- none of the above

25. Have you ever drank an alcoholic beverage (including beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey) — more than just a few sips? This does not include for religious purposes. **(IF NO, AUTO SKIP TO 32.)**

26. How old were you when you had your first alcoholic beverage to drink?

27. During the past 30 days, on how many DAYS did you drink one or more drinks of an alcoholic beverage?

28. During the past 30 days, I have driven a car or other vehicle when I have been drinking alcohol.

29. During the past 30 days, I have consumed 5 or more alcoholic beverages on the same occasion:

30. During the past 30 days, I have had a drink of alcohol or used drugs on school grounds while school was in session.

31. During the past 30 days, I have come to school drunk or high.

32. Have you ever smoked a cigarette in your lifetime? **(IF NO, AUTO SKIP TO 35.)**

33. How old were you when you first smoked a cigarette?

34. During the past 30 days, on how many days did you smoke cigarettes?
35. Have you ever used e-cigarettes/hookah pens (electronic cigarettes, e-cig, battery powered vaporizer, PV's, vapor cigarettes)? **(IF NO, AUTO SKIP TO 38.)**
36. How old were you when you first used e-cigarettes/hookah pens?
37. During the past 30 days, on how many days did you use e-cigarettes/hookah pens?
38. Have you ever used marijuana (weed, pot)? **(IF NO, AUTO SKIP TO 41.)**
39. How old were you when you first tried marijuana?
40. During the past 30 days, on how many days did you use marijuana?
41. Have you ever used synthetic drugs (Spice, Bath Salts, Salvia, K2, Fake Weed, Yucatan Fire, Skunk, Moon Rocks, Night Lights, etc.)? **(IF NO, AUTO SKIP TO 44.)**
42. How old were you when you first tried synthetic drugs (Spice, Bath Salts, Salvia, K2, Fake Weed, Yucatan Fire, Skunk, Moon Rocks, Night Lights, etc.)?
43. During the past 30 days, on how many days did you use synthetic drugs (Spice, Bath Salts, Salvia, K2, Fake Weed, Yucatan Fire, Skunk, Moon Rocks, Night Lights, etc.)?
44. Have you ever huffed or sniffed an inhalant to get high (paint, gasoline, dust off, whipits, aerosol cans, or other non-medical inhalants)? **(IF NO, AUTO SKIP TO 47.)**
45. How old were you when you first huffed or sniffed an inhalant?
46. During the past 30 days, on how many days did you huff or sniff an inhalant?
47. Have you ever taken prescription drugs for non-medical use, not prescribed for you, for the experience or feeling they caused (Prescription drugs are prescribed by doctors to treat medical conditions.)? **(IF NO, AUTO SKIP TO 50.)**
48. How old were you when you first took prescription drugs for non-medical use, not prescribed for you, for the experience or feeling they caused?
49. During the past 30 days, on how many days did you use prescription drugs not prescribed for you?
50. Have you ever taken a Non-Prescription drug such as cough or cold medicine for the experience or feeling they caused? (Some medications can be sold legally without a doctor's prescription by drugstores, through the mail, etc. These nonprescription or "over the counter" drugs include cough syrup or cold medicine.)? **(IF NO, AUTO SKIP TO 53.)**
51. How old were you when you first took Non-Prescription medication such as cough or cold medicine for the experience or feeling they caused?
52. During the past 30 days, on how many days did you use Non-Prescription drugs such as cough or cold medicine for the experience or feeling they caused?
53. Have you ever used meth (methamphetamine, ice, speed, crystal)? **(IF NO, AUTO SKIP TO 56.)**
54. How old were you when you first used meth?
55. During the past 30 days, on how many days have you used meth?
56. Have you ever used any other drugs (other drugs that have not been previously mentioned such as crack, GHB, ecstasy, Molly or MDMA, heroin, special "K", LSD, acid, opium, PCP, roofies, steroids, etc.)? **(IF NO, AUTO SKIP TO 59.)**
57. How old were you when you first used other drugs such as crack, Molly, GHB, ecstasy, heroin, special "K", LSD, acid, opium, PCP, roofies, steroids, etc.?

58. During the past 30 days, on how many days have you used other drugs (crack, Molly, LSD, ecstasy, dust, etc.)?

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

	No Risk	Slight Risk	Moderate Risk	Great Risk
drink five or more alcoholic beverages (beer, wine, or liquor) once or twice a week?				
ride in a vehicle with someone who has been drinking alcohol?				
smoke one or more packs of cigarettes per day?				
smoke marijuana once or twice a week?				
ride in a vehicle with someone who has been using marijuana?				
use synthetic drugs?				
use e-cigarettes/hookah pens?				
use prescription drugs that are not prescribed to them?				
take non-prescription medications such as cough or cold medicine?				
use inhalants?				
use meth?				

60. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?

- Neither Approve or Disapprove
 Somewhat Disapprove
 Strongly Disapprove
 Don't Know/Can't Say

61. How much do you think people risk harming themselves (physically or in other ways) when they have five or more drinks in a row of alcoholic beverages on the same occasion once or twice a week?

- No Risk
 Slight Risk
 Moderate Risk
 Great Risk

62. Rate your level of agreement with the following statements:

	Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
I believe if I smoke tobacco only once in a while it will not harm my health.					
Marijuana (pot) is harmless.					
Hookah pens/e-cigarettes are harmless.					
I believe there is a safe level for drinking alcohol for each individual under 21.					
I think drinking alcohol is a good way to deal with sadness.					
I am comfortable saying no to my friends and family when they ask me to do something that may harm me physically.					
I can talk to my parents about my problems.					
I can talk to other adults about my problems.					

63. How wrong do your friends feel it would be for you to:

	Not at all wrong	A little bit wrong	Wrong	Very Wrong
have one or two drinks of an alcoholic beverage nearly every day?				
smoke tobacco?				
smoke marijuana?				
use prescription drugs, not prescribed to you?				
use non-prescription drugs, such as cough or cold medicine?				
use meth?				

64. The friends I spend time with encourage me to:

	Yes	Sometimes	Not Sure	No
drink alcohol.				
smoke cigarettes.				
e-cigarettes/hookah pens.				
use marijuana.				
use synthetic drugs.				
use inhalants.				
use prescription drugs that are not prescribed to me.				
use nonprescription drugs, such as cough or cold medicine.				
use other drugs.				

65. The friends I spend time with:

	Yes	Sometimes	Not Sure	No
drink alcohol.				
smoke cigarettes.				
e-cigarettes/hookah pens.				
use marijuana.				
use synthetic drugs.				
use inhalants.				
use prescription drugs that are not prescribed to them.				
use nonprescription drugs, such as cough or cold medicine.				
use meth.				
use other drugs.				

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

	Not at all wrong	A little bit wrong	Wrong	Very Wrong
have one or two drinks of an alcoholic beverage nearly every day?				
smoke tobacco?				
use e-cigarettes?				
smoke marijuana?				
use synthetic drugs?				
use inhalants?				
use prescription drugs, not prescribed to you?				
use nonprescription drugs, such as cough or cold medicine, only for the experience or feeling they cause?				
use meth?				
use other drugs?				

67. How easy is it for you to get:

	Very Easy	Easy	Neither Easy or Hard	Hard	Very Hard
alcohol?					
cigarettes?					
e-cigarettes/hookah pens?					
marijuana?					
synthetic drugs?					
inhalants?					
Prescription drugs not prescribed to you?					
Non-Prescription Drugs?					
Other drugs?					

THANK YOU!