

# NATIONAL YOUTH SURVEY

(9-11 version)

Name: \_\_\_\_\_

ID #:            -        -        -

**Before you answer any of the survey questions, please tear off this page and give it to the data collection person. Do not write your name on any other survey pages.**

**Thank you.**

ID #:            -            -            -

OMB No: 0930-0178

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**NATIONAL YOUTH SURVEY  
BASELINE QUESTIONNAIRE  
9 - 11 Version**

**Sponsored by the Center for Substance Abuse Prevention,  
U.S. Department of Health and Human Services**

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These questions are part of a study of how young people feel about alcohol, tobacco and other drugs, and whether they use them. We hope that you will answer all of the questions honestly and thoughtfully. The survey is being conducted by a private research firm for the Center for Substance Abuse Prevention; U.S. Department of Health and Human Services.

The study will help our country learn more about how to prevent the use of alcohol and drugs.

Your answers will be kept strictly confidential. The information you provide is legally protected by a Certificate of Confidentiality. No one in your school or community will ever know how you answered the questions.

The study is completely voluntary. If you do not want to fill out the survey or any of the questions, you do not have to. No one else will know your decision.

This is not a test, so there are no right or wrong answers. We would like you to work fairly quickly, so that you can finish. Please work quietly and by yourself.

We think you will find the questionnaire to be very interesting and that you will like filling it out. Thank you very much for being an important part of this study.

Completing this questionnaire will take an average of 45 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to DHHS Reports Clearance Officer; Paperwork Reduction Project(0930-0178); Room 531-H; Humphrey Building; 200 Independence Ave., SW; Washington, DC 20201.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is (0930-0178).

## INSTRUCTIONS

1. You should answer each question by marking one of the answer boxes. If you don't find an answer that fits exactly, choose the one that comes closest.
2. Mark your answers carefully so we can tell which answer box you chose. Do not mark more than one box for any question except for question 18, and do not mark in between the boxes.
3. It is very important that you answer each question truthfully. The study cannot help unless you tell the truth.
4. Some questions ask about your parents. By parents, we mean the adults who are raising you. If you have been raised mostly by foster parents, step-parents, or others, answer for them. For example, if you have both a step-father and a natural father, answer for the one that is most important in raising you.

## SECTION ONE: FACTS ABOUT YOU

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1. Are you male or female?  
 Male  
 Female
  
2. In what year were you born?  
 1977     1983  
 1978     1984  
 1979     1985  
 1980     1986  
 1981     1987  
 1982     1988
  
3. In what month were you born?  
 January         July  
 February        August  
 March            September  
 April            October  
 May              November  
 June             December
  
4. On what day of the month were you born?  
 1    9     17     25  
 2    10    18     26  
 3    11    19     27  
 4    12    20     28  
 5    13    21     29  
 6    14    22     30  
 7    15    23     31  
 8    16    24
  
5. What is your home zip code?  
-----
  
6. Are you Hispanic or Latino?  
 Yes, I am  
 No, I am not

7. What else do you call yourself?  
 American Indian or Alaskan Native  
 Asian or Pacific Islander  
 Black or African American  
 White  
 Other (write in): \_\_\_\_\_
8. What languages do your parents or other people who are raising you speak at home?  
 Only or mostly English  
 Only or mostly a language other than English  
 English and a language other than English equally
9. How often do you go to sports practice or play in games?  
 Almost every day                       A few times a year  
 Once or twice a week                       Never  
 A few times a month
10. How often do you take lessons or attend classes out of school?  
 Almost every day                       A few times a year  
 Once or twice a week                       Never  
 A few times a month
11. How often do you go to meetings or activities for a club or youth group?  
 Almost every day                       A few times a year  
 Once or twice a week                       Never  
 A few times a month
12. How often do you talk to an adult about what you are doing or thinking?  
 Almost every day                       A few times a year  
 Once or twice a week                       Never  
 A few times a month
13. How often do you do work at home (chores, baby sitting, cooking)?  
 Almost every day                       A few times a year  
 Once or twice a week                       Never  
 A few times a month
14. Last summer how often did you go to a summer program for learning or fun?  
 Almost every day                       A few times a year  
 Once or twice a week                       Never  
 A few times a month

15. How are your grades in school? (Please pick the answer that best describes how you do in general?)
- Excellent (A or 90 and above)
  - Above average (B or 80 - 90)
  - Average (C or 70 - 80)
  - Below average (D or 60 - 70)
  - Unsatisfactory (F or below 60)
  - Not in school
16. During the LAST FOUR WEEKS how many whole days of school have you missed?
- None  4 to 5 days
  - 1 day  6 to 10 days
  - 2 days  11 or more days
  - 3 days  Not in school last four weeks
17. What is the highest grade of school you have completed?
- 3rd
  - 4th
  - 5th
  - 6th
  - 7th
  - 8th
  - 9th
18. Where you are living now, what adults live with you? (Check all that are true.)
- Your Mother  Your Father
  - Your Stepmother  Your Stepfather
  - Other Adult Relatives  Other Adults who are not related to you

**PLEASE GO TO NEXT PAGE**

## SECTION TWO: HOW DO YOU FEEL?

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**For each of these sentences, please read along and check in the box in front of the answer that is closest to how you feel about what the sentence says.**

Check YES! If you believe very strongly that the sentence is true for you, that it is the way you feel almost all of the time.

Check yes If you sort of agree that the sentence is true for you, that it is the way you feel most of the time.

Check no If you sort of believe the sentence is false for you, that you do not feel that way most of the time.

Check NO! If you believe very strongly that the sentence is false, that you almost never feel this way.

Let's practice by reading the following sentence:

I like pepperoni pizza.  YES!  yes  no  NO!

If you really like pepperoni pizza, it is one of your favorite foods, you would check "YES!", if you really don't like it, you can't stand to eat it, you would check "NO!". If you sort of like it, you would check "yes", if you sort of don't like it, you would check "no".

Okay we are ready to start.

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19. I can tell my parents the way I feel about things.  YES!  yes  no  NO!
20. I will probably die before I am thirty.  YES!  yes  no  NO!
21. I get along well with other people.  YES!  yes  no  NO!
22. One of my problems is I cannot get down to work when I should.  YES!  yes  no  NO!
23. I can be trusted.  YES!  yes  no  NO!
24. I am afraid my life will be unhappy.  YES!  yes  no  NO!
25. School is a waste of time.  YES!  yes  no  NO!

26. Bad things happen to people like me. [ ] YES! [ ] yes [ ] no [ ] NO!
27. If I can't do a job the first time, I keep trying until I can. [ ] YES! [ ] yes [ ] no [ ] NO!
28. It helps me to talk with adults about alcohol or drugs. [ ] YES! [ ] yes [ ] no [ ] NO!
29. Helping others makes me feel good. [ ] YES! [ ] yes [ ] no [ ] NO!
30. It is hard for me to make friends. [ ] YES! [ ] yes [ ] no [ ] NO!
31. I try hard to do well in school. [ ] YES! [ ] yes [ ] no [ ] NO!
32. I give up on things before completing them. [ ] YES! [ ] yes [ ] no [ ] NO!
33. I like to do things with my family. [ ] YES! [ ] yes [ ] no [ ] NO!
34. I can do most things I try. [ ] YES! [ ] yes [ ] no [ ] NO!
35. When I am mad, I yell at people. [ ] YES! [ ] yes [ ] no [ ] NO!
36. If I study hard, I will get better grades. [ ] YES! [ ] yes [ ] no [ ] NO!
37. My friends respect me. [ ] YES! [ ] yes [ ] no [ ] NO!
38. I would feel bad if adults found out I used alcohol or drugs. [ ] YES! [ ] yes [ ] no [ ] NO!
39. Sometimes I break things on purpose. [ ] YES! [ ] yes [ ] no [ ] NO!
40. It is important to do your part in helping at home. [ ] YES! [ ] yes [ ] no [ ] NO!
41. It is important to think before you act. [ ] YES! [ ] yes [ ] no [ ] NO!
42. I would like to quit school as soon as I can. [ ] YES! [ ] yes [ ] no [ ] NO!
43. I enjoy talking with my family. [ ] YES! [ ] yes [ ] no [ ] NO!
44. I always like to do my part. [ ] YES! [ ] yes [ ] no [ ] NO!
45. I like the way I look. [ ] YES! [ ] yes [ ] no [ ] NO!
46. If I feel like it, I hit people. [ ] YES! [ ] yes [ ] no [ ] NO!
47. If you work hard, you will get what you want. [ ] YES! [ ] yes [ ] no [ ] NO!
48. I would get in trouble if an adult found out I used alcohol or drugs. [ ] YES! [ ] yes [ ] no [ ] NO!

**PLEASE GO TO NEXT PAGE**

### **SECTION THREE: CIGARETTES, ALCOHOL, AND OTHER DRUGS**

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**The next few questions are about CIGARETTES, CHEWING TOBACCO, SNUFF OR DIP, including Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen.**

49. On how many DAYS in the LAST MONTH (30 days) did you smoke a cigarette? For example, if you smoked a cigarette each weekend night, that would be 8 days (4 weekends times 2 days each weekend).
- None
  - 1 or 2 days in the last month
  - 3 to 5 in the last month
  - 6 to 9 in the last month
  - 10 to 19 in the last month
  - 20 to 31 in the last month
50. On the days you smoke cigarettes, how many do you smoke?
- Less than 1 cigarette
  - 1 or 2 cigarettes
  - 3 to 7 cigarettes
  - About half a pack of cigarettes
  - A pack or more of cigarettes
  - I don't smoke cigarettes
51. On how many DAYS in the LAST MONTH (30 days) did you use chewing tobacco, snuff or dip?
- None
  - 1 or 2 days in the last month.
  - 3 to 5 in the last month
  - 6 to 9 in the last month
  - 10 to 19 in the last month
  - 20 to 31 in the last month
52. On the days you used chewing tobacco, snuff or dip, how many times did you use it?
- Less than once
  - 1 or 2 times
  - 3 to 7 times
  - 8-12 times
  - More than 12 times
  - I don't use chewing tobacco, snuff or dip
53. Have you EVER SMOKED a cigarette, even just a few puffs, or used chewing tobacco, snuff

or dip?

Yes

No

54. Do you think your best friend smokes cigarettes or uses chewing tobacco, snuff or dip sometimes?

Yes

No

55. If your friends found out that you smoked cigarettes or used chewing tobacco, snuff or dip, how do you think they'd feel?

They would approve

They would disapprove but still be my friends

They would disapprove and stop being my friends

They wouldn't care

56. How would your parents feel if they found out you smoked cigarettes or used chewing tobacco, snuff or dip sometimes?

They would not be upset at all

They would be a little upset

They would be pretty upset

They would be very upset

**The next few questions are about ALCOHOL. By alcohol, we mean BEER, WINE, WINE COOLERS, GRAIN ALCOHOL, or HARD LIQUOR.**

57. On how many DAYS in the LAST MONTH (30 days) did you have an alcoholic drink?

None

1 or 2 days in the last month.

3 to 5 days in the last month.

6 to 9 days in the last month.

10 to 19 days in the last month.

20 to 31 days in the last month.

58. On the days you drink alcohol, about how many drinks do you have? (By a drink, we mean a can of beer, a glass of wine, a wine cooler, or a shot of hard liquor.)

Less than a drink

1 drink

2 drinks

3 drinks

5 or more drinks

I don't drink alcohol

59. Have you EVER had a drink of alcohol?  
[ ] Yes  
[ ] No
60. Do you think your best friend drinks alcohol sometimes?  
[ ] Yes  
[ ] No
61. If your friends found out that you drank alcohol sometimes, how do you think they'd feel?  
[ ] They would approve  
[ ] They would disapprove but still be my friends  
[ ] They would disapprove and stop being my friends  
[ ] They wouldn't care
62. How would your parents feel if they found out you drank alcohol sometimes?  
[ ] They would not be upset at all  
[ ] They would be a little upset  
[ ] They would be pretty upset  
[ ] They would be very upset

**The next few questions are about MARIJUANA (Sometimes called dope, grass, weed, pot, smoke, hash, jones, spleef, joint, doobee, herb, sen, sezz, stick, stone, ganja, or cannabis.)**

63. On how many DAYS did you use any marijuana in the LAST MONTH (30 days)?  
[ ] None  
[ ] 1 or 2 days in the last month.  
[ ] 3 to 5 days in the last month.  
[ ] 6 to 9 days in the last month.  
[ ] 10 to 19 days in the last month.  
[ ] 20 to 31 days in the last month.
64. On the days you use marijuana, how many times do you use it?  
[ ] Once a day  
[ ] Twice a day  
[ ] 3 or more times a day  
[ ] I don't use marijuana
65. Have you EVER TRIED marijuana?  
[ ] Yes  
[ ] No

66. Do you think your best friend uses marijuana sometimes?  
 Yes  
 No
67. If your friends found out that you used marijuana sometimes, how do you think they'd feel?  
 They would approve  
 They would disapprove but still be my friends  
 They would disapprove and stop being my friends  
 They wouldn't care
68. How would your parents feel if they found out you used marijuana sometimes?  
 They would not be upset at all  
 They would be a little upset  
 They would be pretty upset  
 They would be very upset

**The next question is about INHALANTS. Inhalants are substances that you breathe in to get high, such as amyl and butyl nitrite (sometimes called poppers, snappers, rush, or hardware) or glue, aerosol sprays, gasoline or lighter fluids, ether, correction or cleaning fluids. (Inhalants are sometimes called huff, sniff, whiteout, and whippets).**

69. On how many DAYS did you use any inhalants in the LAST MONTH (30 days)?  
 None  
 1 or 2 days in the last month.  
 3 to 5 days in the last month.  
 6 to 9 days in the last month.  
 10 to 19 days in the last month.  
 20 to 31 days in the last month.
70. During the last 30 days, have you used any of the following on your own, that is, without a doctor telling you to take them (check yes if you have used the drug in the past thirty days, no if you have not)?

Yes    No

- |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Cocaine or Crack Cocaine |
| <input type="checkbox"/> | <input type="checkbox"/> | Heroin or Opium          |
| <input type="checkbox"/> | <input type="checkbox"/> | LSD or Acid              |
| <input type="checkbox"/> | <input type="checkbox"/> | Speed or Uppers          |
| <input type="checkbox"/> | <input type="checkbox"/> | Zaladine                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Downers or Tranquilizers |
| <input type="checkbox"/> | <input type="checkbox"/> | PCP or Angel Dust        |
| <input type="checkbox"/> | <input type="checkbox"/> | Ecstasy                  |

71. Pretend your best friend offered you a cigarette and you did not want it. How hard would it be to say “no?”
- Not hard at all
  - Not very hard
  - Pretty hard
  - Very hard
72. Pretend your best friend offered you a drink of beer or wine and you did not want it. How hard would it be to say “no?”
- Not hard at all
  - Not very hard
  - Pretty hard
  - Very hard
73. Pretend your best friend offered you some marijuana and you did not want it. How hard would it be to say “no?”
- Not hard at all
  - Not very hard
  - Pretty hard
  - Very hard
74. Pretend your best friend offered you some cocaine or some other drug and you did not want it. How hard would it be to say “no?”
- Not hard at all
  - Not very hard
  - Pretty hard
  - Very hard

**PLEASE GO TO NEXT PAGE**

## **SECTION FOUR: YOU, YOUR FAMILY AND YOUR NEIGHBORHOOD**

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**Now, we would like some information about you, your family and your neighborhood.**

75. How often do you get into fights?
- Almost every day
  - Once or twice a week
  - A few times a month
  - A few times a year
  - Never
76. How often do you damage or destroy things that do not belong to you (for example, street signs, cars, or neighbor's property).
- Almost every day
  - Once or twice a week
  - A few times a month
  - A few times a year
  - Never
77. How often are you in trouble with school officials (for example, poor grades, skipping school, or acting out in class).
- Almost every day
  - Once or twice a week
  - A few times a month
  - A few times a year
  - Never
78. How often do you use alcohol just before or while attending school?
- Almost every day
  - Once or twice a week
  - A few times a month
  - A few times a year
  - Never
79. How often do you use drugs, such as marijuana or cocaine, just before or while attending school?
- Almost every day
  - Once or twice a week
  - A few times a month
  - A few times a year
  - Never

80. During the past 2 months, did you ever feel sad, down or depressed almost every day for TWO WEEKS OR MORE IN A ROW?

Yes

No

81. During the past 2 months, did you get into trouble with the police or the law?

Yes

No

**The next several questions are about your attitudes and your friends' attitudes toward cigarettes, alcohol, and other drugs. Check the box in front of the answer that is closest to how you feel about what the sentence says.**

Check YES! If you believe very strongly that the sentence is true for you, that it is the way you feel almost all of the time.

Check yes If you sort of agree that the sentence is true for you, that it is the way you feel most of the time.

Check no If you sort of believe the sentence is false for you, that you do not feel that way most of the time.

Check NO! If you believe very strongly that the sentence is false, that you almost never feel this way.

82. Does drinking beer, wine, or whiskey, make it easier to have friends?  YES!  yes  no  NO!

83. Does drinking beer, wine, or whiskey, make you sick?  YES!  yes  no  NO!

84. Does drinking beer, wine, or whiskey make kids feel cool?  YES!  yes  no  NO!

85. Will you smoke cigarettes when you get older?  YES!  yes  no  NO!

86. Will you get drunk every now and then when you get older?  YES!  yes  no  NO!

87. Do you think your closest friends think its cool to get drunk?  YES!  yes  no  NO!

**The next questions are about your family. If you have been raised mostly by foster parents, step-parents, or others, answer for them. For example, if you have both a step-father and a natural father, answer for the one that is the most important in raising you. Please check the box that you agree with most.**

88. My parents want to know who I am going out with when I go out with other boys/girls.  YES!  yes  no  NO!
89. In my free time away from home, my parents know who I'm with and where I am.  YES!  yes  no  NO!
90. My parents want me to tell them where I am if I don't come home right after school.  YES!  yes  no  NO!
91. When you get home from school, who is waiting for you most days? (Please pick the answer that best fits you)
- A parent or other grown-up is there
  - No one else is home -- I am alone for awhile
  - No grown up is home -- I take care of my younger brother(s) or sister(s)
  - No grown up is home -- my older brother(s) or sister(s) is there
  - I don't go home after school
  - I'm not in school
92. How often do you have disagreements or arguments with your parents?
- Almost every day
  - Once or twice a week
  - A few times a month
  - A few times a year
  - Never
93. How often do you talk with your parents about your plans for the future?
- Almost every day
  - Once or twice a week
  - A few times a month
  - A few times a year
  - Never
94. How often do you talk with your parents about problems with your friends?
- Almost every day
  - Once or twice a week
  - A few times a month
  - A few times a year
  - Never

95. How often do you talk with your parents about how well you get along with your teachers?
- Almost every day
  - Once or twice a week
  - A few times a month
  - A few times a year
  - Never
96. Have you ever wished that one or both of your parents would drink less?
- My parents don't drink
  - Yes
  - No
97. Have you ever wished that one or both of your parents would smoke cigarettes less?
- My parents don't smoke cigarettes
  - Yes
  - No
98. Have you ever wished that one or both of your parents would use drugs less?
- My parents don't use drugs
  - Yes
  - No
99. In your school, do your classes include learning about alcohol and other drugs?
- Yes
  - No
  - Don't know
  - I am not in school
100. In your school, do your classes include learning how to feel good about yourself?
- Yes
  - No
  - Don't know
  - I am not in school
101. In your school, do your classes include learning how to get along with others?
- Yes
  - No
  - Don't know
  - I am not in school

102. In your school, do your classes include learning how to make better decisions?

- Yes
- No
- Don't know
- I am not in school

**The next few questions are about things that happen in many neighborhoods. Please indicate how often these things happen in your neighborhood.**

103. You see people drinking alcohol on the street.

- Almost every day
- Once or twice a week
- A few times a month
- A few times a year
- Never

104. Someone gets robbed.

- Almost every day
- Once or twice a week
- A few times a month
- A few times a year
- Never

105. You see someone using drugs.

- Almost every day
- Once or twice a week
- A few times a month
- A few times a year
- Never

106. You see the police arrest someone.

- Almost every day
- Once or twice a week
- A few times a month
- A few times a year
- Never

107. You see a fight.

- Almost every day
- Once or twice a week
- A few times a month
- A few times a year
- Never

108. Finally, can you tell me how honestly you think you answered this survey?

Very honestly

Somewhat honestly

Not very honestly

**YOU ARE DONE!  
THANK YOU FOR YOUR HELP!**

