Strategies for Success

**2022-2023**

The purpose of this survey is to learn about alcohol and drug use and related attitudes among students. The results will be used to develop better alcohol and drug prevention and treatment programs in your school and community.

The survey will ask questions about you and what you think about alcohol and drug use. The survey should take you approximately 15-20 minutes to complete.

**Your answers are confidential and anonymous**. Please do not put your name anywhere on the survey. This will keep your responses private. No one will know what you write, and no names or identifying information about you will ever be connected with your answers on the survey.

**Completing the survey is voluntary**. You can still participate in any programs at school even if you decide not to take this survey, and your grade in class will not be affected by whether or not you answer the questions. There are no right or wrong answers. You may choose not to answer a question and you may quit the survey at any time.

Make sure you read every question. If you do not understand a question, or if you feel uncomfortable answering a question, you may leave it blank. Please try to answer every question as honestly as possible.

Your parents have consented to your participation in this survey, but your participation is completely up to you.

**Please click an option below to continue:**

* To take the survey, please click here
* To not take the survey, please click here

**ABOUT YOU**

**The first few questions ask about you in general.**

**1.** How old are you?

* 12 years old or younger
* 13 years old
* 14 years old
* 15 years old
* 16 years old
* 17 years old
* 18 years old or older

**2.** Are you:

* Male
* Female
* Transgender, Genderqueer, Genderfluid, nonbinary or other gender identity
* Choose to self-identify

**3.** What grade are you in?

* 6th grade
* 7th grade
* 8th grade
* 9th grade
* 10th grade
* 11th grade
* 12th grade

**4.** How do you describe yourself*?* (Check all that apply.)

* Native American, American Indian or Alaskan Native
* Asian
* Black or African American
* Hispanic, Latino/Latina (such as Mexican, Chicano, Mexican-American, Hispano, Spanish, other Hispanic or Latino)
* Native Hawaiian or Other Pacific Islander
* White or Caucasian
* Other (please write in your race/ethnicity)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5.** Do you often speak a language other than English at home?

* Yes
* No

**6.** Which of the following best describes you?

* Heterosexual (straight)
* Gay or Lesbian
* Bisexual
* I am not sure (questioning)
* I describe my sexual identity some other way

**7.** During the past 30 days, where did you usually sleep at night?

* In my parent’s or guardian’s home; or my usual stable home
* In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing
* In a foster home or group facility
* In a shelter or emergency housing
* In a hotel or motel
* In a car, park, campground, or other public place
* In a school dormitory
* I do not have a usual place to sleep
* Somewhere else (Please enter)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal EXPERIENCES & BELIEFS**

**8.** When I am not at home, one of my parents/ guardians knows where I am and who I am with.

|  |  |
| --- | --- |
| * Not true
* A little true
 | * Mostly true
* Very true
 |

**9.** I have a friend about my own age who really cares about me.

|  |  |
| --- | --- |
| * Not true
* A little true
 | * Mostly true
* Very true
 |

**10**. In my home, a parent or other adult believes I will be a success.

|  |  |
| --- | --- |
| * Not true
* A little true
 | * Mostly true
* Very true
 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **11.** How much do you think people risk harming themselves (physically or other ways) when they …  | No risk | Slight risk | Moderate risk | Great risk |
| smoke one or more packs of cigarettes per day? | ⬜ | ⬜ | ⬜ | ⬜ |
| use electronic vapor products (i.e., e-cig, vapes, Juul) on a daily basis? | ⬜ | ⬜ | ⬜ | ⬜ |
| smoke or use marijuana once or twice a week? | ⬜ | ⬜ | ⬜ | ⬜ |
| have one or two drinks of an alcoholic beverage (beer, wine, or liquor) nearly every day? | ⬜ | ⬜ | ⬜ | ⬜ |
| have five or more drinks of an alcoholic beverage once or twice a week? | ⬜ | ⬜ | ⬜ | ⬜ |
| use prescription pain medication without a prescription or different than how a doctor told them to use it? | ⬜ | ⬜ | ⬜ | ⬜ |

**SUBSTANCE USE**

**These next questions ask about your own substance use. Please remember your answers are completely confidential.**

**Definitions**: For this survey, **alcohol** refers to beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey; drinking alcohol does not include drinking a few sips of wine for religious purposes. **Smoking cigarettes** does not include any tobacco use that might be done for ceremonial or religious purposes. **Marijuana** is also called weed or grass and includes medical cannabis and cannabis extracts such as edibles, pot hash oil, shatter, and wax. **E-Cigs** refers to **electronic vapor products** (‘Vapes”) such as blu, NJOY, or Starbuzz. Electronic vapor products include e-cigarettes, e-cigars, Juul, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

**12.** How old were you when you had your **first drink of alcohol, other than a few sips**?

* + - I have never had a drink of alcohol, other than a few sips
		- 8 years old or younger
		- 9 or 10 years old
		- 11 or 12 years old
		- 13 or 14 years old
		- 15 or 16 years old
		- 17 years old or older

**13.** How old were you when you **tried marijuana** for the first time?

* + - I have never tried marijuana
		- 8 years old or younger
		- 9 or 10 years old
		- 11 or 12 years old
		- 13 or 14 years old
		- 15 or 16 years old
		- 17 years old or older

**14.** How old were you when you used an **e-cig/vapor product** the first time?

* + - I have never used an e-cig/vapor product
		- 8 years old or younger
		- 9 or 10 years old
		- 11 or 12 years old
		- 13 or 14 years old
		- 15 or 16 years old
		- 17 years old or older

**PAST 30-DAY SUBSTANCE USE**

**Instructions**: Select “0 days” if you didn’t use the substance in the last 30 days, or select the number of days you used each substance. As with all the questions, your answers are anonymous.

**During the past 30 days, have you done any of the following?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Used / drank **alcohol**?  | 0 days | 1 or 2 days | 3-9 days | 10-20 days | 21-29 days | All 30 days |
|  | Have **4** or more drinks of **alcohol** in a row (if you are **female**) or **5** or more drinks of **alcohol** in a row (if you are **male**)? | 0 days | 1 or 2 days | 3-9 days | 10-20 days | 21-29 days | All 30 days |
|  | Used an **e-cigarette**, vape or Juul device? | 0 days | 1 or 2 days | 3-9 days | 10-20 days | 21-29 days | All 30 days |
|  | Used **marijuana**, **weed,** cannabis, bud, etc. in any form? (e.g., joints, vapes, edibles, etc.) | 0 days | 1 or 2 days | 3-9 days | 10-20 days | 21-29 days | All 30 days |
|  | Used any **prescription pain medicine** (like Vicodin, Oxy or Percocet) for any reason? | 0 days | 1 or 2 days | 3-9 days | 10-20 days | 21-29 days | All 30 days |
|  | Taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it? | 0 days | 1 or 2 days | 3-9 days | 10-20 days | 21-29 days | All 30 days |
|  | Smoked **cigarettes**? | 0 days | 1 or 2 days | 3-9 days | 10-20 days | 21-29 days | All 30 days |
|  | Used a **prescription stimulant** (such as Ritalin or Adderall) that was NOT prescribed to you? | 0 days | 1 or 2 days | 3-9 days | 10-20 days | 21-29 days | All 30 days |
|  | Used **fentanyl** (such as the little blue pills)? | 0 days | 1 or 2 days | 3-9 days | 10-20 days | 21-29 days | All 30 days |

**24.** If you used **marijuana** in the last 30 days, **how** did you usually use it? (Select only one response.)

* I did not use marijuana during the past 30 days
* I smoked it (such as in a joint, bong, pipe, or blunt)
* I ate it (such as brownies, cakes, cookies, or other ‘edibles’ like candies or pills)
* I drank it (in liquid form such as drops or in a beverage)
* I vaped or vaporized
* I dabbed or used waxes or concentrates
* I used it some other way:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**25.** If you used **marijuana** in the last 30 days, **why** did you use it? (Check all that apply.)

* I have not used marijuana in the past 30 days.
* I used it for legal, medical purposes in accordance with my Medical Cannabis Card
* I used it to address a medical issue, but did not have a Medical Cannabis Card
* To have fun with a friend or friend(s) socially
* To help me sleep
* To get high, messed up or stoned
* To cope with anxiety or stress
* Another reason (Please describe):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACCESS**

|  |
| --- |
| **26.** If you used **alcohol** in the past 30 days, how did you get the alcohol you drank? (Check all that apply.) |
| * I did not drink alcohol in the past 30 days.
* I got it at a party.
* My parent or guardian gave it or bought it for me.
* Another adult family member who is 21 or older gave it or bought it for me.
* Someone not related to me who is 21 or older gave it or bought it for me.
 | * Someone under age 21 bought or gave it to me.
* I took it from my home or someone else’s home.
* Took it from a store without paying for it.
* I bought it at a store, restaurant, bar or public place.
* I got it some other way. [Please describe]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **27.** If you used **marijuana** in the last 30 days, how did you get it? (Check all that apply.) |
| * I did not use marijuana in the past 30 days.
* I got it at a party.
* My parent or guardian gave it or bought it for me.
* Another adult family member who is 21 or older gave it or bought it for me.
* Someone not related to me who is 21 or older gave it or bought it for me.
 | * Someone under age 21 bought or gave it to me.
* I took it from my home or someone else’s home.
* I bought it from someone (e.g., friend, dealer, family member).
* I purchased it in a state where marijuana is legally sold.
* It was prescribed to me for medical use.
* I got it some other way. [Please describe]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **28.** If you used any **e-cigs, electronic tobacco or vapor products** in the last 30 days, how did you get them? (Check all that apply.) |
| * I have not used electronic vapor products in the past 30 days.
* My parent or guardian gave it or bought it for me.
* An adult family member gave it or bought it for me.
* Someone not related to me who is 18 or older gave it or bought it for me.
 | * Someone under age 18 bought or gave it to me.
* I took it from my home or someone else’s home.
* I took it from a store without paying for it.
* I bought it at a store.
* I got it some other way. [Please describe]:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PERSONAL SAFETY**

**29.** During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

* 0 times
* 1 time
* 2 or 3 times
* 4 or 5 times
* 6 or more times

**30.** During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

* I did not drive a car or other vehicle during the past 30 days.
* 0 times
* 1 time
* 2 or 3 times
* 4 or 5 times
* 6 or more times

**31.** During the past 30 days, how many days did you drive a car or other vehicle within 2-3 hours of using marijuana?

* I did not drive a car or other vehicle during the past 30 days.
* 0 times
* 1 time
* 2 or 3 times
* 4 or 5 times
* 6 or more times

**Personal ATTITUDES & BELIEFS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **32.** How many students at your school do you think: | Very fewLess than 20% | Some20% to 40% | About half41% to 60% | Most61% to 80% | Almost allMore than 80% |
| drink alcohol? | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ |
| use marijuana (cannabis)? | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ |
| vape or use e-cigs? | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **33.** If someone your age wanted to get the following in your community, how easy would it be for them to get it? | Very hard | Sort of hard | Sort of easy | Very easy |
| Alcohol? | ⬜ | ⬜ | ⬜ | ⬜ |
| Marijuana (cannabis, weed, bud)? | ⬜ | ⬜ | ⬜ | ⬜ |
| E-cigarettes / vaping products? | ⬜ | ⬜ | ⬜ | ⬜ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **34.** How wrong do your parents feel it would be for you to… | Very wrong | Wrong | A little bit wrong | Not at all wrong |
| drink alcohol (beer, wine or hard liquor) nearly every day? | ⬜ | ⬜ | ⬜ | ⬜ |
| use marijuana? | ⬜ | ⬜ | ⬜ | ⬜ |
| vape or use e-cigs? | ⬜ | ⬜ | ⬜ | ⬜ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **35.** How wrong do your friends feel it would be for you to… | Very wrong | Wrong | A little bit wrong | Not at all wrong |
| drink alcohol (beer, wine or hard liquor) nearly every day? | ⬜ | ⬜ | ⬜ | ⬜ |
| use marijuana? | ⬜ | ⬜ | ⬜ | ⬜ |
| vape or use e-cigs? | ⬜ | ⬜ | ⬜ | ⬜ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **36.** How wrong do you feel it would be for you to… | Very wrong | Wrong | A little bit wrong | Not at all wrong |
| drink alcohol (beer, wine or hard liquor) nearly every day? | ⬜ | ⬜ | ⬜ | ⬜ |
| use marijuana? | ⬜ | ⬜ | ⬜ | ⬜ |
| vape or use e-cigs? | ⬜ | ⬜ | ⬜ | ⬜ |

**AT SCHOOL & IN COMMUNITY**

**37.** If a student at your school was using alcohol, marijuana or other drugs, how likely is it they would **get caught** by teachers or staff?

|  |  |
| --- | --- |
| * Very unlikely
* Unlikely
 | * Likely
* Very likely
 |

**38.** If a student at your school was caught using alcohol, marijuana or other drugs, which of the following **consequences** are most likely to happen? (Check all that apply.)

* No consequences
* Suspended from school for a certain period of time
* In-school suspension (ISS)
* Expelled (kicked out) from school indefinitely
* Parents or guardians involved
* Police involved
* Get sent to see a counselor for alcohol/drug assessment
* Referred to a program like “Teen Court” or other alternative program
* Other: (specify)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**39.** If someone your age was drinking **alcohol** in your neighborhood or community, how likely are they to **get caught by the police**?

|  |  |
| --- | --- |
| * Very unlikely
* Unlikely
 | * Likely
* Very likely
 |

**PERSONAL CHOICES**

**40.** If you choose not to drink alcohol or use marijuana or other drugs, what are your **main reasons**? (Check all that apply.)

* I just don’t want to use substances
* for my health or safety
* to protect my reputation
* I have future plans I don’t want to mess up
* to honor or respect my parents/guardians/family
* to perform my best in school, art, or sports
* to be a positive role model for younger siblings
* to be there for my friends
* to avoid negative consequences / getting in trouble
* I see how it negatively affects my friends or family
* Other reasons [please describe]:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MENTAL HEALTH**

The next questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life. Help is available. If these questions bring up uncomfortable feelings for you, **please talk to a counselor or someone you trust. Helplines are listed below if you need to talk to someone right away.**

**41.** During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

* Yes
* No

**42.** During the past 12 months did you ever seriously consider suicide?

* Yes
* No

**43.** During the past 12 months, how many times did you actually attempt suicide?

* 0 times
* 1 time
* 2 or 3 times
* 4 or 5 times
* 6 or more times

**You’re finished! Thank you for completing this survey. Your input is appreciated.**

*If you need assistance with a substance use or mental health issue, please refer to the take-home information sheet.*

**[Add in for San Juan County]**

**LOCAL Media**



**44.** In the last 12 months, have you seen or heard any “Be True to Yourself” messages with this logo?

* + Yes
	+ No

**45.** If you have, where have you seen or heard them? (Check all that apply.)

* + I have not seen or heard “Be True to Yourself” messages
	+ Poster in schools
	+ Poster around town
	+ Website
	+ Billboard
	+ Facebook
	+ Instagram
	+ Radio
	+ KOB-TV
	+ Movie Theater