

AWAKE to a Safe and Healthy Community Coalition Student Survey (2017)

Directions: Do **NOT** put your name on this survey. The information you give us will be used to develop better prevention programs and services for people your age.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grades.

Please read and answer each question carefully. Please pick the answer that best describes you and your views. **PLEASE BE HONEST.** If you feel you cannot be honest, please **DO NOT** answer the question at all. Just leave it blank. When you are done with the survey, place it in the envelope. Thank you for participation! The information you have shared is very helpful.

I. General Information

1. Gender: *Please Circle*

Male Female

2. Grade: *Please Circle*

6 7 8 9 10 11 12

II. Lifetime Use

III. 30-Day Use

	Yes	No		Yes	No
1. Have you ever had a drink containing alcohol? <i>Excluding for religious purposes</i>			1. In the past 30 days , did you drink one or more drinks of an alcoholic beverage?		
3. Have you ever used marijuana or hashish ?			2. In the past 30 days , have you used marijuana or hashish?		
7. Have you ever smoked all or part of a cigarette?			3. In the past 30 days , did you smoke all or part of a cigarette?		
5. Have you ever used prescription drugs NOT prescribed to you?			4. In the past 30 days , have you used prescription drugs NOT prescribed to you?		

IV. PERCEPTION OF RISK

	No Risk	Slight Risk	Moderate Risk	Great Risk
1. How much do you think people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?				
2. How much do you think people risk harming themselves physically or in other ways if they smoke one or more packs of cigarettes per day?				
3. How much do you think people risk harming themselves physically or in other ways if they smoke marijuana.				
4. How much do you think people risk harming themselves physically or in other ways if they use prescription drugs not prescribed to them?				

V. PERCEPTION OF PEER DISAPPROVAL

	Not at all Wrong	A little bit wrong	Wrong	Very Wrong
1. How wrong do your friends feel it would be for you to have one or two drinks of alcoholic beverage nearly ever day?				
2. How wrong do your friends feel it would be for you to smoke tobacco?				
3. How wrong do your friends feel it would be for you to smoke marijuana?				
4. How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?				

VI. PERCEPTION OF PARENTAL DISAPPROVAL

	Not at all Wrong	A little bit wrong	Wrong	Very Wrong
1. How wrong do your parents feel it would be for you to have one or two drinks of alcoholic beverage nearly ever day?				
2. How wrong do your parents feel it would be for you to smoke tobacco?				
3. How wrong do your parents feel it would be for you to smoke marijuana?				
4. How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?				

VII. ATTITUDE TOWARD PEER USE

	Neither approve or disapprove	Somewhat Disapprove	Strongly Disapprove	Don't know or can't say
How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?				

Thank you for your participation!

