

Baseline Questionnaire
NATIONAL YOUTH SURVEY
(12-18 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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Date of Admin.: _____

**NATIONAL YOUTH SURVEY
BASELINE QUESTIONNAIRE
12-18 Version**

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

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 19, 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

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?
- 4th 10th
 - 5th 11th
 - 6th 12th
 - 7th College
 - 8th Vocational
 - 9th
18. Have you dropped out of school?
- Yes
 - No
19. (IF YOU ARE NO LONGER IN SCHOOL) Since you left school, have you?
- Received a high school diploma
 - Earned a GED (General Equivalency Degree)
 - Done nothing to get a high school diploma
 - Attended college
 - Attended vocational school
 - I'm still in school
20. When did you last attend school? (Please pick the answer that best fits you)
- Within the last six months
 - Within the last year
 - Within the last two years
 - More than two years ago
 - Still in school now

21. Do you have a full-time or a part-time job for pay?
[] Yes, full-time job (30 hours or more)
[] Yes, part-time job
[] No, I don't have a job
22. For how many months have you had this job?
[] 1 month or less
[] 2 to 6 months
[] 7 to 12 months
[] More than 12 months
[] I don't have a job
23. 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 THE NEXT PAGE

SECTION TWO: HOW DO YOU FEEL?

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.

-
- | | | | | | |
|-----|--|-------------------------------|------------------------------|-----------------------------|------------------------------|
| 24. | I can tell my parents the way I feel about things. | <input type="checkbox"/> YES! | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> NO! |
| 25. | I will probably die before I am thirty. | <input type="checkbox"/> YES! | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> NO! |
| 26. | I get along well with other people. | <input type="checkbox"/> YES! | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> NO! |
| 27. | One of my problems is I cannot get down to work when I should. | <input type="checkbox"/> YES! | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> NO! |
| 28. | I can be trusted. | <input type="checkbox"/> YES! | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> NO! |
| 29. | I am afraid my life will be unhappy. | <input type="checkbox"/> YES! | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> NO! |
| 30. | School is a waste of time. | <input type="checkbox"/> YES! | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> NO! |
| 31. | Bad things happen to people like me. | <input type="checkbox"/> YES! | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> NO! |

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

PLEASE GO TO THE NEXT PAGE

SECTION THREE: CIGARETTES, ALCOHOL, AND OTHER DRUGS

The next few questions are about **CIGARETTES, CHEWING TOBACCO, SNUFF OR DIP, including Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen.** These questions refer to the use of tobacco other than for religious purposes.

54. 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
55. 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
56. On how many DAYS did you use chewing tobacco, snuff or dip in the LAST MONTH (30 days)?
- 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
57. 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

58. Have you EVER SMOKED a cigarette, even just a few puffs, or used chewing tobacco, snuff or dip?
[] Yes
[] No
59. Do you think your best friend smokes cigarettes or uses chewing tobacco, snuff or dip sometimes?
[] Yes
[] No
60. 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
61. 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.

62. On how many DAYS did you have an alcoholic drink in the LAST MONTH (30 days)? (By a drink, we mean a can of beer, a glass of wine, a wine cooler, or a shot of hard liquor.)
[] 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.
63. 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

64. On how many DAYS in the LAST MONTH (30 days) did you have FIVE OR MORE alcoholic drinks?

- 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.

65. Have you EVER had a drink of alcohol?

- Yes
- No

66. Do you think your best friend drinks alcohol sometimes?

- Yes
- No

67. 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

68. 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, doo bee, herb, sen, sezz, stick, stone, ganja, or cannabis.)

69. 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.
70. 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
71. Have you EVER TRIED marijuana?
- Yes
 - No
72. Do you think your best friend uses marijuana sometimes?
- Yes
 - No
73. 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
74. 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).

75. 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.

76. 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

- Cocaine or Crack Cocaine
- Heroin or Opium
- LSD or Acid
- Speed or Uppers
- Zaladine
- Downers or Tranquilizers
- PCP or Angel Dust
- Ecstasy

The next few questions cover your feelings about and experiences with using alcohol and drugs.

77. 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

78. 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

79. 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

80. 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 THE NEXT PAGE

SECTION FOUR: YOU, YOUR FAMILY AND YOUR NEIGHBORHOOD

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

81. 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
82. 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
83. 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
84. 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
85. 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

86. 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
87. During the last 2 months, how many times were you in trouble with the law, that is, arrested or threatened with arrest?
 0 times
 1 time
 2 or 3 times
 4 or 5 times
 6 or more times

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.

88. If I use alcohol or drugs, I will have more health problems than other people. YES! yes no NO!
89. If I don't use alcohol or drugs I will be happier. YES! yes no NO!
90. Smoking cigarettes fits with the kind of life I want to lead. YES! yes no NO!
91. Getting drunk every now and then fits with the kind of life I want to lead. YES! yes no NO!
92. Your closest friends feel that people who use drugs are stupid. YES! yes no NO!

The next few 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.

93. My parents want to know who I am going out with when I go out with other boys/girls. YES! yes no NO!
94. In my free time away from home, my parents know who I'm with and where I am. YES! yes no NO!
95. My parents want me to tell them where I am if I don't come home right after school. YES! yes no NO!
96. 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
97. 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
98. 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
99. 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
100. 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

101. Have you ever wished that one or both of your parents would drink less?

- My parents don't drink
- Yes
- No

102. Have you ever wished that one or both of your parents would smoke cigarettes less?

- My parents don't smoke cigarettes
- Yes
- No

103. Have you ever wished that one or both of your parents would use drugs less?

- My parents don't use drugs
- Yes
- No

104. In your school, do your classes include learning about alcohol and other drugs?

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

105. In your school, do your classes include learning how to feel good about yourself?

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

106. In your school, do your classes include learning how to get along with others?

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

107. 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.

108. 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

109. Someone gets robbed.

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

110. You see someone using drugs.

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

111. 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

112. You see a fight.

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

113. 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!