



Draft

Middle School

North Dakota Partnerships for Success Youth Survey

1. Thank you for agreeing to participate in this survey. The purpose of the survey is to learn about your experiences, thoughts, and feelings regarding alcohol use.
2. The survey is completely voluntary and anonymous. DO NOT put your name on the questionnaire.
3. This is not a test, so there are no right or wrong answers. Please work quickly so you can finish.
4. Most questions ask for only one answer. You may mark more than one answer on questions that say, "Select one or more responses." If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or if you are not sure what it means, just leave it blank. You can skip any questions that you do not wish to answer.
5. Please mark your answer for each question by completely filling in the answer space with a #2 pencil.

Example: Is chocolate the best ice cream flavor? ☒ Yes ☐ No

In what grade are you?

- ☐ 6th grade
☐ 7th grade
☐ 8th grade
☐ Ungraded or other grade

Have you ever ridden in a car driven by someone who had been drinking alcohol?

- ☐ Yes
☐ No
☐ Not sure

Have you ever had a drink of alcohol, other than a few sips?

- ☐ Yes ☐ No

During the past 30 days, on how many days did you have at least one drink of alcohol?

- ☐ 0 days ☐ 10 to 19 days
☐ 1 or 2 days ☐ 20 to 29 days
☐ 3 to 5 days ☐ All 30 days
☐ 6 to 9 days

Have you ever had 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- ☐ Yes ☐ No

Have you ever lived with someone who was having a problem with alcohol or drug use?

- ☐ Yes ☐ No

Have you ever lived with someone who was depressed, mentally ill, or suicidal?

- ☐ Yes ☐ No

The next questions ask about your parents, which means your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.

How wrong or not wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?

- ☐ Very wrong
☐ Wrong
☐ A little bit wrong
☐ Not wrong at all

During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use?

- ☐ Yes ☐ No

Continued on back page



Draft

These final questions ask for some general information about you.

What is your sex?

☐ Female ☐ Male

Are you Hispanic or Latino?

☐ Yes ☐ No

What is your race? (Select one or more responses)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

**Thank you for participating
in this survey.**

For more information please contact:

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**Wyoming Survey
& Analysis Center**
UNIVERSITY OF WYOMING

This questionnaire was designed by
the Wyoming Survey & Analysis Center
<https://wysac.uwyo.edu>

High School

North Dakota Partnerships for Success Youth Survey

1. Thank you for agreeing to participate in this survey. The purpose of the survey is to learn about your experiences, thoughts, and feelings regarding alcohol use.
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3. This is not a test, so there are no right or wrong answers. Please work quickly so you can finish.
4. The questions ask for only one answer. You may mark more than one answer on questions that say, "Select one or more responses." If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or if you are not sure what it means, just leave it blank. You can skip any questions that you do not wish to answer.
5. Please mark your answer for each question by completely filling in the answer space with a #2 pencil.

Example: Is chocolate the best ice cream flavor? ☒ Yes ☐ No

In what grade are you?

- ☐ 9th grade ☐ 12th grade
☐ 10th grade ☐ Ungraded or other grade
☐ 11th grade

During the past 30 days, on how many days did you have at least one drink of alcohol?

- ☐ 0 days ☐ 10 to 19 days
☐ 1 or 2 days ☐ 20 to 29 days
☐ 3 to 5 days ☐ All 30 days
☐ 6 to 9 days

During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row, that is, within a couple of hours (if you are female) OR 5 or more drinks of alcohol in a row, that is, within a couple of hours (if you are male)?

- ☐ 0 days ☐ 6 to 9 days
☐ 1 day ☐ 10 to 19 days
☐ 2 days ☐ 20 or more days
☐ 3 to 5 days

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 ☐ 4 or 5 times
☐ 1 time ☐ 6 or more times
☐ 2 or 3 times

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
☐ I drove a car or other vehicle, but not when I had been drinking alcohol
☐ 1 time
☐ 2 or 3 times
☐ 4 or 5 times
☐ 6 or more times

How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks of alcohol (beer, wine, or liquor) once or twice each weekend?

- ☐ No risk ☐ Moderate risk
☐ Slight risk ☐ Great risk

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Draft

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- ☐ Very wrong ☐ A little bit wrong
☐ Wrong ☐ Not wrong at all

During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use?

- ☐ Yes ☐ No

Have you ever lived with someone who was having a problem with alcohol or drug use?

- ☐ Yes ☐ No

Have you ever lived with someone who was depressed, mentally ill, or suicidal?

- ☐ Yes ☐ No

These final questions ask for some general information about you.

What is your sex?

- ☐ Female ☐ Male

Are you Hispanic or Latino?

- ☐ Yes ☐ No

What is your race? (Select one or more responses.)

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☐ Asian
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