



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 how youth feel about their community, family, peers, and school. The survey also asks about health behaviors.
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, "Mark all that apply." 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

What is your sex?

- Male Female

What grade are you in?

- 6th 9th 12th
 7th 10th
 8th 11th

During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?

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

During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

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

During the past 30 days, on how many days did you use prescription drugs that were not prescribed to you, or that you took only for the experience or feeling they caused?

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

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

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

How wrong or not wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?

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

How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks of an alcoholic beverage once or twice a week?

- No risk
 Slight risk
 Moderate risk
 Great risk

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How much do you think people risk harming themselves (physically or in other ways) if they use prescription drugs that are not prescribed to them?

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

How likely would it be for the police to catch a kid in your community if he or she drank alcohol?

- Not likely at all
- Not very likely
- Somewhat likely
- Very likely

If you have ever had an alcoholic beverage, think back to the last time you drank. How did you get the alcohol on that occasion?

- I've never had an alcoholic beverage.
- I got it from my parent(s).
- I got it from a friend's parent(s).
- I got it from another adult 21 or over.
- I got it from someone under 21.
- I took it (from home, from a friend's house, etc.).
- I bought it from a store.
- I bought it at a bar or restaurant.
- I bought it over the Internet.

What places (if any) did you drink alcohol during the past 12 months? (Mark all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> I did not drink alcohol | <input type="checkbox"/> At a park |
| <input type="checkbox"/> At my own home | <input type="checkbox"/> At a lake |
| <input type="checkbox"/> At a friend's home | <input type="checkbox"/> In a field |
| <input type="checkbox"/> At a community event | <input type="checkbox"/> In a car |
| <input type="checkbox"/> At a sporting event | <input type="checkbox"/> On the street |
| <input type="checkbox"/> At a bar or saloon | <input type="checkbox"/> In a parking lot |
| <input type="checkbox"/> At a restaurant | <input type="checkbox"/> At a concert |
| <input type="checkbox"/> At school | <input type="checkbox"/> Some other place |
| <input type="checkbox"/> At work | |

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

How wrong or not wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?

- 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

Thank you for participating in this survey.

For more information or to find out the survey results, please contact:

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



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