

# 2015 Student Survey

## Student Survey Instructions

You are invited to participate in a survey of high school and middle school students in Hanover County. The Hanover Cares Coalition is conducting this survey. All students in your class have been asked to participate. Your parents have been informed about this project. You will be asked to answer a few short questions about your attitudes and behaviors related to alcohol and other drug use.

There are several important things you should know about this survey:

This is not a test. The correct answer is the one that best describes what you think about each topic.

All of your answers are confidential and private. No information that could link your answers to you will appear on the survey. Information you provide will not be shown to your teacher, school officials, police, or parents.

Your participation is voluntary. If you do not wish to complete this survey you are free to decline the invitation to respond. If you wish to stop in the middle or skip some questions, simply leave blank whatever questions you do not want to answer and click "next" to advance to the next page.

If you have any questions at any time during this study, you may contact the survey administrator, Keith Cartwright at [rkcartwright@hanovercounty.gov](mailto:rkcartwright@hanovercounty.gov) or 804-365-6643.

# 2015 Student Survey

## Demographics

### 1. What is your gender?

- Male
- Female

### 2. What is your grade level?

- 8th
- 10th
- 12th

### 3. How old were you on your last birthday?

- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18

### 4. How do you describe yourself?

- White/Caucasian
- Hispanic/Latino
- Black/African
- Asian
- American Indian or Alaska Native
- Native Hawaiian/Pacific Islander
- Some Other Race
- Two or More Races

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## 5. Do you consider yourself to be an athlete?

- No
- Yes, I play on a school-sponsored athletic team
- Yes, I play recreational or non-school sports on a regular basis
- Yes, I play recreational or non-school sports occasionally

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## Perception of Risk

**6. How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?**

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

**7. 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?**

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

**8. How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana regularly?**

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

# 2015 Student Survey

## Perception of Parent Disapproval

**9. How wrong do your parents feel it would be for you to drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?**

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

**10. How wrong do your parents feel it would be for you to smoke cigarettes?**

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

**11. How wrong do your parents feel it would be for you to smoke marijuana?**

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

# 2015 Student Survey

## Past 30-Day Use

### **12. On how many occasions (if any) have you smoked cigarettes DURING THE PAST 30 DAYS?**

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

### **13. How many cigarettes per day have you smoked DURING THE PAST 30 DAYS?**

- None
- Less than 1 cigarette per day
- 1-2
- 3-7
- 8-12
- 13-17
- 18-22
- 23-27
- 28-32
- 33-37
- 38 or more

## Smokeless

**14. On how many occasions (if any) have you used smokeless tobacco (chew, dip) DURING THE PAST 30 DAYS?**

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

**15. On how many occasions (if any) have you had alcoholic beverages (beer, wine, or hard liquor) to drink - more than just a few sips - DURING THE PAST 30 DAYS?**

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

# 2015 Student Survey

## 16. Has drinking alcohol ever caused you to...

	Never	Once	Twice	3-5 times	6-9 times	10+ times
get nauseated or vomit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
feel tired or hungover?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
forget where you were or what you did?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
feel sad or depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
get physically injured?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have family problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
do something you later regretted?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
drive after drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ride with a driver who has been drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
get into physical fights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
get into trouble with school authorities or the law?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 17. On how many occasions (if any) have you been drunk or very high from drinking alcoholic beverages - DURING THE PAST 30 DAYS?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions



# 2015 Student Survey

## Marijuana and Prescription

**18. On how many occasions (if any) have you used marijuana (pot, grass) DURING THE PAST 30 DAYS?**

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40+ or more occasions

**19. On how many occasions (if any) have you used prescription pain killers (Oxycontin, Vicodin, Demeol, Percocet) without a doctor's prescription DURING THE PAST 30 DAYS?**

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40+ or more occasions

**20. Amphetamines are sometimes called: uppers, ups, speed, beenies, dexies, pep pills, diet pills, meth, or crystal meth. They include the following drugs: Benzedrine, Dexedrine, Methedrine, Ritalin, Preluden, Dexamyl, and Methamphetamine.**

**On how many occasions (if any) have you taken amphetamines on your own, that is, without a doctor telling you to take them DURING THE PAST 30 DAYS?**

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40+ or more occasions



## OTC & Inhalants

**21. On how many occasions (if any) have you used over-the-counter drugs such as cough-suppressants and Sudafed in amounts that exceed the recommended dose DURING THE PAST 30 DAYS?**

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40+ or more occasions

**22. On how many occasions (if any) have you sniffed glue, or breathed the contents of aerosol cans, or inhaled any other gases or sprays in order to get high DURING THE PAST 30 DAYS?**

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40+ or more occasions

# 2015 Student Survey

## Age of Onset

**23. How old were you when you first had more than one sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?**

- Never have
- 8 or younger
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18 or older

**24. How old were you when you first smoked a cigarette, even just a puff?**

- Never have
- 8 or younger
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18 or older

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### 25. How old were you when you first smoked marijuana?

- Never have
- 8 or younger
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18 or older

# 2015 Student Survey

## Access

**26. How do teens in Hanover County TYPICALLY get access to drugs or alcohol? Click all answers that apply.**

	buy it from a store	steal it from a store	brother or sister	a friend	parents	a stranger gets it for them	take it from home	take it from a friend's home	I don't know
Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over-the-counter drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**27. Different families have different rules about alcohol. Which rule is the closest to the one that your parents have for you?**

- I am never allowed to drink alcohol.
- I can have a drink of alcohol at home, with a meal for example, but my friends are never given alcohol in my house.
- My parents will give alcohol to me and my friends but only if we stay at my house.
- My parents will give alcohol to me and my friends, and we can take it out of my house.

**28. Have your parent(s) or guardian(s) ever talked with you about alcohol and other drugs use?**

- No, never.
- Yes, once.
- Yes, twice.
- Yes, 3-5 times.
- Yes, 6 or more times.

If yes, what kinds of things do you usually discuss?

## 2015 Student Survey

### 29. How often do you and your parents/guardians talk about issues related to alcohol and other drugs?

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

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## Social Norms

For the following questions, you will be asked to guess the percentage of youth at your school who are doing various things. You will enter a whole number from 0 to 100 without the percent (%) sign.

Example: If you were asked to guess the percentage of students at your school who wear a seatbelt while in a car, 0 would mean that you think no students do this, 33 would mean that you think 33 percent (or 1/3) wears a seatbelt, 50 would mean that you think half of the students wear a seatbelt, and so on.

**30. What percentage of people your age at your school has had an alcoholic beverage during the past 30 days?**

**31. What percentage of people your age at your school do you think has smoked cigarettes during the past 30 days?**

**32. What percentage of people your age at your school do you think has smoked marijuana during the past 30 days?**



# 2015 Student Survey

## You're done!

Thank you for completing our survey!  
You may now click "Done" or "Exit the survey."