

# Pennsylvania Youth Survey

Thank you for agreeing to participate in this survey. The survey asks your opinion about a number of things in your life, including your friends, your family, your neighborhood and your community. Your answers to these questions will be confidential. This means your answers will stay secret. Your name will never be asked. Please do not write your name in the booklet.

**(This study is completely voluntary. You can skip any question that you do not wish to answer.)**

Other students have said that these questionnaires are very interesting and they enjoy filling them out. We hope you will, too. Be sure to read the instructions below before you begin to answer. Thank you very much.

## I nstructions

1. This is not a test, so there are no right or wrong answers.
2. All of the questions should be answered by marking one of the answer spaces. If you don't find an answer that fits exactly, use one that comes closest. If any question does not apply to you, or you are not sure of what it means, just leave it blank.
3. Your answers will be read by a computer. Please follow these instructions carefully.
  - It is best to use a pencil, but a blue or black pen can also be used.
  - Make heavy marks inside the circles.
  - Erase cleanly any answer you wish to change.
  - Make no other markings or comments on the answer pages.

(If you want to add a comment about any question, please use the space provided on page 12.)

4. Some of the questions have the following format:

Please mark in the circle which of the four words best describes how you feel about that sentence.

EXAMPLE: Pepperoni pizza is one of my favorite foods. NO! no yes YES!

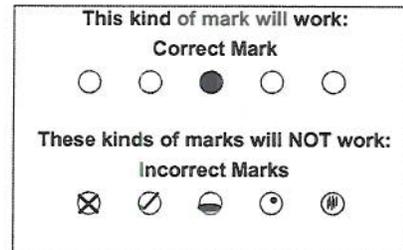
Mark (the Big) YES! if you think the statement is definitely true for you.

Mark (the little) yes if you think the statement is mostly true for you.

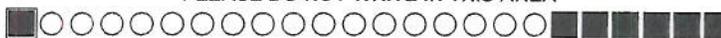
Mark (the little) no if you think the statement is mostly not true for you.

Mark (the Big) NO! if you think the statement is definitely not true for you.

In the example above, the student marked yes because he or she thinks the statement is mostly true.  
(Please mark only one answer.)



PLEASE DO NOT WRITE IN THIS AREA



SERIAL

These questions ask for some general information about the people completing the survey. Please mark the response that best describes you.

How old are you?

- 10  11  12  13  14  
 15  16  17  18  19 or older

What grade are you in?

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

Are you:

- Female  Male

What do you consider yourself to be?

(Choose all that apply.)

- White, not of Hispanic Origin  
 Black or African American  
 American Indian/Native American, Eskimo or Aleut  
 Spanish/Hispanic/Latino  
 Asian or Pacific Islander  
 Other

Think of where you live most of the time. Which of the following people live there with you?

(Choose all that apply.)

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| <input type="radio"/> Mother        | <input type="radio"/> Grandfather    |
| <input type="radio"/> Stepmother    | <input type="radio"/> Uncle          |
| <input type="radio"/> Foster Mother | <input type="radio"/> Other adults   |
| <input type="radio"/> Grandmother   | <input type="radio"/> Brother(s)     |
| <input type="radio"/> Aunt          | <input type="radio"/> Stepbrother(s) |
| <input type="radio"/> Father        | <input type="radio"/> Sister(s)      |
| <input type="radio"/> Stepfather    | <input type="radio"/> Stepsister(s)  |
| <input type="radio"/> Foster Father | <input type="radio"/> Other children |

How many brothers and sisters, including stepbrothers and stepsisters, do you have that are older than you?

- 0  2  4  6 or more  
 1  3  5

How many brothers and sisters, including stepbrothers and stepsisters, do you have that are younger than you?

- 0  2  4  6 or more  
 1  3  5

What is the language you use most often at home?

- English  
 Spanish  
 Another Language \_\_\_\_\_

What is the highest level of schooling your father completed?

- Completed grade school or less  
 Some high school  
 Completed high school  
 Some college  
 Completed college  
 Graduate or professional school after college  
 Don't know  
 Does not apply

What is the highest level of schooling your mother completed?

- Completed grade school or less  
 Some high school  
 Completed high school  
 Some college  
 Completed college  
 Graduate or professional school after college  
 Don't know  
 Does not apply

Where are you living now?

- On a farm  
 In the country, not on a farm  
 In a city, town, or suburb

Go on to the next page



PLEASE DO NOT WRITE IN THIS AREA





	Not Wrong At All	A Little Bit Wrong	Wrong	Very Wrong
How wrong do you think it is for someone your age to:				
drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use LSD, cocaine, amphetamines or another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

It is alright to beat up people if they start the fight.  
 NO!    no    yes    YES!

I ignore rules that get in my way.  
 Very False    Somewhat True  
 Somewhat False    Very True

It is important to be honest with your parents, even if they become upset or you get punished.  
 NO!    no    yes    YES!

I do the opposite of what people tell me, just to get them mad.  
 Very False    Somewhat True  
 Somewhat False    Very True

I think it is okay to take something without asking if you can get away with it.  
 NO!    no    yes    YES!

	Once a week or more	2 or 3 times a month	About once a month	Less than once a month	I've done it, but not in the past year	Never
How many times have you done the following things?						
Done what feels good no matter what.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Done something dangerous because someone dared you to do it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Done crazy things even if they are a little dangerous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you ever belonged to a gang?

No    Yes

If you have belonged to a gang, did that gang have a name?

No    Yes    I Have Never Belonged to a Gang

	40+ Times	30 to 39 Times	20 to 29 Times	10 to 19 Times	6 to 9 Times	3 to 5 Times	1 or 2 Times	Never
How many times in the past year (12 months) have you:								
been suspended from school?	<input type="radio"/>							
carried a knife?	<input type="radio"/>							
carried a handgun?	<input type="radio"/>							
carried a long-gun?	<input type="radio"/>							
carried other weapons?	<input type="radio"/>							
sold illegal drugs?	<input type="radio"/>							
stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>							
been arrested?	<input type="radio"/>							
attacked someone with the idea of seriously hurting them?	<input type="radio"/>							
been drunk or high at school?	<input type="radio"/>							
taken a handgun to school?	<input type="radio"/>							
taken a long-gun to school?	<input type="radio"/>							

Go on to the next page



PLEASE DO NOT WRITE IN THIS AREA

	Very Good Chance	Pretty Good Chance	Some Chance	Little Chance	No or Very Little Chance
What are the chances you would be seen as cool if you:					
smoked cigarettes?	<input type="radio"/>				
began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="radio"/>				
smoked marijuana?	<input type="radio"/>				
carried a handgun?	<input type="radio"/>				

You're looking at CDs in a music store with a friend. You look up and see her slip a CD under her coat. She smiles and says, "Which one do you want? Go ahead, take it while nobody's around." There is nobody in sight, no employees and no other customers. What would you do now?

- Ignore her
- Grab a CD and leave the store
- Tell her to put the CD back
- Act like it's a joke, and ask her to put the CD back

It's 8:00 on a weeknight and you are about to go over to a friend's home when your mother asks you where you are going. You say, "Oh, just going to go hang out with some friends." She says, "No, you'll just get into trouble if you go out. Stay home tonight." What would you do now?

- Leave the house anyway
- Explain what you are going to do with your friends, tell her when you'd get home, and ask if you can go out
- Not say anything and start watching TV
- Get into an argument with her

You are visiting another part of town, and you don't know any of the people your age there. You are walking down the street, and some teenager you don't know is walking toward you. He is about your size, and as he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do?

- Push the person back
- Say "Excuse me" and keep on walking
- Say "Watch where you're going" and keep on walking
- Swear at the person and walk away

You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do?

- Drink it
- Tell your friend "No, thanks, I don't drink," and suggest that you and your friend go and do something else
- Just say "No, thanks" and walk away
- Make up a good excuse, tell your friend you had something else to do, and leave

I think sometimes it's okay to cheat at school.

- NO!
- no
- yes
- YES!

How often do you attend religious services or activities?

- Never
- 1-2 Times a Month
- Rarely
- About Once a Week or More

I like to see how much I can get away with.

- Very False
- Somewhat True
- Somewhat False
- Very True

	NO!	no	yes	YES!
It is important to think before you act.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have to have everything right away?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often do things without thinking about what will happen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you often switch from activity to activity rather than sticking to one thing at a time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No Risk	Slight Risk	Moderate Risk	Great Risk
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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA

**Directions: Below is a list of alcohol, tobacco and other drugs. Please fill in the circle that comes CLOSEST to showing how often you use (or have ever used) each one of these things. REMEMBER THAT YOUR ANSWERS ARE ABSOLUTELY CONFIDENTIAL AND PRIVATE.**

	Use About Every Day	Use About Once or Twice a Week	Use About Once or Twice a Month	Use About Once or Twice a Year	Used Before, But Not in the Past Year	Never Used
CIGARETTES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BEER (beer, ale, malt liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WINE (wine, champagne)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LIQUOR (vodka, whiskey, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MARIJUANA (pot, hash, weed, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INHALANTS (whippets, butane, paint thinner or glue to sniff, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COCAINE (coke, snow, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How frequently have you used smokeless tobacco during the past 30 days?**

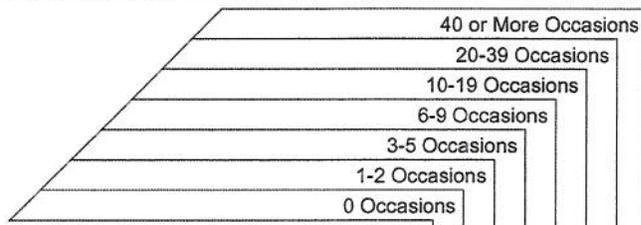
- Never                                       About once a day  
 Once or twice                                       More than once a day  
 Once or twice per week

**How frequently have you smoked cigarettes during the past 30 days?**

- Not at all  
 Less than one cigarette per day  
 One to five cigarettes per day  
 About one-half pack per day  
 About one pack per day  
 About one and one-half packs per day  
 Two packs or more per day

**Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?**

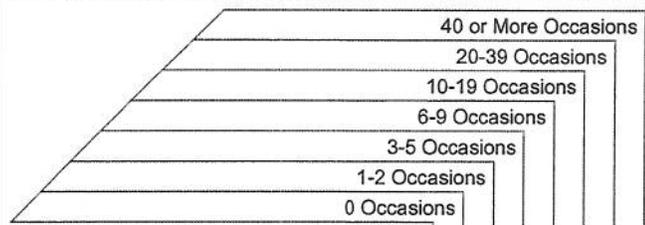
- None     3-5 times  
 Once     6-9 times  
 Twice      10 or more times



**On how many occasions (if any) have you:**

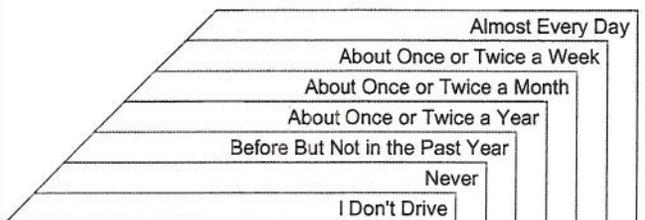
	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40 or More Occasions
Had beer, wine, or hard liquor in your <u>lifetime</u> ?	<input type="radio"/>						
Had beer, wine, or hard liquor during the <u>past 30 days</u> ?	<input type="radio"/>						
Used marijuana in your <u>lifetime</u> ?	<input type="radio"/>						
Used marijuana during the <u>past 30 days</u> ?	<input type="radio"/>						
Used inhalants in your <u>lifetime</u> ?	<input type="radio"/>						
Used inhalants during the <u>past 30 days</u> ?	<input type="radio"/>						
Used cocaine in your <u>lifetime</u> ?	<input type="radio"/>						
Used cocaine during the <u>past 30 days</u> ?	<input type="radio"/>						
Used crack (rock, fry, etc.) in your <u>lifetime</u> ?	<input type="radio"/>						
Used crack during the <u>past 30 days</u> ?	<input type="radio"/>						
Used heroin (smack, horse, skag, H, etc.) in your <u>lifetime</u> ?	<input type="radio"/>						
Used heroin during the <u>past 30 days</u> ?	<input type="radio"/>						
Used hallucinogens (acid, LSD, shrooms) in your <u>lifetime</u> ?	<input type="radio"/>						
Used hallucinogens during the <u>past 30 days</u> ?	<input type="radio"/>						
Used derbisol (rubes, warehouses, etc.) in your <u>lifetime</u> ?	<input type="radio"/>						
Used derbisol during the <u>past 30 days</u> ?	<input type="radio"/>						

PLEASE DO NOT WRITE IN THIS AREA



On how many occasions (if any) have you:

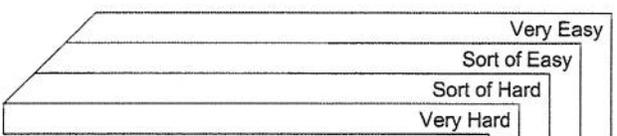
Used crystal meth (ice, crank, speed, etc.) in your <u>lifetime</u> ?	<input type="radio"/>								
Used crystal meth during the <u>past 30 days</u> ?	<input type="radio"/>								
Used designer drugs (Ecstasy, XTC, MDMA, etc.) in your <u>lifetime</u> ?	<input type="radio"/>								
Used designer drugs during the <u>past 30 days</u> ?	<input type="radio"/>								
Used downers (tranqs, barbs, sedatives, sleeping pills, reds, etc.) in your <u>lifetime</u> ?	<input type="radio"/>								
Used downers during the <u>past 30 days</u> ?	<input type="radio"/>								
Used uppers (bennies, diet pills, caffeine pills, meth, speed, etc.) in your <u>lifetime</u> ?	<input type="radio"/>								
Used uppers during the <u>past 30 days</u> ?	<input type="radio"/>								
Used training drugs (steroids, roids, etc.) in your <u>lifetime</u> ?	<input type="radio"/>								
Used training drugs during the <u>past 30 days</u> ?	<input type="radio"/>								



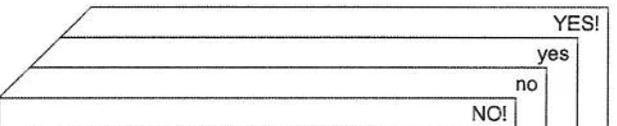
How often have you:

Driven a car while or shortly after drinking?	<input type="radio"/>						
Driven a car while or shortly after smoking pot?	<input type="radio"/>						

These questions ask about the neighborhood and community where you live.



If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you wanted to get some cigarettes, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you wanted to get a handgun, how easy would it be for you to get one?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you wanted to get some marijuana, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a kid drank some beer, wine or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a kid carried a handgun in your neighborhood, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Go on to the next page



PLEASE DO NOT WRITE IN THIS AREA

	Not Wrong At All	A Little Bit Wrong	Wrong	Very Wrong
How wrong would most adults in your neighborhood think it was for kids your age:				
to use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
to drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
to smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	NO!	no	yes	YES!
If I had to move, I would miss the neighborhood I now live in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My neighbors notice when I am doing a good job and let me know.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are lots of adults in my neighborhood I could talk to about something important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People move in and out of my neighborhood a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	NO!	no	yes	YES!
How much do each of the following statements describe your neighborhood:				
crime and/or drug selling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
fight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
lots of empty or abandoned buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
lots of graffiti	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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PLEASE DO NOT WRITE IN THIS AREA

How many times have you changed homes since kindergarten?

- Never                       5 or 6 times  
 1 or 2 times                 7 or more times  
 3 or 4 times

There are people in my neighborhood who are proud of me when I do something well.

- NO!     no     yes     YES!

	Yes	No
Which of the following activities for people your age are available in your community?		
sports teams	<input type="radio"/>	<input type="radio"/>
scouting	<input type="radio"/>	<input type="radio"/>
boys and girls clubs	<input type="radio"/>	<input type="radio"/>
4-H clubs	<input type="radio"/>	<input type="radio"/>
service clubs	<input type="radio"/>	<input type="radio"/>

Have you changed schools in the past year?

- No     Yes

I feel safe in my neighborhood.

- NO!     no     yes     YES!

How many times have you changed schools since kindergarten?

- Never                       5 or 6 times  
 1 or 2 times                 7 or more times  
 3 or 4 times

I'd like to get out of my neighborhood.

- NO!     no     yes     YES!

Have you changed homes in the past year (the last 12 months)?

- No     Yes

There are people in my neighborhood who encourage me to do my best.

- NO!     no     yes     YES!

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PLEASE DO NOT WRITE IN THIS AREA

**Nicotine** is a chemical in **cigarettes**.

- It makes cigarette smokers want to smoke more
- It makes cigarette smokers want to quit smoking
- Don't know

**Inhalants:**

- Cause lung damage
- Don't get into the lungs
- Don't know

If someone has just one drink of **alcohol**:

- It doesn't affect their coordination
- It affects their coordination
- Don't know

**Smoking marijuana:**

- Speeds up your heart rate
- Slows down your heart rate
- Don't know

**DIRECTIONS:** A few drugs are listed below. This set of questions deals with whether or not you are **WILLING** to try these things or **WILLING** to use them. These are **NOT** questions about whether or not you have actually used them. For each one, fill in the circle that comes **CLOSEST** to showing how you feel right now about using it.

	I would use it any chance I got.	I would like to try it or use it.	I'm not sure whether or not I would use it.	I probably wouldn't use it.	I would never use it.
<b>ALCOHOL</b> (beer, wine, coolers, "hard" liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>MARIJUANA</b> (pot, hash, hemp, weed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>COCAINE</b> (coke, snow, blow, dust)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>HALLUCINOGENS</b> (acid, trip, LSD, shrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>INHALANTS</b> (whippets, butane, paint thinner)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**DIRECTIONS:** Fill in the circle that comes **CLOSEST** to showing how many times these things have happened to you in the past 12 months.

	10 times or more	6 to 9 times	4 or 5 times	2 or 3 times	Once	Never
<b>In the past 12 months, how often have you:</b>						
Been threatened to be hit or beaten up?	<input type="radio"/>					
Been attacked and hit by someone, or beaten up?	<input type="radio"/>					
Been threatened by someone with a weapon?	<input type="radio"/>					
Been attacked by someone with a weapon?	<input type="radio"/>					

**C**omments

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End of survey

PLEASE DO NOT WRITE IN THIS AREA

