

## 1. Introduction

This survey is sponsored by the New London Community & Campus Coalition (NLCCC). The survey is open to youth in grades 7 through 12 attending school in New London. We are conducting the survey to learn about your experiences, feelings and influences regarding tobacco, alcohol, drugs, and other activities. This is not a test. There are no right or wrong answers.

We encourage you to answer **truthfully**. Your answers cannot be traced back to you, absolutely NOT, so you can be completely honest. This is your chance to be heard.

If you are taking this survey later in the cycle, you may have heard classmates talking about the questions or answers they gave. We are relying on your independent spirit and integrity to give answers based on your OWN opinions and experiences, regardless of what you may have heard.

Please work as quickly as you can. If you don't find an answer that fits exactly, choose one that comes closest. You should not compare or discuss your answers with other students while you are taking the survey, but you may ask your teacher or survey administrator if you do not understand a question.

Until you click **Done>>** at the end, you may back up and change answers. To discontinue taking the survey, click the Exit Survey box. If you exit, you are all finished, and cannot resume answering later. When you have completed the survey, click **Done>>** and wait for instructions from your teacher.

## 2. Personal

### SECTION 1: Questions About You.

#### 1. What grade are you in now?

- 7       8       9       10       11       12

#### 2. What school do you attend?

- New London High School  
 Science & Technology High School  
 Bennie Dover Jackson Middle School  
 Other (Please enter name of school.)

#### 3. About how long have you gone to school in New London?

- This is my first year.  
 1-2 years.  
 3-5 years.  
 More than 5 years.

## 4. Do you live in New London?

- YES  NO

## 5. What is your gender?

- Female  Male

## 6. How do you describe yourself?

- White or Caucasian  
 Black or African American  
 Hispanic or Latino  
 Asian or Pacific Islander  
 Native American  
 Other (please specify)

## 7. What language is *usually* spoken in your home?

- English  
 Spanish  
 Spanish and English  
 Other (please specify)

## 3. School, Relationships

### SECTION 2: Questions About School, Relationships.

## 8. On a regular *weekday*, how many *hours* do you usually spend after school *without* an adult present?

- None  
 Less Than 1 Hour  
 1 To 2 Hours  
 Up To 4 Hours  
 More Than 4 Hours

## 9. What kinds of grades do you mostly get? (Please choose one or two.)

- A's
  B's
  C's
  D's
  F's

## 10. Please choose how true the following statements are for you

	Definitely NOT True	Mostly NOT True	Mostly True	Definitely True
I try hard to do good work at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a best friend at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers/staff at my school encourage and support me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 11. Are you involved in athletics? (Please choose all that apply.)

- No  
 Yes -- informal, not through an organization  
 Yes, organized outside school (Recreation Dept., etc.)  
 Yes, school physical education activities  
 Yes, school intramural sports  
 Yes, on varsity, JV or freshman team(s) representing my school.

## 12. How many hours a week do you usually spend:

	None	Up To 3 Hours	3 To 7 Hours	More Than 7 Hours
Watching TV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading books, magazines or newspapers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hanging out with friends at malls or other public areas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing volunteer work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attending religious services, groups or programs at a church, synagogue, or temple?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a computer for recreation (email, online, etc.) not related to school work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening to music?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 13. Please choose how true the following statements are for you.

	Definitely NOT True	Mostly NOT True	Mostly True	Definitely True
When I am away from home, my parent/guardian(s) know where I am and who I am with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I share my thoughts and feelings with my parent/guardian(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent/guardian(s) participates in activities at my school, including attendance at school events.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel very close to my parent/guardian(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel loved and valued by my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I break one of my parent/guardian(s) rules, I am usually disciplined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 4. Substances (1)

### SECTION 3: Questions About Substance Use.

#### 14. Please choose how true this statement is for you:

**My family definitely discourages me from the following:**

	Definitely NOT True	Mostly NOT True	Mostly True	Definitely True
Smoking cigarettes or using tobacco.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking alcoholic beverages.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using marijuana.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using prescription drugs without my own prescription.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### 15. Do either of your parents/guardians:

	NO	YES
Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>
Drink alcoholic beverages?	<input type="radio"/>	<input type="radio"/>

#### 16. Has anyone in your family (such as a parent, brother or sister, not including you) ever used alcohol so that it created problems at home, at work, or with friends?

- NO  YES

## 5. Substances (2)

**17. Think back over the past 30 days. On how many days, if any, did you use any of the following?**

	In my LIFE I have NEVER used.	Never in past 30 days.	Occasionally (1-4 days).	Frequently (5-20 days).	Almost every day (21 days or more).
Cigarettes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other tobacco product (like snuff, chewing tobacco, smoking tobacco from a pipe).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e-Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana or hashish.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An energy drink (like Red Bull, Monster, Amp or Rock Star).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An energy drink containing alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**18. Think back over your entire lifetime and try to remember whether you have **EVER** used any of the following. If so, what was your age when you **FIRST** used the substance?**

	NEVER Used	12 or Younger	13 or Older
Cigarettes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other tobacco product (like snuff, chewing tobacco, smoking tobacco from a pipe).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcoholic beverages (more than a sip, and NOT including religious activities).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana or hashish.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**19. During the past 30 days, on how many days (if any) did you drink alcoholic beverages (more than a sip, and NOT including religious activities).**

- I have NEVER had alcohol to drink.
- Not in past 30 days.
- Occasionally (1-4 days).
- Frequently (5-20 days).
- Almost every day (21 days or more).

## 6. Alcohol

## 20. How often do you get alcoholic beverages from:

	Never	Sometimes	Often
Your parents, <u>with</u> their permission?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your parents, <u>without</u> their permission?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your brother(s) or sister(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From other people who buy it for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At a party with an adult's permission (21 or older)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At a restaurant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At a store or bar (you buy it)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 21. In the past 30 days, did you drink alcoholic beverages in any of the following places:

	Never	Sometimes	Often
At your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At the homes of other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On the street, in the woods, or in parks or fields?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At school activities, like dances or sporting events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While you were driving a car, truck or motorcycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 22. In the past 30 days, how often have you had 5 or more alcoholic drinks (beer, wine, wine coolers, mixed drinks, hard liquor, etc.) during a single occasion?

- I have NEVER in my life had 5 or more drinks on a single occasion.
- Never in the past 30 days.
- Occasionally (1-4 occasions)
- Frequently (5-20 occasions)
- Very frequently (21 occasions or more)

## 7. Substances (3)

## 23. What 3 factors do you think influence people about your age the most to use alcohol (more than a few sips, and not including religious activities)?

	Most Important	Second Most Important	Third Most Important
Friends / peer pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Boredom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Curiosity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advertisements / Media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family tradition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To have fun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol readily available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angry / upset with someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress / to feel better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 24. How important do you think the following are in preventing teens from drinking alcoholic beverages?

	Very Important	Somewhat Important	Not Important	Don't Know
High price	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Checking ID in stores and bars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends who don't drink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental strictness about drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having driver's license suspended for drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol education in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breathalyzer tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 8. Substances (4)

## 25. How much do you think people risk harming themselves physically or in other ways when they do the following:

	No Risk	Slight Risk	Moderate Risk	Great Risk	Don't Know
Smoke cigarettes, 1 or more packs a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink alcoholic beverages, 5 or more drinks once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana 1 or 2 times or more a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 26. How wrong do your parents feel it would be for you to do the following:

	Not At All Wrong	A Little Bit Wrong	Wrong	Very Wrong
Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana or hashish?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs without your own prescription?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 27. How wrong would your friends feel it would be for you to do the following:

	Not At All Wrong	A Little Bit Wrong	Wrong	Very Wrong
Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana or hashish?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs without your own prescription?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 9. Substances (5)

### 28. Have you EVER used any of these drug(s)?

	NO, Never	YES, But NOT in the Past 30 Days	YES, In Past 30 Days
Inhalants (things you sniff or inhale to get high)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack cocaine (rock)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allovetes (vites)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MDMA (Ecstasy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens (LSD, acid, mushrooms, Angel Dust)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salvia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ketamine (Special K)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GHB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamine (Meth)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synthetic marijuana (Spice, K2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bath Salts (Ivorywave, Red Dove)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## 29. Have you ever used any of these drug(s) on your own, without your own prescription or a doctor or dentist telling you to?

	No, Never	Yes, But NOT in the Past 30 Days	Yes, In Past 30 Days
Prescription pain medicines (for example OxyContin, Vicodin, codeine, or dilaudid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steroids (juice, roids)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Downers (for example barbiturates, sleeping pills, sedatives, Quaaludes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tranquilizers (Valium, Xanax, Librium)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uppers (for example Ritalin, Adderall, amphetamines, or speed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over-the-counter medicines to try to get "high" (for example cough medicines, mouthwash)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 30. If there were 100 randomly chosen students in your grade, how many do you think:

	None	1-5	6-10	11-20	20-30	30-50	50+
Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink alcohol twice a month or more?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana or hashish?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abuse prescription drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 10. Traits & Opinions

### 31. How much do you agree or disagree with the following?

	Strongly Disagree	Disagree	Agree	Strongly Agree
I feel lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am good at making decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel sad most of the time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have so much energy I don't know what to do with it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a number of good qualities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble concentrating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have less energy than I think I should.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I stand up for what I believe in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that my life is going in a positive direction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 32. When you have a problem that bothers you, how often do you:

	Never Or Almost Never	Sometimes	Often	Always Or Almost Always
Talk about it with your parent(s) or guardian(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk about it with a teacher?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk about it with an adult at school, like a coach or counselor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk about it with a friend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep it to yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 11. Traits & Opinions 2

### 33. In the past year, did you

	NO	YES
Steal something worth less than \$100?	<input type="radio"/>	<input type="radio"/>
Cheat on a test at school?	<input type="radio"/>	<input type="radio"/>
Get into a physical fight with someone?	<input type="radio"/>	<input type="radio"/>
Sell illegal drugs?	<input type="radio"/>	<input type="radio"/>
Bring a knife, gun, or other weapon to school?	<input type="radio"/>	<input type="radio"/>
Tease or taunt someone with the idea of hurting their feelings?	<input type="radio"/>	<input type="radio"/>
Ride as a passenger with a driver under the influence of drugs or alcohol?	<input type="radio"/>	<input type="radio"/>

### 34. During the past 30 days, about how often did you feel:

	Never Or Almost Never	Sometimes	Often	Always Or Almost Always
Nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
So depressed that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angry with someone or something?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 12. Community

### 35. Please choose how true the following statements are for you.

	Definitely NOT True	Mostly NOT True	Mostly True	Definitely True
There are lots of things for young people to do in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My community is a safe place.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A lot of drugs are sold in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 36. If you wanted to, how easy do you think it would be for you to get:

	Very Easy	Sort Of Easy	Sort Of Hard	Very Hard
Alcoholic beverages?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A gun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A drug like cocaine, heroin, LSD, or amphetamine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A drug without your own prescription, like Ritalin, Xanax, OxyContin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 13. Thanks!

Everybody in New London thanks you very much for sharing your thoughts and experiences!

Make sure you are all finished, then click on **Done>>** at the bottom.

**Thanks!!**