

Thank you for accepting the invitation to participate in this study for youth in Illinois schools. The questions ask you about your health behaviors, your community, your friends, your school, and your family. This is your chance to let state and community leaders know how many young people are concerned with and affected by each of the topics covered.

This study is completely voluntary, so you may skip any questions you do not wish to answer or stop the survey at any time.

If this study is to be helpful and if you choose to begin the survey, it is important that you answer each question as thoughtfully and honestly as possible. Your answers will be kept strictly confidential. No one at school will see your answers. We ask that you do not write your name anywhere on the survey so your answers cannot be connected with your name. We also ask that you respect the privacy of others and look only at your own survey.

Other students have said that these questionnaires are interesting, and they enjoy filling them out. We hope you will, too. Please be patient if some questions don't apply to you: we need to ask everyone the same questions. Be sure to read the instructions below before you begin to answer. Thank you very much for being an important part of this project.

2014 ILLINOIS YOUTH SURVEY 6TH GRADE FORM

INSTRUCTIONS

1. This is not a test, so there are no right or wrong answers; we would like you to work fairly quickly, so that you can finish.
2. All of the answers should be answered by marking one of the answer spaces. If you don't always find an answer that fits exactly, use the 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 automatically by a machine called an optical mark reader. Please follow these instructions carefully:

- Use only the black lead pencil you have been given.
- Make heavy black marks inside the circles.
- Erase evenly any answer you wish to change.
- Make no other markings or comments on the answer pages, since they interfere with the automatic reading.

This kind of mark will work:
Correct Mark



These kinds of marks will NOT work:
Incorrect Marks



D1. How old are you?

☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 or older

D2. What grade are you in?

☐ 6th ☐ 7th ☐ 8th

D3. Are you:

☐ Female ☐ Male

D4. What is your race?

☐ White ☐ Native American/American Indian
☐ Black/African American ☐ Multi-racial
☐ Latino/Latina ☐ Other
☐ Asian American

D5. Who do you live with MOST OF THE TIME? (select one)

☐ Both parents ☐ Foster parent (including relatives if they are your foster parent)
☐ Parent and step parent
☐ Mother only ☐ Group home or residential care
☐ Father only ☐ Grandparents only
☐ Legal guardian

D6. What is your zip code?

6	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

D7. At school, are you eligible to receive: (select one)

☐ Free lunch
☐ Reduced price lunch
☐ Neither

D8. About how many days are you absent from school during an entire year?

☐ 0-9 days ☐ 20-30 days
☐ 10-19 days ☐ More than 30 days

The following questions ask about your ACTIVITIES

A1. In which of the following activities do you participate?

Yes	No	
<input type="radio"/>	<input type="radio"/>	School sports team
<input type="radio"/>	<input type="radio"/>	Other sports
<input type="radio"/>	<input type="radio"/>	Service clubs (e.g., scouting, 4H)
<input type="radio"/>	<input type="radio"/>	Other activity clubs (e.g., Boys & Girls, YMCA, etc.)
<input type="radio"/>	<input type="radio"/>	Service or volunteer projects
<input type="radio"/>	<input type="radio"/>	Church youth group or other faith-based youth group
<input type="radio"/>	<input type="radio"/>	Youth drug prevention leadership group

The following questions ask about what you THINK or FEEL

P1. If you wanted to get some beer, wine, or hard liquor (e.g., vodka, whiskey, or gin) how easy would it be for you to get some?

☐ Very hard ☐ Sort of easy
☐ Sort of hard ☐ Very easy

P2. If you wanted to get some cigarettes, how easy would it be for you to get some?

☐ Very hard ☐ Sort of easy
☐ Sort of hard ☐ Very easy

P3. If you wanted to get some marijuana, how easy would it be for you to get some?

☐ Very hard ☐ Sort of easy
☐ Sort of hard ☐ Very easy

P4. If you wanted to get prescription drugs not prescribed to you, how easy would it be for you to get some?

☐ Very hard ☐ Sort of easy
☐ Sort of hard ☐ Very easy

P5. How wrong would most adults (over 21) in your neighborhood think it is for kids your age:

a. to use marijuana?

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

b. to drink alcohol?

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

c. to smoke cigarettes?

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

P6. How safe do you feel in your neighborhood?

☐ Very safe ☐ Sort of unsafe
☐ Sort of safe ☐ Very unsafe

P7. How wrong do you think it is for someone your age to:

a. drink beer, wine or hard liquor (e.g., vodka, whiskey or gin) regularly?

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

b. smoke cigarettes?

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

c. smoke marijuana?

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

d. use prescription drugs not prescribed to them?

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

P8. How wrong do your parents feel it would be for you to:

- a. **drink beer, wine, or hard liquor (e.g., vodka, whiskey, or gin) regularly (at least once or twice a month)?**
☐ Very wrong ☐ A little bit wrong
☐ Wrong ☐ Not wrong at all
- b. **have one or two drinks of an alcoholic beverage nearly every day?**
☐ Very wrong ☐ A little bit wrong
☐ Wrong ☐ Not wrong at all
- c. **smoke cigarettes?**
☐ Very wrong ☐ A little bit wrong
☐ Wrong ☐ Not wrong at all
- d. **smoke marijuana?**
☐ Very wrong ☐ A little bit wrong
☐ Wrong ☐ Not wrong at all
- e. **use prescription drugs not prescribed to you?**
☐ Very wrong ☐ A little bit wrong
☐ Wrong ☐ Not wrong at all

P9. How wrong do your friends feel it would be for you to:

- a. **have one or two drinks of an alcoholic beverage nearly every day?**
☐ Very wrong ☐ A little bit wrong
☐ Wrong ☐ Not wrong at all
- b. **smoke tobacco?**
☐ Very wrong ☐ A little bit wrong
☐ Wrong ☐ Not wrong at all
- c. **smoke marijuana?**
☐ Very wrong ☐ A little bit wrong
☐ Wrong ☐ Not wrong at all
- d. **use prescription drugs not prescribed to you?**
☐ Very wrong ☐ A little bit wrong
☐ Wrong ☐ Not wrong at all

P10. How much do you think people risk harming themselves (physically or in other ways) if they:

- a. **smoke one or more packs of cigarettes per day?**
☐ No risk ☐ Moderate risk
☐ Slight risk ☐ Great risk
- b. **take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?**
☐ No risk ☐ Moderate risk
☐ Slight risk ☐ Great risk
- c. **have five or more drinks of an alcoholic beverage once or twice a week?**
☐ No risk ☐ Moderate risk
☐ Slight risk ☐ Great risk
- d. **smoke marijuana once or twice a week?**
☐ No risk ☐ Moderate risk
☐ Slight risk ☐ Great risk
- e. **use prescription drugs that are not prescribed to them?**
☐ No risk ☐ Moderate risk
☐ Slight risk ☐ Great risk

P11. What are the chances you would be seen as cool if you:

- a. **smoked cigarettes?**
☐ No or very little chance ☐ Pretty good chance
☐ Little chance ☐ Very good chance
☐ Some chance
- b. **began drinking alcohol regularly, that is, at least once or twice a month?**
☐ No or very little chance ☐ Pretty good chance
☐ Little chance ☐ Very good chance
☐ Some chance
- c. **smoked marijuana?**
☐ No or very little chance ☐ Pretty good chance
☐ Little chance ☐ Very good chance
☐ Some chance

P12. Is there an adult you know (other than your parent) you could talk to about important things in your life?

- ☐ No ☐ Yes, one adult ☐ Yes, more than one adult

The next set of questions asks about DRUG USE

U1. 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

Think about the PAST 30 DAYS

U2. How frequently have you smoked cigarettes during the past 30 days?

- ☐ Not at all ☐ About one-half pack per day
☐ Less than one cigarette per day ☐ About one pack per day
☐ 1 to 5 cigarettes per day ☐ More than 1 pack per day

U3. How frequently have you used smokeless tobacco such as chewing tobacco, snuff, dip, or snus during the past 30 days?

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

U4. How frequently have you smoked tobacco products other than cigarettes such as cigars, cigarillos, or little cigars during the past 30 days?

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

U5. On how many occasions (if any) have you had beer, wine, or hard liquor during the past 30 days?

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

U6. On how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high during the past 30 days?

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

U7. On how many occasions (if any) have you used marijuana during the past 30 days?

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

U8. During the past 30 days have you used prescription drugs not prescribed to you?

- ☐ Yes ☐ No

U9. Did you drink any of the following types of alcohol in the past 30 days?

- | | Yes | No |
|---|-----------------------|-----------------------|
| a. Beer from bottles or cans | <input type="radio"/> | <input type="radio"/> |
| b. Beer from a keg | <input type="radio"/> | <input type="radio"/> |
| c. Wine | <input type="radio"/> | <input type="radio"/> |
| d. Liquor (vodka, whiskey, etc.) | <input type="radio"/> | <input type="radio"/> |
| e. Alcopops (wine coolers, hard lemonade, hard cider) | <input type="radio"/> | <input type="radio"/> |
| f. Liquor with energy drinks (e.g., Red Bull) | <input type="radio"/> | <input type="radio"/> |

Now think about the PAST YEAR or 12 MONTHS

U10. How frequently have you smoked cigarettes during the past year?

- ☐ Not at all ☐ About one-half pack per day
☐ Less than one cigarette per day ☐ About one pack per day
☐ 1 to 5 cigarettes per day ☐ More than 1 pack per day

U11. In the past year, on how many occasions (if any) have you had beer, wine or liquor?

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

U12. In the past year, on how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high?

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

U13. In the past year, on how many occasions (if any) have you used marijuana?

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

U14. In the past year, on how many occasions (if any) have you used nazuphan ("narz", "fan", "zee")?

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

**Next, a few questions about your
EXPERIENCES WITH FAMILY**

H1. How many days each week do you take care of yourself after school without an adult being there? (choose one)

- ☐ None ☐ 3 days
☐ 1 day ☐ 4+ days
☐ 2 days

H2. Think of those days that you are home after school without an adult being there. How many hours a day do you usually take care of yourself after school?

- ☐ Does not apply to me ☐ 3-5 hours
☐ Less than one per day ☐ 5+ hours
☐ 1-2 hours

H3. In the past year have your parents/guardians talked to you about not using the following:

- a. Tobacco** ☐ Yes ☐ No ☐ Don't remember
b. Alcohol ☐ Yes ☐ No ☐ Don't remember
c. Marijuana ☐ Yes ☐ No ☐ Don't remember

H4. When I am not at home, one of my parents/guardians knows where I am and who I am with.

- ☐ Never ☐ Most of the time
☐ Sometimes ☐ Always

H5. My parents/guardians ask if I've gotten my homework done.

- ☐ Never ☐ Most of the time
☐ Sometimes ☐ Always

H6. Would your parents/guardians know if you did not come home on time?

- ☐ Never ☐ Most of the time
☐ Sometimes ☐ Always

H7. My family has clear rules about alcohol and drug use.

- ☐ Yes ☐ No

The following questions are about SAFETY

V1. How many times in the past year (12 months) have you been in a physical fight?

- ☐ Never ☐ 3-5 times
☐ 1-2 times ☐ 6 or more times

V2. In the past 12 months at school, how often have you been bullied, harassed, or made fun of because of your appearance or a disability?

- ☐ Never ☐ 3-5 times
☐ 1-2 times ☐ 6 or more times

V3. During the past 12 months, has another student at school:

- | | <u>Yes</u> | <u>No</u> |
|---|-----------------------|-----------------------|
| a. bullied you by calling you names? | <input type="radio"/> | <input type="radio"/> |
| b. threatened to hurt you? | <input type="radio"/> | <input type="radio"/> |
| c. bullied you by hitting, punching, kicking, or pushing you? | <input type="radio"/> | <input type="radio"/> |
| d. bullied, harassed or spread rumors about you on the Internet or through text messages? | <input type="radio"/> | <input type="radio"/> |

V4. During the past 12 months, how many times on school property have you been in a physical fight?

- ☐ 0 times ☐ 2 or 3 times
☐ 1 time ☐ 4 or more times

V5. During the past 30 days, how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?

- ☐ 0 days ☐ 2 or 3 days ☐ 6 or more days
☐ 1 day ☐ 4 or 5 days

**Now, some questions about your
SCHOOL EXPERIENCES**

S1. Putting them all together, what were your grades like for the last year?

- | | |
|--------------------------------------|--------------------------------------|
| <input type="radio"/> Mostly A | <input type="radio"/> Mostly C |
| <input type="radio"/> Mostly A and B | <input type="radio"/> Mostly C and D |
| <input type="radio"/> Mostly B | <input type="radio"/> Mostly D |
| <input type="radio"/> Mostly B and C | <input type="radio"/> Mostly F |

S2. How true are the following statements?

a. At my school, there is a teacher or some other adult who really cares about me.

- | | |
|---------------------------------------|--|
| <input type="radio"/> Not at all true | <input type="radio"/> Pretty much true |
| <input type="radio"/> A little true | <input type="radio"/> Very much true |

b. At my school, there is a teacher or some other adult who notices when I'm not there.

- | | |
|---------------------------------------|--|
| <input type="radio"/> Not at all true | <input type="radio"/> Pretty much true |
| <input type="radio"/> A little true | <input type="radio"/> Very much true |

c. At my school, there is a teacher or some other adult who listens to me when I have something to say.

- | | |
|---------------------------------------|--|
| <input type="radio"/> Not at all true | <input type="radio"/> Pretty much true |
| <input type="radio"/> A little true | <input type="radio"/> Very much true |

d. At my school, there is a teacher or some other adult who notices if I have trouble learning something.

- | | |
|---------------------------------------|--|
| <input type="radio"/> Not at all true | <input type="radio"/> Pretty much true |
| <input type="radio"/> A little true | <input type="radio"/> Very much true |

e. At my school, there is a teacher or some other adult who tells me when I do a good job.

- | | |
|---------------------------------------|--|
| <input type="radio"/> Not at all true | <input type="radio"/> Pretty much true |
| <input type="radio"/> A little true | <input type="radio"/> Very much true |

f. At my school, there is a teacher or some other adult who always wants me to do my best.

- | | |
|---------------------------------------|--|
| <input type="radio"/> Not at all true | <input type="radio"/> Pretty much true |
| <input type="radio"/> A little true | <input type="radio"/> Very much true |

g. At my school, there is a teacher or some other adult who believes I will be a success.

- | | |
|---------------------------------------|--|
| <input type="radio"/> Not at all true | <input type="radio"/> Pretty much true |
| <input type="radio"/> A little true | <input type="radio"/> Very much true |

h. At my school, there is a teacher or some other adult who encourages me to work hard in school.

- | | |
|---------------------------------------|--|
| <input type="radio"/> Not at all true | <input type="radio"/> Pretty much true |
| <input type="radio"/> A little true | <input type="radio"/> Very much true |

S3. How true are the following statements?

a. At school, I do interesting activities.

- | | |
|---------------------------------------|--|
| <input type="radio"/> Not at all true | <input type="radio"/> Pretty much true |
| <input type="radio"/> A little true | <input type="radio"/> Very much true |

b. At school, I help decide things like class activities or rules.

- | | |
|---------------------------------------|--|
| <input type="radio"/> Not at all true | <input type="radio"/> Pretty much true |
| <input type="radio"/> A little true | <input type="radio"/> Very much true |

c. At school, I do things that make a difference.

- | | |
|---------------------------------------|--|
| <input type="radio"/> Not at all true | <input type="radio"/> Pretty much true |
| <input type="radio"/> A little true | <input type="radio"/> Very much true |

S4. How strongly do you agree or disagree with the following statements about your school?

a. I feel close to people at this school.

- | | |
|--|--------------------------------------|
| <input type="radio"/> Strongly disagree | <input type="radio"/> Agree |
| <input type="radio"/> Disagree | <input type="radio"/> Strongly agree |
| <input type="radio"/> Neither agree nor disagree | |

b. I am happy to be at this school.

- | | |
|--|--------------------------------------|
| <input type="radio"/> Strongly disagree | <input type="radio"/> Agree |
| <input type="radio"/> Disagree | <input type="radio"/> Strongly agree |
| <input type="radio"/> Neither agree nor disagree | |

c. I feel safe in my school.

- | | |
|--|--------------------------------------|
| <input type="radio"/> Strongly disagree | <input type="radio"/> Agree |
| <input type="radio"/> Disagree | <input type="radio"/> Strongly agree |
| <input type="radio"/> Neither agree nor disagree | |

d. The teachers at this school treat students fairly.

- | | |
|--|--------------------------------------|
| <input type="radio"/> Strongly disagree | <input type="radio"/> Agree |
| <input type="radio"/> Disagree | <input type="radio"/> Strongly agree |
| <input type="radio"/> Neither agree nor disagree | |

The following questions are about WHAT YOU EAT and your PHYSICAL ACTIVITY

N1. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes.

Fill in the matching circle following each number.

Example

Feet	5'	(3) (4) ● (6) (7)
Inches	7"	(0) (1) (2) (3) (4) (5) (6) ● (8) (9) (10) (11)

Feet		(3) (4) (5) (6) (7)
Inches		(0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)

N2. How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes.

Fill in the matching circle below each number.

Example

Pounds		
1	5	2
(0) ● (2) (3) (4) (5) (6) (7) (8) (9)	(0) (1) (2) (3) (4) ● (6) (7) (8) (9)	(0) (1) ● (3) (4) (5) (6) (7) (8) (9)

Pounds		
(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)

N3. How do you describe your weight?

- ☐ Very underweight ☐ Slightly overweight
☐ Slightly underweight ☐ Very overweight
☐ About the right weight

N4. In a typical week how often do you and your parent(s) or guardian(s) eat dinner together?

- ☐ Never ☐ 4 days
☐ 1 day ☐ 5 days
☐ 2 days ☐ 6 days
☐ 3 days ☐ 7 days

N5. During the past 7 days, how many times did you eat fruit?

- ☐ I did not eat fruit during the past 7 days
☐ 1 to 3 times during the past 7 days
☐ 4 to 6 times during the past 7 days
☐ 1 time per day
☐ 2 times per day
☐ 3 times per day
☐ 4 or more times per day

N6. During the past 7 days, how many times did you eat vegetables?

- ☐ I did not eat vegetables during the past 7 days
☐ 1 to 3 times during the past 7 days
☐ 4 to 6 times during the past 7 days
☐ 1 time per day
☐ 2 times per day
☐ 3 times per day
☐ 4 or more times per day

N7. On an average school day, how many hours do you watch TV?

- ☐ I do not watch TV on an average school day
☐ Less than 1 hour per day
☐ 1 hour per day
☐ 2 hours per day
☐ 3 hours per day
☐ 4 hours per day
☐ 5 or more hours per day

N8. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)

- ☐ I do not play video or computer games or use a computer for something that is not school work on an average school day
☐ Less than 1 hour per day
☐ 1 hour per day
☐ 2 hours per day
☐ 3 hours per day
☐ 4 hours per day
☐ 5 or more hours per day

N9. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)

- ☐ 0 days ☐ 4 days
☐ 1 day ☐ 5 days
☐ 2 days ☐ 6 days
☐ 3 days ☐ 7 days

Please enter today's date.

Month		1	2	3	4	5	6	7	8	9	10	11	12
Day		0	1	2	3	4	5	6	7	8	9		
		0	1	2	3	4	5	6	7	8	9		

How honest were you in filling out this survey?

- ☐ I was very honest
☐ I was honest pretty much of the time
☐ I was honest some of the time
☐ I was honest once in a while
☐ I was not honest at all

ADDITIONAL QUESTIONS (optional)

If your school gives you additional questions, please answer them using the spaces below.

1. A B C D E F G H
2. A B C D E F G H
3. A B C D E F G H
4. A B C D E F G H
5. A B C D E F G H
6. A B C D E F G H
7. A B C D E F G H
8. A B C D E F G H
9. A B C D E F G H
10. A B C D E F G H

11. A B C D E F G H
12. A B C D E F G H
13. A B C D E F G H
14. A B C D E F G H
15. A B C D E F G H
16. A B C D E F G H
17. A B C D E F G H
18. A B C D E F G H
19. A B C D E F G H
20. A B C D E F G H

21. A B C D E F G H
22. A B C D E F G H
23. A B C D E F G H
24. A B C D E F G H
25. A B C D E F G H
26. A B C D E F G H
27. A B C D E F G H
28. A B C D E F G H
29. A B C D E F G H
30. A B C D E F G H

Thank you for sharing your point of view. If any survey questions or your response to a survey question has caused you to feel uncomfortable or concerned and you would like to talk to someone about your feelings, you should talk to your school's counselor, talk to a teacher or talk to another adult you trust. If you would rather talk to someone who doesn't know you, go to the website on the pencil you were given to complete this survey (iys.cprd.illinois.edu/resources/hotlines). This website has phone numbers you can call to share your feelings with someone who can help.