

ALMS Youth Risk Behavior Survey (6th Grade)

This is an anonymous survey about health behaviors that has been developed so you can tell us what you do that may affect your health. The information you provide will be used to develop better health education for young people like yourself.

Your answers will be kept private. No one will know how you answered the survey questions. Please answer the questions as truthfully as possible. There will be no way to personally identify specific students' answers.

Completing this survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering the question, leave it blank.

The questions that ask about your background will be used to describe the types of students completing this survey. This information will not be used to find out your name. No names or other personally identifiable information will be recorded or reported as a result of this survey.

Make sure to read every question. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

1. How old are you?

Mark only one oval.

- 10 years old or younger
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old or older

2. What is your sex?

Mark only one oval.

- Female
- Male

3. In what grade are you?

Mark only one oval.

- 6th grade
- 7th grade
- 8th grade
- Other

4. How do you describe yourself? (Select one response.)*Mark only one oval.*

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White

5. Are you Hispanic, Latino or Spanish Origin?*Mark only one oval.*

- Yes
- No

The next 9 questions ask about tobacco use.

6. How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes a day?*Mark only one oval.*

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

7. How easy do you think it would be for you to get tobacco products if you wanted some?*Mark only one oval.*

- Very easy
- Fairly easy
- Hard
- Very hard
- Probably impossible

8. How wrong do your parents feel it would be for you to smoke tobacco?*Mark only one oval.*

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

9. Have you ever tried cigarette smoking, even one or two puffs?*Mark only one oval.*

- Yes
 No

10. During the past 30 days, on how many days did you smoke cigarettes?*Mark only one oval.*

- 0 days
 1 or 2 days
 3 to 5 days
 6 to 9 days
 10 to 19 days
 20 to 29 days
 All 30 days

11. During the past 12 months, did you ever try to quit smoking cigarettes?*Mark only one oval.*

- I did not smoke during the past 12 months
 Yes
 No

12. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?*Mark only one oval.*

- 0 days
 1 or 2 days
 3 to 5 days
 6 to 9 days
 10 to 19 days
 20 to 29 days
 All 30 days

13. How wrong do your friends feel it would be for you to smoke tobacco?*Mark only one oval.*

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

14. My family has clear rules that prohibit me from using tobacco.

Mark only one oval.

- Yes
 No

The next 11 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

15. 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?

Mark only one oval.

- No risk
 Slight risk
 Moderate risk
 Great risk

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

Mark only one oval.

- No risk
 Slight risk
 Moderate risk
 Great risk

17. During your life, on how many days have you had at least one drink of alcohol?

Mark only one oval.

- 0 days
 1 or 2 days
 3 to 9 days
 10 to 19 days
 20 to 39 days
 40 to 99 days
 100 or more days

18. **How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?**

Mark only one oval.

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

19. **During the past 30 days, on how many days did you have at least one drink of alcohol?**

Mark only one oval.

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

20. **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?**

Mark only one oval.

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

21. **How easy do you think it would be to get alcohol if you wanted some?**

Mark only one oval.

- Very easy
- Fairly easy
- Hard
- Very hard
- Probably impossible

22. **How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?**

Mark only one oval.

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

23. **My family has clear rules that prohibit me from using alcohol.**

Mark only one oval.

- Yes
 No

24. **During the past 30 days, how did you usually get the alcohol you drank? (Select only one response.)**

Mark only one oval.

- I did not drink during the past 30 days
 At my house
 From adults at friend's homes
 From friends or another teenager
 Got an adult to buy it for me
 I bought it from a store (convenience, liquor, grocery store)
 other

25. **Where do you usually drink alcohol?**

Mark only one oval.

- I do not drink alcohol
 At parties with an adult (21 or older) present who knows underage drinking is taking place
 At a party with an adult (21 or older) present who does not know underage drinking is taking place
 At a party without an adult present
 At school
 At a friend's house
 On the streets, in the woods, in a park or in a field.

The next 8 questions ask about marijuana use. Marijuana is also called grass or pot.

26. **How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana once or twice a week?**

Mark only one oval.

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

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

Mark only one oval.

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

28. **Have you ever used marijuana?**

Mark only one oval.

- Yes
- No

29. **During the past 30 days, how many days did you use marijuana or hashish?**

Mark only one oval.

- 0 days
- 1 or 2 days
- 3 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

30. **How easy do you think it would be to get marijuana if you wanted some?**

Mark only one oval.

- Very easy
- Fairly easy
- Hard
- Very hard
- Probably impossible

31. How wrong do your friends feel it would be for you to smoke marijuana?

Mark only one oval.

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

32. My family has clear rules that prohibit me from using marijuana.

Mark only one oval.

- Yes
- No

33. During the past 30 days, how did you usually use marijuana?

Choose One

Mark only one oval.

- I did not use marijuana in the past 30 days
- I smoked it in a joint, bong, pipe, or blunt
- I ate it in food such as brownies, cakes, cookies, or candy
- I drank it in tea, cola, alcohol, or other drinks
- I vaporized it
- I used it in some other way

The next 7 questions ask about electronic vapor products, such as Juul, blu, NJOY, or Starbuzz. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

34. Have you ever used an electronic vapor product?

Choose One

Mark only one oval.

- Yes
- No

35. During the past 30 days, how many days did you use and electronic vapor product?

Mark only one oval.

- 0 days
- 1 or 2 days
- 3 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

36. **How much do you think people risk harming themselves (physically or in other ways) if they use electronic vapor products?**

Mark only one oval.

- No risk
 Slight risk
 Moderate risk
 Great risk

37. **How wrong do your parents feel it would be for you to use an electronic vapor product?**

Mark only one oval.

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

38. **How wrong do your friends feel it would be for you to use an electronic vapor product?**

Mark only one oval.

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

39. **My family has clear rules that prohibit me from using electronic vapor products.**

Mark only one oval.

- Yes
 No

40. **How easy do you think it would be to get electronic vapor products if you wanted some.**

Mark only one oval.

- Very easy
 Fairly easy
 Hard
 Very Hard
 Probably impossible

41. **Have you ever used a vape product at school?**

Mark only one oval.

- Yes
 No
 I have never used a vape product

The next 4 questions ask about over-the-counter (non-prescription) drug use.

42. Have you ever taken over-the-counter drugs to get high?

Mark only one oval.

- Yes
 No

43. During the past 30 days, how many days did you take an over-the-counter medicine to get high?

Mark only one oval.

- 0 days
 1 or 2 days
 3 to 9 days
 10 to 19 days
 20 to 29 days
 All 30 days

44. How wrong do your parents feel it would be for you to take over-the-counter medicines to get high?

Mark only one oval.

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

45. How much do you think people risk harming themselves (physically or in other ways) if they take over-the-counter medicines to get high?

Mark only one oval.

- No risk
 Slight risk
 Moderate risk
 Great risk

The next 6 questions ask about prescription drug use.

46. Have you ever taken prescription drugs to get high?

Mark only one oval.

- Yes
 No

47. **How easy do you think it would be to get prescription medicines if you wanted some?**

Mark only one oval.

- Very easy
- Fairly easy
- Hard
- Very hard
- Probably impossible

48. **During the past 30 days, how many days did you take prescription drugs (such as Oxycontin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) not prescribed to you?**

Mark only one oval.

- 0 days
- 1 or 2 days
- 3 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

49. **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?**

Mark only one oval.

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

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

Mark only one oval.

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

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

Mark only one oval.

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

The next 5 questions ask about heroin use.

52. **Have you used heroin (also called smack, junk or China White)?**

Mark only one oval.

- Yes
- No
- Don't Know

53. **During the past 30 days, how many days did you use heroin (also called smack, junk, or China White)?**

Mark only one oval.

- 0 days
- 1 or 2 days
- 3 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

54. **How much do you think people risk harming themselves (physically or in other ways) if they use heroin?**

Mark only one oval.

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

55. **How wrong do your friends feel it would be for you to use heroin?**

Mark only one oval.

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

56. **How wrong do your parents feel it would be for you to use heroin?**

Mark only one oval.

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

The next 5 questions ask about cocaine and other drug use.

57. Have you used any form of cocaine?*Mark only one oval.*

- Yes
 No

58. Have you used Derbisol?*Mark only one oval.*

- Yes
 No

59. During the past 12 months, how many times have you used Derbisol?*Mark only one oval.*

- I have not used Derbisol
 1-9 times
 10-19 times
 20-29 times
 30-39 times
 40 or more times

60. Have you ever sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?*Mark only one oval.*

- Yes
 No

61. Have you ever used synthetic marijuana (also called K2 or Spice)?*Mark only one oval.*

- Yes
 No

The next question asks about safety.

62. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?*Mark only one oval.*

- 0 times
 1 time
 2 or 3 times
 4 or 5 times
 6 or more times

The next 4 questions ask about sadness, depression, and suicide. Please answer these questions as truthfully as possible based on your personal experiences. This information will be used by various community agencies to develop prevention activities designed to prevent depression and suicide.

63. **During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?**

Mark only one oval.

- Yes
 No

64. **During the past 12 months, did you make a plan about how you would attempt suicide?**

Mark only one oval.

- Yes
 No

65. **During the past 12 months, how many times did you actually attempt suicide?**

Mark only one oval.

- 0 times
 1 time
 2 or 3 times
 4 or 5 times
 6 or more times

66. **If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?**

Mark only one oval.

- I did not attempt suicide during the past 12 months
 Yes
 No

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