

2018 Fairfield County, Ohio Youth Behavior Survey

County Wide Results – 12th Grade (n=712)

DO NOT put your name on this survey. Your answers to the following questions will help us understand your experience and concerns. You do not have to answer any question you don't want to. No one will know your answers. Please use dark pencil or pen.

Instructions for completing survey: **Mark answers like this:** ● **Not like this:** ~~○~~ ~~○~~

1. What grade are you in? N/A

2. What is your age? N/A

3. What is your gender? 54.9% Male 45.1% Female

4. What is your zip code? N/A

5. How do you describe yourself? (Mark all that apply.)

90.1% White 2.5% American Indian 9.5% Black/African American 2.7% Hispanic 1.3% Asian American 1.3% Other

6. Who do you live with MOST OF THE TIME? (Mark only one.)

55.5% Both parents 16.6% Mother only 2.5% Grandparent(s) only 0.6% Foster parent(s) 0.1% Group home
 14.7% Parent and step parent 5.6% Father only 1.7% Legal guardian 0.8% Other relative 1.8% Living independently

7. Do you have a driver license, probationary driver license, or temporary instruction permit?

87.5% Yes 12.5% No

8. Do you have a part-time job? 64.3% Yes 35.7% No

8a. If so, on average, how many hours do you work per week?

3.3% 1-5 9.6% 6-10 19.0% 11-15 28.8% 16-20 39.3% 21 or more

9. How optimistic are you about your future?

53.6% Very optimistic 41.9% Somewhat optimistic 4.6% Not optimistic

10. What are your plans following high school graduation?

69.6% College 5.6% Technical/Vocational School 15.0% Get a Job 7.1% Join Military 6.5% Don't Know

11. Assets	Always, %	Often, %	Seldom, %	Never, %
Do you join in community activities? (Church, 4-H, Scouts, etc.)	14.1	20.6	33.7	31.6
Do you join in school activities?	20.3	30.9	31.3	17.6
Do you participate in organized school sports?	30.3	13.5	15.3	40.9
Do you participate in physical activities outside of school? (swimming, skateboarding, hiking, biking, hunting, etc.)	41.1	34.1	16.4	8.4
Do you make good grades?	36.2	48.7	12.9	2.3
Do you get in trouble in school?	2.4	2.4	29.4	65.8
Do your parents/guardian set clear rules?	45.1	35.6	14.7	4.7
Do your parents/guardian enforce rules?	42.5	34.7	16.7	6.1
Do your parents/guardian talk with you about the harmful effects of drugs and alcohol?	28.9	31.7	28.6	10.9
Do your parents/guardian get involved in your education (homework, school activities, conferences, etc.)?	27.6	30.9	30.9	10.7
How often do your parents monitor your social media activity?	4.8	10.6	29.6	55.0

12. At what age did you first try the following substances?	Never %	11 or younger %	12-13 %	14-15 %	16-17 %	18 & up %
Alcohol	29.6	6.7	8.3	23.2	24.4	7.8
Cigarettes	72.9	2.7	6.1	7.8	7.0	3.5
Electronic vapor products (E-Cigarette, Vaping)	46.5	1.0	2.6	12.9	28.2	8.9
Chewing tobacco or snuff	80.7	1.9	2.7	5.1	8.0	1.6
Marijuana (pot, weed, hash)	60.0	1.4	3.9	14.3	17.5	2.9
Marijuana concentrates or extracts (Dabs, Wax)	79.8	0.7	1.3	4.8	9.4	4.0
Cocaine, Crack	97.4	0.1	0.3	0.6	1.0	0.6
Inhalants	97.6	0.4	0.3	0.9	0.7	0.1
Stimulants not prescribed for you (Adderall, Ritalin)	94.6	0.3	0.4	1.6	2.4	0.7
Synthetic drugs (Bath Salts, K2, Spice)	98.4	0.0	0.4	0.7	0.4	0.0
Ecstasy	97.0	0.0	0.3	1.0	1.1	0.6
Methamphetamines (crystal meth)	99.0	0.0	0.1	0.3	0.4	0.1
Heroin	99.1	0.3	0.0	0.3	0.1	0.1
Other people's prescription drugs (Percocet, Vicodin, Oxy)	95.6	0.0	0.3	1.1	3.0	0.0
Steroids, other performance enhancing drugs	98.6	0.3	0.1	0.1	0.3	0.6

13. How often do you use the following substances?	Never %	Daily %	Weekly %	Monthly %	Less than monthly %	Over a year ago %
Alcohol	39.6	1.0	6.6	14.2	26.1	12.5
Cigarettes	80.8	3.8	2.7	1.3	5.1	6.3
Electronic vapor products (E-Cigarette, Vaping)	55.8	15.0	7.0	5.8	10.1	6.3
Chewing tobacco or snuff	86.4	3.6	1.9	0.6	2.3	5.3
Marijuana (pot, weed, hash)	65.1	6.2	5.6	6.4	8.9	7.9
Marijuana concentrates or extracts (Dabs, Wax)	81.1	2.7	3.1	4.8	4.6	3.7
Cocaine, Crack	97.9	0.1	0.1	0.0	0.6	1.3
Inhalants	98.2	0.0	0.1	0.1	0.1	1.4
Stimulants not prescribed for you (Adderall, Ritalin)	95.7	0.1	0.1	0.9	0.9	2.3
Synthetic drugs (Bath Salts, K2, Spice)	98.7	0.0	0.1	0.0	0.1	1.0
Ecstasy	97.4	0.0	0.1	0.1	0.4	1.8
Methamphetamines (crystal meth)	99.0	0.0	0.0	0.3	0.0	0.7
Heroin	99.1	0.1	0.0	0.0	0.1	0.6
Other people's prescription drugs (Percocet, Vicodin, Oxy)	96.0	0.1	0.3	0.4	0.9	2.3
Steroids, other performance enhancing drugs	98.7	0.1	0.1	0.0	0.1	0.9

14. During the past 30 days:	Yes %	No %
Did you use an electronic vapor product (E-Cigarette, Vaping)?	36.8	63.2
Have you used a prescription drug not prescribed to you at the same time you were drinking alcohol?	3.6	96.4
Did you use over-the-counter drugs (cough syrup, cold medicine) for the purposes of getting high?	3.8	96.2
Have you used any illegal drug during the school day on school grounds?	5.1	94.9
Have you drank alcohol during the school day on school grounds?	3.4	96.6

15. During the past 30 days:	I don't drive. %	Yes %	No %
Have you driven a vehicle while you were under the influence of alcohol?	11.8	4.7	83.5
Have you driven a vehicle while you were under the influence of marijuana?	11.8	14.2	73.9
Have you driven a vehicle while you were under the influence of a combination of alcohol and marijuana used together?	11.8	3.0	85.2

16. Have you ever been to a party where parents have allowed alcohol? 53.7% Yes 46.3% No

17. If you use alcohol, where do you usually get it? (Mark only one.)

41.3% Do not use 4.7% Older brother/sister 16.6% Underage friend with connections
 4.3% Home refrigerator/liquor cabinet 11.3% Parents 19.1% Other adult 2.8% Fake ID

18. Have you ever had 5 or more glasses of any alcoholic beverage within a few hours? 41.6% Yes 25.6% No 32.8% Do not use

19. How difficult is it for students in your area to obtain the following substances?	Don't Know %	Very Easy %	Somewhat Easy %	Somewhat Difficult %	Very Difficult %
Alcohol	20.2	52.8	21.7	4.4	0.9
Cigarettes	26.2	54.4	15.8	2.4	1.1
Chewing tobacco or snuff	29.8	52.0	14.7	2.1	1.4
Marijuana (pot, weed, hash)	28.8	51.0	16.2	2.7	1.3
Marijuana concentrates or extracts (Dabs, Wax)	41.7	35.2	14.8	6.6	1.7
Cocaine, Crack	70.5	10.5	6.3	7.1	5.6
Inhalants	69.7	15.9	5.3	5.7	3.4
Stimulants not prescribed for you (Adderall, Ritalin)	63.3	17.6	11.2	4.9	3.0
Synthetic drugs (Bath Salts, K2, Spice)	72.7	10.0	5.4	6.3	5.6
Ecstasy	71.5	10.1	6.6	7.0	4.8
Methamphetamines (crystal meth)	72.4	10.5	4.7	6.4	6.0
Heroin	70.4	13.1	6.6	4.8	5.1
Other people's prescription drugs (Percocet, Vicodin, Oxy)	64.8	18.2	9.2	4.4	3.3
Steroids, other performance enhancing drugs	71.9	11.6	7.7	4.6	4.2

20. How much do you think people risk harming themselves physically or in other ways:	No risk %	Slight risk %	Moderate risk %	Great risk %
When they have five or more drinks of an alcoholic beverage once or twice a week?	11.7	27.0	36.8	24.5
If they smoke one or more packs of cigarettes per day?	8.6	13.0	23.5	54.9
If they smoke marijuana once or twice a week?	36.4	30.6	20.6	12.4
If they use prescription drugs that are not prescribed to them?	4.9	9.0	29.1	57.0

21. How wrong do <u>your parents</u> feel it would be for you to:	Not at all wrong %	A little bit wrong %	Wrong %	Very Wrong %
Have one or two drinks of an alcoholic beverage nearly every day?	5.9	10.0	27.5	56.7
To smoke tobacco?	6.0	10.3	21.3	62.4
To smoke marijuana?	8.4	12.6	19.6	59.4
To use prescription drugs not prescribed for you?	1.6	2.7	11.8	83.9

22. How wrong do <u>your friends</u> feel it would be for you to:	Not at all wrong %	A little bit wrong %	Wrong %	Very Wrong %
Have one or two drinks of an alcoholic beverage nearly every day?	26.6	24.9	25.6	23.0
To smoke tobacco?	24.2	20.0	26.6	29.2
To smoke marijuana?	41.7	21.7	14.9	21.7
To use prescription drugs not prescribed for you?	9.2	11.8	23.6	55.5

23. During the past 12 months, how often did you gamble money or personal items while playing cards, betting on personal skills or sports teams, buying lottery tickets or scratch offs, or using the internet?

82.6% I did not gamble money or personal items during the past 12 months
 10.4% Less than once a month 4.1% About once a month 2.0% About once a week 0.9% Daily

24. During your life, how many times have you used medications that were either not prescribed for you, or took more than was prescribed to feel good or high? (examples: Oxycontin, Vicodin, or Ritalin)

91.5% 0 times 3.2% 1 or 2 times 2.1% 3 to 9 times 1.4% 10 to 19 times 0.9% 20 to 39 times 0.9% 40 or more times

25. If you have used medications that were not prescribed for you, how did you usually get the medications? (Mark only one.)

2.9% I took them from a parent family member, or friend
 3.5% A friend gave them to me
 1.5% A parent gave them to me
 0.5% Another family member gave them to me
 1.2% I bought them from a friend
 1.4% I bought them from someone else
 89.2% I have not misused medications

26. How often, if ever:	Never %	Daily %	Weekly %	Monthly %	Less than monthly %	Over a year ago %
Have you been bullied or teased?	45.7	5.7	5.3	4.6	11.1	27.7
Have you bullied or teased others?	67.3	4.0	3.4	2.3	8.8	14.2
Have you been threatened with physical harm at school?	73.2	1.6	0.9	3.1	7.4	13.7
Have you been threatened with physical harm in your neighborhood?	87.1	0.9	1.0	1.1	2.6	7.3
Have you been physically harmed by someone?	77.5	0.9	0.6	1.1	3.3	16.7
Have you physically harmed someone?	83.0	0.9	0.9	0.9	3.7	10.7
Have you been threatened by a family member?	83.1	0.9	1.6	1.6	3.0	10.0
Have you been threatened by a girlfriend or boyfriend?	85.6	1.6	0.4	0.9	2.0	9.5

27. 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 iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook, or other social media.)

7.1% Less than 1 hour a day
 7.1% 1 hour a day
 14.5% 2 hours a day
 20.6% 3 hours a day
 14.5% 4 hours a day
 26.5% 5 or more hours a day
 9.7% I do not play video or computer games or use a computer for something that is not school work

28. 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?

86.2% 0 days
 9.6% 1-2 days
 2.9% 3-5 days
 1.4% 6 or more days

29. Have you ever sent a photo or video containing sexual content by texting, messaging, or e-mail?

42.1% Yes
 57.9% No

30. Have you ever engaged in sexual activity?

68.6% Yes
 31.4% No

31. Have you ever been pressured to engage in sexual activity when you did not want to?

22.6% Yes
 77.4% No

32. Have you ever been forced to engage in sexual activity when you did not want to?

10.2% Yes
 89.8% No

33. How old were you when you had sexual intercourse for the first time?

35.6% Never
 2.4% 12-13 years old
 33.5% 16-17 years old
 1.3% 11 years old or younger
 19.5% 14-15 years old
 7.6% 18 years old or older

34. Do you have a trusted adult at home you can confide in?

90.3% Yes
 9.7% No

35. Do you have a trusted adult at school you can confide in?

73.7% Yes
 26.3% No

36. Do you have access to a gun?

46.1% Yes
 53.9% No

37. Have you felt nervous, worried or upset during the past month?

24.7% Most of the time
 45.3% Some of the time
 30.0% None of the time

38. In the past month:

14.2% I have had thoughts about killing myself
 85.8% I haven't had any thoughts about killing myself

39. Have you ever tried to kill yourself?

5.0% Yes, during the past year
 12.7% Yes, more than a year ago
 82.3% No

40. Have you ever tried to self-mutilate (i.e., cut, hurt, burn, etc.) yourself?

7.1% Yes, during the past year
 15.7% Yes, more than a year ago
 77.2% No