2012 Fairfield County, Ohio Youth Behavior Survey County Wide Seniors - 12th Grade (n=1104)

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.

1. What grade are you in? N/A 2. What is your age? N/A 3. What is your gender? 51% Male 49% Female 4. What is your zip code? N/A 5. How do you describe yourself? (Mark all that apply.) 77.8% White 3.2% American Indian 11.8% Black/African American 2.4% *Hispanic* 2.3% *Asian American* 2.4% Other 6. Who do you live with MOST OF THE TIME? (Mark only one)

60.4% *Both parents* 16.9% *Mother only* 1.6% *Grandparent(s) only* .1% Foster parent(s) .8% Group home 12.2% Parent and step parent 4.8% Father only .8% Legal guardian .5%Other relative 1.7% Living independently

7. Do you have a part-time job? 56.9% Yes 43.1% No

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7a. If so, on average, how many hours do you work per week? 21.09%
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8. How optimistic are you about your future?

63.9% Very Optimistic 33.4% Somewhat Optimistic 2.6% Not Optimistic

9. What are your plans following High School graduation?

83.4% College 4.2% Technical/Vocational School 8.9% Get a Job 3.6% Don't Know

10. Assets	Always	Often	Seldom	Never
Do you join in community activities? (church, 4-H, scouts, etc)	15.7%	29.2%	35.1%	20%
Do you join in school activities?	23.2%	37.2%	29.3%	10.4%
Do you participate in organized school sports?	33.5%	18.2%	16.2%	32.1%
Do you participate in physical activities outside of school?	44.8%	36.7%	14.3%	4.3%
(swimming, skateboarding, hiking, biking, hunting, etc)				
Do you make good grades?	40.8%	48.8%	9.4%	1%
Do you get in trouble in school?	1.7%	3.1%	30.9%	64.2%
Do your parents/guardian set clear rules?	45%	35.5%	15.2%	4.3%
Do your parents/guardian enforce rules?	39.7%	37.3%	17.3%	5.7%
Do your parents/guardian talk with you about the harmful effects	23.9%	27.3%	34.2%	14.6%
of drugs and alcohol?				
Do your parents/guardian get involved in your education	27.3%	36.4%	26.7%	9.6%
(homework, school activities, conferences, etc)?				

11. During the past 30 days:	Yes	No
Have you used a prescription drug not prescribed to you at the same time you were drinking alcohol?	3.1%	96.9%
Did you use over-the-counter drugs (cough syrup, cold medicine) for the purposes of getting high?	3.2%	96.8%
Have you used any illegal drug during the school day on school grounds?	6.4%	93.6%
Have you drank alcohol during the school day on school grounds?	3.5%	96.5%

12. At what age did you first try the following substances?	Never	Under 11	12-13	14-15	16-17	18 & up
Alcohol	29.1%	5.6%	10.6%	23.5%	25.9%	5.3%
Cigarettes	65.3%	2.4%	6.2%	10.2%	13.5%	2.4%
Chewing tobacco or snuff	78.6%	.9%	4.2%	7.7%	7.3%	1.2%
Marijuana (pot, weed, hash)	60.3%	1.1%	4.5%	12.2%	18%	3.9%
Cocaine, Crack	96.4%	.5%	0	.8%	1.7%	.5%
Inhalants	96.7%	.5%	.3%	1.1%	1.2%	.2%
Stimulants (Adderall, Ritalin)	92.3%	.3%	.5%	2.9%	3.4%	.5%
Synthetic drugs (Bath Salts, K2, Spice)	88.6%	0	0	1.6%	8.9%	.9%
Ecstasy	95.6%	.1%	.5%	1%	2.1%	.7%
Methamphetamines (crystal meth)	98%	.3%	.2%	.5%	.9%	.2%
Heroin	98.4%	.3%	.3%	.3%	.5%	.3%
Other people's prescription drugs (Percocet, Vicodin,	89.1%	.1%	.8%	3.6%	5.7%	.7%
Oxycontin)						
Steroids, other performance enhancing drugs	97.6%	.2%	0	.5%	.9%	.7%

13. How often do you use the following substances?	Never	Daily	Weekly	Monthly	Less than	Over a
					monthly	year
						ago
Alcohol	46.4%	1.4%	8.8%	10.9%	19%	13.5%
Cigarettes	75.6%	8.4%	3.6%	2.1%	4.4%	6%
Chewing tobacco or snuff	85.6%	5%	1.3%	1.1%	2.6%	4.5%
Marijuana (pot, weed, hash)	65.5%	6.4%	5.7%	4.3%	9.8%	8.4%
Cocaine, Crack	97.4%	.2%	.3%	.2%	.9%	1.1%
Inhalants	97.8%	0	.4%	.1%	.5%	1.2%
Stimulants (Adderall, Ritalin)	94.5%	.1%	.2%	.7%	2%	2.5%
Synthetic drugs (Bath Salts, K2, Spice)	92.1%	.2%	.1%	1.1%	2.6%	4%
Ecstasy	96.6%	.1%	0	.3%	1.5%	1.6%
Methamphetamines (crystal meth)	98.5%	.2%	.2%	.1%	.2%	.9%
Heroin	99%	.1%	.2%	.1%	.2%	.5%
Other people's prescription drugs (Percocet, Vicodin,	91.2%	.5%	.5%	1.4%	2.9%	3.6%
Oxycontin)						
Steroids, other performance enhancing drugs	98.1%	.5%	.2%	.2%	.4%	.7%

14. If you use alcohol, where do you get it?

34.6% Do Not Use8% Older Brother/Sister23.7% Underage Friend with connections6.6% Home Refrigerator/Liquor Cabinet9.3% Parents15% Other Adult2.9% Fake ID

15. Have you ever been to a party where parents have allowed alcohol? 45.6% Yes 54.4% No

16. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day? 25.2% Neither approve nor disapprove 23.1% Somewhat disapprove 43.5% Strongly disapprove 8.2% Don't know or can't say

17. Have you ever had 5 or more glasses of any alcoholic beverage within a few hours? 37.5% Yes 28.4% No 34.1% Do Not Use

18. How difficult is it for students in your area to	Don't	Very	Somewhat	Somewhat	Very
obtain the following substances?	Know	Easy	Easy	Difficult	Difficult
Alcohol	16.5%	56.3%	22.8%	3.7%	.6%
Cigarettes	18.5%	68.3%	11.3%	1.4%	.5%
Chewing tobacco or snuff	25.9%	61.3%	10.9%	1.1%	.7%
Marijuana (pot, weed, hash)	27.9%	50%	18.1%	2.9%	1.1%
Cocaine, Crack	70.4%	7.6%	10.1%	8.7%	3.2%
Inhalants	67.4%	16.4%	9.7%	4.7%	1.9%
Stimulants (Adderall, Ritalin)	61.7%	17%	12.6%	6.8%	1.8%
Synthetic drugs (Bath Salts, K2, Spice)	61.6%	20.2%	10.7%	5.7%	1.7%
Ecstasy	71%	8.4%	9.1%	8.6%	3%
Methamphetamines (crystal meth)	73.5%	7%	7%	8.4%	4.1%
Heroin	62.8%	16.9%	13.4%	4.8%	2.1%
Other people's prescription drugs (Percocet, Vicodin,	56.9%	22.1%	13.6%	5.3%	2.1%
Oxycontin)					
Steroids, other performance enhancing drugs	72.2%	9.2%	9%	7.1%	2.5%

19. How much do you think people risk harming themselves physically or in other	No	Slight	Moderate	Great
ways:	Risk	Risk	Risk	Risk
When they have five or more drinks of an alcoholic beverage once or twice a week?	7.4%	20.7%	35.1%	36.8%
If they smoke one or more packs of cigarettes per day?	4%	8%	23.8%	64.1%
If the smoke marijuana once or twice a week?	25.2%	26.6%	25.9%	22.3%
If they use prescription drugs that are not prescribed to them?	2.5%	8.4%	27.6%	61.5%
If they take one or two drinks of an alcoholic beverage nearly every day?	8.4%	18.5%	33.7%	39.4%

20. How wrong do your parents feel it would be for you to:	Not at all	A little bit	Wrong	Very
	wrong	wrong		Wrong
Have one or two drinks of an alcoholic beverage nearly every day?	4.1%	7.2%	21.7%	67%
To smoke tobacco?	5.6%	11.6%	16.6%	66.2%
To smoke marijuana?	5.6%	7.8%	12.1%	74.5%
To use prescription drugs not prescribed for you?	2.2%	3.1%	7.7%	87%

21. How wrong do <u>your friends</u> feel it would be for you to:	Not at all	A little bit	Wrong	Very
	wrong	wrong		Wrong
Have one or two drinks of an alcoholic beverage nearly every day?	21.4%	26.7%	26.3%	25.5%
To smoke tobacco?	28.3%	22.7%	21.3%	27.7%
To smoke marijuana?	32.7%	22.4%	18.4%	26.5%
To use prescription drugs not prescribed for you?	9.4%	15.8%	25%	49.8%

22. 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)

82.8% 0 times 7.6% 1 or 2 times 4% 3 to 9 times 2% 10 to 19 times 1.1% 20 to 39 times 2.5% 40 or more times

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

4.2% I took them from a parent family member, or friend7.1% A friend gave them to me2.8% A parent gave them to me

.9% Another family member gave them to me

1.8% I bought them from a friend1.9% I bought them from someone else81.3% I have not misused medications

24. How often, if ever:	Never	Daily	Weekly	Monthly	Less often	Over a
					than monthly	year ago
Have you been bullied or teased?	44.7%	5.4%	5.1%	5.3%	13.1%	26.4%
Have you bullied or teased others?	57.6%	5.8%	4.5%	5.1%	14.2%	12.9%
Have you been threatened with physical harm at	73.3%	1.3%	1.9%	2.4%	5.8%	15.3%
school?						
Have you been threatened with physical harm in	84.6%	1.1%	.6%	1.2%	2.5%	10%
your neighborhood?						
Have you been physically harmed by someone?	75.4%	.9%	.9%	1.8%	4%	17%
Have you physically harmed someone?	79.1%	1.5%	.9%	1.7%	4.2%	12.7%
Have you been threatened by a family member?	82.1%	1.7%	1.8%	2.1%	3.2%	9.1%
Have you been threatened by a girlfriend/boyfriend?	88.2%	1.7%	.5%	.7%	1.5%	7.3%

25. 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? 97.3% 0 days 1.3% 1-2 days .5% 3-5 days .9% 6 or more days

26. Have you ever engaged in sexual activity? 68.1% Yes 31.9% No

27. Have you ever been pressured to engage in sexual activity when you did not want to? 20.4% Yes 79.6% No

28. Have you ever been forced to engage in sexual activity when you did not want to? 7% Yes 93% No

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

35.2% Never	4.6% 12-13 years old			ears old
2.5% Under 11 years old	20.1%14-15 years	old 5	.4% 18 years o	ld or older
30. Do you have a trusted adult	<u>at home</u> you can confi	de in? 87.8%	Yes	12.2% No
31. Do you have a trusted adult	<u>at school</u> you can conf	ide in? 72.1%	Yes	27.9% No
32. Do you have access to a gun	? 39.8% Yes 60.	2% No		

33. Have you felt nervous, worried or upset during the past month? 16.8% *Most of the time* 52.5% *Some of the time* 30.7% *None of the time*

34. In the past month: 8.2% I have had thoughts about killing myself 91.8% I haven't had any thoughts about killing myself

35. Have you ever tried to kill yourself? 2.7% Yes, during the past year 8.3% Yes, more than a year ago 89% No

36. Have you ever tried to self-mutilate (i.e. cut, hurt, burn, etc.) yourself?5% Yes, during the past year11.9% Yes, more than a year ago83% No