

2014 Fairfield County, Ohio Youth Behavior Survey

County Wide Sophomores – 10th Grade (n=1494)

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.

1. What grade are you in? N/A

2. What is your age? N/A

3. What is your gender? 50.7% Male 49.3% Female

4. What is your zip code? N/A

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

85.5% White 2.5% American Indian 11.1% Black/African American 3.8% Hispanic 2.0% Asian American 3.8% Other

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

58.5% Both parents 16.4% Mother only 2.2% Grandparent(s) only .4% Foster parent(s) .3% Group home
16.2% Parent and step parent 4.3% Father only 1.1% Legal guardian .4% Other relative .3% Living independently

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

72.0% Yes 28.0% No

8. Do you have a part-time job? 22.1% Yes 77.9% No

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

22.0% 1-5 18.3% 6-10 19.2% 11-15 20.4% 16-20 20.1% 21 or more

9. How optimistic are you about your future?

55.1% Very optimistic 41.8% Somewhat optimistic 3.0% Not optimistic

10. What are your plans following high school graduation?

79.9% College 4.5% Technical/Vocational School 7.8% Get a Job 8.4% Join Military 6.1% Don't Know

11. Assets	Always	Often	Seldom	Never
Do you join in community activities? (Church, 4-H, Scouts, etc.)	18.1%	24.8%	30.4%	26.7%
Do you join in school activities?	21.4%	37.3%	26.8%	14.5%
Do you participate in organized school sports?	41.9%	14.3%	13.7%	30.0%
Do you participate in physical activities outside of school? (swimming, skateboarding, hiking, biking, hunting, etc.)	49.0%	33.3%	12.8%	4.9%
Do you make good grades?	37.9%	49.4%	11.5%	1.3%
Do you get in trouble in school?	1.5%	3.2%	32.2%	63.2%
Do your parents/guardian set clear rules?	51.7%	34.5%	10.9%	3.0%
Do your parents/guardian enforce rules?	48.7%	35.0%	12.7%	3.7%
Do your parents/guardian talk with you about the harmful effects of drugs and alcohol?	32.0%	32.1%	24.8%	11.1%
Do your parents/guardian get involved in your education (homework, school activities, conferences, etc.)?	34.3%	38.3%	21.0%	6.5%

12. During the past 30 days:	Yes	No
Did you drink one of more drinks of an alcoholic beverage?	19.2%	80.8%
Did you smoke part or all of a cigarette?	9.1%	90.9%
Have you used marijuana or hashish?	14.3%	85.7%
Have you used prescription drugs not prescribed for you?	5.2%	94.8%
Have you used a prescription drug not prescribed to you at the same time you were drinking alcohol?	1.2%	98.8%
Did you use over-the-counter drugs (cough syrup, cold medicine) for the purposes of getting high?	2.8%	97.2%
Have you used any illegal drug during the school day on school grounds?	2.6%	97.4%
Have you drank alcohol during the school day on school grounds?	2.0%	98.0%

13. At what age did you first try the following substances?	Never	11 or younger	12-13	14-15	16-17	18 & up
Alcohol	47.9%	8.7%	12.3%	23.1%	7.6%	.5%
Cigarettes	82.1%	3.7%	4.4%	7.2%	2.4%	.2%
Chewing tobacco or snuff	86.6%	.8%	3.5%	5.6%	2.3%	.3%
Marijuana (pot, weed, hash)	78.5%	1.8%	4.6%	11.2%	3.9%	.1%
Cocaine, Crack	98.6%	.2%	.1%	.7%	.3%	0%
Inhalants	98.0%	.5%	.5%	.7%	.2%	0%
Stimulants not prescribed for you (Adderall, Ritalin)	96.5%	.5%	.9%	1.6%	.5%	0%
Synthetic drugs (Bath Salts, K2, Spice)	97.1%	.3%	.8%	1.3%	.4%	0%
Ecstasy	98.2%	.3%	.2%	.8%	.4%	0%
Methamphetamines (crystal meth)	98.9%	.4%	.1%	.3%	.2%	0%
Heroin	99.2%	.3%	.1%	.4%	.1%	0%
Other people's prescription drugs (Percocet, Vicodin, Oxycontin)	95.7%	.2%	.9%	2.6%	.7%	0%
Steroids, other performance enhancing drugs	98.3%	.2%	.4%	.7%	.4%	0%

14. How often do you use the following substances?	Never	Daily	Weekly	Monthly	Less than monthly	Over a year ago
Alcohol	60.4%	.4%	2.4%	4.7%	18.5%	13.7%
Cigarettes	85.7%	4.0%	1.4%	1.2%	3.0%	4.7%
Chewing tobacco or snuff	90.3%	2.4%	1.6%	.7%	1.7%	3.3%
Marijuana (pot, weed, hash)	80.6%	3.0%	3.6%	2.2%	5.4%	5.1%
Cocaine, Crack	98.8%	.1%	.1%	.1%	.5%	.4%
Inhalants	98.4%	.3%	.1%	.1%	.2%	1.0%
Stimulants not prescribed for you (Adderall, Ritalin)	97.6%	.2%	.1%	.5%	.5%	1.1%
Synthetic drugs (Bath Salts, K2, Spice)	98.2%	.1%	.1%	.2%	.4%	1.0%
Ecstasy	98.6%	.1%	.1%	.1%	.6%	.5%
Methamphetamines (crystal meth)	99.3%	.1%	.1%	.1%	.3%	.1%
Heroin	99.5%	.1%	.1%	.1%	.1%	.1%
Other people's prescription drugs (Percocet, Vicodin, Oxycontin)	96.1%	.1%	.3%	.3%	1.1%	2.1%
Steroids, other performance enhancing drugs	98.7%	.5%	.1%	.1%	.3%	.3%

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?	28.6%	1.6%	69.8%
Have you driven a vehicle while you were under the influence of marijuana?	28.5%	4.2%	67.3%
Have you driven a vehicle while you were under the influence of a combination of alcohol and marijuana used together?	28.6%	1.0%	70.4%

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

64.0% Do not use 2.7% Older brother/sister 12.3% Underage friend with connections 5.6% Home refrigerator/liquor cabinet
9.3% Parents 5.3% Other adult .8% Fake ID

17. Have you ever been to a party where parents have allowed alcohol? 27.0% Yes 73.0% No

18. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?

23.6% Neither approve nor disapprove 20.1% Somewhat disapprove 45.1% Strongly disapprove 11.2% Don't know or can't say

19. Have you ever had 5 or more glasses of any alcoholic beverage within a few hours? 18.7% Yes 27.7% No 53.6% Do not use

20. 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	29.2%	42.5%	22.2%	4.4%	1.7%
Cigarettes	33.3%	42.3%	18.8%	3.9%	1.6%
Chewing tobacco or snuff	37.0%	42.9%	14.5%	3.8%	1.8%
Marijuana (pot, weed, hash)	35.8%	41.6%	17.2%	3.3%	2.1%
Cocaine, Crack	68.6%	9.4%	7.3%	7.7%	6.9%
Inhalants	66.3%	16.4%	8.0%	4.9%	4.3%
Stimulants not prescribed for you (Adderall, Ritalin)	64.7%	15.6%	10.7%	4.9%	4.1%
Synthetic drugs (Bath Salts, K2, Spice)	69.3%	11.7%	8.2%	5.2%	5.6%
Ecstasy	69.6%	10.2%	8.5%	5.9%	5.9%
Methamphetamines (crystal meth)	71.6%	9.1%	5.9%	6.8%	6.7%
Heroin	68.4%	11.5%	7.9%	6.2%	6.1%
Other people's prescription drugs (Percocet, Vicodin, Oxycontin)	60.9%	18.9%	10.9%	5.4%	3.9%
Steroids, other performance enhancing drugs	69.7%	11.6%	8.7%	5.1%	5.0%

21. 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?	7.3%	20.6%	36.9%	35.3%
If they smoke one or more packs of cigarettes per day?	5.5%	9.1%	21.8%	63.6%
If they smoke marijuana once or twice a week?	22.8%	23.6%	28.8%	24.8%
If they use prescription drugs that are not prescribed to them?	4.1%	9.4%	25.7%	60.8%
If they take one or two drinks of an alcoholic beverage nearly every day?	8.3%	17.6%	32.6%	41.5%

22. How wrong do your parents 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?	2.1%	5.2%	18.0%	74.4%
To smoke tobacco?	3.1%	4.8%	12.8%	79.3%
To smoke marijuana?	4.2%	6.4%	12.0%	77.4%
To use prescription drugs not prescribed for you?	1.4%	2.6%	10.0%	85.8%

23. How wrong do your friends 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?	15.5%	21.8%	31.1%	31.5%
To smoke tobacco?	14.6%	18.2%	27.4%	39.8%
To smoke marijuana?	24.8%	19.2%	22.3%	33.7%
To use prescription drugs not prescribed for you?	7.4%	12.0%	25.4%	55.2%

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)

91.7% 0 times 4.6% 1 or 2 times 1.4% 3 to 9 times 1.0% 10 to 19 times .4% 20 to 39 times .8% 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.)

3.4% I took them from a parent family member, or friend .9% I bought them from a friend
 3.0% A friend gave them to me .6% I bought them from someone else
 1.5% A parent gave them to me 90.3% I have not misused medications
 .3% Another family member gave them to me

26. How often, if ever:	Never	Daily	Weekly	Monthly	Less often than monthly	Over a year ago
Have you been bullied or teased?	42.2%	5.3%	6.8%	5.7%	12.5%	27.5%
Have you bullied or teased others?	57.7%	3.1%	3.8%	4.2%	11.3%	19.9%
Have you been threatened with physical harm at school?	72.3%	2.0%	1.9%	2.9%	6.8%	14.1%
Have you been threatened with physical harm in your neighborhood?	85.1%	1.4%	.5%	1.2%	3.6%	8.3%
Have you been physically harmed by someone?	75.7%	1.1%	1.1%	1.4%	5.5%	15.2%
Have you physically harmed someone?	80.6%	1.0%	.5%	1.5%	3.9%	12.5%
Have you been threatened by a family member?	83.9%	1.8%	1.4%	2.0%	3.8%	7.1%
Have you been threatened by a girlfriend/boyfriend?	90.1%	1.6%	.5%	.3%	1.8%	5.7%

27. 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? 94.4% 0 days 3.5% 1-2 days 1.3% 3-5 days .8% 6 or more days

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

25.0% Yes 75.0% No

29. Have you ever engaged in sexual activity? 42.8% Yes 57.2% No

30. Have you ever been pressured to engage in sexual activity when you did not want to? 16.0% Yes 84.0% No

31. Have you ever been forced to engage in sexual activity when you did not want to? 5.7% Yes 94.3% No

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

62.3% Never 4.7% 12-13 years old 11.5% 16-17 years old
 2.2% Under 11 years old 19.1% 14-15 years old .1% 18 years old or older

33. Do you have a trusted adult at home you can confide in? 87.2% Yes 12.8% No

34. Do you have a trusted adult at school you can confide in? 65.9% Yes 34.1% No

35. Do you have access to a gun? 41.6% Yes 58.4% No

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

17.9% Most of the time 51.1% Some of the time 31.1% None of the time

37. In the past month: 10.7% I have had thoughts about killing myself 89.3% I haven't had any thoughts about killing myself

38. Have you ever tried to kill yourself? 4.5% Yes, during the past year 7.6% Yes, more than a year ago 87.9% No

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

9.3% Yes, during the past year 8.7% Yes, more than a year ago 82.0% No