Community Prevention Wellness Initiative

Community Survey

COALITION NAME

We are asking you to participate in this survey. The survey is about concerns about substance abuse among youth in our community. We will use these surveys to guide our work to develop effective substance abuse prevention programs for our community.

This survey is anonymous. That means we will not ask for your name or address.

This survey is voluntary. That means that you can refuse to answer any question or stop the survey at any time. The survey will take 10 – 15 minutes.

Would you like more information about our coalition? You can contact us by phone and by email.

Phone:

Email:
Website

THIS PAGE INTENTIONALLY LEFT BLANK

|  |  |
| --- | --- |
| EVENT       | DATE       |

**COMMUNITY PREVENTION WELLNESS INITIATIVE**

**COMMUNITY SURVEY**

**COALITION NAME**

**These first questions ask about your perceptions of substance abuse and mental health concerns in your community.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | **How much of a problem do you believe each of the following is among youth (6 – 12th grade) in your community?**  | **Not a problem** | **A minor problem** | **A moderate problem** | **A serious problem** | **Don’t Know** |
|  | Alcohol use  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | Marijuana use  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | Prescription drug misuse | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | Other drugs (specify below\*) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | Driving under the influence of alcohol, marijuana or other drugs? | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | Tobacco | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | Depression | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | Suicide | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  |  *\* If you marked “Other Drugs” above, which drugs?* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| 2a | **If a youth (6 – 12th grade) wanted to get some alcohol, how easy would it be for them to get some?** | **Very Easy**🞏 | **Sort of Easy**🞏 | **Sort of Hard**🞏 | **Very Hard**🞏 | **Don’t Know** 🞏 |
| 2b | If a youth (6 – 12th grade) wanted to get some marijuana, how easy would it be for them to get some?  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 3 | **How much do people risk harming themselves and others when they drive . . .** | **No risk** | **Slight risk** | **Moderate risk** | **High risk** | **Don’t Know** |
|  | under the influence of alcohol? | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | under the influence of marijuana? | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

|  |  |
| --- | --- |
|  |  |
|  | **Please share your opinion about law enforcement in your community.** |
|  |  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Don’t Know** |
| 4 | Law enforcement personnel in our community are effective when they respond to calls and requests about underage alcohol and drug use at parties or gatherings. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**These questions ask about your attitudes and customs related to underage youth (6 – 12th grade) substance abuse.**

|  |  |  |
| --- | --- | --- |
| 5 | Do you allow youth to drink alcohol (more than a sip) in your home?***Select one.*** | 🞏No, I do not keep alcohol in my home.🞏No, never.🞏Yes, but only on special occasions.🞏Yes, my own child/children, but not their friends.🞏Yes, but only under supervision.🞏Yes🞏Don’t Know |
| 6 | **Do you allow youth to use marijuana in your home?*****Select one.*** | 🞏No, I do not keep marijuana in my home.🞏No, never.🞏Yes, but only on special occasions.🞏Yes, my own child/children, but not their friends.🞏Yes, but only under supervision.🞏Yes🞏Don’t Know |
| 7 | Do you monitor prescription drugs that youth might misuse, such as *pain killers, anti-depressants, drugs for hyperactivity, and sleeping pills?****Select one.*** | 🞏No, we do not use these drugs.🞏Never🞏Sometimes🞏Most of the time🞏Always🞏Don’t Know |
| 8 | **Do you know where in your community you could get rid of prescription drugs that you**  |
|  | **no longer need?** | 🞏**Yes** | 🞏**No** | 🞏**Don’t Know** |
|  |  |
|  | There is a group of volunteers in your community who are working to reduce youth  |
| 9 | alcohol and drug use. Are you aware of this group/coalition? | 🞏Yes | 🞏No | 🞏Don’t Know |

|  |  |
| --- | --- |
|  | **Do you think there should be legal consequences if the police catch** |
| 10 | **a youth (6 - 12th grade). . .** | **Yes** | **No** | **Don’t Know** |
|  | drinking alcohol? | 🞏 | 🞏 | 🞏 |
|  | using marijuana? | 🞏 | 🞏 | 🞏 |
|  |  |  |  |  |
|  | **Do you think there should be legal consequences if the police catch**  |
| 11 | **an adult . . .** | **Yes** | **No** | **Don’t Know** |
|  | providing alcohol to a youth (6 – 12th grade)? | 🞏 | 🞏 | 🞏 |
|  | providing marijuana to a youth (6 – 12th grade)?" | 🞏 | 🞏 | 🞏 |

**The following questions are about parenting and underage substance abuse concerns.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 12 | Are you a parent or guardian with any children in 6 – 12th grade? | **🞏Yes** | **🞏No** | **🞏Don’t Know** |
|  |  | [if **NO** or **Don’t Know,** go to 🡪**Question 19**] |

**If you have more than one child in 6 – 12th grade, please think of your oldest child in answering these questions.**

|  |  |
| --- | --- |
| 13 | **During the past 3 months have you talked to your child (6th – 12th grade) about the potential negative consequences associated with . . .** |
|  |  | **Yes** | **No** | **Don’t Know** |
|  | underage alcohol use?  | 🞏 | 🞏 | 🞏 |
|  | using marijuana?  | 🞏 | 🞏 | 🞏 |
|  | using prescription drugs that were not prescribed to them?  | 🞏 | 🞏 | 🞏 |

|  |  |
| --- | --- |
| 14 | **For each of the next statements, please indicate whether you strongly agree, agree, disagree, or strongly disagree.** |
|  |  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Don’t Know** |
|  | I wish I knew better what to say to my child about drugs (alcohol, tobacco, marijuana). | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | What I say will have little influence on whether my child uses drugs. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | Drug education is best handled by the schools, not by parents. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | There are places in my community where I can learn more about how to help prevent my child from using drugs. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 15 | **How much do youth risk harming themselves physically and in other ways when they use marijuana once or twice a week?** | **No Risk**🞏 | **Slight Risk**🞏 | **Moderate Risk**🞏 | **High Risk**🞏 | **Don’t Know**🞏 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 16 | **How wrong do you think it would be for your child (6th – 12th grade) to . . .** | **Not At All****Wrong** | **A Little Bit Wrong** | **Wrong** | **Very Wrong** | **Don’t Know** |
|  | have one or two drinks of an alcoholic beverage nearly every day? | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | use marijuana once or twice a week? | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | use prescription drugs not prescribed to them? | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

|  |  |
| --- | --- |
| 17 | **When your child (6th – 12th grade) goes out in the evening or on the weekend, how**  |
|  | **often do YOU:** | **Never** | **Rarely** | **Some-times** | **Usually** | **Always** |
|  | Ask who he/she will be with? | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | Ask where he/she is going? | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | If my child is attending a party, check to see if the party will have adult supervision? | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | Set a time for your child to be home? | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | Wait up until your child comes home? | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | Check to see if your child is under the influence of alcohol or drugs (talk with them, smell breath, and check eyes)? | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

|  |  |
| --- | --- |
| 18 | **How often do you think MOST PARENTS IN YOUR COMMUNITY do the following when their child (6th – 12th grade) goes out in the evening or on the weekend?** |
|  |  | **Never** | **Rarely** | **Some-times** | **Usually** | **Always** |
|  | Ask who he/she will be with? | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | Ask where he/she is going? | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | If their child is attending a party, check to see if the party will have adult supervision? | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | Set a time for their child to be home | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | Wait up until their child comes home? | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | Check to see if their child is under the influence of alcohol or drugs (talk with them, smell breath, check eyes)? | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**Demographics**

|  |  |  |
| --- | --- | --- |
| 19 | What is your age?  | 🞏18-24 🞏25-34 🞏35-44🞏45-54 🞏55-64 🞏65+ |
| 20 | **What is your gender?** | 🞏 Female 🞏Male 🞏Transgender |
| 21 | Are you of Hispanic Latino/Latina or Spanish origin?  | 🞏 Yes 🞏 No 🞏 Don’t Know |
| 22 | **What is your race?*****Check all that apply.*** | 🞏White🞏Black or African American🞏American Indian, Alaska Native 🞏Asian🞏Native Hawaiian or Other Pacific Islander🞏 Other 🞏 Don’t know/Not sure |
| 23 | What languages are spoken in your home?***Check all that apply.*** | 🞏English 🞏Cambodian/Khmer🞏Spanish 🞏Russian🞏Somali 🞏Other  |
| 24 | **What is the highest grade or year of school you completed?** | 🞏 Never attended school 🞏High school graduate🞏Less than high school 🞏Some college🞏Some high school 🞏College/university graduate🞏 High school /GED 🞏Post graduate |
| 25 | What is your zip code?  |

**Thank you for completing the survey!
Your contribution is greatly appreciated.**

Would you like to know more about our group? If yes, please go to the next page. Your contact information will be kept separate from this anonymous survey.

THIS PAGE INTENTIONALLY LEFT BLANK

COALITION NAME

If you would like to hear more about our coalition, please enter your contact information below.

Name

Phone number

Email address

Contact information is kept separate from the anonymous survey