

Wyoming Prevention Needs Assessment Survey

1. Thank you for agreeing to participate in this survey. The purpose of the survey is to learn how students in our schools feel about their community, family, peers, and school. The survey also asks about health behaviors.
2. The survey is completely voluntary and anonymous. **DO NOT** put your name on the questionnaire.
3. This is not a test, so there are no right or wrong answers. Please work quickly so you can finish.
4. Most questions ask for only one answer. You may mark more than one answer on questions that say, "Mark all that apply." If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or if you are not sure what it means, just leave it blank. You can skip any questions that you do not wish to answer.
5. Please mark your answer for each question by completely filling in the answer space with a #2 pencil.

Example: Chocolate is the best ice cream flavor. Yes No

To begin, the following questions ask about your experiences at school.

What grade are you in?

- 6th 9th 12th
 7th 10th
 8th 11th

How often do you feel unsafe when you are at school?

- Never Most days
 Rarely Every day
 Some days

How often do you feel unsafe when you are going to or from school?

- Never Most days
 Rarely Every day
 Some days

How interesting are most of your courses to you?

- Very interesting and stimulating
 Quite interesting
 Fairly interesting
 Slightly dull
 Very dull

How important do you think the things you are learning in school are going to be for your later life?

- Very important
 Quite important
 Fairly important
 Slightly important
 Not at all important

Think back over the past year in school. How often did you:

	Never	Seldom	Sometimes	Often	Almost always
enjoy being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
hate being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
try to do your best work in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often do you feel that the school work you are assigned is meaningful and important?

- Never Often
 Seldom Almost always
 Sometimes

During the LAST FOUR WEEKS, how many whole days of school did you miss because you skipped or cut class?

- None 4-5
 1 6-10
 2 11+
 3

During the past 12 months, how often have you been picked on by a fellow student?

- Never
 Once
 Several times
 Very often

During the past 12 months, how often have you been bullied by a fellow student?

- Never
- Once
- Several times
- Very often

Do you feel safe in your community?

- Yes
- No

The next section asks about your feelings and experiences in other parts of your life.

How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly everyday?

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

How wrong do your friends feel it would be for you to smoke tobacco?

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

How wrong do your friends feel it would be for you to use marijuana?

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

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

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

How wrong do your friends feel it would be for you to vape?

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

How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?

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

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

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

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

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

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?

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

How much do you think people risk harming themselves (physically or in other ways) if they vape everyday or nearly everyday?

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

Sometimes when young people have problems, they talk to an adult. Is there an adult in your community whom you can talk to about your problems?

- Yes
- No



During the last 30 days, about how often did you feel so depressed that nothing could cheer you up?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

During the last 30 days, about how often did you feel hopeless?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

During the last 30 days, about how often did you feel restless or fidgety?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

During the last 30 days, about how often did you feel everything was an effort?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

During the last 30 days, about how often did you feel worthless?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

During the last 30 days, about how often did you feel nervous?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

During the past 12 months, did you ever seriously consider attempting suicide?

- Yes
- No

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

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

In the past year (12 months), have you been to a gathering where large amounts of alcohol were available?

- Never
- 1 to 2 times
- 3 to 5 times
- 6 to 9 times
- 10+ times

In the past year (12 months), have you been to any community events where adults were drinking alcohol?

- Yes
- No

In the past year (12 months), have you been to any community events where alcohol was being sold?

- Yes
- No

In the past year (12 months), have you been to any community events where adults were drunk or intoxicated?

- Yes
- No

If you wanted to get some cigarettes, how easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

If you wanted to get some marijuana, how easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

If you wanted to get a drug like cocaine, LSD, or amphetamine, how easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

On how many occasions (if any) have you:

	0	1-2	3-5	6-9	10-19	20-39	40+
had alcoholic beverages (beer, wine, sweetened or hard liquor) to drink in your lifetime -- more than just a few sips?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
had beer, wine, sweetened alcoholic beverages, or hard liquor to drink during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used marijuana in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used marijuana during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used LSD or other psychedelics in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used LSD or other psychedelics during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used cocaine or crack in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used cocaine or crack during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used wtlrera in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used wtlrera during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used methamphetamines (meth, speed, crank, or ice) in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used methamphetamines (meth, speed, crank, or ice) during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used heroin or other opiates in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used heroin or other opiates during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used MDMA (X, E, or ecstasy) in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used MDMA (X, E, or ecstasy) during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used steroids in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used steroids during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used in your lifetime a medication to get high that you can buy at the store?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used during the past 30 days , a medication to get high that you can buy at the store?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vaped during your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vaped during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?

- None
- One time
- Two times
- 3-5 times
- 6-9 times
- 10 or more times

Have you ever smoked cigarettes?

- Never
- Once or twice
- Once in a while, but not regularly
- Regularly in the past
- Regularly now

How frequently have you smoked cigarettes during the past 30 days?

- Not at all
- Less than one cigarette per day
- One to five cigarettes per day
- About half a pack per day
- About one pack per day
- About one-and-a-half packs per day
- Two packs or more per day



In your opinion, on how many occasions do you think most students in your school:

	0	1-2	3-5	6-9	10-19	20-39	40+
used alcohol during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used marijuana during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used methamphetamines (meth, speed, crank, or ice) during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used illegal drugs during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past 30 days have you used prescription drugs not prescribed to you?

- Yes No

How many times in the past year (12 months) have you received a minor in possession (MIP) charge for tobacco?

- Never 6 to 9 times
 1 to 2 times 10+ times
 3 to 5 times

How many times in the past year (12 months) have you received a minor in possession (MIP) charge for alcohol?

- Never 6 to 9 times
 1 to 2 times 10+ times
 3 to 5 times

How old were you when you first used marijuana?

- Never have 14
 10 or younger 15
 11 16
 12 17 or older
 13

How old were you when you first smoked a cigarette, even just a puff?

- Never have 14
 10 or younger 15
 11 16
 12 17 or older
 13

How old were you when you first vaped?

- Never have 14
 10 or younger 15
 11 16
 12 17 or older
 13

How old were you when you first had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?

- Never have 14
 10 or younger 15
 11 16
 12 17 or older
 13

How old were you when you first began drinking alcoholic beverages regularly, that is, at least once or twice a month?

- Never have 14
 10 or younger 15
 11 16
 12 17 or older
 13

How old were you when you first used a prescription drug that was not prescribed to you?

- Never have 14
 10 or younger 15
 11 16
 12 17 or older
 13

If you have ever had an alcoholic beverage, think back to the last time you drank. How did you get the alcohol on that occasion? (Please fill in only one response.)

- I've never had an alcoholic beverage.
 I got it from my parent(s).
 I got it from a friend's parent(s).
 I got it from another adult 21 or over.
 I got it from someone under 21.
 I took it (from home, from a friend's house, etc.).
 I bought it from a grocery or convenience store.
 I bought it from a liquor store.
 I bought it at a bar or restaurant.
 I bought it over the Internet.

During the past 30 days, what type of alcohol did you most often consume?

- I did not consume alcohol during the past 30 days
- Beer
- Wine
- Wine cooler or sweetened alcoholic beverage (for example, Seagrams, Smirnoff Ice, Hard Lemonade)
- Gin, vodka, rum, or other type of hard liquor
- Some other type

What places (if any) did you drink alcohol during the past year (12 months)? (Mark all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> I didn't drink alcohol | <input type="checkbox"/> At work |
| <input type="checkbox"/> At my own home | <input type="checkbox"/> At a park |
| <input type="checkbox"/> At a friend's home | <input type="checkbox"/> In the mountains or in a field |
| <input type="checkbox"/> At a community event | <input type="checkbox"/> In a car |
| <input type="checkbox"/> At a sporting event | <input type="checkbox"/> On the street |
| <input type="checkbox"/> At a bar or saloon | <input type="checkbox"/> In a parking lot |
| <input type="checkbox"/> At a restaurant | <input type="checkbox"/> At a concert |
| <input type="checkbox"/> At school | <input type="checkbox"/> Some other place |

Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:

	Number of friends				
	0	1	2	3	4
smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vaped?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used prescription drugs that were not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many times in the past year (12 months) have you been drunk or high at school?

- Never
- 1 to 2 times
- 3 to 5 times
- 6 to 9 times
- 10+ times

The next questions ask about your parents, which means your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.

How wrong do your parents feel it would be for you to drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?

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

How wrong do your parents feel it would be for you to smoke cigarettes?

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

How wrong do your parents feel it would be for you to vape?

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

How wrong do your parents feel it would be for you to use marijuana?

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

How wrong do your parents feel it would be for you to use LSD, cocaine, amphetamines, or another illegal drug?

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

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

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



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During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use?

- Yes No

During the past 7 days have you talked with at least one of your parents about your thoughts and feelings?

- Yes No

The next questions ask some information about health and nutrition.

How tall are you without your shoes on?

Directions: Write your height in the blank boxes. Fill in the matching circle below each number.

Feet	Inches
<input type="text"/>	<input type="text"/>
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

How much do you weigh without your shoes on?

Directions: Write your weight in the blank boxes. Fill in the matching oval below each number.

Pounds		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9

During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

- I did not drink 100% fruit juice during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.)

- I did not eat fruit during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

During the past 7 days, how many times did you eat vegetables?

- I did not eat vegetables during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop.)

- I did not drink soda or pop during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

These final questions ask for some general information about you.

Are you: Male Female

How old are you?

- | | |
|-------------------------------------|-----------------------------------|
| <input type="radio"/> 10 or younger | <input type="radio"/> 15 |
| <input type="radio"/> 11 | <input type="radio"/> 16 |
| <input type="radio"/> 12 | <input type="radio"/> 17 |
| <input type="radio"/> 13 | <input type="radio"/> 18 |
| <input type="radio"/> 14 | <input type="radio"/> 19 or older |

What race do you consider yourself to be? (Mark all that apply.)

- White
- Black or African American
- Native American or Alaska Native
- Asian
- Pacific Islander

What is your ethnicity?

- Hispanic or Latino/a
- Not Hispanic or Latino/a

What is the language you most often use at home?

- English
- Spanish
- Another language

How honest were you in filling out this survey?

- I was very honest.
- I was honest most of the time.
- I was honest some of the time.
- I was honest once in a while.
- I was not honest at all.

Thank you for participating in this survey.



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For more information or to find out the survey results, please contact:

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This questionnaire was designed by the Wyoming Survey & Analysis Center. <http://wysac.uwyo.edu>



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UNIVERSITY OF WYOMING