

# 2016 Fairfield County, Ohio Youth Behavior Survey

## County Wide Seniors – 12<sup>th</sup> Grade (n=896)

**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?** 49.5% Male 50.5% Female

**4. What is your zip code?** N/A

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

82.3% White 1.3% American Indian 8.9% Black/African American 3.0% Hispanic 2.5% Asian American 2.0% Other

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

56.5% Both parents 15.6% Mother only 2.0% Grandparent(s) only .1% Foster parent(s) .2% Group home  
15.2% Parent and step parent 5.3% Father only 1.5% Legal guardian 1.9% Other relative 1.7% Living independently

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

90.1% Yes 9.9% No

**8. Do you have a part-time job?** 58.4% Yes 41.6% No

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

4.4% 1-5 12.4% 6-10 18.5% 11-15 29.5% 16-20 35.1% 21 or more

**9. How optimistic are you about your future?**

56.9% Very optimistic 39.3% Somewhat optimistic 3.8% Not optimistic

**10. What are your plans following high school graduation?**

74.9% College 3.8% Technical/Vocational School 9.3% Get a Job 6.9% Join Military 5.1% Don't Know

<b>11. Assets</b>	<b>Always</b>	<b>Often</b>	<b>Seldom</b>	<b>Never</b>
Do you join in community activities? (Church, 4-H, Scouts, etc.)	16.7%	24.2%	30.4%	28.7%
Do you join in school activities?	21.7%	34.8%	30.2%	13.2%
Do you participate in organized school sports?	33.1%	14.8%	16.8%	35.3%
Do you participate in physical activities outside of school? (swimming, skateboarding, hiking, biking, hunting, etc.)	40.8%	38.1%	15.5%	5.6%
Do you make good grades?	40.3%	47.2%	11.2%	1.3%
Do you get in trouble in school?	1.2%	2.0%	27.3%	69.4%
Do your parents/guardian set clear rules?	44.4%	37.0%	14.7%	3.9%
Do your parents/guardian enforce rules?	43.5%	34.4%	17.9%	4.2%
Do your parents/guardian talk with you about the harmful effects of drugs and alcohol?	29.6%	32.0%	27.4%	11.1%
Do your parents/guardian get involved in your education (homework, school activities, conferences, etc.)?	29.3%	33.8%	27.1%	9.7%

<b>12. During the past 30 days:</b>	<b>Yes</b>	<b>No</b>
Did you use an electronic vapor product (E-Cigarette, Vaping)?	16.7%	83.3%
Have you used a prescription drug not prescribed to you at the same time you were drinking alcohol?	1.8%	98.2%
Did you use over-the-counter drugs (cough syrup, cold medicine) for the purposes of getting high?	2.2%	97.8%
Have you used any illegal drug during the school day on school grounds?	2.4%	97.6%
Have you drank alcohol during the school day on school grounds?	1.8%	98.2%

<b>13. At what age did you first try the following substances?</b>	<b>Never</b>	<b>11 or younger</b>	<b>12-13</b>	<b>14-15</b>	<b>16-17</b>	<b>18 &amp; up</b>
Alcohol	31.5%	5.3%	8.2%	20.6%	28.3%	6.2%
Cigarettes	74.6%	1.9%	4.2%	6.4%	9.0%	3.9%
Electronic vapor products (E-Cigarette, Vaping)	62.2%	.1%	.8%	7.2%	24.0%	5.6%
Chewing tobacco or snuff	80.7%	1.8%	3.2%	5.5%	7.3%	1.5%
Marijuana (pot, weed, hash)	67.4%	1.0%	4.3%	11.0%	13.7%	2.6%
Marijuana concentrates or extracts (Dabs, Wax)	86.9%	.2%	.6%	3.1%	7.4%	1.8%
Cocaine, Crack	96.8%	0%	.1%	.1%	1.8%	1.2%
Inhalants	97.8%	.3%	.7%	.7%	.4%	.1%
Stimulants not prescribed for you (Adderall, Ritalin)	92.7%	.3%	.3%	2.2%	3.4%	1.0%
Synthetic drugs (Bath Salts, K2, Spice)	97.1%	.1%	.6%	1.2%	.7%	.3%
Ecstasy	97.2%	.1%	.1%	.2%	1.3%	1.0%
Methamphetamines (crystal meth)	99.0%	0%	0%	.1%	.4%	.4%
Heroin	99.7%	0%	0%	0%	.2%	.1%
Other people's prescription drugs (Percocet, Vicodin, Oxy)	94.9%	.4%	.6%	1.1%	2.3%	.7%
Steroids, other performance enhancing drugs	98.8%	0%	.1%	.3%	.7%	.1%

<b>14. How often do you use the following substances?</b>	<b>Never</b>	<b>Daily</b>	<b>Weekly</b>	<b>Monthly</b>	<b>Less than monthly</b>	<b>Over a year ago</b>
Alcohol	42.4%	.2%	7.1%	11.8%	26.9%	11.7%
Cigarettes	82.3%	4.9%	1.5%	1.6%	5.4%	4.3%
Electronic vapor products (E-Cigarette, Vaping)	73.3%	3.3%	3.4%	3.6%	9.5%	7.0%
Chewing tobacco or snuff	86.2%	4.2%	2.2%	.9%	2.6%	3.9%
Marijuana (pot, weed, hash)	71.0%	5.7%	4.2%	4.7%	7.1%	7.3%
Marijuana concentrates or extracts (Dabs, Wax)	88.3%	1.8%	1.1%	1.7%	4.3%	2.8%
Cocaine, Crack	97.2%	0%	0%	.1%	1.1%	1.6%
Inhalants	98.3%	.1%	0%	.1%	.2%	1.2%
Stimulants not prescribed for you (Adderall, Ritalin)	95.0%	0%	.6%	1.0%	1.3%	2.1%
Synthetic drugs (Bath Salts, K2, Spice)	97.4%	0%	0%	.3%	.2%	2.0%
Ecstasy	97.3%	0%	.2%	.7%	.7%	1.1%
Methamphetamines (crystal meth)	99.0%	0%	0%	.4%	.2%	.3%
Heroin	99.7%	0%	0%	.1%	.1%	.1%
Other people's prescription drugs (Percocet, Vicodin, Oxy)	95.9%	0%	.7%	.3%	1.8%	1.3%
Steroids, other performance enhancing drugs	99.2%	0%	.1%	0%	.3%	.3%

<b>15. During the past 30 days:</b>	<b>I don't drive.</b>	<b>Yes</b>	<b>No</b>
Have you driven a vehicle while you were under the influence of alcohol?	10.4%	5.9%	83.6%
Have you driven a vehicle while you were under the influence of marijuana?	10.3%	12.4%	77.3%
Have you driven a vehicle while you were under the influence of a combination of alcohol and marijuana used together?	10.3%	3.4%	86.3%

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

45.2% Do not use 4.3% Older brother/sister 20.7 Underage friend with connections 4.5 Home refrigerator/liquor cabinet  
10.5% Parents 13.2% Other adult 1.7% Fake ID

**17. Have you ever been to a party where parents have allowed alcohol?** 43.3% Yes 56.7% No

**18. Have you ever had 5 or more glasses of any alcoholic beverage within a few hours?** 35.5% Yes 28.4% No 36.2% Do not use

<b>19. How difficult is it for students in your area to obtain the following substances?</b>	<b>Don't Know</b>	<b>Very Easy</b>	<b>Somewhat Easy</b>	<b>Somewhat Difficult</b>	<b>Very Difficult</b>
Alcohol	22.8%	50.5%	22.9%	2.6%	1.1%
Cigarettes	27.8%	55.7%	14.1%	1.1%	1.2%
Chewing tobacco or snuff	29.7%	55.3%	12.2%	1.6%	1.2%
Marijuana (pot, weed, hash)	32.1%	47.4%	16.2%	2.4%	1.9%
Marijuana concentrates or extracts (Dabs, Wax)	49.8%	28.0%	13.9%	6.5%	1.8%
Cocaine, Crack	68.0%	9.0%	9.4%	8.8%	4.8%
Inhalants	67.8%	13.9%	8.6%	6.8%	3.0%
Stimulants not prescribed for you (Adderall, Ritalin)	63.0%	18.6%	10.1%	5.9%	2.5%
Synthetic drugs (Bath Salts, K2, Spice)	71.7%	9.9%	6.8%	7.1%	4.5%
Ecstasy	69.4%	10.6%	8.5%	7.1%	4.4%
Methamphetamines (crystal meth)	71.6%	9.7%	7.0%	6.1%	5.6%
Heroin	66.9%	14.5%	8.1%	5.5%	5.0%
Other people's prescription drugs (Percocet, Vicodin, Oxy)	62.2%	19.9%	9.2%	5.8%	2.9%
Steroids, other performance enhancing drugs	70.3%	12.2%	6.9%	6.5%	4.1%

<b>20. How much do you think people risk harming themselves physically or in other ways:</b>	<b>No risk</b>	<b>Slight risk</b>	<b>Moderate risk</b>	<b>Great risk</b>
When they have five or more drinks of an alcoholic beverage once or twice a week?	10.9%	22.5%	35.6%	30.9%
If they smoke one or more packs of cigarettes per day?	7.2%	8.6%	20.2%	64.0%
If they smoke marijuana once or twice a week?	32.3%	26.1%	24.7%	16.8%
If they use prescription drugs that are not prescribed to them?	4.9%	6.3%	28.1%	60.7%

<b>21. How wrong do your parents feel it would be for you to:</b>	<b>Not at all wrong</b>	<b>A little bit wrong</b>	<b>Wrong</b>	<b>Very Wrong</b>
Have one or two drinks of an alcoholic beverage nearly every day?	5.4%	8.5%	22.5%	63.6%
To smoke tobacco?	5.3%	10.4%	19.7%	64.6%
To smoke marijuana?	7.5%	10.9%	16.9%	64.8%
To use prescription drugs not prescribed for you?	1.6%	2.8%	10.3%	85.3%

<b>22. How wrong do your friends feel it would be for you to:</b>	<b>Not at all wrong</b>	<b>A little bit wrong</b>	<b>Wrong</b>	<b>Very Wrong</b>
Have one or two drinks of an alcoholic beverage nearly every day?	24.7%	26.3%	25.5%	23.6%
To smoke tobacco?	23.4%	20.7%	24.9%	31.0%
To smoke marijuana?	35.8%	22.1%	18.6%	23.4%
To use prescription drugs not prescribed for you?	10.6%	13.6%	25.5%	50.3%

**23. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you?** 59.1% Yes 40.9% No

**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)**  
 88.9% 0 times 4.3% 1 or 2 times 2.8% 3 to 9 times 1.8% 10 to 19 times .9% 20 to 39 times 1.2% 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.)**  
 3.3% I took them from a parent family member, or friend .9% I bought them from a friend  
 4.3% A friend gave them to me 2.2% I bought them from someone else  
 1.9% A parent gave them to me 87.0% I have not misused medications  
 .4% Another family member gave them to me

<b>26. How often, if ever:</b>	<b>Never</b>	<b>Daily</b>	<b>Weekly</b>	<b>Monthly</b>	<b>Less than monthly</b>	<b>Over a year ago</b>
Have you been bullied or teased?	49.9%	5.2%	5.0%	4.3%	10.0%	25.6%
Have you bullied or teased others?	66.8%	4.2%	2.7%	3.8%	8.3%	14.2%
Have you been threatened with physical harm at school?	78.1%	1.5%	1.6%	1.6%	5.0%	12.2%
Have you been threatened with physical harm in your neighborhood?	89.3%	1.0%	.9%	.6%	1.4%	6.8%
Have you been physically harmed by someone?	80.5%	.6%	1.0%	1.3%	4.1%	12.6%
Have you physically harmed someone?	85.4%	.8%	.6%	.8%	3.1%	9.4%
Have you been threatened by a family member?	86.9%	.6%	1.2%	1.4%	2.7%	7.2%
Have you been threatened by a girlfriend or boyfriend?	89.1%	1.4%	1.1%	.5%	1.5%	6.5%

**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?** 92.5% 0 days 5.5% 1-2 days 1.0% 3-5 days 1.0% 6 or more days

**28. Have you ever sent a photo or video containing sexual content by texting, messaging, or e-mail?** 39.6% Yes 60.4% No

**29. Have you ever engaged in sexual activity?** 65.5% Yes 34.5% No

**30. Have you ever been pressured to engage in sexual activity when you did not want to?** 18.3% Yes 81.7% No

**31. Have you ever been forced to engage in sexual activity when you did not want to?** 8.8% Yes 91.2% No

**32. How old were you when you had sexual intercourse for the first time?**  
 38.2% Never 3.7% 12-13 years old 32.8% 16-17 years old  
 1.5% 11 years old or younger 17.9% 14-15 years old 5.9% 18 years old or older

**33. Do you have a trusted adult at home you can confide in?** 89.2% Yes 10.8% No

**34. Do you have a trusted adult at school you can confide in?** 74.7% Yes 25.3% No

**35. Do you have access to a gun?** 47.3% Yes 52.7% No

**36. Have you felt nervous, worried or upset during the past month?**  
 21.0% Most of the time 46.6% Some of the time 32.4% None of the time

**37. In the past month:** 11.2% I have had thoughts about killing myself 88.8% I haven't had any thoughts about killing myself

**38. Have you ever tried to kill yourself?** 4.2% Yes, during the past year 10.9% Yes, more than a year ago 84.9% No

**39. Have you ever tried to self-mutilate (i.e., cut, hurt, burn, etc.) yourself?**  
 9.2% Yes, during the past year 13.3% Yes, more than a year ago 77.4% No