

25  
Years  
of Prevention & Wellness



Greater Valley Substance Abuse Action Council

A program of **BHcare**

## VSAAC Survey 2016

**This survey is sponsored by The Greater Valley Substance Abuse Action Council and is funded through a grant from the Katherine Matthies Foundation. The survey is open to youth in grades 7 through 12. We are conducting the survey to learn about your experiences and feelings regarding tobacco, alcohol, drugs, and various activities. This is NOT a test. There are no right or wrong answers.**

**We encourage you to answer truthfully. Your answers cannot be traced back to you, so you can be completely honest. This is your chance to be heard.**

**If you are taking this survey later in the cycle, you may have heard classmates talking about the questions or answers they gave. We are relying on your independent spirit and integrity to give answers based on your OWN opinions and experiences, regardless of what you may have heard.**

**Please work as quickly as you can. If you don't find an answer that fits exactly, choose the one that comes closest. You should not compare or discuss your answers with other students while you are taking the survey, but you may ask your teacher or survey administrator if you do not understand a question.**

**Until you click Done>> at the end, you may back up and change answers. To discontinue taking the survey, click the Exit Survey box. If you exit, you are all finished, and cannot return to the survey later. When you have completed the survey, click Done>> and wait for instructions from your teacher.**

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## VSAAC Survey 2016

\* 1. What grade are you in now?

6

9

12

7

10

8

11

2. What is your gender?

Female

Male

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

White or Caucasian

Black or African American

Asian or Pacific Islander

Native American

Hispanic or Latino

Other (please specify)

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## VSAAC Survey 2016

4. On a regular weekday, how many hours do you usually spend after school without an adult present?

- None
- Less Than 1 Hour
- 1 To 2 Hours
- Up To 4 Hours
- More Than 4 Hours

5. Please choose how true the following statements are for you:

	Definitely NOT True	Mostly NOT True	Mostly True	Definitely True
I try hard to do good work at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers/Staff at my school encourage and support me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am away from home, my parent/guardian(s) know where I am and who I am with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I share my thoughts and feelings with my parent/guardian(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent/guardian(s) participates in activities at my school, including attendance at school events.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel very close to my parent/guardian(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel loved and valued by my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I break one of my parent/guardian(s) rules, I am usually disciplined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## VSAAC Survey 2016

6. Please choose how true this statement is for you:

My family has clear rules discouraging me from the following:

	Definitely NOT True	Mostly NOT True	Mostly True	Definitely True
Smoking cigarettes or using tobacco.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking alcoholic beverages.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using marijuana.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a prescription drug that is not prescribed to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gambling (scratch tickets, online, sports, casino, etc).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Do either of your parents/guardians:

	NO	YES
Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>
Drink alcoholic beverages?	<input type="radio"/>	<input type="radio"/>
Gamble (scratch tickets, online, sports, casino, etc)?	<input type="radio"/>	<input type="radio"/>

8. Has anyone in your family (such as a parent, brother or sister, not including you) ever used alcohol so that it created problems at home, at work, or with friends?

NO  YES

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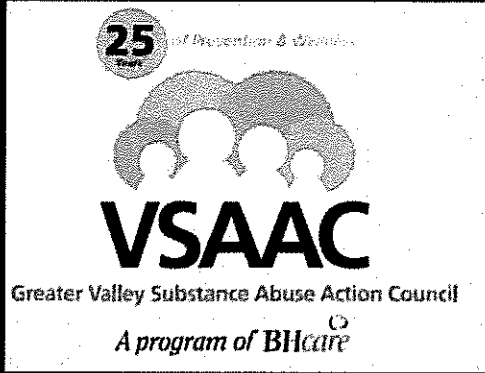
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VSAAC Survey 2016

## Energy Drinks

9. Think back over the past 30 days. On how many days, if any, did you use an energy drink (like Red Bull, Monster, Amp or Rock Star)?

- I have **NEVER** used.
- Occasionally (1 - 5 days)
- Almost every day (21 days or more)
- Not in the past 30 days
- Frequently (6 - 20 days)



VSAAC Survey 2016

Energy Drinks

10. What was your age (in years) when you FIRST used an energy drink (like Red Bull, Monster, Amp or Rock Star)?

- 10 yrs or younger
- 11 - 13
- 14 - 15
- 16 or older

11. Think back over the past 30 days. On how many days, if any, did you use an energy drink containing alcohol?

- I have **NEVER** used.
- Occasionally (1 - 5 days)
- Almost every day (21 days or more)
- Not in the past 30 days
- Frequently (6 - 20 days)

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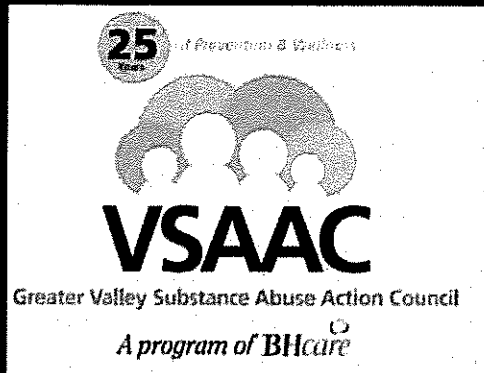
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VSAAC Survey 2016

## Energy Drinks

12. What was your age (In years) when you FIRST used an energy drink containing alcohol?

- 10 yrs or younger
- 11 - 13
- 14 - 15
- 16 or older



## VSAAC Survey 2016

### Cigarettes

13. Think back over the past 30 days. On how many days, if any, did you use e-cigarettes (electronic cigarettes)?

- I have **NEVER** used.
- Occasionally (1 - 5 days)
- Almost every day (21 days or more)
- Not in the past 30 days
- Frequently (6 - 20 days)

14. What was your age (in years) when you **FIRST** used e-cigarettes (electronic cigarettes)?

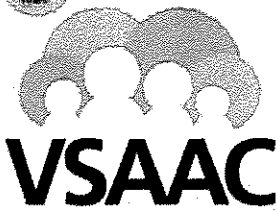
- 10 yrs or younger
- 14 - 15
- 11 - 13
- 16 or older

15. Think back over the past 30 days. On how many days, if any, did you use cigarettes?

- I have **NEVER** used.
- Occasionally (1 - 5 days)
- Almost every day (21 days or more)
- Not in the past 30 days
- Frequently (6 - 20 days)



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### Cigarettes

16. What was your age (In years) when you FIRST used cigarettes?

- 10 yrs or younger       14 - 15  
 11 - 13       16 or older

17. How often do you get cigarettes from:

	Never	Sometimes	Often
Your parents, with their permission?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your parents, without their permission?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your brother(s) or sister(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A store (you buy them)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## VSAAC Survey 2016

### Other Tobacco Products

18. Think back over the past 30 days. On how many days, if any, did you use other tobacco products (like cigars, snuff, chewing tobacco, smoking tobacco from a pipe)?

- I have **NEVER** used.
- Occasionally (1 - 5 days)
- Almost every day (21 days or more)
- Not in the past 30 days
- Frequently (6 - 20 days)

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## VSAAC Survey 2016

### Other Tobacco Products

19. What was your age (in years) when you FIRST used other tobacco products (like cigars, snuff, chewing tobacco, smoking tobacco from a pipe)?

- 10 yrs or younger
- 11 - 13
- 14 - 15
- 16 or older

20. How often do you get other tobacco products from:

	Never	Sometimes	Often
Your parents, with their permission?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your parents, without their permission?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your brother(s) or sister(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A store (you buy them)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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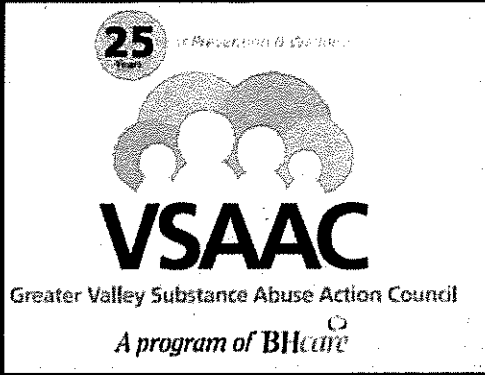
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VSAAC Survey 2016

## Marijuana

21. Think back over the past 30 days. On how many days, if any, did you use marijuana or hashish?

- I have **NEVER** used.
- Occasionally  
(1 - 5 days)
- Almost every day  
(21 days or more)
- Not in the  
past 30 days
- Frequently  
(6 - 20 days)



VSAAC Survey 2016

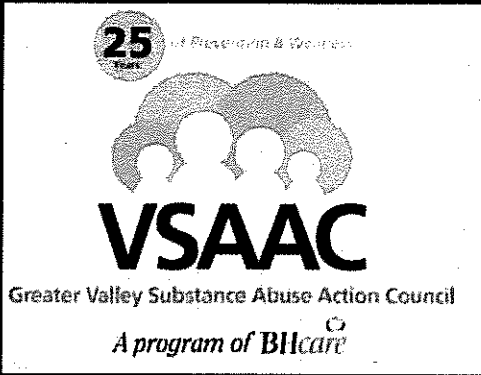
**Marijuana**

22. What was your age (in years) when you FIRST used marijuana or hashish?

- 10 yrs or younger
  11 - 13
  14 - 15
  16 or older

23. How often do you get marijuana from:

	Never	Sometimes	Often
Your parents, with their permission?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your parents, without their permission?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your brother(s) or sister(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## VSAAC Survey 2016

### Alcohol

\* 24. During the past 30 days, on how many days (if any) did you drink one or more drinks of an alcoholic beverage (more than a sip, and NOT including religious activities)?

- I have **NEVER** used.
- Not in the past 30 days
- Occasionally (1 - 5 days)
- Frequently (6 - 20 days)
- Almost every day (21 days or more)

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VSAAC Survey 2016

Recent Alcohol Use

25. In the past 30 days, did you drink alcoholic beverages in any of the following places:

	Never	Sometimes	Often
At your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On the street, in the woods, or in parks or fields?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At the homes of other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At school activities, like dances or sporting events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While you were driving a car, truck, or motorcycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At a party with an adult (21 or older) present?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At a party without an adult (21 or older) present?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. During the past 30 days have you been under the influence of alcohol while you were at school?

- NO  YES

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### Lifetime Alcohol Use

27. What was your age (in years) when you FIRST used alcoholic beverages (more than a sip, and NOT including religious activities)?

- 10 yrs or younger
- 11 - 13
- 14 - 15
- 16 or older

28. How often do you get alcohol from:

	Never	Sometimes	Often
Your parents, with their permission?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your parents, without their permission?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your brother(s) or sister(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people who buy it for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A party with an adult's permission?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A store or bar (you buy it)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A restaurant ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

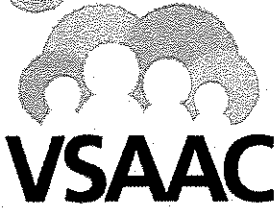


29. How often have you drank 4 or more alcoholic drinks (beer, wine, wine coolers, mixed drinks, hard liquor etc.) during a single occasion?

- I have NEVER drank 4 or more drinks in a single occasion.
- Not in the past 30 days
- Occasionally (1 - 5 days)
- Frequently (6 - 20 days)
- Almost every day (21 days or more)

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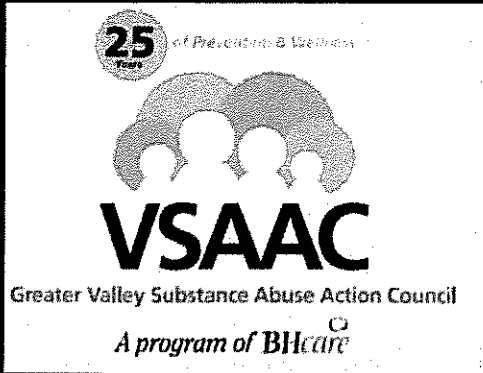
### Prevention Approaches and Perceived Availability

30. How important do you think the following are in preventing kids from drinking alcoholic beverages?

	Very Important	Somewhat Important	Not Important	I Don't Know
Having driver's license suspended for drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Checking ID's in stores or bars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fear of addiction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends who disapprove of drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High price	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breathalyzer tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental strictness about drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol education in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being fined about \$200 for drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advertisement that show the problems associated with drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol-free activities (like dances, concerts, or sporting events)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends who don't drink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. If you wanted to, how easy would it be for you to get:

	Very Easy	Sort Of Easy	Sort Of Hard	Very Hard
Beer, wine, wine coolers, or hard liquor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A gun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illicit drugs like cocaine, heroin, LSD, or amphetamines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A prescription drug without your own prescription (such as OxyContin, Vicodin, or Ritalin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



VSAAC Survey 2016

Perception of Harm and Disapproval of Use

32. How much do people risk harming themselves physically or in other ways when they do the following:

	No Risk	Slight Risk	Moderate Risk	Great Risk	I Don't Know.
Smoke cigarettes, 1 or more packs a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink alcoholic beverages, 5 or more once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take 1 or 2 drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana 1 or 2 times a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. How wrong do your parents feel it would be for you to do the following:

	Not At All Wrong	A Little Bit Wrong	Wrong	Very Wrong
Smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink one or two alcoholic beverages (beer, wine, or liquor) nearly everyday?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gamble (scratch tickets, online, sports, casino, etc)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. How wrong do your *friends* feel it would be for you to do the following:

	Not At All wrong	A Little Bit Wrong	Wrong	Very Wrong
Smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink one or two alcoholic beverages (beer, wine, or liquor) nearly everyday?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gamble (scratch tickets, online, sports, casino, etc)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Neither Approve or Disapprove
- Strongly Disapprove
- Somewhat Disapprove
- Don't Know or Can't Say

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## VSAAC Survey 2016

### Other Substance Use

36. Have you **EVER** used any of these drugs?

	NO, Never	YES, But <b>NOT</b> In the past 30 days	YES, In the past 30 days
Inhalants (things you sniff or inhale to get high such as glue, paint, whippets, or sprays)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack cocaine (rock)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allopathics (vites)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy (MDMA, Molly)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens (LSD, acid or mushrooms, PCP or Angel Dust)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salvia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ketamine (Special K)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GHB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamine (Meth)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synthetic marijuana (Spice, K2, K3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bath Salts (Ivorywave, Red Dove)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. Have you ever used any of these drug(s) on your own, without your own prescription or a doctor or dentist telling you to?

	NO, Never	Yes, But <b>NOT</b> in the past 30 days	Yes, In the past 30 days
Pain medication (OxyContin, Vicodin, Percodan, Codeine, or Dilaudid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steroids (juice, roids)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Downers (barbiturates, sleeping pills, sedatives, Quaaludes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tranquilizers (Valium, Xanax, or Librium)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uppers (Ritalin, Adderall, Amphetamines, or Speed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over the counter medications to get "high" (cough medicine, mouthwash)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. During the past 30 days, have you been intentionally high under the influence of drugs while you were at school?

NO

YES

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Other Substance Use

39. Please choose how true the following statement are for you.

	Definitely NOT			
	True	Mostly NOT True	Mostly True	Definitely True
My community is a safe place.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my community, kids are often teased or taunted so much their feelings are hurt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A lot of drugs are sold in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are lots of things for young people to do in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A lot of kids in my community are into using marijuana and other drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adults in my town see teenagers as valuable and important members of the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. In the past year did you:

	No	Yes
Steal something less than \$100?	<input type="radio"/>	<input type="radio"/>
Cheat on a test at school?	<input type="radio"/>	<input type="radio"/>
Sell illegal drugs?	<input type="radio"/>	<input type="radio"/>
Bring a knife, gun, or other weapon to school?	<input type="radio"/>	<input type="radio"/>
Bully someone with the idea of hurting their feelings?	<input type="radio"/>	<input type="radio"/>
Ride as a passenger with a driver under the influence of drugs or alcohol?	<input type="radio"/>	<input type="radio"/>
Drive while under the influence of drugs or alcohol?	<input type="radio"/>	<input type="radio"/>
Gamble (scratch tickets, online, sports, casino, etc)?	<input type="radio"/>	<input type="radio"/>



41. How much do you disagree or agree with the following:

	Strongly Disagree	Disagree	Agree	Strongly Agree
I feel lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am good at making decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel sad most of the time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have so much energy I don't know what to do with it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a number of good qualities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble concentrating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I stand up for what I believe in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that my life is going in a positive direction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. When you have a problem that bothers you, how often do you:

	Never or Almost Never	Sometimes	Often	Always or Almost Always
Talk about it with your parent(s) or guardian(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk about it with a teacher?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk about it with a friend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep it to yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. In the past 12 months, have you experienced any of the following?

	Yes	No
I have had thoughts about hurting myself.	<input type="radio"/>	<input type="radio"/>
I have hurt myself on purpose.	<input type="radio"/>	<input type="radio"/>
I have had a boyfriend/girlfriend hit, slap, or physically hurt me on purpose.	<input type="radio"/>	<input type="radio"/>
I have felt sad or hopeless almost every day for 2 weeks or more so that it stopped me from doing my usual activities.	<input type="radio"/>	<input type="radio"/>
I have seriously considered attempting suicide.	<input type="radio"/>	<input type="radio"/>

25  
YEARS

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VSAAC Survey 2016

## Gambling

**Gambling is risking money or something of value on an activity that has an uncertain outcome.**

44. How often do you gamble for money or possessions (such as poker, lottery, sports betting, online bets)?

- Daily
- Weekly
- Monthly
- Less than monthly
- Never

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## VSAAC Survey 2016

### Gambling

45. Please choose a response for each question below:

	Yes, in the past 12 months	Yes, but not in the past 12 months	Never
Have you ever tried to cut back on your gambling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has a family member ever expressed concern about the amount of time you gamble or the amount of money you spend gambling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever missed work, school or other important social activities because you were gambling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you think you have a gambling problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. Has anyone in your family (such as a parent or sibling, not you) ever gambled so that it created problems at home, at work or with friends?

No

Yes

25  
Years  
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Online Safety

**47. Have you ever done the following?**

	No, never	Yes, but not in the past 30 days	Yes, in the past 30 days
Had a conversation online/over technology with someone you do not know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sent pictures of yourself to someone who you had only met online/over technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sent a picture(s) showing private parts of your body to another person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received picture(s) showing private parts of body from another person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received inappropriate pictures from someone you had only met online/over technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Considered meeting in person with someone you had only met online/over technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Actually met in person with someone you had only met online/over technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Invited someone you had only met online/over technology to come to your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**48. How much time do you spend on social media on an average day?**

- Less than 1 hour     
  Between 2 and 4 hours     
  More than 6 hours  
 Between 1 and 2 hours     
  Between 4 and 6 hours

**49. Have your parent(s) or guardian(s) ever talked to you about safety online/on the internet/over technology?**

- Yes     
  No

50. Do your parent(s) or guardian(s) monitor your activities online/over technology?

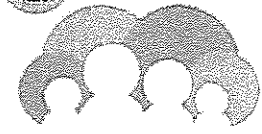
Yes

No

51. Have you ever done any of the following to hide your activity online/over technology from your parents(s) or guardian(s)?

	No, never	Yes, but not in the past 30 days	Yes, in the past 30 days
Cleared your browser history and/or cookies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cleared your search history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disabled software that your parent(s) or guardian(s) installed on an internet device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Thank you for taking the time to complete this survey.  
Please click <DONE> below.