



School Code	Client #		

YOUTH PRE SURVEY

Thank you for taking this survey. The information you provide helps us better understand youth in our community and the impact of the Voices Amplified Program. Please be honest as you respond to the questions below. There are no right or wrong answers. The best answer is the one that reflects your true opinions and feelings.

This survey is voluntary and anonymous. If you are not comfortable answering a question, just leave it blank. Please **DO NOT** put your name or any other extra marks on the survey. The survey should take about 10 to 15 minutes to complete.

Please answer each question by placing an “x” in the box.

In the example below, the student marked “yes” because they think the statement is mostly true.

Example: Chocolate is the best ice cream flavor.

NO! no yes YES!

SECTION 1: ABOUT YOU

These questions ask some general information. Please mark the response that best describes you.

1. What school do you go to? _____

2. What grade are you in?

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

3. What do you consider yourself to be? (Choose the one best answer.)

- White/ Caucasian Asian/ Pacific Islander
 Hispanic/ Latinx Multi-Racial
 Black/ African American Write in: _____

4. Who do you currently live with?

- Both parents or single parent In a foster or proctor home
 Grandparent(s) In a residential treatment facility
 Other relative [specify: _____] Other [specify: _____]
 Friend(s)

SECTION 2: NEIGHBORHOOD AND COMMUNITY CONNECTIONS

These questions ask about activities that you are participating in your community and about your experience at school.

5. In the past 90 days, have you...? (Check all that apply)

	Yes
Participated in a sport?	<input type="checkbox"/>
Participated in an extracurricular activity or club?	<input type="checkbox"/>
Participated in a faith based or religious activity?	<input type="checkbox"/>
Volunteered in your neighborhood or community?	<input type="checkbox"/>
Gone to a cultural facility (like a library, museum, park)?	<input type="checkbox"/>
Worked at a job?	<input type="checkbox"/>
Participated in an afterschool program?	<input type="checkbox"/>
Participated in foster care activities?	<input type="checkbox"/>
Other [please list in the space below]	<input type="checkbox"/>

6. Thinking about the adults in your neighborhood or community, please indicate how much you agree or disagree with the following statements.

	Strongly Agree	Agree a Little	Disagree	Strongly Disagree
There is an adult who cares about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is an adult who I can go to if I have a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is an adult who will listen to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is an adult who gives me good advice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next two questions are about how you feel at your school. If you are not currently in school—or you are on summer vacation—please skip these questions.

7. How do you feel about the school you attend?

	Strongly Agree	Agree a Little	Disagree	Strongly Disagree
I look forward to going to school in the morning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I miss a class, the teacher or other adults will notice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing well in school is important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How do you feel about the classes you take?

	Strongly Agree	Agree a Little	Disagree	Strongly Disagree
I try my hardest when I am in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy the classes I am taking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am bored when I am in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My classes are interesting and challenging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: PERCEPTIONS OF RISK

This section asks about risks associated with drug use.

9. How much risk is there that someone will harm themselves if they...?

	No Risk	Small Risk	Moderate Risk	Great Risk
Try marijuana (edibles, weed, pot, Mary Jane, hash) occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use marijuana (edibles, weed, pot, Mary Jane, hash) regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke cigarettes/ Use Juul (e-cigs) occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke one or more packs of cigarettes/ Use Juul (e-cigs) multiple times per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take one or two alcoholic drinks nearly every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take four or five alcoholic drinks nearly every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take five or more alcoholic drinks once or twice each weekend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try opioids pills occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use opioid pills regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try prescription painkillers that have not been prescribed to you occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use prescription painkillers that have not been prescribed to you regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try heroin occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use heroin regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4: ATTITUDES TOWARDS DRUG USE

The following are statements that people have made about drug use.

10. Please indicate how much you agree or disagree with each statement.

	Strongly Disagree	Disagree	Agree	Strongly Agree
Using illegal drugs can be a pleasant activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A young person should never try drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are few things more dangerous than experimenting with drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using drugs is fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many things are much riskier than trying drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Everyone who tries drugs eventually regrets it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The laws about illegal drugs should be made stronger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug use is one of the biggest evils in the country.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs help people to experience life in full.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools should teach about the real hazards of taking drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The police should not be annoying young people who are trying drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To experiment with drugs is to give away control of your life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5: RISKY BEHAVIORS

In this final section, we ask you questions about risky behaviors, including drug use. We ask these questions to help us understand how youth might be thinking about drugs and other substances. Remember that your responses are strictly confidential.

11. In the past **30 days**, how often (if ever) have you used the following drugs?

	Never used	1-2 times	3-5 times	5-10 times	10-20 times	20+ times
Marijuana (including vaping, edibles, or dabbing)	<input type="checkbox"/>					
Tobacco (including vaping, smoking or chewing)	<input type="checkbox"/>					
Alcohol	<input type="checkbox"/>					
Opioids (heroin, medication not prescribed to you)	<input type="checkbox"/>					

12. In the past **90 days**, how often (if ever) have you used the following drugs?

	Never used	1-2 times	3-5 times	5-10 times	10-20 times	20+ times
Marijuana (including vaping, dabbing, or edibles)	<input type="checkbox"/>					
Tobacco (including vaping, smoking or chewing)	<input type="checkbox"/>					
Alcohol	<input type="checkbox"/>					
Opioids (heroin, medication not prescribed to you)	<input type="checkbox"/>					

13. Are you currently in substance use treatment?

- Yes
- No
- Prefer not to answer

If yes, how many days have you been clean? _____ days

14. Have you been arrested or charged with a crime in the past 90 days?

- Yes
- No
- Prefer not to answer

THANK YOU!

Thank you for completing this survey! The information you provide helps us create a strong program for youth in our community. If you EVER feel like you need something and do not know who to ask, please write down these contacts.

- Volunteers of America, Utah Amplified Mentoring Program (801) 364-0744 ext. 123
- Safe UT <https://healthcare.utah.edu/uni/safe-ut/>