

Survey Validity

	%	N
Invalid	16%	30
Valid	84%	154

Valid surveys are those that have 40% or more of the questions answered, report no derbisol use, and indicate that the respondent was honest at least some of the time.

Age

	10th	
	Avg	N
How old are you?	16.1	154

Gender

	10th	
	%	N
Female	55%	84
Male	45%	70

Race/Ethnicity

	10th	
	%	N
White	0%	0
Black / African American	86%	132
Latino / Latina	1%	1
Asian American	0%	0
Native American / American Indian	2%	3
Multi-racial	9%	14
Other	3%	5

Living Arrangement

	10th	
	%	N
Both parents	27%	41
Parent and step parent	14%	22
Mother only	39%	59
Father only	2%	3
Legal Guardian	12%	18
Foster parent	2%	3
Group home or residential care	1%	2
Living independently	0%	0
Other	3%	5

At school are you eligible to receive:

	10th	
	%	N
Free lunch	89%	137
Reduced lunch price	5%	8
Neither	6%	9

About how many days are you absent from school during an entire year?

	10th	
	%	N
0 - 9 days	71%	108
10 - 19 days	21%	32
20 - 30 days	7%	10
More than 30 days	2%	3

If you wanted to get the following, how difficult would it be to get?

		Very hard	Sort of hard	Sort of easy	Very easy
		%	%	%	%
10th	Alcohol	37%	19%	26%	19%
	Cigarettes	32%	13%	15%	40%
	Marijuana	23%	5%	13%	59%
	Drug like cocaine, LSD, or amphetamines	61%	11%	14%	14%

How wrong would most adults (over 21) in your neighborhood think it is for kids your age to:

		Very wrong	Wrong	A little bit wrong	Not wrong at all
		%	%	%	%
10th	Drink alcohol?	29%	24%	31%	15%
	Smoke cigarettes?	39%	21%	27%	13%
	Use marijuana?	34%	24%	28%	15%

In which of the following activities do you participate?

	10th	
	%	N
School sports team	59%	69
Other sports	39%	46
Scouting	3%	3
Boys and girls club	12%	14
4-H club	2%	2
Service or voluntary projects	32%	38
Church youth group or other faith-based youth group	23%	27
Other activities	62%	72

How safe do you feel in your neighborhood?

	10th	
	%	N
Very safe	27%	40
Sort of safe	47%	70
Sort of unsafe	17%	26
Very unsafe	9%	14

How old were you when you first:

		Never have	10 or younger	11	12	13	14	15	16	17
		%	%	%	%	%	%	%	%	%
10th	Smoked marijuana	58%	1%	1%	3%	7%	12%	12%	5%	1%
	Smoked a cigarette, even just a puff	73%	8%	1%	3%	6%	4%	4%	1%	1%
	Used any other tobacco product (chewing tobacco or cigars)	94%	1%	1%	1%	1%	0%	1%	1%	0%
	Had more than a sip or two of alcohol	42%	6%	0%	3%	5%	12%	17%	13%	1%
	Began drinking alcoholic beverages regularly (at least once or twice a month)	77%	2%	0%	1%	1%	5%	4%	8%	2%

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Cigarettes: Past month and Past Year

		Not at all	Less than one cigarette per day	One to five cigarettes per day	About one-half pack per day	About one pack per day	About one and one-half packs per day	Two packs or more per day
		%	%	%	%	%	%	%
10th	PAST MONTH cigarette use	97%	3%	0%	0%	1%	0%	0%
	PAST YEAR cigarette use	95%	3%	1%	0%	1%	1%	0%

Other Tobacco Products: Past month and Past Year

		Never	Once or twice	Once or twice per week	About once a day	More than once a day
		%	%	%	%	%
10th	PAST MONTH other tobacco products use	95%	3%	1%	1%	1%
	PAST YEAR other tobacco products use	93%	5%	2%	1%	0%

Alcohol: Number of Occasions of Past month and Past Year use

		0 Occasions	1 - 2 occasions	3 - 5 occasions	6 - 9 occasions	10 - 19 occasions	20 or more occasions
		%	%	%	%	%	%
10th	PAST MONTH alcohol use	72%	17%	6%	3%	1%	1%
	PAST YEAR alcohol use	53%	19%	11%	6%	6%	6%

In the past 2 weeks, how many times have you had five or more alcoholic drinks in a row?

		None	Once	Twice	3-5 times	6-9 times
		%	%	%	%	%
10th	Binge drinking	89%	5%	4%	1%	1%

Illicit drugs: Number of Occasions of Past Month use

		0 Occasions	1 - 2 occasions	3 - 5 occasions	6 - 9 occasions	10 - 19 occasions	20 or more occasions
		%	%	%	%	%	%
10th	PAST MONTH marijuana use	75%	12%	4%	4%	1%	4%
	PAST MONTH inhalant use	99%	0%	1%	0%	0%	1%

Illicit drugs: Number of Occasions of Past Year use

		0 Occasions	1 - 2 occasions	3 - 5 occasions	6 - 9 occasions	10 - 19 occasions	20 or more occasions
		%	%	%	%	%	%
10th	PAST YEAR marijuana use	63%	11%	8%	7%	4%	6%
	PAST YEAR inhalant use	99%	0%	1%	0%	0%	1%
	PAST YEAR MDMA ('ecstasy') use	99%	1%	0%	0%	0%	0%
	PAST YEAR LSD use	100%	0%	0%	0%	0%	0%
	PAST YEAR cocaine / crack use	100%	0%	0%	0%	0%	0%
	PAST YEAR meth use	100%	0%	0%	0%	0%	0%
	PAST YEAR heroin use	100%	0%	0%	0%	0%	0%

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During the past 12 months, which of these over-the-counter drugs have you used for non-medical purposes?

		No	Yes: one or two times	Yes: 3-5 times	Yes: 6 or more times
		%	%	%	%
10th	Performance-enhancing or body-building supplements (Creatine, fat-burners, etc.)	97%	1%	1%	1%
	Over-the-counter weight loss aids (laxatives, Dexatrim, etc.)	97%	2%	0%	1%
	Other over-the-counter drugs (cough syrup, etc.)	89%	9%	1%	1%

During the past 12 months, which of these drugs have you used without a doctor's prescription?

		No	Yes: one or two times	Yes: 3-5 times	Yes: 6 or more times
		%	%	%	%
10th	Steroids	99%	0%	1%	0%
	Uppers (Ritalin, etc.)	99%	1%	0%	0%
	Downers (Valium, Ambien, etc.)	99%	1%	1%	0%
	Other prescription drugs (OxyContin, Ketamine, etc.)	99%	0%	0%	1%

During the past year, how often did you get cigarettes or other tobacco products from the following sources?

		I did not use cigarettes or other tobacco products during the past year	Never	sometimes	Often
		%	%	%	%
10th	I bought them at a gas station	91%	5%	2%	1%
	I bought them at a store	91%	5%	2%	1%
	I bought them from a vending machine	92%	8%	1%	0%
	I gave a stranger money to buy them for me	92%	5%	2%	1%
	I bought them over the Internet	92%	8%	0%	0%
	A friend gave them to me	92%	2%	3%	3%
	My older brother or sister gave them to me	92%	6%	1%	1%
	My parent gave them to me	91%	7%	0%	1%
	I took them from a store	92%	7%	1%	0%
	I took them from home without my parents knowing it	92%	8%	1%	0%
	I got them some other way	92%	5%	1%	2%

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During the past year, how often did you get alcohol from the following sources?

		I did not drink beer, wine, or liquor during the past year	Never	sometimes	Often
		%	%	%	%
10th	I bought it at a gas station	63%	35%	2%	0%
	I bought it at a store	64%	27%	7%	2%
	I bought it at a bar or restaurant	64%	35%	1%	1%
	I gave a stranger money to buy them for me	64%	28%	4%	4%
	I bought it over the Internet	64%	32%	2%	2%
	A friend gave it to me	64%	15%	16%	6%
	My older brother or sister gave it to me	63%	25%	7%	6%
	My parents with their permission	63%	26%	8%	2%
	My parents without their permission	63%	24%	12%	1%
	An adult (other than my parents) with that adult's permission	64%	23%	10%	3%
	An adult (other than my parents) without that adult's permission	64%	32%	2%	2%
	I took it from a store	64%	33%	3%	0%
	I got it at a party	64%	18%	13%	4%
	I got it some other way	64%	25%	6%	6%

During the last 30 days, on how many days did you:

		None	One or two days	3-5 days	6 or more days
		%	%	%	%
10th	Drink alcohol on school property?	92%	6%	1%	1%
	Use marijuana on school property?	86%	7%	2%	5%

When was the LAST time that:

		Never	More than a year ago	2-12 months ago	Past month
		%	%	%	%
10th	you used alcohol or other drugs weekly?	77%	5%	10%	9%
	you kept using alcohol or drugs even after you knew it could get you into fights or other kinds of legal trouble?	90%	3%	3%	4%
	you had withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or that you used any alcohol or other drugs to stop being sick or avoid withdrawal?	94%	1%	2%	2%
	you spent a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (high, sick)?	91%	1%	4%	4%
	your use of alcohol or drugs caused you to give up, reduce or have problems at important activities at work, school, home or social events?	96%	1%	0%	3%

If you drank beer, wine, or liquor in the past 30 days, what did you drink?

		I did not drink beer, wine, or liquor during the past year	Never	sometimes	Often
		%	%	%	%
10th	Beer	82%	15%	2%	1%
	Malt liquor	82%	15%	2%	1%
	Wine	82%	9%	7%	2%
	Wine cooler	82%	7%	9%	3%
	Liquor (vodka, whiskey, etc.)	81%	4%	8%	6%
	Mixed drinks (margarita, etc.)	82%	9%	7%	2%
	Flavored 'alcopops' (hard lemonade, hard cider, etc.)	82%	12%	4%	2%

How much do you think people risk harming themselves (physically or in other ways) if they:

		No risk	Slight risk	Moderate risk	Great risk
		%	%	%	%
10th	Smoke one or more packs of cigarettes per day	23%	9%	21%	47%
	Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day	25%	11%	32%	32%
	Have five or more drinks of an alcoholic beverage once or twice a week	26%	11%	29%	34%
	Smoke marijuana regularly	27%	18%	17%	37%
	Smoke marijuana once or twice a week	31%	29%	22%	18%
	Use inhalants regularly	23%	8%	14%	55%

During the past 12 months, how many times were you in a physical fight?

	Never	1-2 times	3-5 times	6 or more times
	%	%	%	%
10th	51%	35%	12%	1%

During the past 12 months, how many times have you ridden in a car driven by:

		Never	1-2 times	3-5 times	6 or more times
		%	%	%	%
10th	a TEENAGER who had been drinking or using drugs	82%	11%	5%	2%
	an ADULT who had been drinking or using drugs	69%	18%	7%	6%

During the past 12 months, how many times did you drive a car or other vehicle when:

		Never	1-2 times	3-5 times	6 or more times
		%	%	%	%
10th	drinking alcohol	95%	3%	2%	0%
	using marijuana or other illegal drugs	93%	4%	1%	1%

During the past 12 months, have any of the following been done by someone in a dating relationship to you?

		I have not begun to date	Yes	No	Not sure
		%	%	%	%
10th	Abused in past year	6%	20%	69%	5%
	Called you names to put you down or make you feel bad?	5%	18%	73%	5%
	Insisted on knowing who you're with and where you are at all times?	5%	36%	53%	6%
	Followed you?	5%	11%	74%	10%
	Destroyed something that belonged to you or that you liked very much?	5%	14%	76%	5%
	Threatened or frightened your family or friends?	6%	4%	86%	4%

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

	Yes	No
	%	%
10th	11%	89%

During the past year have any of the following happened to you due to someone else's drinking?

		Yes	No
		%	%
10th	I have been injured by a vehicle	5%	95%
	I have been physically attacked	10%	90%
	I have been threatened	17%	83%

During the past year, in which of the following ways has another teen's drinking affected you?

		Yes	No
		%	%
10th	It made me feel unsafe	23%	77%
	It made learning harder	16%	84%

How wrong do you think it is for someone your age to:

		Very wrong	Wrong	A little bit wrong	Not wrong at all
		%	%	%	%
10th	Drink alcohol regularly	52%	23%	20%	5%
	Smoke cigarettes?	64%	22%	11%	3%
	Smoke marijuana?	53%	22%	15%	10%
	Use LSD, cocaine, amphetamines or another illegal drug?	87%	10%	2%	1%

Do you currently belong to a street gang?

	Yes	No
	%	%
10th	15%	85%

How many times in the past year (12 months) have you:

		Never	1 or 2 times	3 to 5 times	6 to 9 times	10 to 19 times	20 or more times
		%	%	%	%	%	%
10th	Carried a weapon such as a handgun, knife or club?	82%	8%	4%	1%	0%	4%
	Sold illegal drugs?	91%	5%	3%	0%	0%	1%
	Been drunk or high at school?	81%	7%	8%	1%	1%	1%

During the past 12 months, has another student at school:

		Yes	No
		%	%
10th	Bullied you by calling you names?	17%	83%
	Threatened to hurt you?	21%	79%
	Bullied you by hitting, punching, kicking, or pushing you?	6%	94%

What are the chances you would be seen as cool if:

		No or very little chance	Little chance	Some chance	Pretty good chance	Very good chance
		%	%	%	%	%
10th	Smoked cigarettes?	73%	11%	7%	4%	4%
	Began drinking alcohol regularly?	60%	12%	12%	9%	8%
	Smoked marijuana?	52%	11%	11%	11%	16%

How likely is it that you will complete a post high school program such as vocational training program, military service, community college, or 4-year college?

	Definitely will not	Probably will not	Probably will	Definitely will	Not sure
	%	%	%	%	%
10th	9%	4%	23%	46%	18%

How old were you the first time you gambled (bet money or something of value on sports, a game of chance or skill, plays the lottery or bet on cards or dice games)?

	Never	10 or younger	11	12	13	14	15	16	17 or older
	%	%	%	%	%	%	%	%	%
10th	41%	7%	4%	8%	8%	12%	7%	10%	2%

In the last 30 days, have you gambled for money or anything of value?

	Yes	No
	%	%
10th	33%	67%

In the past 12 months, have you gambled for money or anything of value?

	Yes	No
	%	%
10th	40%	60%

If you gambled for money in the past 12 months, where have you gambled?

	10th	
	%	N
Didn't gamble for money	50%	61
At someone's house	24%	29
Casino or Riverboat	1%	1
Internet	3%	4
Poker Machine	2%	2
Person-to-person betting with another teen	23%	28
Person-to-person betting with an adult	16%	19
Lottery self-service machine	4%	5
Other lottery tickets	5%	6
Off-Track Betting	1%	1
Sports Pool	5%	6
Other	22%	27

What percent of students at your school do you think have done the following in the past 30 days:

		0%	1-10%	11-20%	21-30%	31-40%	41-50%	51-60%	61-70%	71-80%	81-90%	91-100%
		%	%	%	%	%	%	%	%	%	%	%
10th	Smoked cigarettes	12%	2%	2%	9%	5%	12%	11%	11%	12%	12%	12%
	Had beer, wine, or hard liquor	8%	1%	4%	2%	8%	5%	5%	6%	19%	24%	18%
	Used marijuana	10%	1%	2%	1%	4%	3%	4%	5%	15%	27%	28%

In the past 12 months did you ever feel so sad or hopeless that you stopped doing some usual activities?

	Yes	No
	%	%
10th	25%	75%

Is there an adult you know (other than your parent) you could talk to about important things in your life?

	No	Yes, one adult	Yes, more than one adult
	%	%	%
10th	22%	20%	59%

How do you describe your weight?

	Very underweight	Slightly underweight	About the right weight	Slightly overweight	Very overweight
	%	%	%	%	%
10th	4%	10%	57%	26%	3%

Average Height and Weight

	Grade		
	10th		
	Mean	Median	N
Height (inches)	66.4	66.0	123
Weight (pounds)	146.1	142.0	121

During the past 7 days, how many times did you:

		None	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
		%	%	%	%	%	%	%
10th	Eat fruit	15%	27%	22%	8%	8%	7%	14%
	Eat vegetables	26%	33%	16%	9%	7%	4%	5%

During the past 7 days how many glasses of milk did you drink?

	I did not drink milk during the past 7 days	1 to 3 glasses during the past 7 days	4 to 6 glasses during the past 7 days	1 glass per day	2 glasses per day	3 glasses per day	4 or more glasses per day
	%	%	%	%	%	%	%
10th	21%	23%	16%	10%	14%	6%	10%

On how many of the past 7 days did you participate in a physical activity?

	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
	%	%	%	%	%	%	%	%
10th	15%	6%	14%	10%	7%	23%	6%	20%

On an average school day, how many hours do you watch TV?

	I do not watch TV on an average school day	Less than 1 hour per day	1 hour per day	2 hours per day	3 hours per day	4 hours per day	5 or more hours per day
	%	%	%	%	%	%	%
10th	6%	6%	6%	13%	18%	18%	32%

In a typical week how often do you and your parent(s) or guardian eat dinner together?

	Never	1 day	2 days	3 days	4 days	5 days	6 days	7 days
	%	%	%	%	%	%	%	%
10th	33%	4%	11%	20%	10%	6%	1%	16%

Putting them all together, what were your grades like for the last year?

	Mostly A	Mostly A and B	Mostly B	Mostly B and C	Mostly C	Mostly C and D	Mostly D	Mostly F
	%	%	%	%	%	%	%	%
10th	7%	12%	2%	26%	20%	27%	4%	2%

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 the way to or from school?

	0 days	1 day	2 or 3 days	4 or 5 days	6 or more days
	%	%	%	%	%
10th	78%	7%	9%	3%	2%

How true are the following statements?

At my school there is a teacher or some other adult who:		Not at all true	A little true	Pretty much true	Very much true
		%	%	%	%
10th	Really cares about me.	25%	29%	17%	29%
	Notices when I'm not there.	22%	22%	22%	33%
	Listens to me when I have something to say.	27%	28%	19%	27%
	Notices if I have trouble learning something.	26%	27%	23%	24%
	Tells me when I do a good job.	21%	24%	24%	31%
	Always wants me to do my best.	18%	13%	30%	39%
	Believes that I will be a success.	17%	18%	27%	37%
Encourages me to work hard in school.	16%	14%	29%	42%	

How true are the following statements?

At school:		Not at all true	A little true	Pretty much true	Very much true
		%	%	%	%
10th	I do interesting activities.	41%	23%	13%	24%
	I help decide things like class activities or rules.	54%	27%	10%	8%
	I do things that make a difference.	40%	26%	21%	14%

How strongly do you agree or disagree with the following statements about your school?

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
		%	%	%	%	%
10th	I feel close to people at this school.	25%	10%	24%	27%	14%
	I am happy to be at this school.	32%	12%	22%	21%	13%
	I feel safe in my school.	25%	11%	30%	21%	13%
	The teachers at this school treat students fairly.	39%	21%	21%	10%	9%

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

		Very wrong	Wrong	A little bit wrong	Not wrong at all
		%	%	%	%
10th	Drink alcohol regularly	87%	8%	3%	2%
	Smoke cigarettes	91%	7%	3%	0%
	Smoke marijuana	88%	8%	2%	3%

In the past year have your parents/guardians talked to you about not using the following:

		Yes	No	Don't remember
		%	%	%
10th	Tobacco	46%	40%	14%
	Alcohol	53%	36%	11%
	Marijuana and other illegal drugs	59%	28%	14%

Family Relationships

		Never	Sometimes	Most of the time	Always
		%	%	%	%
10th	When I am not at home, one of my parents knows where I am and who I am with.	17%	21%	18%	44%
	If you drank some beer or wine or liquor (for example, vodka, whiskey, or gin) without your parents' permission would you be caught by your parents?	48%	24%	10%	18%
	My parents ask if I've gotten my homework done.	17%	33%	17%	32%
	Would your parents know if you did not come home on time?	13%	22%	24%	40%
	If you go to a party where alcohol is served, would you be caught by your parents?	50%	21%	12%	17%
	If you drank and drove, would you be caught by your parents?	38%	13%	13%	35%
	If you rode in a car driven by a teen driver who had been drinking, would you be caught by your parents?	40%	19%	17%	24%

My family has clear rules about alcohol and drug use

	Yes	No
	%	%
10th	77%	23%

In the past 3 months, have your parents ever talked with you about:

		Yes	No
		%	%
10th	not drinking and driving?	55%	45%
	not riding with a driver who had been drinking?	56%	44%

Avalon Park 10th Grade - 2010
Substance Use

