



**Living Arrangement**

	6th		8th	
	%	N	%	N
Both parents	28%	45	20%	30
Parent and step parent	17%	27	14%	21
Mother only	45%	72	54%	82
Father only	2%	3	1%	2
Legal Guardian	8%	13	8%	12
Foster parent	1%	2	2%	3
Group home or residential care	0%	0	0%	0
Living independently	0%	0	0%	0
Other	1%	2	2%	3

**At school are you eligible to receive:**

	6th		8th	
	%	N	%	N
Free lunch	91%	146	90%	138
Reduced lunch price	9%	15	7%	10
Neither	0%	0	3%	5

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

	6th		8th	
	%	N	%	N
0 - 9 days	87%	136	90%	139
10 - 19 days	6%	10	8%	12
20 - 30 days	3%	4	1%	2
More than 30 days	4%	6	1%	1

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

		Very hard	Sort of hard	Sort of easy	Very easy
		%	%	%	%
6th	Alcohol	72%	10%	9%	9%
	Cigarettes	70%	10%	6%	14%
	Marijuana	72%	13%	6%	9%
8th	Alcohol	51%	21%	21%	7%
	Cigarettes	52%	16%	16%	16%
	Marijuana	52%	13%	18%	18%
	Drug like cocaine, LSD, or amphetamines	78%	9%	7%	7%

**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
		%	%	%	%
6th	Drink alcohol?	61%	20%	15%	4%
	Smoke cigarettes?	66%	16%	13%	5%
	Use marijuana?	66%	21%	11%	2%
8th	Drink alcohol?	43%	24%	22%	11%
	Smoke cigarettes?	49%	21%	20%	10%
	Use marijuana?	49%	24%	21%	5%

**In which of the following activities do you participate?**

	6th		8th	
	%	N	%	N
School sports team	61%	90	68%	99
Other sports	63%	92	67%	97
Scouting	12%	18	11%	16
Boys and girls club	25%	37	20%	29
4-H club	2%	3	2%	3
Service or voluntary projects	30%	44	33%	48
Church youth group or other faith-based youth group	53%	78	48%	70
Other activities	46%	67	69%	100

**How safe do you feel in your neighborhood?**

	6th		8th	
	%	N	%	N
Very safe	36%	55	31%	48
Sort of safe	39%	59	45%	69
Sort of unsafe	16%	24	17%	26
Very unsafe	10%	15	7%	11

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**How old were you when you first:**

		Never have	10 or younger	11	12	13	14	15
		%	%	%	%	%	%	%
8th	Smoked marijuana	80%	1%	1%	7%	7%	3%	1%
	Smoked a cigarette, even just a puff	80%	7%	3%	3%	6%	1%	0%
	Used any other tobacco product (chewing tobacco or cigars)	95%	1%	1%	1%	3%	0%	0%
	Had more than a sip or two of alcohol	55%	9%	3%	7%	14%	9%	3%
	Began drinking alcoholic beverages regularly (at least once or twice a month)	83%	1%	1%	3%	8%	3%	1%

**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
		%	%	%	%	%	%	%
6th	PAST MONTH cigarette use	99%	0%	0%	0%	0%	1%	0%
	PAST YEAR cigarette use	97%	1%	1%	0%	1%	1%	0%
8th	PAST MONTH cigarette use	97%	1%	0%	0%	0%	1%	1%
	PAST YEAR cigarette use	95%	4%	0%	0%	0%	1%	1%

**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
		%	%	%	%	%
6th	PAST MONTH other tobacco products use	100%	0%	0%	0%	0%
	PAST YEAR other tobacco products use	99%	1%	0%	0%	1%
8th	PAST MONTH other tobacco products use	97%	3%	0%	0%	0%
	PAST YEAR other tobacco products use	94%	6%	0%	0%	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
		%	%	%	%	%	%
6th	PAST MONTH alcohol use	91%	8%	1%	0%	0%	0%
	PAST YEAR alcohol use	79%	15%	4%	2%	0%	1%
8th	PAST MONTH alcohol use	84%	7%	7%	2%	1%	0%
	PAST YEAR alcohol use	67%	16%	8%	5%	1%	3%

**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	10 or more times
		%	%	%	%	%	%
6th	Binge drinking	98%	1%	1%	0%	0%	0%
8th	Binge drinking	91%	3%	1%	3%	1%	1%

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**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
		%	%	%	%	%	%
6th	PAST MONTH marijuana use	97%	2%	0%	0%	0%	1%
	PAST MONTH inhalants use	96%	2%	1%	0%	1%	1%
8th	PAST MONTH marijuana use	86%	7%	3%	2%	0%	1%
	PAST MONTH inhalants use	97%	1%	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
		%	%	%	%	%	%
6th	PAST YEAR marijuana use	94%	4%	1%	0%	1%	1%
	PAST YEAR inhalant use	95%	3%	1%	0%	1%	0%
8th	PAST YEAR marijuana use	77%	13%	6%	1%	1%	3%
	PAST YEAR inhalant use	96%	2%	0%	0%	2%	0%
	PAST YEAR MDMA ('ecstasy') use	100%	0%	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%

**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
		%	%	%	%
8th	Performance-enhancing or body-building supplements (Creatine, fat-burners, etc.)	97%	1%	1%	0%
	Over-the-counter weight loss aids (laxatives, Dexatrim, etc.)	98%	1%	0%	1%
	Other over-the-counter drugs (cough syrup, etc.)	86%	5%	7%	2%

**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
		%	%	%
8th	Steroids	99%	1%	1%
	Uppers (Ritalin, etc.)	100%	0%	0%
	Downers (Valium, Ambien, etc.)	99%	0%	1%
	Other prescription drugs (OxyContin, Ketamine, etc.)	99%	0%	1%

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**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
		%	%	%	%
8th	I bought them at a gas station	93%	6%	1%	0%
	I bought them at a store	93%	6%	1%	0%
	I bought them from a vending machine	93%	6%	1%	0%
	I gave a stranger money to buy them for me	93%	6%	1%	0%
	I bought them over the Internet	93%	7%	0%	0%
	A friend gave them to me	93%	3%	3%	1%
	My older brother or sister gave them to me	93%	6%	0%	1%
	My parent gave them to me	93%	7%	0%	0%
	I took them from a store	93%	7%	0%	0%
	I took them from home without my parents knowing it	93%	6%	1%	0%
	I got them some other way	93%	6%	0%	1%

**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
		%	%	%	%
8th	I bought it at a gas station	72%	25%	2%	1%
	I bought it at a store	72%	20%	6%	2%
	I bought it at a bar or restaurant	72%	28%	0%	0%
	I gave a stranger money to buy them for me	72%	23%	4%	1%
	I bought it over the Internet	72%	28%	0%	0%
	A friend gave it to me	71%	16%	10%	3%
	My older brother or sister gave it to me	72%	20%	7%	1%
	My parents with their permission	72%	21%	5%	1%
	My parents without their permission	72%	17%	7%	4%
	An adult (other than my parents) with that adult's permission	72%	21%	5%	2%
	An adult (other than my parents) without that adult's permission	72%	22%	5%	1%
	I took it from a store	72%	27%	0%	1%
	I got it at a party	72%	13%	12%	2%
I got it some other way	72%	23%	3%	2%	

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

		None	One or two days	6 or more days
		%	%	%
8th	Drink alcohol on school property?	91%	7%	1%
	Use marijuana on school property?	95%	5%	0%

**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
		%	%	%	%
6th	Beer	92%	6%	1%	0%
	Malt liquor	93%	6%	1%	1%
	Wine	93%	5%	1%	1%
	Wine cooler	93%	5%	1%	1%
	Liquor (vodka, whiskey, etc.)	93%	4%	3%	1%
	Mixed drinks (margarita, etc.)	93%	3%	3%	1%
	Flavored 'alcopops' (hard lemonade, hard cider, etc.)	93%	6%	1%	0%
8th	Beer	87%	10%	3%	1%
	Malt liquor	87%	11%	2%	0%
	Wine	86%	8%	6%	0%
	Wine cooler	86%	7%	6%	1%
	Liquor (vodka, whiskey, etc.)	84%	3%	10%	3%
	Mixed drinks (margarita, etc.)	87%	6%	7%	1%
	Flavored 'alcopops' (hard lemonade, hard cider, etc.)	87%	7%	6%	1%

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

		No risk	Slight risk	Moderate risk	Great risk
		%	%	%	%
6th	Smoke one or more packs of cigarettes per day	34%	15%	19%	32%
	Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day	39%	14%	22%	25%
	Have five or more drinks of an alcoholic beverage once or twice a week	39%	16%	21%	24%
	Smoke marijuana regularly	40%	6%	14%	39%
	Smoke marijuana once or twice a week	44%	17%	17%	22%
	Use inhalants regularly	43%	12%	11%	34%
8th	Smoke one or more packs of cigarettes per day	20%	12%	16%	52%
	Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day	18%	19%	22%	41%
	Have five or more drinks of an alcoholic beverage once or twice a week	20%	11%	27%	42%
	Smoke marijuana regularly	20%	12%	19%	49%
	Smoke marijuana once or twice a week	24%	26%	26%	23%
	Use inhalants regularly	23%	9%	17%	51%

**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
	%	%	%	%
6th	37%	34%	17%	12%
8th	35%	38%	14%	13%

**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
		%	%	%	%
6th	a TEENAGER who had been drinking or using drugs	91%	4%	1%	3%
	an ADULT who had been drinking or using drugs	77%	15%	4%	3%
8th	a TEENAGER who had been drinking or using drugs	84%	12%	2%	2%
	an ADULT who had been drinking or using drugs	68%	17%	7%	8%

**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
		%	%	%	%
8th	Abused in past year	15%	14%	69%	3%

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

		Yes	No
		%	%
6th	I have been injured by a vehicle	9%	91%
	I have been physically attacked	6%	94%
	I have been threatened	18%	82%
8th	I have been injured by a vehicle	3%	97%
	I have been physically attacked	7%	93%
	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
		%	%
8th	It made me feel unsafe	26%	74%
	It made learning harder	16%	84%



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

		Very wrong	Wrong	A little bit wrong	Not wrong at all
		%	%	%	%
6th	Drink alcohol regularly	78%	12%	9%	1%
	Smoke cigarettes?	76%	19%	4%	1%
	Smoke marijuana?	82%	12%	5%	1%
	Use LSD, cocaine, amphetamines or another illegal drug?	91%	8%	1%	1%
8th	Drink alcohol regularly	61%	26%	11%	1%
	Smoke cigarettes?	75%	19%	5%	1%
	Smoke marijuana?	69%	16%	11%	4%
	Use LSD, cocaine, amphetamines or another illegal drug?	92%	6%	1%	1%

**Do you currently belong to a street gang?**

	Yes	No
	%	%
8th	13%	87%

**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
		%	%	%	%	%	%
8th	Carried a weapon such as a handgun, knife or club?	74%	15%	4%	2%	1%	3%
	Sold illegal drugs?	93%	3%	1%	1%	1%	1%
	Been drunk or high at school?	92%	4%	2%	1%	0%	1%

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

		Yes	No
		%	%
6th	Bullied you by calling you names?	35%	65%
	Threatened to hurt you?	28%	72%
	Bullied you by hitting, punching, kicking, or pushing you?	21%	79%
8th	Bullied you by calling you names?	24%	76%
	Threatened to hurt you?	22%	78%
	Bullied you by hitting, punching, kicking, or pushing you?	11%	89%

**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
		%	%	%	%	%
6th	Smoked cigarettes?	78%	7%	4%	6%	5%
	Began drinking alcohol regularly?	76%	10%	6%	4%	3%
	Smoked marijuana?	79%	9%	3%	3%	6%
8th	Smoked cigarettes?	71%	13%	6%	5%	6%
	Began drinking alcohol regularly?	63%	12%	12%	7%	7%
	Smoked marijuana?	59%	11%	11%	9%	12%

**Amount of time child spends alone each week after school:**

	6th	8th
	%	%
None	53%	37%
1 to 2 days, < 3 hours per day	10%	10%
1 to 2 days, > 3 hours per day	3%	5%
3 or more days, < 3 hours per day	16%	23%
3 or more days, > 3 hours per day	18%	26%

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

	Yes	No
	%	%
8th	25%	75%

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

	Yes	No
	%	%
8th	29%	71%

**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
	%	%	%
6th	16%	29%	55%
8th	6%	27%	67%

**How do you describe your weight?**

	Very underweight	Slightly underweight	About the right weight	Slightly overweight	Very overweight
	%	%	%	%	%
6th	13%	8%	54%	23%	2%
8th	4%	11%	61%	22%	2%

**Average Height and Weight**

	Grade					
	6th			8th		
	Mean	Median	N	Mean	Median	N
Height (inches)	62.0	63.0	82	65.2	65.0	83
Weight (pounds)	133.8	113.5	82	138.4	130.5	82

**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
		%	%	%	%	%	%	%
6th	Eat fruit	7%	22%	19%	8%	14%	9%	22%
	Eat vegetables	26%	22%	15%	14%	9%	6%	9%
8th	Eat fruit	7%	26%	13%	8%	14%	11%	21%
	Eat vegetables	20%	31%	14%	10%	13%	4%	9%

**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
	%	%	%	%	%	%	%	%
6th	19%	8%	27%	11%	6%	7%	3%	19%
8th	19%	6%	13%	15%	11%	9%	6%	21%

**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
	%	%	%	%	%	%	%
6th	5%	8%	8%	16%	14%	9%	40%
8th	11%	5%	9%	13%	21%	13%	27%

**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
	%	%	%	%	%	%	%	%
6th	18%	8%	9%	10%	6%	7%	3%	39%
8th	24%	4%	7%	13%	13%	7%	3%	29%

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**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
	%	%	%	%	%	%	%	%
6th	4%	28%	2%	35%	12%	15%	2%	2%
8th	3%	25%	7%	33%	13%	12%	3%	3%

**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
	%	%	%	%	%
6th	81%	8%	8%	3%	1%
8th	92%	3%	3%	2%	0%

**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
		%	%	%	%
6th	Really cares about me.	11%	23%	28%	38%
	Notices when I'm not there.	15%	21%	32%	31%
	Listens to me when I have something to say.	16%	25%	32%	27%
	Notices if I have trouble learning something.	7%	23%	33%	37%
	Tells me when I do a good job.	11%	12%	31%	46%
	Always wants me to do my best.	4%	7%	24%	65%
	Believes that I will be a success.	5%	12%	25%	59%
	Encourages me to work hard in school.	7%	10%	25%	58%
8th	Really cares about me.	11%	11%	27%	51%
	Notices when I'm not there.	15%	9%	25%	51%
	Listens to me when I have something to say.	10%	13%	35%	42%
	Notices if I have trouble learning something.	10%	14%	26%	50%
	Tells me when I do a good job.	12%	12%	29%	47%
	Always wants me to do my best.	8%	8%	13%	71%
	Believes that I will be a success.	11%	10%	23%	57%
	Encourages me to work hard in school.	11%	3%	23%	63%

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**How true are the following statements?**

		Not at all true	A little true	Pretty much true	Very much true
		%	%	%	%
<b>At school:</b>					
6th	I do interesting activities.	12%	21%	31%	36%
	I help decide things like class activities or rules.	37%	25%	25%	13%
	I do things that make a difference.	24%	31%	31%	15%
8th	I do interesting activities.	15%	24%	22%	39%
	I help decide things like class activities or rules.	46%	22%	19%	14%
	I do things that make a difference.	27%	25%	22%	25%

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

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
		%	%	%	%	%
6th	I feel close to people at this school.	16%	8%	15%	40%	21%
	I am happy to be at this school.	15%	8%	24%	37%	15%
	I feel safe in my school.	7%	11%	22%	38%	22%
	The teachers at this school treat students fairly.	12%	17%	24%	31%	16%
8th	I feel close to people at this school.	14%	6%	17%	36%	27%
	I am happy to be at this school.	16%	15%	18%	28%	23%
	I feel safe in my school.	11%	8%	20%	31%	30%
	The teachers at this school treat students fairly.	20%	14%	23%	25%	18%

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

		Very wrong	Wrong	A little bit wrong	Not wrong at all
		%	%	%	%
6th	Drink alcohol regularly	85%	10%	3%	3%
	Smoke cigarettes	86%	10%	2%	2%
	Smoke marijuana	90%	7%	2%	1%
8th	Drink alcohol regularly	90%	5%	4%	1%
	Smoke cigarettes	95%	3%	1%	1%
	Smoke marijuana	93%	3%	3%	1%

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

		Yes	No	Don't remember
		%	%	%
6th	Tobacco	58%	26%	16%
	Alcohol	60%	26%	15%
	Marijuana and other illegal drugs	65%	23%	12%
8th	Tobacco	63%	27%	10%
	Alcohol	69%	22%	9%
	Marijuana and other illegal drugs	71%	23%	5%

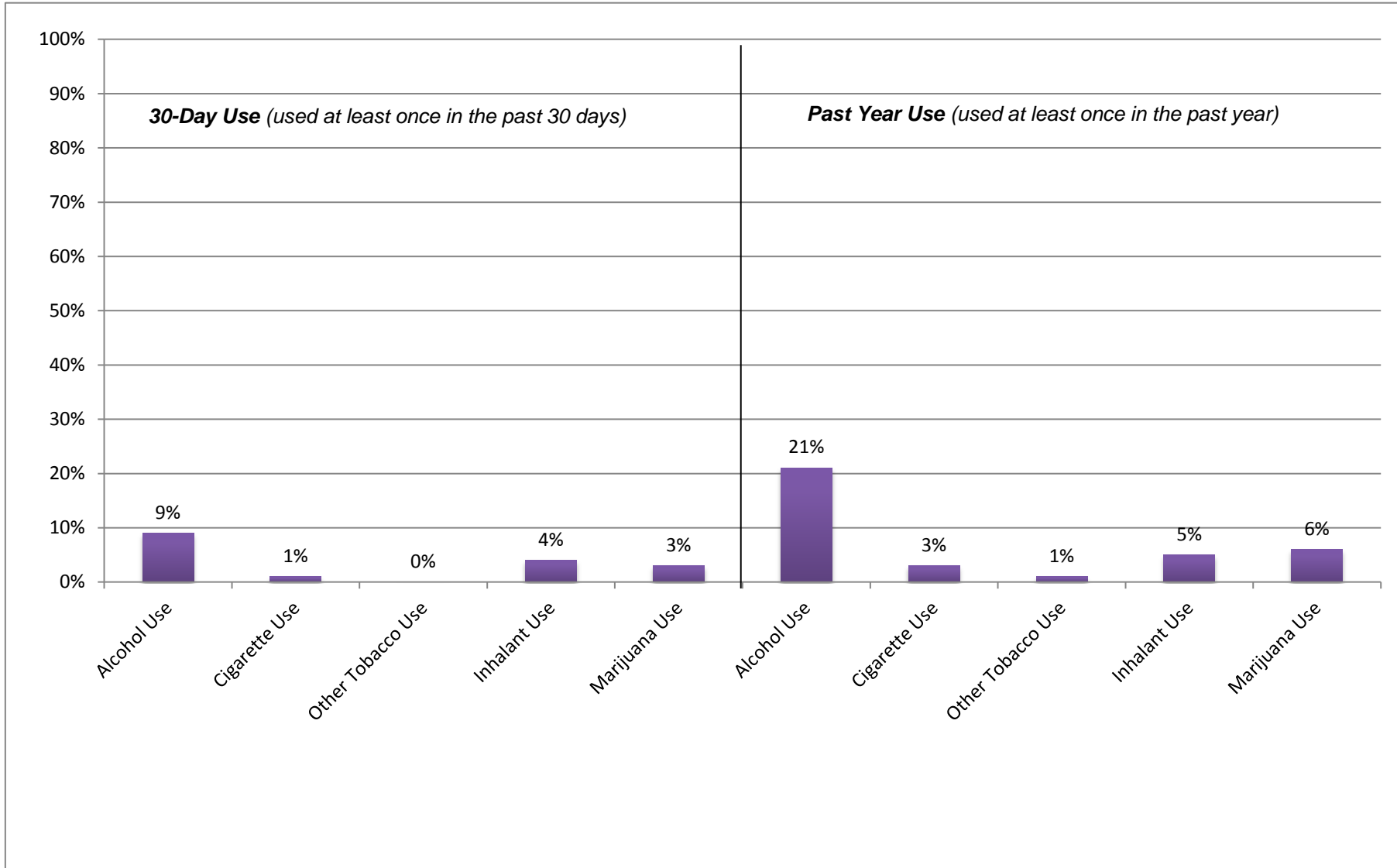
**Family Relationships**

		Never	Sometimes	Most of the time	Always
		%	%	%	%
6th	When I am not at home, one of my parents knows where I am and who I am with.	5%	10%	14%	71%
	My parents ask if I've gotten my homework done.	4%	10%	16%	70%
	Would your parents know if you did not come home on time?	7%	9%	15%	69%
8th	When I am not at home, one of my parents knows where I am and who I am with.	10%	12%	21%	57%
	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?	32%	10%	13%	44%
	My parents ask if I've gotten my homework done.	8%	16%	19%	57%
	Would your parents know if you did not come home on time?	8%	17%	13%	62%
	If you go to a party where alcohol is served, would you be caught by your parents?	32%	17%	17%	34%

**My family has clear rules about alcohol and drug use**

	Yes	No
	%	%
6th	92%	8%
8th	87%	13%

East Garfield Park 6th Grade - 2010  
Substance Use



East Garfield Park 8th Grade - 2010  
Substance Use

