

**Illinois Youth Survey**  
**2010 County Report: Grundy County**

**Number of IYS 2010 Respondents**

	N			
	6th	8th	10th	Total
Grade	381	418	311	1110

**Age**

	6th		8th		10th	
	Avg	N	Avg	N	Avg	N
How old are you?	11.8	381	13.8	418	15.8	311

**Gender**

	6th		8th		10th	
	%	N	%	N	%	N
Female	51%	192	54%	223	55%	169
Male	49%	184	46%	191	45%	139

**Race/Ethnicity**

	6th		8th		10th	
	%	N	%	N	%	N
White	81%	303	84%	350	88%	274
Black / African American	2%	6	2%	8	2%	5
Latino / Latina	8%	29	9%	39	6%	19
Asian American	1%	2	0%	2	1%	2
Native American / American Indian	2%	6	0%	2	0%	1
Multi-racial	4%	14	3%	13	3%	9
Other	3%	12	2%	7	1%	2

**Living Arrangement**

	6th		8th		10th	
	%	N	%	N	%	N
Both parents	62%	233	60%	252	60%	185
Parent and step parent	15%	58	19%	79	16%	51
Mother only	19%	73	14%	59	16%	49
Father only	1%	4	4%	17	6%	18
Legal Guardian	1%	5	1%	3	1%	4
Foster parent	0%	0	1%	4	0%	0
Group home or residential care	0%	1	0%	0	0%	1
Living independently	0%	0	0%	0	0%	1
Other	1%	3	1%	4	1%	2

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

	6th		8th		10th	
	%	N	%	N	%	N
Free lunch	24%	83	19%	78	13%	41
Reduced lunch price	16%	57	13%	51	5%	15
Neither	60%	209	68%	275	82%	249

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

	6th		8th		10th	
	%	N	%	N	%	N
0 - 9 days	81%	304	78%	325	80%	246
10 - 19 days	16%	60	17%	71	15%	47
20 - 30 days	2%	8	3%	14	2%	7
More than 30 days	1%	4	1%	5	2%	6

**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	73%	16%	7%	4%
	Cigarettes	78%	12%	5%	5%
	Marijuana	90%	6%	2%	2%
8th	Alcohol	35%	28%	25%	12%
	Cigarettes	47%	21%	16%	16%
	Marijuana	54%	19%	14%	13%
	Drug like cocaine, LSD, or amphetamines	78%	14%	7%	1%
10th	Alcohol	15%	24%	38%	23%
	Cigarettes	23%	19%	22%	36%
	Marijuana	26%	19%	23%	31%
	Drug like cocaine, LSD, or amphetamines	56%	24%	14%	6%

**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?	72%	22%	5%	1%
	Smoke cigarettes?	80%	13%	6%	1%
	Use marijuana?	89%	10%	1%	1%
8th	Drink alcohol?	49%	33%	14%	3%
	Smoke cigarettes?	58%	30%	9%	2%
	Use marijuana?	74%	22%	3%	1%
10th	Drink alcohol?	32%	41%	24%	4%
	Smoke cigarettes?	40%	37%	19%	4%
	Use marijuana?	54%	35%	10%	1%

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

	6th		8th		10th	
	%	N	%	N	%	N
School sports team	66%	236	68%	262	72%	189
Other sports	72%	258	68%	260	42%	112
Scouting	11%	38	8%	30	4%	10
Boys and girls club	6%	22	4%	17	8%	22
4-H club	7%	26	5%	18	3%	7
Service or voluntary projects	26%	94	33%	128	38%	101
Church youth group or other faith-based youth group	42%	152	46%	175	34%	89
Other activities	52%	185	72%	275	71%	187

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

	6th		8th		10th	
	%	N	%	N	%	N
Very safe	63%	239	63%	261	69%	211
Sort of safe	31%	117	30%	124	28%	84
Sort of unsafe	4%	17	5%	22	2%	7
Very unsafe	2%	7	2%	8	1%	3

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

		Never have	10 or younger	11	12	13	14	15	16	17
		%	%	%	%	%	%	%	%	%
8th	Smoked marijuana	90%	1%	2%	2%	4%	0%	0%	0%	0%
	Smoked a cigarette, even just a puff	80%	6%	1%	5%	7%	0%	0%	0%	0%
	Used any other tobacco product (chewing tobacco or cigars)	91%	1%	1%	2%	4%	1%	0%	0%	0%
	Had more than a sip or two of alcohol	57%	10%	6%	9%	12%	6%	0%	0%	0%
	Began drinking alcoholic beverages regularly (at least once or twice a month)	91%	1%	0%	2%	4%	1%	0%	0%	0%
10th	Smoked marijuana	68%	1%	0%	1%	4%	7%	13%	5%	0%
	Smoked a cigarette, even just a puff	64%	6%	2%	2%	6%	7%	10%	3%	1%
	Used any other tobacco product (chewing tobacco or cigars)	74%	1%	1%	2%	4%	5%	10%	4%	0%
	Had more than a sip or two of alcohol	37%	6%	2%	7%	9%	18%	19%	3%	0%
	Began drinking alcoholic beverages regularly (at least once or twice a month)	77%	0%	0%	0%	2%	6%	10%	4%	0%

**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	100%	0%	0%	0%	0%	0%	0%
	PAST YEAR cigarette use	98%	2%	0%	0%	0%	0%	0%
8th	PAST MONTH cigarette use	95%	4%	0%	0%	0%	0%	0%
	PAST YEAR cigarette use	90%	7%	2%	1%	0%	0%	0%
10th	PAST MONTH cigarette use	86%	7%	2%	2%	2%	0%	1%
	PAST YEAR cigarette use	79%	11%	5%	2%	2%	0%	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	99%	1%	0%	0%	0%
	PAST YEAR other tobacco products use	98%	2%	0%	0%	0%
8th	PAST MONTH other tobacco products use	96%	2%	0%	0%	1%
	PAST YEAR other tobacco products use	92%	6%	1%	0%	0%
10th	PAST MONTH other tobacco products use	86%	9%	3%	1%	2%
	PAST YEAR other tobacco products use	79%	14%	4%	1%	2%

**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	93%	5%	1%	1%	0%	0%
	PAST YEAR alcohol use	88%	8%	1%	1%	1%	1%
8th	PAST MONTH alcohol use	82%	14%	2%	0%	1%	0%
	PAST YEAR alcohol use	63%	19%	9%	4%	1%	3%
10th	PAST MONTH alcohol use	68%	20%	7%	4%	0%	1%
	PAST YEAR alcohol use	43%	20%	11%	8%	8%	9%

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**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%	0%	0%	0%	0%
8th	Binge drinking	95%	3%	1%	1%	0%	1%
10th	Binge drinking	81%	10%	4%	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
		%	%	%	%	%	%
6th	PAST MONTH marijuana use	99%	0%	0%	0%	0%	0%
	PAST MONTH inhalant use	95%	4%	1%	0%	0%	0%
8th	PAST MONTH marijuana use	93%	3%	1%	1%	1%	2%
	PAST MONTH inhalant use	95%	3%	1%	0%	0%	0%
10th	PAST MONTH marijuana use	79%	7%	5%	3%	2%	4%
	PAST MONTH inhalant use	96%	2%	0%	1%	0%	0%

**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	98%	1%	0%	1%	0%	0%
	PAST YEAR inhalant use	95%	4%	1%	0%	1%	0%
8th	PAST YEAR marijuana use	91%	3%	2%	1%	1%	3%
	PAST YEAR inhalant use	90%	6%	1%	1%	1%	1%
	PAST YEAR MDMA ('ecstasy') use	99%	1%	0%	0%	0%	0%
	PAST YEAR LSD use	99%	1%	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%
10th	PAST YEAR marijuana use	68%	9%	6%	4%	2%	12%
	PAST YEAR inhalant use	95%	3%	1%	1%	1%	1%
	PAST YEAR MDMA ('ecstasy') use	95%	3%	1%	1%	0%	0%
	PAST YEAR LSD use	95%	3%	1%	1%	0%	0%
	PAST YEAR cocaine / crack use	97%	1%	2%	0%	0%	0%
	PAST YEAR meth use	98%	0%	1%	1%	0%	0%
	PAST YEAR heroin use	98%	1%	0%	0%	0%	1%

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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
		%	%	%	%
8th	Performance-enhancing or body-building supplements (Creatine, fat-burners, etc.)	96%	2%	0%	2%
	Over-the-counter weight loss aids (laxatives, Dexatrim, etc.)	99%	0%	0%	0%
	Other over-the-counter drugs (cough syrup, etc.)	88%	7%	3%	1%
10th	Performance-enhancing or body-building supplements (Creatine, fat-burners, etc.)	93%	2%	1%	5%
	Over-the-counter weight loss aids (laxatives, Dexatrim, etc.)	98%	1%	0%	0%
	Other over-the-counter drugs (cough syrup, etc.)	89%	5%	4%	3%

**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
		%	%	%	%
8th	Steroids	100%	0%	0%	0%
	Uppers (Ritalin, etc.)	99%	1%	0%	0%
	Downers (Valium, Ambien, etc.)	98%	1%	0%	1%
	Other prescription drugs (OxyContin, Ketamine, etc.)	97%	2%	0%	1%
10th	Steroids	99%	1%	0%	0%
	Uppers (Ritalin, etc.)	97%	2%	0%	1%
	Downers (Valium, Ambien, etc.)	95%	3%	1%	2%
	Other prescription drugs (OxyContin, Ketamine, etc.)	95%	2%	1%	2%

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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	90%	9%	0%	0%
	I bought them at a store	90%	10%	0%	0%
	I bought them from a vending machine	90%	10%	0%	0%
	I gave a stranger money to buy them for me	90%	8%	1%	0%
	I bought them over the Internet	90%	10%	0%	0%
	A friend gave them to me	90%	3%	5%	2%
	My older brother or sister gave them to me	90%	8%	2%	0%
	My parent gave them to me	90%	9%	0%	0%
	I took them from a store	90%	9%	0%	0%
	I took them from home without my parents knowing it	90%	6%	2%	1%
	I got them some other way	90%	4%	5%	1%
10th	I bought them at a gas station	75%	18%	6%	1%
	I bought them at a store	75%	23%	1%	1%
	I bought them from a vending machine	75%	24%	0%	0%
	I gave a stranger money to buy them for me	76%	16%	6%	2%
	I bought them over the Internet	76%	23%	1%	0%
	A friend gave them to me	75%	2%	16%	7%
	My older brother or sister gave them to me	75%	20%	3%	2%
	My parent gave them to me	75%	22%	2%	0%
	I took them from a store	76%	24%	0%	0%
	I took them from home without my parents knowing it	75%	18%	5%	2%
	I got them some other way	76%	13%	9%	3%

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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
		%	%	%	%
8th	I bought it at a gas station	70%	29%	0%	0%
	I bought it at a store	71%	29%	0%	0%
	I bought it at a bar or restaurant	71%	28%	1%	0%
	I gave a stranger money to buy them for me	71%	29%	1%	0%
	I bought it over the Internet	71%	29%	0%	0%
	A friend gave it to me	70%	17%	10%	3%
	My older brother or sister gave it to me	71%	22%	5%	2%
	My parents with their permission	70%	20%	10%	1%
	My parents without their permission	70%	19%	9%	2%
	An adult (other than my parents) with that adult's permission	70%	20%	9%	1%
	An adult (other than my parents) without that adult's permission	71%	24%	5%	1%
	I took it from a store	71%	29%	0%	0%
	I got it at a party	70%	16%	10%	5%
	I got it some other way	70%	23%	5%	2%
10th	I bought it at a gas station	51%	45%	3%	1%
	I bought it at a store	51%	46%	2%	1%
	I bought it at a bar or restaurant	52%	47%	1%	1%
	I gave a stranger money to buy them for me	51%	40%	5%	3%
	I bought it over the Internet	52%	46%	2%	1%
	A friend gave it to me	50%	14%	22%	14%
	My older brother or sister gave it to me	50%	33%	12%	4%
	My parents with their permission	51%	35%	12%	2%
	My parents without their permission	51%	27%	18%	4%
	An adult (other than my parents) with that adult's permission	51%	27%	17%	5%
	An adult (other than my parents) without that adult's permission	51%	32%	13%	4%
	I took it from a store	51%	46%	1%	2%
	I got it at a party	51%	14%	19%	17%
	I got it some other way	51%	34%	7%	8%

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

		None	One or two days	3-5 days	6 or more days
		%	%	%	%
8th	Drink alcohol on school property?	99%	1%	0%	0%
	Use marijuana on school property?	100%	0%	0%	0%
10th	Drink alcohol on school property?	96%	3%	1%	0%
	Use marijuana on school property?	96%	2%	1%	1%



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**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?	75%	4%	11%	10%
	you kept using alcohol or drugs even after you knew it could get you into fights or other kinds of legal trouble?	80%	3%	7%	10%
	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?	95%	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)?	84%	3%	5%	8%
	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?	92%	1%	3%	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
		%	%	%	%
6th	Beer	95%	2%	2%	0%
	Malt liquor	95%	5%	0%	0%
	Wine	95%	3%	2%	0%
	Wine cooler	95%	4%	1%	0%
	Liquor (vodka, whiskey, etc.)	95%	3%	2%	0%
	Mixed drinks (margarita, etc.)	95%	3%	2%	0%
	Flavored 'alcopops' (hard lemonade, hard cider, etc.)	95%	3%	1%	0%
8th	Beer	86%	6%	7%	1%
	Malt liquor	86%	13%	1%	0%
	Wine	86%	8%	5%	0%
	Wine cooler	86%	8%	4%	2%
	Liquor (vodka, whiskey, etc.)	85%	5%	7%	3%
	Mixed drinks (margarita, etc.)	86%	6%	6%	2%
	Flavored 'alcopops' (hard lemonade, hard cider, etc.)	85%	5%	6%	3%
10th	Beer	71%	6%	13%	9%
	Malt liquor	73%	21%	5%	1%
	Wine	72%	23%	4%	1%
	Wine cooler	72%	18%	7%	2%
	Liquor (vodka, whiskey, etc.)	72%	5%	13%	9%
	Mixed drinks (margarita, etc.)	72%	12%	12%	4%
	Flavored 'alcopops' (hard lemonade, hard cider, etc.)	72%	15%	9%	4%

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**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	10%	8%	22%	60%
	Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day	16%	25%	32%	27%
	Have five or more drinks of an alcoholic beverage once or twice a week	14%	16%	31%	39%
	Smoke marijuana regularly	12%	4%	11%	74%
	Smoke marijuana once or twice a week	13%	13%	24%	50%
	Use inhalants regularly	14%	9%	19%	58%
8th	Smoke one or more packs of cigarettes per day	4%	11%	24%	61%
	Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day	10%	26%	38%	25%
	Have five or more drinks of an alcoholic beverage once or twice a week	6%	20%	31%	43%
	Smoke marijuana regularly	7%	7%	15%	71%
	Smoke marijuana once or twice a week	8%	14%	33%	45%
	Use inhalants regularly	5%	10%	19%	66%
10th	Smoke one or more packs of cigarettes per day	3%	7%	22%	67%
	Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day	7%	32%	33%	28%
	Have five or more drinks of an alcoholic beverage once or twice a week	4%	21%	37%	38%
	Smoke marijuana regularly	11%	17%	19%	53%
	Smoke marijuana once or twice a week	16%	21%	31%	32%
	Use inhalants regularly	3%	2%	19%	77%

**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	69%	20%	7%	4%
8th	61%	29%	7%	3%
10th	75%	19%	4%	2%

**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	95%	3%	2%	1%
	an ADULT who had been drinking or using drugs	81%	12%	3%	4%
8th	a TEENAGER who had been drinking or using drugs	88%	6%	2%	4%
	an ADULT who had been drinking or using drugs	76%	16%	4%	4%
10th	a TEENAGER who had been drinking or using drugs	72%	10%	8%	9%
	an ADULT who had been drinking or using drugs	71%	17%	6%	5%

**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%	4%	1%	0%
	using marijuana or other illegal drugs	86%	6%	4%	4%

**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	20%	7%	69%	3%
10th	Abused in past year	11%	6%	82%	1%
	Called you names to put you down or make you feel bad?	10%	16%	71%	3%
	Insisted on knowing who you're with and where you are at all times?	10%	23%	62%	5%
	Followed you?	10%	6%	80%	5%
	Destroyed something that belonged to you or that you liked very much?	10%	5%	82%	3%
	Threatened or frightened your family or friends?	10%	6%	83%	1%

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

	Yes	No
	%	%
10th	12%	88%

**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	3%	97%
	I have been physically attacked	4%	96%
	I have been threatened	13%	87%
8th	I have been injured by a vehicle	2%	98%
	I have been physically attacked	7%	93%
	I have been threatened	17%	83%
10th	I have been injured by a vehicle	1%	99%
	I have been physically attacked	7%	93%
	I have been threatened	16%	84%

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**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	30%	70%
	It made learning harder	12%	88%
10th	It made me feel unsafe	24%	76%
	It made learning harder	9%	91%

**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	85%	12%	3%	1%
	Smoke cigarettes?	85%	12%	2%	0%
	Smoke marijuana?	94%	3%	2%	1%
	Use LSD, cocaine, amphetamines or another illegal drug?	97%	3%	1%	0%
8th	Drink alcohol regularly	57%	26%	13%	3%
	Smoke cigarettes?	67%	22%	9%	1%
	Smoke marijuana?	81%	8%	7%	4%
	Use LSD, cocaine, amphetamines or another illegal drug?	91%	6%	2%	1%
10th	Drink alcohol regularly	35%	31%	28%	7%
	Smoke cigarettes?	45%	30%	17%	8%
	Smoke marijuana?	51%	18%	18%	13%
	Use LSD, cocaine, amphetamines or another illegal drug?	86%	9%	2%	3%

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

	Yes	No
	%	%
8th	3%	97%
10th	3%	97%

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**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?	83%	7%	2%	1%	2%	5%
	Sold illegal drugs?	97%	2%	1%	0%	0%	0%
	Been drunk or high at school?	94%	4%	1%	0%	0%	0%
10th	Carried a weapon such as a handgun, knife or club?	87%	6%	2%	1%	1%	4%
	Sold illegal drugs?	92%	4%	2%	1%	1%	2%
	Been drunk or high at school?	89%	4%	2%	1%	1%	2%

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

		Yes	No
		%	%
6th	Bullied you by calling you names?	44%	56%
	Threatened to hurt you?	21%	79%
	Bullied you by hitting, punching, kicking, or pushing you?	17%	83%
8th	Bullied you by calling you names?	41%	59%
	Threatened to hurt you?	23%	77%
	Bullied you by hitting, punching, kicking, or pushing you?	15%	85%
10th	Bullied you by calling you names?	27%	73%
	Threatened to hurt you?	17%	83%
	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
		%	%	%	%	%
6th	Smoked cigarettes?	83%	8%	6%	2%	2%
	Began drinking alcohol regularly?	84%	8%	5%	1%	2%
	Smoked marijuana?	89%	4%	3%	3%	2%
8th	Smoked cigarettes?	68%	16%	10%	3%	2%
	Began drinking alcohol regularly?	62%	21%	9%	7%	2%
	Smoked marijuana?	72%	12%	7%	6%	4%
10th	Smoked cigarettes?	64%	15%	14%	4%	3%
	Began drinking alcohol regularly?	49%	21%	15%	11%	4%
	Smoked marijuana?	52%	15%	16%	9%	9%

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

	6th	8th
	%	%
None	42%	37%
1 to 2 days, < 3 hours per day	31%	25%
1 to 2 days, > 3 hours per day	3%	5%
3 or more days, < 3 hours per day	15%	19%
3 or more days, > 3 hours per day	9%	14%

**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	4%	4%	21%	67%	5%

**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	53%	17%	3%	6%	11%	5%	3%	1%	0%

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

	Yes	No
	%	%
10th	17%	83%

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

	Yes	No
	%	%
8th	15%	85%
10th	29%	71%

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

	10th	
	%	N
Didn't gamble for money	62%	169
At someone's house	22%	59
Casino or Riverboat	0%	1
Internet	1%	4
Poker Machine	1%	2
Person-to-person betting with another teen	26%	72
Person-to-person betting with an adult	16%	44
Lottery self-service machine	4%	11
Other lottery tickets	7%	19
Off-Track Betting	2%	5
Sports Pool	12%	33
Other	12%	32

**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	1%	4%	9%	10%	16%	14%	11%	11%	16%	7%	3%
	Had beer, wine, or hard liquor	1%	2%	4%	8%	10%	12%	12%	13%	18%	15%	5%
	Used marijuana	2%	7%	7%	12%	12%	10%	12%	13%	11%	11%	6%

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

	Yes	No
	%	%
8th	24%	76%
10th	24%	76%

**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	12%	24%	64%
8th	21%	23%	57%
10th	13%	22%	65%

**How do you describe your weight?**

	Very underweight	Slightly underweight	About the right weight	Slightly overweight	Very overweight
	%	%	%	%	%
6th	5%	14%	58%	18%	6%
8th	1%	10%	59%	26%	3%
10th	1%	12%	61%	21%	5%

**Average Height and Weight**

	Grade								
	6th			8th			10th		
	Mean	Median	N	Mean	Median	N	Mean	Median	N
Height (inches)	61.1	61.0	236	65.2	65.0	283	67.0	67.0	301
Weight (pounds)	113.6	101.0	235	127.9	123.0	275	148.3	140.0	298

Height and weight data not available for surveys taken online.

**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	4%	21%	19%	12%	17%	7%	20%
	Eat vegetables	7%	26%	19%	17%	10%	6%	14%
8th	Eat fruit	6%	23%	21%	14%	18%	10%	9%
	Eat vegetables	4%	28%	19%	21%	16%	6%	6%
10th	Eat fruit	6%	28%	20%	15%	16%	9%	5%
	Eat vegetables	7%	26%	24%	19%	14%	5%	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		9%	21%	18%	13%	17%	12%	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
	%	%	%	%	%	%	%	%
6th	5%	2%	6%	15%	10%	15%	13%	34%
8th	5%	4%	7%	10%	12%	20%	10%	31%
10th	6%	4%	8%	10%	12%	15%	14%	31%



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**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	6%	21%	20%	24%	16%	8%	6%
8th	6%	20%	19%	24%	16%	8%	7%
10th	13%	23%	18%	23%	13%	7%	3%

**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	9%	3%	8%	6%	7%	10%	12%	45%
8th	10%	7%	5%	9%	10%	14%	14%	30%
10th	11%	7%	10%	13%	9%	21%	9%	22%

**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	24%	50%	3%	17%	1%	3%	1%	1%
8th	19%	42%	7%	22%	4%	5%	1%	0%
10th	20%	35%	5%	24%	7%	7%	2%	0%

**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	89%	4%	5%	1%	2%
8th	93%	3%	2%	1%	0%
10th	96%	1%	1%	1%	1%

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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 my school there is a teacher or some other adult who:</b>		%	%	%	%
6th	Really cares about me.	10%	19%	34%	37%
	Notices when I'm not there.	12%	23%	32%	33%
	Listens to me when I have something to say.	7%	18%	33%	42%
	Notices if I have trouble learning something.	10%	21%	34%	35%
	Tells me when I do a good job.	4%	17%	35%	43%
	Always wants me to do my best.	2%	6%	21%	70%
	Believes that I will be a success.	4%	12%	33%	52%
	Encourages me to work hard in school.	5%	8%	26%	61%
8th	Really cares about me.	15%	30%	31%	25%
	Notices when I'm not there.	13%	24%	32%	30%
	Listens to me when I have something to say.	12%	25%	28%	35%
	Notices if I have trouble learning something.	18%	28%	32%	23%
	Tells me when I do a good job.	7%	25%	35%	33%
	Always wants me to do my best.	6%	16%	28%	50%
	Believes that I will be a success.	9%	21%	30%	40%
	Encourages me to work hard in school.	9%	15%	32%	45%
10th	Really cares about me.	16%	23%	25%	36%
	Notices when I'm not there.	14%	24%	29%	33%
	Listens to me when I have something to say.	12%	15%	31%	42%
	Notices if I have trouble learning something.	12%	22%	34%	32%
	Tells me when I do a good job.	6%	21%	33%	40%
	Always wants me to do my best.	4%	10%	28%	57%
	Believes that I will be a success.	8%	16%	33%	43%
	Encourages me to work hard in school.	9%	12%	26%	54%

**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.	7%	21%	33%	40%
	I help decide things like class activities or rules.	42%	35%	13%	10%
	I do things that make a difference.	18%	39%	26%	17%
8th	I do interesting activities.	16%	31%	31%	22%
	I help decide things like class activities or rules.	50%	30%	13%	7%
	I do things that make a difference.	31%	35%	21%	13%
10th	I do interesting activities.	15%	28%	27%	30%
	I help decide things like class activities or rules.	49%	30%	12%	10%
	I do things that make a difference.	28%	39%	20%	13%

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**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.	5%	5%	15%	48%	26%
	I am happy to be at this school.	6%	5%	12%	36%	41%
	I feel safe in my school.	2%	2%	10%	40%	45%
	The teachers at this school treat students fairly.	4%	5%	13%	41%	37%
8th	I feel close to people at this school.	6%	5%	17%	42%	30%
	I am happy to be at this school.	8%	7%	19%	39%	27%
	I feel safe in my school.	2%	4%	16%	42%	36%
	The teachers at this school treat students fairly.	10%	11%	22%	34%	23%
10th	I feel close to people at this school.	6%	7%	17%	46%	24%
	I am happy to be at this school.	10%	11%	16%	35%	28%
	I feel safe in my school.	4%	4%	18%	39%	35%
	The teachers at this school treat students fairly.	9%	13%	22%	36%	21%

**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	90%	6%	3%	1%
	Smoke cigarettes	95%	3%	2%	1%
	Smoke marijuana	97%	2%	0%	1%
8th	Drink alcohol regularly	77%	13%	9%	1%
	Smoke cigarettes	89%	8%	3%	0%
	Smoke marijuana	93%	3%	2%	1%
10th	Drink alcohol regularly	66%	23%	8%	3%
	Smoke cigarettes	84%	10%	3%	3%
	Smoke marijuana	87%	6%	3%	3%

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

		Yes	No	Don't remember
		%	%	%
6th	Tobacco	59%	24%	17%
	Alcohol	60%	25%	15%
	Marijuana and other illegal drugs	60%	23%	17%
8th	Tobacco	54%	32%	14%
	Alcohol	56%	30%	14%
	Marijuana and other illegal drugs	56%	30%	14%
10th	Tobacco	52%	37%	11%
	Alcohol	61%	28%	11%
	Marijuana and other illegal drugs	60%	31%	9%

**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.	2%	7%	18%	73%
	My parents ask if I've gotten my homework done.	2%	7%	19%	72%
	Would your parents know if you did not come home on time?	3%	11%	17%	68%
8th	When I am not at home, one of my parents knows where I am and who I am with.	3%	11%	29%	56%
	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?	20%	20%	20%	40%
	My parents ask if I've gotten my homework done.	7%	17%	24%	52%
	Would your parents know if you did not come home on time?	6%	15%	27%	52%
	If you go to a party where alcohol is served, would you be caught by your parents?	19%	19%	26%	36%
10th	When I am not at home, one of my parents knows where I am and who I am with.	2%	13%	37%	48%
	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?	30%	28%	21%	22%
	My parents ask if I've gotten my homework done.	11%	22%	20%	47%
	Would your parents know if you did not come home on time?	5%	15%	22%	57%
	If you go to a party where alcohol is served, would you be caught by your parents?	27%	29%	24%	20%
	If you drank and drove, would you be caught by your parents?	13%	16%	20%	51%
	If you rode in a car driven by a teen driver who had been drinking, would you be caught by your parents?	25%	27%	18%	30%

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

	Yes	No
	%	%
6th	93%	7%
8th	87%	13%
10th	85%	15%

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

		Yes	No
		%	%
10th	not drinking and driving?	62%	38%
	not riding with a driver who had been drinking?	64%	36%