#### **Number of IYS 2010 Respondents**

	N							
	6th 8th 10th To							
Grade	182	139	254	575				

#### Age

	6th		8t	:h	10th		
	Avg	N	Avg	N	Avg	N	
How old are you?	11.9	182	13.8	139	15.9	254	

#### Gender

	6th		8t	:h	10th		
	%	Ν	%	N	%	N	
Female	54%	99	53%	74	52%	127	
Male	46%	83	47%	65	48%	119	

#### Race/Ethnicity

	6th		8t	:h	10th	
	%	Ν	%	N	%	N
White	95%	173	92%	128	85%	214
Black / African American	2%	4	1%	2	10%	24
Latino / Latina	1%	2	0%	0	0%	1
Asian American	1%	2	1%	1	2%	4
Native American / American Indian	0%	0	1%	1	1%	2
Multi-racial	1%	1	4%	5	3%	7
Other	0%	0	1%	2	2%	4

#### **Living Arrangement**

	6t	th	8t	:h	10th	
	%	N	%	N	%	N
Both parents	54%	98	53%	73	48%	121
Parent and step parent	16%	30	19%	27	21%	52
Mother only	19%	35	15%	21	20%	50
Father only	5%	9	4%	6	3%	8
Legal Guardian	2%	3	4%	5	7%	17
Foster parent	0%	0	1%	1	0%	1
Group home or residential care	0%	0	0%	0	0%	1
Other	4%	7	4%	6	2%	5

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

	6th		8t	:h	10th		
	%	N	%	N	%	N	
Free lunch	44%	78	19%	26	32%	80	
Reduced lunch price	15%	26	15%	21	13%	33	
Neither	42% 75		66% 91		55%	140	

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

	6th		8t	:h	10th		
	%	N	%	N	%	N	
0 - 9 days	83%	151	82%	114	86%	218	
10 - 19 days	14%	26	12%	17	12%	30	
20 - 30 days	2%	4	5%	7	1%	2	
More than 30 days	0% 0		1% 1		2%	4	

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

		Very hard	Sort of hard	Sort of easy	Very easy
		%	%	%	%
	Alcohol	73%	15%	9%	3%
6th	Cigarettes	71%	17%	9%	3%
	Marijuana	90%	6%	4%	1%
	Alcohol	32%	32%	21%	14%
0+h	Cigarettes	48%	20%	19%	13%
8th	Marijuana	32%	32%	21%	14%
	Drug like cocaine, LSD, or amphetamines	83%	11%	5%	1%
	Alcohol	18%	14%	29%	39%
1 O+l-	Cigarettes	20%	14%	23%	43%
10th	Marijuana	29%	15%	23%	33%
	Drug like cocaine, LSD, or amphetamines	54%	23%	15%	8%

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## 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
		%	%	%	%
	Drink alcohol?	69%	24%	7%	1%
6th	Smoke cigarettes?	73%	19%	7%	2%
	Use marijuana?	86%	12%	1%	1%
	Drink alcohol?	58%	22%	17%	3%
8th	Smoke cigarettes?	64%	23%	9%	4%
	Use marijuana?	79%	14%	4%	3%
	Drink alcohol?	25%	36%	28%	10%
10th	Smoke cigarettes?	33%	28%	28%	11%
	Use marijuana?	47%	31%	15%	6%

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

	6th		8t	:h	10	th
	%	Ν	%	N	%	N
School sports team	73%	118	63%	85	56%	125
Other sports	76%	122	67%	90	43%	97
Scouting	16%	25	5%	7	3%	7
Boys and girls club	7%	12	1%	2	9%	19
4-H club	4%	7	4%	6	5%	11
Service or voluntary projects	25%	40	25%	34	34%	76
Church youth group or other faith-based youth group	58%	94	60%	80	52%	116
Other activities	16%	25	79%	106	64%	143

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

	6th		8t	h	10th		
	%	Ν	%	N	%	N	
Very safe	60%	109	62%	86	56%	140	
Sort of safe	34%	62	29%	41	35%	86	
Sort of unsafe	4%	7	6%	8	5%	13	
Very unsafe	2%	3	3% 4		4%	9	

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#### **2010 County Report: Marion County**

#### How old were you when you first:

		Never have	10 or younger	11	12	13	14	15	16	17
		%	%	%	%	%	%	%	%	%
	Smoked marijuana	88%	1%	0%	2%	4%	2%	1%	1%	0%
	Smoked a cigarette, even just a puff	77%	7%	3%	5%	7%	1%	0%	0%	0%
8th	Used any other tobacco product (chewing tobacco or cigars)	86%	3%	2%	4%	4%	2%	0%	0%	0%
Otti	Had more than a sip or two of alcohol	50%	14%	8%	6%	14%	7%	1%	0%	0%
	Began drinking alcoholic beverages regularly (at least once or twice a month)	91%	1%	2%	1%	4%	1%	1%	0%	0%
	Smoked marijuana	69%	4%	2%	3%	4%	4%	7%	6%	1%
	Smoked a cigarette, even just a puff	64%	9%	4%	4%	4%	7%	6%	3%	0%
10th	Used any other tobacco product (chewing tobacco or cigars)	75%	4%	1%	1%	3%	4%	8%	3%	0%
10011	Had more than a sip or two of alcohol	37%	10%	3%	5%	7%	15%	14%	9%	1%
	Began drinking alcoholic beverages regularly (at least once or twice a month)	72%	1%	1%	2%	2%	4%	9%	7%	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
		%	%	%	%	%	%	%
CIL	PAST MONTH cigarette use	97%	2%	1%	0%	0%	0%	0%
6th	PAST YEAR cigarette use	95%	4%	1%	0%	0%	0%	0%
O+l-	PAST MONTH cigarette use	94%	1%	2%	1%	1%	0%	0%
8th	PAST YEAR cigarette use	91%	4%	3%	1%	1%	0%	0%
1046	PAST MONTH cigarette use	84%	4%	5%	4%	4%	0%	0%
10th	PAST YEAR cigarette use	78%	6%	7%	4%	4%	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
		%	%	%	%	%
C+h	PAST MONTH other tobacco products use	99%	0%	1%	0%	0%
6th	PAST YEAR other tobacco products use	99%	1%	0%	0%	0%
8th	PAST MONTH other tobacco products use	93%	4%	1%	0%	1%
8tn	PAST YEAR other tobacco products use	88%	9%	1%	0%	1%
10th	PAST MONTH other tobacco products use	86%	6%	1%	3%	4%
10(1)	PAST YEAR other tobacco products use	81%	10%	1%	3%	4%

#### 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%	4%	3%	0%	0%	0%
	PAST YEAR alcohol use	82%	13%	3%	1%	1%	0%
Orle	PAST MONTH alcohol use	86%	12%	2%	0%	0%	0%
8th	PAST YEAR alcohol use	66%	17%	8%	2%	4%	2%
1046	PAST MONTH alcohol use	65%	21%	8%	4%	1%	1%
10th	PAST YEAR alcohol use	49%	16%	11%	8%	7%	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%	2%	0%	0%	0%	0%
8th	Binge drinking	93%	1%	1%	2%	1%	1%
10th	Binge drinking	81%	6%	6%	4%	2%	2%

#### 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%	1%	0%	0%	0%
OUII	PAST MONTH inhalant use	96%	2%	1%	1%	1%	0%
8th	PAST MONTH marijuana use	94%	4%	0%	0%	0%	1%
8tii	PAST MONTH inhalant use	96%	3%	1%	0%	0%	0%
1046	PAST MONTH marijuana use	81%	6%	2%	2%	2%	7%
10th	PAST MONTH inhalant use	96%	3%	0%	0%	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	99%	0%	1%	1%	0%	0%
bui	PAST YEAR inhalant use	93%	4%	1%	0%	0%	2%
	PAST YEAR marijuana use	90%	6%	1%	0%	1%	2%
	PAST YEAR inhalant use	93%	3%	1%	4%	0%	0%
	PAST YEAR MDMA ('ecstasy') use	99%	1%	0%	0%	0%	1%
8th	PAST YEAR LSD use	99%	0%	0%	0%	0%	1%
	PAST YEAR cocaine / crack use	99%	1%	0%	0%	0%	0%
	PAST YEAR meth use	99%	1%	0%	0%	0%	0%
	PAST YEAR heroin use	100%	0%	0%	0%	0%	0%
	PAST YEAR marijuana use	73%	6%	4%	3%	2%	12%
	PAST YEAR inhalant use	93%	4%	2%	0%	0%	1%
	PAST YEAR MDMA ('ecstasy') use	98%	2%	0%	0%	0%	0%
10th	PAST YEAR LSD use	97%	2%	0%	0%	0%	0%
	PAST YEAR cocaine / crack use	98%	0%	1%	0%	0%	0%
	PAST YEAR meth use	100%	0%	0%	0%	0%	0%
	PAST YEAR heroin use	99%	1%	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
		%	%	%	%
8th	Performance-enhancing or body-building supplements (Creatine, fat-burners, etc.)	97%	1%	0%	1%
	Over-the-counter weight loss aids (laxatives, Dexatrim, etc.)	99%	1%	0%	0%
	Other over-the-counter drugs (cough syrup, etc.)	82%	15%	2%	1%
	Performance-enhancing or body-building supplements (Creatine, fat-burners, etc.)	93%	2%	1%	4%
10th	Over-the-counter weight loss aids (laxatives, Dexatrim, etc.)		0%	1%	0%
	Other over-the-counter drugs (cough syrup, etc.)	88%	7%	3%	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	Yes: 6 or more times
		%	%	%	%
0.1	Steroids	100%	0%	0%	0%
	Uppers (Ritalin, etc.)	99%	1%	0%	1%
8th	Downers (Valium, Ambien, etc.)	98%	0%	1%	1%
	Other prescription drugs (OxyContin, Ketamine, etc.)	92%	4%	1%	3%
	Steroids	98%	0%	1%	1%
10+6	Uppers (Ritalin, etc.)	95%	2%	1%	1%
10th	Downers (Valium, Ambien, etc.)	95%	1%	2%	1%
	Other prescription drugs (OxyContin, Ketamine, etc.)	91%	4%	2%	3%

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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
		%	%	%	%
	I bought them at a gas station	86%	13%	1%	1%
	I bought them at a store	86%	13%	1%	0%
	I bought them from a vending machine	86%	14%	0%	0%
	I gave a stranger money to buy them for me	86%	12%	2%	0%
	I bought them over the Internet	86%	14%	0%	0%
8th	A friend gave them to me	86%	9%	2%	4%
Oth.	My older brother or sister gave them to me	86%	8%	4%	2%
	My parent gave them to me	86%	12%	2%	0%
	I took them from a store	86%	14%	0%	0%
	I took them from home without my parents knowing it	86%	10%	3%	1%
	I got them some other way	86%	9%	1%	4%
	I bought them at a gas station	77%	18%	2%	3%
	I bought them at a store	77%	20%	2%	2%
	I bought them from a vending machine	77%	22%	1%	0%
	I gave a stranger money to buy them for me	77%	17%	6%	0%
	I bought them over the Internet	77%	23%	0%	0%
10th	A friend gave them to me	77%	3%	12%	8%
	My older brother or sister gave them to me	77%	14%	5%	5%
	My parent gave them to me	77%	17%	3%	3%
	I took them from a store	77%	20%	3%	0%
	I took them from home without my parents knowing it	77%	17%	4%	2%
	I got them some other way	77%	10%	6%	6%

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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
		%	%	%	%
	I bought it at a gas station	66%	33%	1%	0%
	I bought it at a store	66%	32%	1%	1%
	I bought it at a bar or restaurant	66%	32%	1%	0%
	I gave a stranger money to buy them for me	66%	32%	1%	0%
	I bought it over the Internet	66%	34%	0%	0%
	A friend gave it to me	66%	23%	7%	4%
	My older brother or sister gave it to me	66%	29%	4%	1%
8th	My parents with their permission	66%	25%	9%	0%
	My parents without their permission	66%	24%	7%	3%
	An adult (other than my parents) with that adult's permission	66%	19%	13%	1%
	An adult (other than my parents) without that adult's permission	66%	28%	4%	2%
	I took it from a store	66%	34%	0%	0%
	I got it at a party	66%	21%	8%	4%
	I got it some other way	66%	23%	7%	3%
	I bought it at a gas station	57%	41%	1%	0%
	I bought it at a store	57%	41%	1%	1%
	I bought it at a bar or restaurant	57%	41%	2%	0%
	I gave a stranger money to buy them for me	57%	34%	7%	1%
	I bought it over the Internet	58%	41%	1%	0%
	A friend gave it to me	56%	12%	20%	12%
	My older brother or sister gave it to me	57%	30%	9%	5%
10th	My parents with their permission	57%	22%	18%	3%
	My parents without their permission	57%	26%	12%	5%
	An adult (other than my parents) with that adult's permission	58%	21%	16%	6%
	An adult (other than my parents) without that adult's permission	58%	31%	9%	2%
	I took it from a store	58%	40%	1%	0%
	I got it at a party	58%	18%	17%	8%
	I got it some other way	58%	27%	8%	7%

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#### 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?	100%	0%	0%	0%	
OUI	Use marijuana on school property?	99%	1%	0%	0%	
10+h	Drink alcohol on school property?	96%	2%	1%	1%	
10th	Use marijuana on school property?	97%	1%	1%	1%	

#### When was the LAST time that:

		Never	More than a year ago	2-12 months ago	Past month
		%	%	%	%
	you used alcohol or other drugs weekly?	79%	3%	5%	13%
	you kept using alcohol or drugs even after you knew it could get you into fights or other kinds of legal trouble?	83%	2%	5%	10%
10th	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?	92%	2%	2%	4%
	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%	2%	4%	9%
	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%	2%	5%

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#### 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
		%	%	%	%
	Beer	93%	4%	3%	0%
	Malt liquor	93%	7%	0%	0%
	Wine	93%	2%	5%	0%
6th	Wine cooler	93%	3%	4%	0%
	Liquor (vodka, whiskey, etc.)	93%	5%	2%	0%
	Mixed drinks (margarita, etc.)	93%	5%	2%	0%
	Flavored 'alcopops' (hard lemonade, hard cider, etc.)	93%	5%	2%	0%
	Beer	86%	6%	6%	1%
	Malt liquor	86%	9%	4%	0%
	Wine	86%	9%	5%	0%
8th	Wine cooler	86%	7%	5%	1%
	Liquor (vodka, whiskey, etc.)	86%	6%	4%	4%
	Mixed drinks (margarita, etc.)	86%	5%	7%	1%
	Flavored 'alcopops' (hard lemonade, hard cider, etc.)	86%	9%	4%	1%
	Beer	71%	9%	15%	6%
	Malt liquor	71%	22%	5%	2%
	Wine	71%	16%	10%	3%
10th	Wine cooler	71%	13%	12%	4%
	Liquor (vodka, whiskey, etc.)	71%	5%	17%	8%
	Mixed drinks (margarita, etc.)	71%	12%	12%	6%
	Flavored 'alcopops' (hard lemonade, hard cider, etc.)	71%	12%	12%	6%

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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
		%	%	%	%
	Smoke one or more packs of cigarettes per day	7%	12%	35%	47%
	Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day	10%	30%	31%	29%
6th	Have five or more drinks of an alcoholic beverage once or twice a week	10%	27%	34%	29%
	Smoke marijuana regularly	7%	5%	13%	75%
	Smoke marijuana once or twice a week	7%	12%	36%	45%
	Use inhalants regularly	9%	8%	18%	65%
	Smoke one or more packs of cigarettes per day	6%	10%	37%	47%
	Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day	14%	39%	28%	18%
8th	Have five or more drinks of an alcoholic beverage once or twice a week	9%	18%	41%	31%
	Smoke marijuana regularly	8%	6%	17%	68%
	Smoke marijuana once or twice a week	9%	18%	29%	43%
	Use inhalants regularly	4%	5%	20%	71%
	Smoke one or more packs of cigarettes per day	8%	8%	22%	62%
	Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day	11%	24%	39%	26%
10th	Have five or more drinks of an alcoholic beverage once or twice a week	9%	14%	38%	38%
	Smoke marijuana regularly	13%	11%	18%	58%
	Smoke marijuana once or twice a week	16%	17%	28%	39%
	Use inhalants regularly	10%	4%	13%	74%

## 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	62%	27%	4%	6%
8th	62%	24%	7%	7%
10th	75%	19%	3%	3%

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#### 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	89%	8%	1%	2%
oui	an ADULT who had been drinking or using drugs	71%	17%	4%	7%
8th	a TEENAGER who had been drinking or using drugs	86%	8%	2%	4%
oui	an ADULT who had been drinking or using drugs	73%	17%	7%	3%
10+h	a TEENAGER who had been drinking or using drugs	78%	11%	4%	7%
10th	an ADULT who had been drinking or using drugs	75%	12%	6%	7%

### 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
		%	%	%	%
1046	drinking alcohol	91%	5%	2%	2%
10th	using marijuana or other illegal drugs	89%	5%	3%	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	22%	5%	67%	6%
	Abused in past year	11%	14%	70%	4%
	Called you names to put you down or make you feel bad?	11%	23%	63%	3%
10+h	Insisted on knowing who you're with and where you are at all times?	12%	24%	61%	3%
10th	Followed you?	12%	12%	70%	6%
	Destroyed something that belonged to you or that you liked very much?	12%	11%	73%	4%
	Threatened or frightened your family or friends?	13%	9%	75%	4%

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

	Yes	No
	%	%
10th	20%	80%

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

		Yes	No
		%	%
	I have been injured by a vehicle	4%	96%
6th	I have been physically attacked	5%	95%
	I have been threatened	14%	86%
	I have been injured by a vehicle	4%	96%
8th	I have been physically attacked	3%	97%
	I have been threatened	10%	90%
	I have been injured by a vehicle	5%	95%
10th	I have been physically attacked	9%	91%
	I have been threatened	15%	85%

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

		Yes	No
		%	%
0+h	It made me feel unsafe	14%	86%
8th	It made learning harder	6%	94%
404	It made me feel unsafe	21%	79%
10th	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
		%	%	%	%
	Drink alcohol regularly	83%	10%	7%	0%
C+b	Smoke cigarettes?	84%	13%	3%	1%
6th	Smoke marijuana?	90%	7%	2%	1%
	Use LSD, cocaine, amphetamines or another illegal drug?	93%	4%	2%	0%
	Drink alcohol regularly	54%	27%	14%	5%
8th	Smoke cigarettes?	68%	17%	11%	4%
8th	Smoke marijuana?	80%	7%	8%	5%
	Use LSD, cocaine, amphetamines or another illegal drug?	89%	8%	3%	0%
	Drink alcohol regularly	44%	19%	24%	12%
10+h	Smoke cigarettes?	49%	19%	21%	12%
10th	Smoke marijuana?	57%	15%	14%	14%
	Use LSD, cocaine, amphetamines or another illegal drug?	83%	7%	5%	5%

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# Do you currently belong to a street gang?

	Yes	No
	%	%
8th	1%	99%
10th	6%	94%

#### 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
		%	%	%	%	%	%
	Carried a weapon such as a handgun, knife or club?	76%	11%	1%	3%	3%	6%
8th	Sold illegal drugs?	99%	0%	0%	0%	1%	0%
	Been drunk or high at school?	96%	1%	1%	1%	0%	1%
	Carried a weapon such as a handgun, knife or club?	85%	5%	3%	1%	0%	6%
10th	Sold illegal drugs?	94%	2%	1%	1%	0%	3%
	Been drunk or high at school?	91%	4%	2%	1%	0%	2%

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

		Yes	No
		%	%
	Bullied you by calling you names?	42%	58%
6th	Threatened to hurt you?	28%	72%
ou.	Bullied you by hitting, punching, kicking, or pushing you?	22%	78%
	Bullied you by calling you names?	40%	60%
8th	Threatened to hurt you?	23%	77%
Oth	Bullied you by hitting, punching, kicking, or pushing you?	19%	81%
	Bullied you by calling you names?	24%	76%
10th	Threatened to hurt you?	20%	80%
10111	Bullied you by hitting, punching, kicking, or pushing you?	14%	86%

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#### 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
		%	%	%	%	%
	Smoked cigarettes?	81%	12%	3%	3%	1%
6th	Began drinking alcohol regularly?	85%	8%	3%	3%	1%
	Smoked marijuana?	85%	8%	2%	2%	3%
	Smoked cigarettes?	77%	13%	4%	3%	3%
8th	Began drinking alcohol regularly?	67%	15%	11%	4%	4%
	Smoked marijuana?	81%	9%	5%	2%	3%
	Smoked cigarettes?	71%	13%	9%	2%	5%
10th	Began drinking alcohol regularly?	62%	13%	10%	7%	8%
	Smoked marijuana?	64%	11%	9%	6%	10%

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

	6th	8th
	%	%
None	41%	44%
1 to 2 days, < 3 hours per day	30%	19%
1 to 2 days, > 3 hours per day	2%	4%
3 or more days, < 3 hours per day	16%	19%
3 or more days, > 3 hours per day	11%	15%

# 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	7%	3%	18%	56%	16%

# 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	59%	11%	4%	4%	7%	7%	5%	3%	0%

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

	Yes	No		
	%	%		
10th	16%	84%		

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

	Yes	No
	%	%
8th	17%	83%
10th	22%	78%

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

	10	th
	%	N
Didn't gamble for money	69%	140
At someone's house	9%	19
Casino or Riverboat	1%	2
Internet	2%	5
Poker Machine	4%	8
Person-to-person betting with another teen	15%	30
Person-to-person betting with an adult	11%	23
Lottery self-service machine	6%	12
Other lottery tickets	7%	15
Off-Track Betting	1%	3
Sports Pool	5%	10
Other	13%	26

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#### **2010 County Report: Marion County**

#### 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%
		%	%	%	%	%	%	%	%	%	%	%
	Smoked cigarettes	6%	2%	4%	6%	11%	11%	12%	13%	15%	12%	7%
10th	Had beer, wine, or hard liquor	5%	0%	3%	7%	8%	7%	11%	14%	22%	12%	11%
	Used marijuana	5%	6%	6%	6%	11%	9%	11%	15%	11%	10%	10%

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

	Yes	No		
	%	%		
8th	22%	78%		
10th	28%	72%		

# 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	9%	13%	78%
8th	14%	18%	68%
10th	21%	24%	55%

#### How do you describe your weight?

	Very underweight	Slightly underweight	About the right weight	Slightly overweight	Very overweight
	%	%	%	%	%
6th	2%	15%	60%	20%	3%
8th	1%	13%	53%	32%	1%
10th	2%	10%	53%	29%	7%

#### **Average Height and Weight**

		Grade							
6th				8th			10th		
	Mean	Median	N	Mean	Median	N	Mean	Median	N
Height (inches)			0			0	67.1	67.0	203
Weight (pounds)			0			0	156.3	145.0	199

Height and weight data not available for surveys taken online.

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#### **2010 County Report: Marion County**

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

			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
		%	%	%	%	%	%	%
Cala	Eat fruit	10%	24%	16%	13%	17%	8%	12%
6th	Eat vegetables	10%	30%	19%	12%	17%	5%	8%
Oth	Eat fruit	9%	24%	22%	14%	14%	9%	8%
8th	Eat vegetables	4%	21%	26%	17%	20%	6%	7%
1046	Eat fruit	8%	30%	14%	16%	19%	6%	6%
10th	Eat vegetables	12%	26%	23%	10%	16%	10%	6%

#### 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	17%	24%	13%	13%	12%	7%	13%

### 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	6%	3%	8%	9%	14%	11%	12%	37%
8th	4%	7%	6%	12%	9%	16%	18%	27%
10th	10%	3%	8%	10%	13%	13%	9%	35%

#### 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	7%	20%	21%	25%	10%	8%	10%
8th	11%	17%	19%	25%	15%	6%	8%
10th	8%	19%	13%	22%	17%	12%	10%

## 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	7%	8%	10%	9%	8%	14%	12%	31%
8th	11%	3%	7%	9%	14%	18%	9%	29%
10th	14%	4%	12%	15%	13%	15%	5%	23%

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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	34%	36%	4%	21%	2%	3%	0%	0%
8th	22%	33%	6%	30%	3%	4%	1%	1%
10th	21%	27%	8%	25%	6%	11%	2%	1%

# 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	92%	5%	2%	0%	1%
8th	95%	4%	1%	0%	0%
10th	92%	1%	5%	2%	1%

#### How true are the following statements?

At my	school there is a teacher or some other adult	Not at all true	A little true	Pretty much true	Very much true
who:		%	%	%	%
	Really cares about me.	8%	23%	28%	42%
	Notices when I'm not there.	9%	14%	36%	41%
	Listens to me when I have something to say.	7%	16%	37%	40%
Calle	Notices if I have trouble learning something.	10%	16%	31%	43%
6th	Tells me when I do a good job.	7%	14%	27%	51%
	Always wants me to do my best.	1%	5%	24%	71%
	Believes that I will be a success.	6%	6%	30%	59%
	Encourages me to work hard in school.	5%	6%	20%	69%
	Really cares about me.	13%	28%	28%	31%
	Notices when I'm not there.	12%	21%	35%	32%
	Listens to me when I have something to say.	11%	27%	31%	32%
Oalb	Notices if I have trouble learning something.	15%	27%	34%	24%
8th	Tells me when I do a good job.	9%	22%	36%	34%
	Always wants me to do my best.	2%	19%	28%	50%
	Believes that I will be a success.	6%	20%	29%	45%
	Encourages me to work hard in school.	7%	22%	28%	43%

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#### How true are the following statements?(cont.)

At my	At my school there is a teacher or some other adult		A little true	Pretty much true	Very much true
who:		%	%	%	%
	Really cares about me.	23%	25%	23%	29%
	Notices when I'm not there.	24%	19%	27%	30%
	Listens to me when I have something to say.	24%	22%	24%	30%
104h	Notices if I have trouble learning something.	24%	27%	21%	28%
10th	Tells me when I do a good job.	19%	19%	31%	32%
	Always wants me to do my best.	16%	15%	29%	40%
	Believes that I will be a success.	20%	16%	25%	39%
	Encourages me to work hard in school.	19%	13%	28%	39%

#### How true are the following statements?

		Not at all true	A little true	Pretty much true	Very much true
At scho	ool:	%	%	%	%
	I do interesting activities.	7%	19%	43%	31%
6th	I help decide things like class activities or rules.	33%	33%	23%	11%
	I do things that make a difference.	24%	33%	27%	16%
	I do interesting activities.	15%	26%	32%	27%
8th	I help decide things like class activities or rules.	55%	26%	14%	5%
	I do things that make a difference.	25%	38%	25%	12%
	I do interesting activities.	21%	29%	24%	26%
10th	I help decide things like class activities or rules.	35%	31%	20%	14%
	I do things that make a difference.	32%	29%	21%	18%

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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
		%	%	%	%	%
	I feel close to people at this school.	9%	2%	16%	36%	37%
	I am happy to be at this school.	10%	6%	17%	27%	41%
6th	I feel safe in my school.	3%	4%	18%	28%	47%
	The teachers at this school treat students fairly.	9%	6%	18%	30%	36%
	I feel close to people at this school.	7%	7%	18%	30%	37%
	I am happy to be at this school.	12%	12%	22%	28%	27%
8th	I feel safe in my school.	4%	1%	17%	38%	40%
	The teachers at this school treat students fairly.	19%	9%	20%	30%	21%
	I feel close to people at this school.	16%	5%	17%	38%	23%
	I am happy to be at this school.	20%	9%	19%	37%	15%
10th	I feel safe in my school.	12%	10%	20%	44%	14%
	The teachers at this school treat students fairly.	21%	12%	17%	34%	16%

#### 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	87%	7%	5%	1%
	Smoke cigarettes	94%	3%	2%	1%
	Smoke marijuana	98%	2%	0%	1%
8th	Drink alcohol regularly	76%	17%	4%	2%
	Smoke cigarettes	89%	5%	4%	1%
	Smoke marijuana	93%	5%	1%	1%
10th	Drink alcohol regularly	65%	15%	15%	5%
	Smoke cigarettes	73%	15%	7%	4%
	Smoke marijuana	79%	9%	8%	5%

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

		Yes	No	Don't remember
		%	%	%
6th	Tobacco	69%	14%	17%
	Alcohol	67%	13%	20%
	Marijuana and other illegal drugs	69%	14%	18%
8th	Tobacco	57%	36%	8%
	Alcohol	59%	32%	9%
	Marijuana and other illegal drugs	59%	32%	9%
	Tobacco	40%	43%	17%
10th	Alcohol	50%	34%	16%
	Marijuana and other illegal drugs	49%	37%	15%

#### **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%	8%	18%	72%
	My parents ask if I've gotten my homework done.	1%	11%	21%	67%
	Would your parents know if you did not come home on time?	4%	8%	18%	70%
8th	When I am not at home, one of my parents knows where I am and who I am with.	3%	17%	26%	55%
	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?	17%	22%	15%	46%
	My parents ask if I've gotten my homework done.	9%	22%	27%	43%
	Would your parents know if you did not come home on time?	7%	13%	30%	50%
	If you go to a party where alcohol is served, would you be caught by your parents?	18%	20%	22%	40%

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#### Family Relationships(cont.)

		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.	11%	13%	24%	52%
	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?	36%	25%	19%	20%
	My parents ask if I've gotten my homework done.	20%	17%	22%	41%
	Would your parents know if you did not come home on time?	13%	13%	27%	47%
	If you go to a party where alcohol is served, would you be caught by your parents?	30%	20%	25%	25%
	If you drank and drove, would you be caught by your parents?	18%	14%	22%	46%
	If you rode in a car driven by a teen driver who had been drinking, would you be caught by your parents?	25%	18%	23%	35%

My family has clear rules about alcohol and drug use

	Yes	No
	%	%
6th	96%	4%
8th	81%	19%
10th	82%	18%

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

		Yes	No
		%	%
10th	not drinking and driving?	56%	44%
	not riding with a driver who had been drinking?	62%	38%

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