

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

**Number of IYS 2010
Respondents**

	N		
	6th	10th	Total
Grade	217	176	393

Age

	6th		10th	
	Avg	N	Avg	N
How old are you?	11.9	217	15.8	176

Gender

	6th		10th	
	%	N	%	N
Female	49%	105	47%	82
Male	51%	108	53%	92

Race/Ethnicity

	6th		10th	
	%	N	%	N
White	87%	189	90%	158
Black / African American	1%	3	2%	3
Latino / Latina	3%	7	3%	6
Asian American	0%	0	0%	0
Native American / American Indian	0%	1	1%	1
Multi-racial	7%	16	3%	5
Other	1%	2	3%	5

Living Arrangement

	6th		10th	
	%	N	%	N
Both parents	52%	113	44%	76
Parent and step parent	20%	44	24%	42
Mother only	18%	39	23%	39
Father only	5%	11	3%	5
Legal Guardian	3%	7	3%	6
Foster parent	0%	0	1%	2
Group home or residential care	0%	0	0%	0
Other	1%	3	1%	2

At school are you eligible to receive:

	6th		10th	
	%	N	%	N
Free lunch	46%	97	38%	67
Reduced lunch price	15%	32	12%	21
Neither	39%	84	50%	87

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

	6th		10th	
	%	N	%	N
0 - 9 days	79%	171	81%	142
10 - 19 days	17%	36	16%	28
20 - 30 days	3%	6	3%	5
More than 30 days	1%	3	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	54%	22%	18%	6%
	Cigarettes	55%	20%	14%	11%
	Marijuana	81%	10%	6%	4%
10th	Alcohol	14%	24%	36%	26%
	Cigarettes	19%	15%	25%	41%
	Marijuana	28%	22%	19%	31%
	Drug like cocaine, LSD, or amphetamines	59%	26%	11%	3%

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?	53%	31%	13%	3%
	Smoke cigarettes?	63%	23%	11%	3%
	Use marijuana?	76%	16%	7%	1%
10th	Drink alcohol?	22%	39%	34%	6%
	Smoke cigarettes?	25%	39%	26%	10%
	Use marijuana?	43%	34%	19%	5%

In which of the following activities do you participate?

	6th		10th	
	%	N	%	N
School sports team	70%	144	67%	105
Other sports	79%	164	37%	58
Scouting	10%	21	3%	5
Boys and girls club	3%	7	1%	2
4-H club	6%	13	3%	4
Service or voluntary projects	29%	61	28%	43
Church youth group or other faith-based youth group	44%	91	38%	59
Other activities	57%	118	62%	97

How safe do you feel in your neighborhood?

	6th		10th	
	%	N	%	N
Very safe	46%	100	57%	98
Sort of safe	40%	87	35%	59
Sort of unsafe	12%	25	6%	11
Very unsafe	2%	4	2%	3

How old were you when you first:

		Never have	10 or younger	11	12	13	14	15	16	17
		%	%	%	%	%	%	%	%	%
10th	Smoked marijuana	67%	3%	4%	2%	7%	7%	8%	2%	0%
	Smoked a cigarette, even just a puff	52%	14%	3%	5%	9%	7%	9%	2%	0%
	Used any other tobacco product (chewing tobacco or cigars)	72%	3%	3%	2%	3%	2%	11%	3%	0%
	Had more than a sip or two of alcohol	25%	8%	5%	8%	9%	16%	20%	8%	2%
	Began drinking alcoholic beverages regularly (at least once or twice a month)	71%	1%	1%	2%	4%	6%	9%	6%	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	97%	1%	2%	0%	0%	0%	0%
	PAST YEAR cigarette use	94%	3%	1%	0%	0%	1%	0%
10th	PAST MONTH cigarette use	81%	9%	5%	3%	2%	0%	0%
	PAST YEAR cigarette use	73%	13%	6%	5%	2%	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
		%	%	%	%	%
6th	PAST MONTH other tobacco products use	98%	2%	0%	0%	0%
	PAST YEAR other tobacco products use	93%	5%	1%	0%	0%
10th	PAST MONTH other tobacco products use	84%	5%	4%	2%	5%
	PAST YEAR other tobacco products use	74%	14%	4%	3%	6%

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	88%	9%	1%	1%	0%	0%
	PAST YEAR alcohol use	78%	14%	5%	0%	1%	2%
10th	PAST MONTH alcohol use	66%	21%	10%	2%	1%	0%
	PAST YEAR alcohol use	36%	25%	10%	8%	6%	14%

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	10 or more times
		%	%	%	%	%
6th	Binge drinking	96%	2%	1%	0%	0%
10th	Binge drinking	80%	8%	6%	3%	3%

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	96%	1%	2%	0%	0%	0%
	PAST MONTH inhalant use	94%	5%	1%	1%	0%	0%
10th	PAST MONTH marijuana use	77%	6%	5%	3%	2%	8%
	PAST MONTH inhalant use	97%	2%	1%	0%	0%	0%

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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	93%	4%	0%	0%	0%	1%
	PAST YEAR inhalant use	92%	6%	2%	0%	0%	0%
10th	PAST YEAR marijuana use	72%	5%	4%	2%	3%	14%
	PAST YEAR inhalant use	93%	3%	2%	2%	0%	1%
	PAST YEAR MDMA ('ecstasy') use	96%	3%	0%	0%	0%	1%
	PAST YEAR LSD use	97%	1%	1%	1%	1%	0%
	PAST YEAR cocaine / crack use	97%	2%	1%	0%	1%	1%
	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
		%	%	%	%
10th	Performance-enhancing or body-building supplements (Creatine, fat-burners, etc.)	94%	1%	1%	5%
	Over-the-counter weight loss aids (laxatives, Dexatrim, etc.)	95%	2%	1%	2%
	Other over-the-counter drugs (cough syrup, etc.)	83%	13%	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
		%	%	%	%
10th	Steroids	100%	0%	0%	0%
	Uppers (Ritalin, etc.)	93%	5%	1%	2%
	Downers (Valium, Ambien, etc.)	92%	3%	2%	3%
	Other prescription drugs (OxyContin, Ketamine, etc.)	89%	3%	2%	5%

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	65%	25%	7%	3%
	I bought them at a store	65%	27%	6%	2%
	I bought them from a vending machine	66%	34%	1%	0%
	I gave a stranger money to buy them for me	66%	22%	9%	3%
	I bought them over the Internet	65%	34%	0%	1%
	A friend gave them to me	64%	2%	18%	16%
	My older brother or sister gave them to me	65%	25%	4%	5%
	My parent gave them to me	66%	30%	2%	2%
	I took them from a store	66%	34%	1%	0%
	I took them from home without my parents knowing it	65%	23%	9%	4%
	I got them some other way	65%	14%	9%	12%

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	41%	56%	3%	0%
	I bought it at a store	41%	55%	3%	1%
	I bought it at a bar or restaurant	41%	56%	3%	0%
	I gave a stranger money to buy them for me	41%	49%	5%	5%
	I bought it over the Internet	41%	56%	1%	2%
	A friend gave it to me	40%	18%	27%	15%
	My older brother or sister gave it to me	41%	40%	15%	5%
	My parents with their permission	40%	36%	21%	3%
	My parents without their permission	41%	37%	14%	8%
	An adult (other than my parents) with that adult's permission	41%	27%	20%	12%
	An adult (other than my parents) without that adult's permission	41%	43%	11%	5%
	I took it from a store	41%	58%	1%	0%
	I got it at a party	41%	18%	26%	15%
	I got it some other way	41%	35%	14%	10%

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

		None	One or two days	3-5 days
		%	%	%
10th	Drink alcohol on school property?	97%	3%	1%
	Use marijuana on school property?	98%	2%	1%

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?	68%	5%	9%	18%
	you kept using alcohol or drugs even after you knew it could get you into fights or other kinds of legal trouble?	78%	3%	6%	13%
	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?	88%	3%	3%	6%
	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)?	83%	3%	3%	11%
	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?	87%	2%	7%	4%

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	91%	3%	5%	0%
	Malt liquor	91%	8%	0%	0%
	Wine	91%	3%	5%	0%
	Wine cooler	91%	6%	3%	0%
	Liquor (vodka, whiskey, etc.)	92%	4%	3%	1%
	Mixed drinks (margarita, etc.)	92%	4%	3%	0%
	Flavored 'alcopops' (hard lemonade, hard cider, etc.)	91%	6%	2%	1%
10th	Beer	70%	7%	14%	8%
	Malt liquor	72%	18%	8%	2%
	Wine	71%	18%	8%	2%
	Wine cooler	71%	17%	10%	2%
	Liquor (vodka, whiskey, etc.)	70%	4%	10%	15%
	Mixed drinks (margarita, etc.)	71%	14%	10%	5%
	Flavored 'alcopops' (hard lemonade, hard cider, etc.)	71%	13%	13%	3%

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	5%	18%	32%	46%
	Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day	9%	35%	36%	21%
	Have five or more drinks of an alcoholic beverage once or twice a week	5%	23%	35%	37%
	Smoke marijuana regularly	7%	6%	14%	72%
	Smoke marijuana once or twice a week	8%	12%	36%	43%
	Use inhalants regularly	8%	14%	21%	57%
10th	Smoke one or more packs of cigarettes per day	1%	6%	28%	66%
	Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day	6%	39%	39%	17%
	Have five or more drinks of an alcoholic beverage once or twice a week	6%	21%	42%	31%
	Smoke marijuana regularly	10%	15%	20%	54%
	Smoke marijuana once or twice a week	16%	25%	36%	23%
	Use inhalants regularly	0%	6%	17%	76%

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	49%	30%	11%	10%
10th	62%	27%	9%	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
		%	%	%	%
6th	a TEENAGER who had been drinking or using drugs	88%	8%	2%	1%
	an ADULT who had been drinking or using drugs	66%	25%	4%	5%
10th	a TEENAGER who had been drinking or using drugs	74%	14%	6%	6%
	an ADULT who had been drinking or using drugs	64%	20%	9%	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
		%	%	%	%
10th	drinking alcohol	90%	7%	2%	1%
	using marijuana or other illegal drugs	90%	4%	3%	3%

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%	13%	77%	4%
	Called you names to put you down or make you feel bad?	7%	25%	66%	2%
	Insisted on knowing who you're with and where you are at all times?	7%	32%	59%	2%
	Followed you?	7%	11%	78%	4%
	Destroyed something that belonged to you or that you liked very much?	7%	7%	84%	2%
	Threatened or frightened your family or friends?	7%	8%	84%	1%

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

	Yes	No
	%	%
10th	18%	82%

**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	1%	99%
	I have been physically attacked	7%	93%
	I have been threatened	18%	82%
10th	I have been injured by a vehicle	1%	99%
	I have been physically attacked	7%	93%
	I have been threatened	14%	86%

**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	25%	75%
	It made learning harder	10%	90%

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	73%	18%	8%	2%
	Smoke cigarettes?	74%	18%	7%	1%
	Smoke marijuana?	91%	3%	3%	3%
	Use LSD, cocaine, amphetamines or another illegal drug?	95%	4%	0%	0%
10th	Drink alcohol regularly	31%	32%	28%	9%
	Smoke cigarettes?	37%	31%	20%	12%
	Smoke marijuana?	49%	20%	14%	17%
	Use LSD, cocaine, amphetamines or another illegal drug?	90%	5%	3%	2%

Do you currently belong to a street gang?

	Yes	No
	%	%
10th	2%	98%

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?	74%	11%	2%	1%	2%	10%
	Sold illegal drugs?	91%	2%	2%	1%	1%	3%
	Been drunk or high at school?	83%	7%	5%	0%	2%	3%

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

		Yes	No
		%	%
6th	Bullied you by calling you names?	54%	46%
	Threatened to hurt you?	36%	64%
	Bullied you by hitting, punching, kicking, or pushing you?	23%	77%
10th	Bullied you by calling you names?	30%	70%
	Threatened to hurt you?	22%	78%
	Bullied you by hitting, punching, kicking, or pushing you?	10%	90%

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?	73%	11%	8%	4%	4%
	Began drinking alcohol regularly?	75%	13%	6%	5%	1%
	Smoked marijuana?	81%	7%	1%	3%	6%
10th	Smoked cigarettes?	54%	18%	18%	4%	6%
	Began drinking alcohol regularly?	39%	18%	20%	17%	6%
	Smoked marijuana?	45%	18%	13%	10%	14%

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

	6th
	%
None	39%
1 to 2 days, < 3 hours per day	29%
1 to 2 days, > 3 hours per day	3%
3 or more days, < 3 hours per day	19%
3 or more days, > 3 hours per day	11%

**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	2%	3%	26%	60%	10%

**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
	%	%	%	%	%	%	%	%
10th	49%	15%	5%	6%	6%	10%	7%	1%

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

	Yes	No
	%	%
10th	19%	81%

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

	Yes	No
	%	%
10th	31%	69%

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

	10th	
	%	N
Didn't gamble for money	59%	91
At someone's house	16%	24
Internet	3%	5
Person-to-person betting with another teen	26%	40
Person-to-person betting with an adult	17%	26
Lottery self-service machine	3%	5
Other lottery tickets	8%	13
Off-Track Betting	1%	2
Sports Pool	8%	12
Other	11%	17

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%	5%	5%	12%	13%	17%	16%	11%	8%	10%	3%
	Had beer, wine, or hard liquor	0%	3%	4%	4%	12%	12%	11%	14%	22%	13%	5%
	Used marijuana	2%	10%	8%	9%	15%	14%	9%	11%	13%	8%	2%

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

	Yes	No
	%	%
10th	31%	69%

**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	10%	23%	67%
10th	18%	21%	61%

How do you describe your weight?

	Very underweight	Slightly underweight	About the right weight	Slightly overweight	Very overweight
	%	%	%	%	%
6th	6%	15%	51%	25%	4%
10th	3%	7%	52%	34%	4%

Average Height and Weight

	Grade					
	6th			10th		
	Mean	Median	N	Mean	Median	N
Height (inches)	61.0	61.0	161	67.0	67.0	172
Weight (pounds)	127.8	102.0	161	156.8	150.0	170

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	9%	21%	18%	16%	12%	6%	18%
	Eat vegetables	15%	26%	16%	13%	15%	6%	8%
10th	Eat fruit	12%	35%	21%	10%	13%	6%	2%
	Eat vegetables	9%	35%	21%	15%	13%	5%	2%

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	8%	20%	19%	13%	19%	11%	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	4%	5%	7%	10%	8%	21%	5%	41%
10th	10%	7%	13%	13%	11%	14%	6%	26%

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%	16%	18%	20%	16%	6%	16%
10th	9%	19%	11%	25%	17%	10%	9%

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	15%	7%	9%	9%	6%	9%	6%	41%
10th	14%	5%	12%	9%	15%	15%	10%	20%

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	16%	52%	4%	19%	2%	5%	1%	0%
10th	16%	26%	6%	23%	8%	17%	2%	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	6 or more days
	%	%	%	%
6th	94%	3%	2%	0%
10th	93%	3%	3%	1%

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.	5%	15%	38%	42%
	Notices when I'm not there.	10%	15%	32%	43%
	Listens to me when I have something to say.	4%	18%	38%	41%
	Notices if I have trouble learning something.	9%	17%	37%	36%
	Tells me when I do a good job.	3%	18%	38%	41%
	Always wants me to do my best.	0%	6%	23%	71%
	Believes that I will be a success.	5%	10%	34%	50%
	Encourages me to work hard in school.	2%	10%	24%	64%
10th	Really cares about me.	11%	28%	27%	34%
	Notices when I'm not there.	13%	17%	32%	38%
	Listens to me when I have something to say.	11%	18%	31%	40%
	Notices if I have trouble learning something.	18%	29%	25%	28%
	Tells me when I do a good job.	8%	25%	30%	38%
	Always wants me to do my best.	4%	11%	24%	60%
	Believes that I will be a success.	11%	14%	28%	47%
	Encourages me to work hard in school.	10%	13%	28%	50%

How true are the following statements?

At school:		Not at all true	A little true	Pretty much true	Very much true
		%	%	%	%
6th	I do interesting activities.	9%	29%	32%	29%
	I help decide things like class activities or rules.	48%	30%	17%	5%
	I do things that make a difference.	22%	41%	18%	19%
10th	I do interesting activities.	18%	29%	26%	26%
	I help decide things like class activities or rules.	55%	27%	10%	9%
	I do things that make a difference.	35%	36%	16%	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
		%	%	%	%	%
6th	I feel close to people at this school.	6%	7%	23%	44%	21%
	I am happy to be at this school.	13%	9%	15%	38%	25%
	I feel safe in my school.	4%	7%	18%	34%	37%
	The teachers at this school treat students fairly.	8%	11%	16%	38%	27%
10th	I feel close to people at this school.	10%	9%	17%	44%	21%
	I am happy to be at this school.	15%	12%	22%	26%	26%
	I feel safe in my school.	5%	6%	25%	37%	28%
	The teachers at this school treat students fairly.	18%	16%	25%	24%	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	87%	6%	6%	0%
	Smoke cigarettes	92%	5%	2%	1%
	Smoke marijuana	96%	1%	2%	0%
10th	Drink alcohol regularly	65%	21%	12%	2%
	Smoke cigarettes	76%	16%	6%	2%
	Smoke marijuana	82%	6%	8%	4%

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

		Yes	No	Don't remember
		%	%	%
6th	Tobacco	59%	25%	16%
	Alcohol	57%	27%	17%
	Marijuana and other illegal drugs	63%	24%	13%
10th	Tobacco	48%	43%	9%
	Alcohol	50%	40%	10%
	Marijuana and other illegal drugs	53%	40%	7%

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.	1%	10%	27%	63%
	My parents ask if I've gotten my homework done.	3%	14%	17%	67%
	Would your parents know if you did not come home on time?	2%	14%	20%	63%
10th	When I am not at home, one of my parents knows where I am and who I am with.	2%	18%	33%	47%
	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?	31%	31%	18%	20%
	My parents ask if I've gotten my homework done.	15%	27%	21%	37%
	Would your parents know if you did not come home on time?	7%	17%	27%	49%
	If you go to a party where alcohol is served, would you be caught by your parents?	30%	25%	24%	21%
	If you drank and drove, would you be caught by your parents?	14%	17%	21%	49%
	If you rode in a car driven by a teen driver who had been drinking, would you be caught by your parents?	28%	22%	25%	25%

My family has clear rules about alcohol and drug use

	Yes	No
	%	%
6th	94%	6%
10th	78%	22%

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?	53%	47%