

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

**Number of IYS  
2010 Respondents**

	N	
	8th	Total
Grade	150	150

**Age**

	8th	
	Avg	N
How old are you?	13.8	150

**Gender**

	8th	
	%	N
Female	50%	72
Male	50%	72

**Race/Ethnicity**

	8th	
	%	N
White	76%	112
Black / African American	2%	3
Latino / Latina	11%	17
Asian American	1%	2
Native American / American Indian	2%	3
Multi-racial	6%	9
Other	2%	3

**Living Arrangement**

	8th	
	%	N
Both parents	55%	82
Parent and step parent	20%	30
Mother only	18%	26
Father only	4%	6
Legal Guardian	1%	1
Foster parent	1%	1
Group home or residential care	0%	0
Other	1%	2

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

	8th	
	%	N
Free lunch	37%	55
Reduced lunch price	11%	17
Neither	52%	77

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

	8th	
	%	N
0 - 9 days	78%	116
10 - 19 days	18%	27
20 - 30 days	3%	5
More than 30 days	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
		%	%	%	%
8th	Alcohol	32%	24%	30%	14%
	Cigarettes	37%	24%	18%	21%
	Marijuana	62%	12%	13%	13%
	Drug like cocaine, LSD, or amphetamines	74%	15%	6%	5%

**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
		%	%	%	%
8th	Drink alcohol?	33%	44%	20%	3%
	Smoke cigarettes?	52%	32%	13%	3%
	Use marijuana?	70%	25%	5%	1%

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

	8th	
	%	N
School sports team	83%	115
Other sports	66%	92
Scouting	3%	4
Boys and girls club	4%	6
4-H club	13%	18
Service or voluntary projects	24%	34
Church youth group or other faith-based youth group	53%	74
Other activities	65%	90

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

	8th	
	%	N
Very safe	64%	96
Sort of safe	32%	47
Sort of unsafe	3%	5
Very unsafe	1%	1

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

		Never have	10 or younger	11	12	13	14
		%	%	%	%	%	%
8th	Smoked marijuana	90%	0%	1%	3%	5%	1%
	Smoked a cigarette, even just a puff	71%	5%	6%	5%	10%	3%
	Used any other tobacco product (chewing tobacco or cigars)	85%	2%	1%	1%	8%	3%
	Had more than a sip or two of alcohol	53%	11%	3%	10%	16%	7%
	Began drinking alcoholic beverages regularly (at least once or twice a month)	90%	0%	1%	2%	3%	3%

**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
		%	%	%	%	%	%	%
8th	PAST MONTH cigarette use	93%	4%	1%	1%	0%	0%	1%
	PAST YEAR cigarette use	83%	12%	3%	1%	1%	0%	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
		%	%	%	%	%
8th	PAST MONTH other tobacco products use	96%	4%	0%	0%	0%
	PAST YEAR other tobacco products use	88%	11%	1%	0%	1%

**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
		%	%	%	%	%	%
8th	PAST MONTH alcohol use	82%	13%	4%	0%	1%	0%
	PAST YEAR alcohol use	64%	22%	6%	2%	3%	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
		%	%	%	%
8th	Binge drinking	95%	3%	2%	1%

**Illicit drugs: Number of Occasions of Past Month use**

		0 Occasions	1 - 2 occasions	3 - 5 occasions	6 - 9 occasions	10 - 19 occasions
		%	%	%	%	%
8th	PAST MONTH marijuana use	95%	3%	1%	0%	0%
	PAST MONTH inhalant use	92%	4%	2%	1%	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
		%	%	%	%	%	%
8th	PAST YEAR marijuana use	89%	5%	3%	1%	0%	1%
	PAST YEAR inhalant use	90%	5%	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	99%	1%	0%	0%	0%	0%
	PAST YEAR meth use	99%	0%	0%	0%	0%	1%
	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.)	96%	2%	1%	1%
	Over-the-counter weight loss aids (laxatives, Dexatrim, etc.)	98%	1%	1%	1%
	Other over-the-counter drugs (cough syrup, etc.)	81%	13%	3%	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
		%	%	%
8th	Steroids	99%	1%	0%
	Uppers (Ritalin, etc.)	99%	0%	1%
	Downers (Valium, Ambien, etc.)	100%	0%	0%
	Other prescription drugs (OxyContin, Ketamine, etc.)	99%	1%	0%

**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	86%	14%	1%	0%
	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%	3%	0%
	I bought them over the Internet	86%	14%	0%	0%
	A friend gave them to me	84%	3%	11%	2%
	My older brother or sister gave them to me	86%	11%	4%	0%
	My parent gave them to me	86%	12%	2%	0%
	I took them from a store	86%	13%	1%	0%
	I took them from home without my parents knowing it	85%	9%	5%	1%
	I got them some other way	86%	7%	6%	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	73%	26%	1%	0%
	I bought it at a store	73%	26%	1%	0%
	I bought it at a bar or restaurant	73%	25%	2%	0%
	I gave a stranger money to buy them for me	73%	26%	0%	1%
	I bought it over the Internet	73%	27%	0%	0%
	A friend gave it to me	73%	7%	16%	4%
	My older brother or sister gave it to me	73%	20%	5%	1%
	My parents with their permission	72%	10%	16%	2%
	My parents without their permission	73%	12%	12%	3%
	An adult (other than my parents) with that adult's permission	73%	13%	12%	2%
	An adult (other than my parents) without that adult's permission	73%	20%	4%	2%
	I took it from a store	73%	26%	1%	0%
	I got it at a party	73%	16%	9%	2%
	I got it some other way	75%	17%	6%	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?	97%	3%	0%
	Use marijuana on school property?	99%	0%	1%

**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
		%	%	%	%
8th	Beer	86%	4%	9%	1%
	Malt liquor	87%	11%	1%	1%
	Wine	86%	6%	8%	1%
	Wine cooler	86%	6%	7%	1%
	Liquor (vodka, whiskey, etc.)	86%	3%	9%	2%
	Mixed drinks (margarita, etc.)	86%	7%	6%	1%
	Flavored 'alcopops' (hard lemonade, hard cider, etc.)	87%	6%	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
		%	%	%	%
8th	Smoke one or more packs of cigarettes per day	3%	12%	31%	54%
	Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day	8%	30%	41%	21%
	Have five or more drinks of an alcoholic beverage once or twice a week	8%	15%	46%	31%
	Smoke marijuana regularly	5%	9%	14%	72%
	Smoke marijuana once or twice a week	5%	14%	42%	39%
	Use inhalants regularly	3%	5%	19%	72%

**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
	%	%	%	%
8th	54%	32%	11%	3%

**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
		%	%	%	%
8th	a TEENAGER who had been drinking or using drugs	85%	13%	0%	2%
	an ADULT who had been drinking or using drugs	68%	19%	4%	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	16%	8%	69%	7%

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

		Yes	No
		%	%
8th	I have been injured by a vehicle	5%	95%
	I have been physically attacked	13%	87%
	I have been threatened	22%	78%

**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	27%	73%
	It made learning harder	12%	88%

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

		Very wrong	Wrong	A little bit wrong	Not wrong at all
		%	%	%	%
8th	Drink alcohol regularly	54%	26%	17%	3%
	Smoke cigarettes?	54%	29%	13%	3%
	Smoke marijuana?	77%	11%	9%	3%
	Use LSD, cocaine, amphetamines or another illegal drug?	90%	5%	4%	1%

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

	Yes	No
	%	%
8th	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
		%	%	%	%	%	%
8th	Carried a weapon such as a handgun, knife or club?	74%	11%	4%	1%	2%	7%
	Sold illegal drugs?	96%	3%	1%	0%	0%	0%
	Been drunk or high at school?	96%	4%	0%	0%	0%	0%

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

		Yes	No
		%	%
8th	Bullied you by calling you names?	40%	60%
	Threatened to hurt you?	28%	72%
	Bullied you by hitting, punching, kicking, or pushing you?	19%	81%



**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
		%	%	%	%	%
8th	Smoked cigarettes?	67%	13%	16%	2%	2%
	Began drinking alcohol regularly?	62%	16%	15%	3%	3%
	Smoked marijuana?	71%	12%	9%	3%	5%

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

	8th
	%
None	29%
1 to 2 days, < 3 hours per day	21%
1 to 2 days, > 3 hours per day	7%
3 or more days, < 3 hours per day	24%
3 or more days, > 3 hours per day	19%

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

	Yes	No
	%	%
8th	21%	79%

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

	Yes	No
	%	%
8th	23%	77%

**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
	%	%	%
8th	15%	23%	63%

**How do you describe your weight?**

	Very underweight	Slightly underweight	About the right weight	Slightly overweight	Very overweight
	%	%	%	%	%
8th	2%	6%	61%	29%	2%

**Average Height and Weight**

	Grade		
	8th		
	Mean	Median	N
Height (inches)	65.0	65.0	142
Weight (pounds)	142.8	128.0	145

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
		%	%	%	%	%	%	%
8th	Eat fruit	8%	22%	26%	12%	15%	5%	12%
	Eat vegetables	9%	29%	24%	16%	12%	5%	5%

**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
	%	%	%	%	%	%	%	%
8th	5%	5%	3%	14%	7%	15%	10%	41%

**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
	%	%	%	%	%	%	%
8th	10%	18%	13%	24%	16%	10%	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
	%	%	%	%	%	%	%	%
8th	20%	9%	8%	8%	7%	12%	9%	28%

**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
	%	%	%	%	%	%	%	%
8th	22%	32%	3%	26%	2%	10%	2%	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	6 or more days
	%	%	%	%
8th	96%	2%	1%	1%

**How true are the following statements?**

<b>At my school there is a teacher or some other adult who:</b>		Not at all true	A little true	Pretty much true	Very much true
		%	%	%	%
8th	Really cares about me.	16%	28%	25%	32%
	Notices when I'm not there.	15%	17%	29%	38%
	Listens to me when I have something to say.	17%	19%	26%	38%
	Notices if I have trouble learning something.	18%	23%	26%	33%
	Tells me when I do a good job.	8%	19%	39%	34%
	Always wants me to do my best.	6%	12%	28%	54%
	Believes that I will be a success.	7%	18%	26%	49%
Encourages me to work hard in school.	10%	17%	21%	52%	

**How true are the following statements?**

<b>At school:</b>		Not at all true	A little true	Pretty much true	Very much true
		%	%	%	%
8th	I do interesting activities.	10%	28%	30%	31%
	I help decide things like class activities or rules.	45%	37%	10%	8%
	I do things that make a difference.	27%	38%	20%	16%

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

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
		%	%	%	%	%
8th	I feel close to people at this school.	8%	7%	13%	42%	30%
	I am happy to be at this school.	9%	8%	22%	36%	24%
	I feel safe in my school.	4%	4%	16%	44%	32%
	The teachers at this school treat students fairly.	9%	12%	15%	36%	28%

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

		Very wrong	Wrong	A little bit wrong	Not wrong at all
		%	%	%	%
8th	Drink alcohol regularly	75%	11%	12%	2%
	Smoke cigarettes	85%	8%	5%	2%
	Smoke marijuana	92%	5%	1%	1%

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

		Yes	No	Don't remember
		%	%	%
8th	Tobacco	45%	33%	22%
	Alcohol	55%	27%	18%
	Marijuana and other illegal drugs	51%	33%	16%

**Family Relationships**

		Never	Sometimes	Most of the time	Always
		%	%	%	%
8th	When I am not at home, one of my parents knows where I am and who I am with.	6%	17%	36%	42%
	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?	22%	25%	18%	35%
	My parents ask if I've gotten my homework done.	13%	19%	24%	43%
	Would your parents know if you did not come home on time?	8%	24%	22%	45%
	If you go to a party where alcohol is served, would you be caught by your parents?	20%	27%	19%	33%

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

	Yes	No
	%	%
8th	82%	18%