



ILLINOIS YOUTH SURVEY

Illinois Youth Survey – 8th Grade Form

D1. How old are you?

12 13 14 or older

D2. What grade are you in?

8th

D3. Are you:

Female Male Prefer not to answer

D6. What is your race? (select all that apply)

White
Black or African American
Hispanic or Latino/Latina
Asian
American Indian or Alaska Native
Native Hawaiian or Other Pacific Islander
Middle Eastern or North African
Other

D7. Who do you live with MOST OF THE TIME?

Both parents
Parent and step parent
Mother only
Father only
Split time between parents
Legal guardian
Foster parent (including relatives if they are your foster parent)
Group home or residential care
Grandparents only

D8. During the past 30 days, where did you usually sleep?

In my parent's or guardian's home
In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing
In a shelter or emergency housing
In a motel or hotel
In a car, park, campground, or other public place
I do not have a usual place to sleep
Somewhere else

D9. What is your zip code?

D10. At school, are you eligible to receive: (select one)

Free lunch Reduced price lunch Neither

D11. About how many days are you absent from school during an entire year?

0-9 days 10-19 days 20-30 days More than 30 days

The following questions ask about your ACTIVITIES

A1. In which of the following activities do you participate?

School sports team	Yes	No
Other sports	Yes	No
School clubs	Yes	No
Service clubs or volunteer projects (e.g., Scouting, 4H)	Yes	No
Other activity clubs (e.g., Boys & Girls, YMCA, etc.)	Yes	No
Church or other faith-based youth group	Yes	No

The following questions ask about what you THINK or FEEL

P1. If you wanted to get any of the following, how easy would it be for you to get some?

a. Beer, wine, or hard liquor (e.g., vodka, whiskey, or gin)

Very hard Sort of hard Sort of easy Very easy

b. E-cigarettes or other vaping products

Very hard Sort of hard Sort of easy Very easy

c. Cigarettes

Very hard Sort of hard Sort of easy Very easy

d. Marijuana

Very hard Sort of hard Sort of easy Very easy

e. Prescription drugs not prescribed to you

Very hard Sort of hard Sort of easy Very easy

f. Opioid medications from your home (Opioids include methadone, opium, morphine, fentanyl, Vicodin, MS Contin, codeine, Demerol, Roxicodone, hydrocodone (Lortab, Lorcet, Norco), Suboxone, OxyContin, Percocet, Tylox, Percodan, Ultram, and tramadol.)

Very hard Sort of hard Sort of easy Very easy

P2. How much do you approve or disapprove of someone your age:

a. drinking beer, wine, or hard liquor (e.g., vodka, whiskey or gin) regularly (at least once or twice a month)?

Strongly disapprove Disapprove Approve Strongly approve

b. using e-cigarettes or other vaping products?

Strongly disapprove Disapprove Approve Strongly approve

c. smoking cigarettes?

Strongly disapprove Disapprove Approve Strongly approve

d. using marijuana?

Strongly disapprove Disapprove Approve Strongly approve

e. using prescription drugs not prescribed to them?

Strongly disapprove Disapprove Approve Strongly approve

P3. How much would your parents approve or disapprove of you:

a. drinking beer, wine, or hard liquor (e.g., vodka, whiskey, or gin) regularly (at least once or twice a month)?

Strongly disapprove Disapprove Approve Strongly approve

b. having one or two drinks of an alcoholic beverage nearly every day?

Strongly disapprove Disapprove Approve Strongly approve

c. using e-cigarettes or other vaping products?

Strongly disapprove Disapprove Approve Strongly approve

d. smoking tobacco?

Strongly disapprove Disapprove Approve Strongly approve

e. using marijuana?

Strongly disapprove Disapprove Approve Strongly approve

f. using prescription drugs not prescribed to you?

Strongly disapprove Disapprove Approve Strongly approve

P4. How much would your friends approve or disapprove of you:

a. having one or two drinks of an alcoholic beverage nearly every day?

Strongly disapprove Disapprove Approve Strongly approve

b. using e-cigarettes or other vaping products?

Strongly disapprove Disapprove Approve Strongly approve

c. smoking tobacco?

Strongly disapprove Disapprove Approve Strongly approve

d. using marijuana?

Strongly disapprove Disapprove Approve Strongly approve

e. using prescription drugs not prescribed to you?

Strongly disapprove Disapprove Approve Strongly approve

P5. How much do you think people risk harming themselves (physically or in other ways) if they:

a. smoke one or more packs of cigarettes per day?

No risk Slight risk Moderate risk Great risk

b. use e-cigarettes or other vaping products?

No risk Slight risk Moderate risk Great risk

c. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?

No risk Slight risk Moderate risk Great risk

d. have five or more drinks of an alcoholic beverage once or twice a week?

No risk Slight risk Moderate risk Great risk

e. use marijuana once or twice a week?

No risk Slight risk Moderate risk Great risk

f. use prescription drugs that are not prescribed to them?

No risk Slight risk Moderate risk Great risk

P6. What are the chances you would be seen as cool if you:

a. used e-cigarettes or other vaping products?

No or very little chance
Little chance
Some chance
Pretty good chance
Very good chance

b. smoked cigarettes?

No or very little chance
Little chance
Some chance
Pretty good chance
Very good chance

c. began drinking alcohol regularly, that is, at least once or twice a month?

No or very little chance
Little chance
Some chance
Pretty good chance
Very good chance

d. used marijuana?

No or very little chance
Little chance
Some chance
Pretty good chance
Very good chance

P7. How much do you think people YOUR AGE risk harming themselves (physically or in other ways) if they use alcohol once or twice per month?

No risk Slight risk Moderate risk Great risk

P8. During the past 12 months did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

Yes No

P9. 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

The next question asks about DRUG USE

U1. How old were you when you first:

a. had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?

Never have 10 or younger 11 to 17 18 or older

b. smoked a cigarette, even just a puff?

Never have 10 or younger 11 to 17 18 or older

c. used an e-cigarette or other vaping product?

Never have 10 or younger 11 to 17 18 or older

d. used marijuana?

Never have 10 or younger 11 to 17 18 or older

e. began drinking alcoholic beverages regularly, that is, at least once or twice a month?

Never have 10 or younger 11 to 17 18 or older

Think about the PAST 30 DAYS

U2. How frequently have you:

a. used smokeless tobacco such as chewing tobacco, snuff, dip, or snus during the past 30 days?

Never
Once or twice
Once or twice per week
About once a day
More than once a day

b. smoked tobacco products other than cigarettes such as cigars, cigarillos, or little cigars during the past 30 days?

Never
Once or twice
Once or twice per week
About once a day
More than once a day

U3. used e-cigarettes or other vaping products during the past 30 days?

Never
Once or twice
Once or twice per week
About once a day
More than once a day

U4. smoked cigarettes during the past 30 days?

Never
Once or twice
Once or twice per week
About once a day
More than once a day

U5. On how many occasions (if any) have you had beer, wine, or hard liquor during the past 30 days?

0 1-2 3-5 6-9 10-19 20 or more occasions

U6. Think back over the last two 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

U7. Did you drink any of the following types of alcohol in the past 30 days?

- | | | |
|---|-----|----|
| a. Beer from bottles, cans, or a keg | Yes | No |
| b. Wine | Yes | No |
| c. Hard liquor (vodka, whiskey, or gin) | Yes | No |
| d. Alcopops (wine coolers, hard lemonade, hard cider, or hard seltzers) | Yes | No |

U8. On how many occasions (if any) have you used marijuana during the past 30 days?

- 0 1-2 3-5 6-9 10-19 20 or more occasions

U9. In the past 30 days, have you used marijuana in any of the following ways?

- | | | |
|--|-----|----|
| a. Smoked it (in a joint, bong, pipe, blunt) | Yes | No |
| b. Vaporized it (e.g., vapor pen) | Yes | No |
| c. Ate it (in brownies, cakes, candy, etc.) | Yes | No |
| d. Dabbed it | Yes | No |
| e. Drank it (in a THC drink) | Yes | No |

U10. During the past 30 days, have you used prescription drugs not prescribed to you?

- Yes No

Now think about the PAST YEAR or 12 MONTHS

U11. In the past year, on how many occasions (if any) have you:

- a. had beer, wine, or liquor?
0 1-2 3-5 6-9 10-19 20 or more occasions
- b. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high?
0 1-2 3-5 6-9 10-19 20 or more occasions
- c. used any tobacco product including smokeless tobacco, tobacco smoked through cigarettes or cigars/cigarillos, or tobacco used in a hookah water pipe?
0 1-2 3-5 6-9 10-19 20 or more occasions
- d. used marijuana?
0 1-2 3-5 6-9 10-19 20 or more occasions
- e. used MDMA (ecstasy, Molly)?
0 1-2 3-5 6-9 10-19 20 or more occasions
- f. used LSD or other psychedelics?
0 1-2 3-5 6-9 10-19 20 or more occasions

g. used cocaine or crack?

0 1-2 3-5 6-9 10-19 20 or more occasions

h. used Typhorim (T4)?

0 1-2 3-5 6-9 10-19 20 or more occasions

i. used meth (methamphetamine)?

0 1-2 3-5 6-9 10-19 20 or more occasions

j. used heroin?

0 1-2 3-5 6-9 10-19 20 or more occasions

k. used e-cigarettes or other vaping products?

0 1-2 3-5 6-9 10-19 20 or more occasions

l. used synthetic marijuana (K2, spice, or fake weed)?

0 1-2 3-5 6-9 10-19 20 or more occasions

m. used marijuana and alcohol at this time?

0 1-2 3-5 6-9 10-19 20 or more occasions

n. used alcohol and energy drinks at the same time?

0 1-2 3-5 6-9 10-19 20 or more occasions

U12. During the past year, have you used prescription drugs not prescribed to you?

Yes No

U13. During the past 12 months, how often have you used:

a. prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine/"lean", Vicodin, OxyContin, hydrocodone, and Percocet.)

Never 1-2 times 3-5 times 6 or more times

b. something you bought in a store to get high? (e.g., cough syrup, etc.)

Never 1-2 times 3-5 times 6 or more times

c. prescription painkillers to get high? (e.g., OxyContin, Vicodin, Lortab, etc.)

Never 1-2 times 3-5 times 6 or more times

d. other prescription drugs to get high? (e.g., Ritalin, Adderall, Xanax, etc.)

Never 1-2 times 3-5 times 6 or more times

U14. In the past year, did you get prescription drugs NOT PRESCRIBED TO YOU from any of the following sources?

a. I bought them from someone (friend, relative, stranger, etc.)	Yes	No
b. took them from home without the knowledge of my parents/guardians	Yes	No
c. I took them from someone else's home	Yes	No
d. My parents gave them to me	Yes	No
e. Someone other than my parents gave them to me (friend, relative, friends' parent, etc.)	Yes	No

U15. During the past year, did you get any tobacco products, e-cigarettes, or other vaping products from the following sources?

- | | | |
|---|-----|----|
| a. I bought them at a gas station, store, or mall | Yes | No |
| b. A friend gave them to me | Yes | No |
| c. My older brother or sister gave them to me | Yes | No |
| d. Bought online | Yes | No |
| e. My parents WITH their permission | Yes | No |
| f. My parents WITHOUT their permission | Yes | No |

U16. In the past year, did you get your own marijuana from any of the following sources?

- | | | |
|--|-----|----|
| a. A friend gave it to me | Yes | No |
| b. My parents WITH their permission | Yes | No |
| c. My parents WITHOUT their permission | Yes | No |
| d. My older brother or sister gave it to me | Yes | No |
| e. I bought it from someone who sells drugs | Yes | No |
| f. An adult (other than my parents) WITH that adult's permission | Yes | No |
| g. Someone else's medical marijuana prescription | Yes | No |
| h. My own medical marijuana prescription | Yes | No |
| i. I gave a stranger money to buy it at a marijuana dispensary | Yes | No |

U17. During the past year, how often did you usually get your own beer, wine, or liquor from the following sources?

- | | | | |
|---|-------|-----------|-------|
| a. I bought it at a gas station or store | Never | Sometimes | Often |
| b. I bought it at a bar or restaurant | Never | Sometimes | Often |
| c. I gave a stranger money to buy it for me | Never | Sometimes | Often |
| d. A friend gave it to me | Never | Sometimes | Often |
| e. My older brother or sister gave it to me | Never | Sometimes | Often |
| f. My parents WITH their permission | Never | Sometimes | Often |
| g. My parents WITHOUT their permission | Never | Sometimes | Often |
| h. An adult (other than my parents) WITH that adult's permission | Never | Sometimes | Often |
| i. An adult (other than my parents) WITHOUT that adult's permission | Never | Sometimes | Often |
| j. I got it at a party | Never | Sometimes | Often |
| k. Curbside/Home delivery | Never | Sometimes | Often |

U18. Have you ever taken or used any of the following without knowing what it was?

- | | | |
|--|-----|----|
| a. A pill or capsule (Do not count something your parents gave you for medical reasons.) | Yes | No |
| b. Something vaped or inhaled | Yes | No |
| c. A powder (swallowed, snorted, or mixed in) | Yes | No |

Next, a few questions about your EXPERIENCES WITH FAMILY

H1. In the past year have your parents/guardians talked to you about not using the following?

- | | | | |
|------------------------------------|-----|----|----------------|
| a. Tobacco | Yes | No | Don't remember |
| b. Alcohol | Yes | No | Don't remember |
| c. Marijuana | Yes | No | Don't remember |
| d. Opioids for non-medical reasons | Yes | No | Don't remember |

H2. My family has clear rules about alcohol and drug use.

Yes	No
-----	----

H3. How many days each week do you take care of yourself after school without an adult being there?

- None
- 1 day
- 2 days
- 3 days
- 4 + days

H4. Think of those days that you are home after school without an adult being there. How many hours a day do you usually take care of yourself after school?

- Does not apply to me
- Less than one per day
- 1-2 hours
- 3-5 hours
- 5+ hours

H5. If you drank some beer, wine, or liquor (e.g., vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?

- Never
- Sometimes
- Most of the time
- Always

H6. If you go to a party where alcohol is served, would you be caught by your parents?

- Never
- Sometimes
- Most of the time
- Always

H7. When I am not at home, one of my parents/guardians knows where I am and who I am with.

- Never
- Sometimes
- Most of the time
- Always

H8. My parents/guardians ask if I've gotten my homework done.

- Never
- Sometimes
- Most of the time
- Always

H9. Would your parents/guardians know if you did not come home on time?

- Never
- Sometimes
- Most of the time
- Always

The following questions are about SAFETY

V1. How many times in the past year (12 months) have you:

- | | | | | |
|--|-------|-----------|-----------|-----------------|
| a. been in a physical fight? | Never | 1-2 times | 3-5 times | 6 or more times |
| b. carried a weapon such as a gun or knife? (Do not count hunting or target shooting.) | Never | 1-2 times | 3-5 times | 6 or more times |
| c. sold illegal drugs? | Never | 1-2 times | 3-5 times | 6 or more times |
| d. been drunk or high at school? | Never | 1-2 times | 3-5 times | 6 or more times |

V2. In the past 12 months at school, how often have you been bullied, harassed, or made fun of because of your appearance or a disability?

- Never
- 1-2 times
- 3-5 times
- 6 or more times

V3. During the past 12 months, has another student at school:

- | | | |
|---|-----|----|
| a. bullied you by calling you names? | Yes | No |
| b. threatened to hurt you? | Yes | No |
| c. bullied you by hitting, punching, kicking, or pushing you? | Yes | No |
| d. bullied, harassed, or spread rumors about you on the Internet, social media, or through text messages? | Yes | No |

V4. During the past 30 days, how many days did you not go to school because you felt you would be unsafe?

0 days 1 day 2 or 3 days 4 or 5 days 6 or more days

V5. In the past 12 months, have you been slapped, kicked, punched, hit, or threatened in a dating relationship?

I have not begun to date Yes No Not sure

Now, some questions about your SCHOOL EXPERIENCES

S1. 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

S2. How true are the following statements?

At my school, there is a teacher or some other adult:

a. who really cares about me.

Not at all true A little true Pretty much true Very much true

b. who notices when I'm not there.

Not at all true A little true Pretty much true Very much true

c. who listens to me when I have something to say.

Not at all true A little true Pretty much true Very much true

d. who notices if I have trouble learning something.

Not at all true A little true Pretty much true Very much true

e. who tells me when I do a good job.

Not at all true A little true Pretty much true Very much true

f. who always wants me to do my best.

Not at all true A little true Pretty much true Very much true

g. who believes I will be a success.

Not at all true A little true Pretty much true Very much true

h. who encourages me to work hard in school.

Not at all true A little true Pretty much true Very much true

S3. How true are the following statements?

a. At school, I do interesting activities.

Not at all true A little true Pretty much true Very much true

b. At school, I help decide things like class activities or rules.

Not at all true A little true Pretty much true Very much true

c. At school, I do things that make a difference.

Not at all true A little true Pretty much true Very much true

S4. How strongly do you agree or disagree with the following statements about your school?

a. I feel close to people at this school

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

b. I am happy to be at this school.

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

c. I feel safe in my school.

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

d. The teachers at this school treat students fairly.

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

S5. The next questions are about substance use education or advertisements you have seen in your school. To what extent have you seen ads or participated in these activities in the past 12 months?

a. Played interactive games to learn about alcohol and other drugs

Never Rarely Sometimes Often

b. Saw posters or messages displayed at school encouraging students not to use alcohol or other drugs

Never Rarely Sometimes Often

c. Had films, lectures, discussions, or printed information about drugs or alcohol IN one of your regular classes, such as health or physical education

Never Rarely Sometimes Often

d. Had films, lectures, discussions, or printed information about drugs or alcohol OUTSIDE OF your regular classes, such as in a special assembly

Never Rarely Sometimes Often

The following questions are about WHAT YOU EAT and your PHYSICAL ACTIVITY

N1. How tall are you without your shoes on?

Enter Feet

Enter Inches

N2. How much do you weigh without your shoes on?

Enter Pounds

N3. During the past 7 days, on how many days did you eat dinner at home with at least one of your parents or guardians?

0 1-2 3-5 6-9 10-19 20 or more days

N4. During the past 7 days, how many times did you eat fruit?

- I did not eat fruit during the past 7 days
- 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

N5. During the past 7 days, how many times did you eat vegetables?

- I did not eat vegetables during the past 7 days
- 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

N6. During the past 30 days, how often did you go hungry because there was not enough food in your home?

- Never Rarely Sometimes Most of the time Always

N7. On an average school day, how many hours do you spend on NON-SCHOOL RELATED "screen time"? (e.g., TV, videos, streaming, gaming (Xbox, PlayStation, or internet-based games), smart phone use, texting, social medial, or the Internet)

- No screen time on an average school day
- Less than 2 hours per day
- 2-3 hours per day
- 4-6 hours per day
- 7 or more hours per day

N8. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)

- 0 1-2 3-5 6-9 10-19 20 or more days

How honest were you in filling out this survey?

- I was very honest
- I was honest pretty much of the time
- I was honest some of the time
- I was honest once in a while
- I was not honest at all