

PCHD Youth Substance Use Prevention Community Needs Assessment Survey Questions

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YOUTH ONLY

Please answer the following questions about yourself. Your responses will provide valuable insights and help us better understand the needs and experiences of youth your age in Pima County.

Bullying

The next 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

1. During the past 12 months, have you ever been bullied **on school property**?
A. Yes
B. No
2. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
A. Yes
B. No

Self-harm

The next 3 questions ask about hurting yourself on purpose.

3. During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?
A. 0 times
B. 1 time
C. 2 or 3 times
D. 4 or 5 times
E. 6 or more times

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

Smoke 1 or 2 packs of tobacco cigarettes per day?	No risk	Slight risk	Moderate risk	Great risk
Vape e-juice/e-liquid with nicotine daily?	No risk	Slight risk	Moderate risk	Great risk
Have five or more drinks of an alcoholic beverage nearly every day?	No risk	Slight risk	Moderate risk	Great risk
Use prescription drugs without a doctor telling them to take them?	No risk	Slight risk	Moderate risk	Great risk
Use fentanyl?	No risk	Slight risk	Moderate risk	Great risk
Try marijuana once or twice?	No risk	Slight risk	Moderate risk	Great risk
Use marijuana regularly (once or twice a week?)	No risk	Slight risk	Moderate risk	Great risk

5. How much do you think you risk harming yourself (physically or in other way) if you:

Smoke 1 or 2 packs of tobacco cigarettes per day?	No risk	Slight risk	Moderate risk	Great risk
Vape e-juice/e-liquid with nicotine daily?	No risk	Slight risk	Moderate risk	Great risk
Have five or more drinks of an alcoholic beverage nearly every day?	No risk	Slight risk	Moderate risk	Great risk
Use prescription drugs without a doctor telling them to take them?	No risk	Slight risk	Moderate risk	Great risk
Use fentanyl?	No risk	Slight risk	Moderate risk	Great risk
Try marijuana once or twice?	No risk	Slight risk	Moderate risk	Great risk
Use marijuana regularly (once or twice a week?)	No risk	Slight risk	Moderate risk	Great risk

Suicide

The next 4 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

6. 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?
A. Yes B. No
7. During the past 12 months, did you ever **seriously** consider attempting suicide?
A. Yes
B. No
8. During the past 12 months, did you **make a plan** about how you **would attempt** suicide?
A. Yes
B. No
9. During the past 12 months, how many times did you **actually attempt** suicide? A. 0 times
B. 1 time
C. 2 or 3 times
D. 4 or 5 times
E. 6 or more times

Safety

The next question asks about firearm safety.

10. Are any firearms now kept in or around your home?
A. Yes
B. No
C. Don't know/Not sure
D. Prefer not to answer

Tobacco

The next questions asks about all tobacco products. Please consider cigarettes, electronic vapor products, smokeless tobacco (chewing tobacco, snuff, dip, snus, or dissolvable tobacco products), cigars (including little cigars or cigarillos), shisha or hookah tobacco, pipe tobacco, heated tobacco products, and nicotine pouches when answering this question.

11. During your lifetime, have you ever used a tobacco product?
 - A. Yes
 - B. No (Jump to Q.14)
12. In the last 30 days, have you used a tobacco product?
 - A. Yes
 - B. No
13. During the past 12 months, did you ever try **to quit** using **all** tobacco products?
 - A. I did not use cigarettes, electronic vapor products, smokeless tobacco, cigars, shisha or hookah tobacco, pipe tobacco, heated tobacco products, or nicotine pouches during the past 12 months
 - B. Yes
 - C. No
14. Have you ever used an electronic vapor product?
 - A. Yes
 - B. No (**Jump to Q.21**)
15. During the past 30 days, on how many days did you use an electronic vapor product?
 - A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
16. During the past 30 days, how did you **usually** get your electronic vapor products? (Select only **one** response.)
 - A. I did not use any electronic vapor products during the past 30 days
 - B. I got or bought them from a friend, family member, or someone else
 - C. I bought them myself in a vape shop or tobacco shop
 - D. I bought them myself in a convenience store, supermarket, discount store, or gas station
 - E. I bought them myself at a mall or shopping center kiosk or stand

- F. I bought them myself on the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist
- G. I took them from a store or another person
- H. I got them in some other way

17. Have you ever tried to stop using all tobacco products?

- A. Yes
- B. No (Jump to Q.21)

18. When you tried to stop using all tobacco, were you able to get help or access services to do so?

- A. Yes (Jump to Q.20)
- B. No

19. Please share why you were not able to get help or access services.

_____ (Jump to Q.21)

20. How would you rate the services you used?

- A. Very bad
- B. Bad
- C. Okay
- D. Good
- E. Very Good

Alcohol

The next 2 questions ask about drinking alcohol. This includes drinking beer, wine, flavored alcoholic beverages, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

21. During the past 30 days, on how many days did you have at least one drink of alcohol?

- A. 0 days (Jump to Q.23)
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

22. During the past 30 days, what is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?
- A. I did not drink alcohol during the past 30 days
 - B. 1 or 2 drinks
 - C. 3 drinks
 - D. 4 drinks
 - E. 5 drinks
 - F. 6 or 7 drinks
 - G. 8 or 9 drinks
 - H. 10 or more drinks

Marijuana

The next question asks about marijuana use. Marijuana also is called pot or weed. For these questions, do not count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone.

23. During the past 30 days, how many times did you use **marijuana**?
- A. 0 times (**Jump to Q.29**)
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
24. During the past 30 days, which one of the following ways did you use **marijuana** most often?
- A. Smoked it
 - B. Ate/Drank it
 - C. Vaporized it
 - D. Dabs
 - E. Used in another way
 - F. Don't know/Not sure
 - G. Prefer not to answer
25. Have you ever tried to stop using marijuana?
- A. Yes
 - B. No (**Jump to Q.29**)
26. When you tried to stop using marijuana, were you able to get help or access services to do so?
- A. Yes (**Jump to question 28**)
 - B. No

27. Please share why you were not able to get help or access services.

_____ (Jump to Q.29)

28. How would you rate the services you used?

- 39. Very bad
- 40. Bad
- 41. Okay
- 42. Good
- 43. Very Good

The next question asks about synthetic marijuana use. Synthetic marijuana also is called Spice, fake weed, K2, or Black Mamba.

29. During your life, how many times have you used **synthetic marijuana**?

- 39. 0 times (**Jump to Q.34**)
- 40. 1 or 2 times
- 41. 3 to 9 times
- 42. 10 to 19 times
- 43. 20 to 39 times
- 44. 40 or more times

30. Have you ever tried to stop using synthetic marijuana?

- 39. Yes
- 40. No (Jump to Q.34)

31. When you tried to stop using synthetic marijuana, were you able to get help or access services to do so?

- 39. Yes (Jump to Q.33)
- 40. No

32. Please share why you were not able to get help or access services.

_____ (Jump to Q.34)

33. How would you rate the services you used?

- 39. Very bad
- 40. Bad
- 41. Okay
- 42. Good
- 43. Very Good

Prescription Pain Medicine

The next question asks about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For this question, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

34. During your life, how many times have you taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it?
- A. 0 times (Jump to Q.39)
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
35. Have you ever tried to stop using prescription pain medicine that a doctor did not prescribe?
- A. Yes
 - B. No (Jump to Q.39)
36. When you tried to stop using prescription pain medicine, were you able to get help or access services to do so?
- A. Yes (Jump to Q.38)
 - B. No
37. Please share why you were not able to get help or access services.
_____ (Jump to Q.39)
38. How would you rate the services you used?
- A. Very bad
 - B. Bad
 - C. Okay
 - D. Good
 - E. Very Good

Other drugs

The next questions ask about other drugs.

39. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?
- A. 0 times (Jump to Q.44)
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
40. Have you ever tried to stop using cocaine including powder, crack, or freebase?
- A. Yes
 - B. No (Jump to Q.44)
41. When you tried to stop using cocaine, were you able to get help or access services to do so?
- A. Yes (Jump to Q.43)
 - B. No
42. Please share why you were not able to get help or access services.
- _____ (Jump to Q.44)
43. How would you rate the services you used?
- A. Very bad
 - B. Bad
 - C. Okay
 - D. Good
 - E. Very Good
44. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?
- A. 0 times (Jump to Q.49)
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
45. Have you ever tried to stop using heroin?
- A. Yes
 - B. No (Jump to Q.49)

46. When you tried to stop using heroin, were you able to get help or access services to do so?

- A. Yes (Jump to Q.48)
- B. No

47. Please share why you were not able to get help or access services.

_____ (Jump to Q.49)

48. How would you rate the services you used?

- A. Very bad
- B. Bad
- C. Okay
- D. Good
- E. Very Good

49. During your life, how many times have you used methamphetamines (also called speed, crystal meth, crank, ice, or meth)?

- A. 0 times (Jump to Q.50)
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

50. Have you ever tried to stop using methamphetamines?

- A. Yes
- B. No (Jump to Q.54)

51. When you tried to stop using methamphetamines, were you able to get help or access services to do so?

- A. Yes (Jump to Q.53)
- B. No

52. Please share why you were not able to get help or access services.

_____ (Jump to Q.54)

53. How would you rate the services you used?

- A. Very bad
- B. Bad
- C. Okay
- D. Good
- E. Very Good

54. During your life, how many times have you used **ecstasy** (also called MDMA or Molly)?

- A. 0 times (**Jump to Q.59**)
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

55. Have you ever tried to stop using ecstasy?

- A. Yes
- B. No (Jump to Q.59)

56. When you tried to stop using ecstasy, were you able to get help or access services to do so?

- A. Yes (Jump to Q.58)
- B. No

57. Please share why you were not able to get help or access services.

_____ (Jump to Q.59)

58. How would you rate the services you used?

- A. Very bad
- B. Bad
- C. Okay
- D. Good
- E. Very Good

59. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?

- A. Yes
- B. No

60. During the past 12 months, how many times did you attend school under the influence of alcohol or other illegal drugs, such as marijuana or cocaine?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

61. Please tell us the reason(s) why you USED tobacco, alcohol, prescription drugs, marijuana, or other drugs during the past 12 months. (MARK ALL THAT APPLY)

- A. Try something new
- B. Have fun
- C. Bored and needed something to do
- D. Deal with stress from my parents and family
- E. Deal with the stress from my peers and friends
- F. Deal with the stress from my school
- G. Deal with the stress of my community
- H. Needed it, craved it, or am addicted
- I. Stay focused or think better
- J. Get high or feel good
- K. Feel normal
- L. Lose weight
- M. Get back at my parents or get their attention
- N. Feel grown up or prove that I am a grown-up
- O. Be like someone famous
- P. Fit with friends
- Q. Some other reason(s)
- R. Does not apply to me

Life Experiences

The next 5 questions ask about other experiences you may have had during your life.

62. Have you ever lived with a parent or guardian who was having a problem with alcohol or drug use?

- A. Yes
- B. No

63. Have you ever lived with a parent or guardian who had severe depression, anxiety, or another mental illness, or was suicidal?

- A. Yes
- B. No

64. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility before you were 18 years of age?

- A. Yes
- B. No
- C. Don't know/Not sure
- D. Prefer not to answer

65. Do you agree or disagree that you feel close to people at your school?

- E. Strongly agree
- F. Agree
- G. Not sure
- H. Disagree
- I. Strongly disagree

66. During the past 12 months, how often did your family not have enough money to pay for the following:

Healthcare service	Always	Most of the time	Sometimes	Rarely	Never	I don't know	N/A
Medicine	Always	Most of the time	Sometimes	Rarely	Never	I don't know	N/A
Pay or rent home	Always	Most of the time	Sometimes	Rarely	Never	I don't know	N/A
Utilities (<i>electricity, gas, water, etc.</i>)	Always	Most of the time	Sometimes	Rarely	Never	I don't know	N/A
Clothing/Hygiene products (<i>soap, deodorant, etc.</i>)	Always	Most of the time	Sometimes	Rarely	Never	I don't know	N/A
Childcare	Always	Most of the time	Sometimes	Rarely	Never	I don't know	N/A
Phone	Always	Most of the time	Sometimes	Rarely	Never	I don't know	N/A
Technology needed for work, school, or health care	Always	Most of the time	Sometimes	Rarely	Never	I don't know	N/A
Internet	Always	Most of the time	Sometimes	Rarely	Never	I don't know	N/A
Transportation	Always	Most of the time	Sometimes	Rarely	Never	I don't know	N/A

DEMOGRAPHICS

The following questions about yourself are optional. We are asking these questions to help us better understand who is completing this survey. Your thoughts are valuable to us. Thank you for your voluntary participation.

67. What is your age? _____ years
68. What is your gender?
- A. Female
 - B. Male
 - C. Prefer not to answer
69. What describes your sexual orientation? (select all that apply) (Sexual orientation is a person's emotional, romantic, and/or sexual attractions to another person. There are many ways a person can describe their sexual orientation and many labels a person can use.)
- A. Straight/Heterosexual
 - B. Lesbian
 - C. Gay
 - D. Bisexual
 - E. Queer
 - F. Pansexual
 - G. Asexual
 - H. I am not sure/Questioning
 - I. I don't know what this question means
 - J. Prefer not to answer
 - K. Not Listed, Please Specify [Text Response Option]
70. What grade are you in?
- A. 9th
 - B. 10th
 - C. 11th
 - D. 12th
71. What is the name of the school you attend? _____
72. How many people, including yourself, live in your home?
- A. 1
 - B. 2
 - C. 3
 - D. 4
 - E. 5
 - F. 6
 - G. 7
 - H. 8 or more

72. Where do you live right now? (Choose the one that best describes where you live most of the time.)

- A. With my parent(s) or guardian(s)
- B. With my parent(s) or guardian(s) and brother(s)/sister(s) (may include step-siblings)
- C. With other family members (like grandparents, aunts, uncles, etc.)
- D. With friends or other people (not family)
- E. In a foster home or group home
- F. In a shelter or temporary housing
- G. I live on my own
- H. Other: _____ (please describe)

73. What is the primary language spoken in your home? (Choose only one)

- A. English
- B. Spanish
- C. Native American Language: _____
- D. Other: _____

74. My race/ethnicity is:

- A. American Indian, Native American, or Alaska Native
- B. Native Hawaiian or Other Pacific Islander
- C. Asian
- D. White
- E. Black or African American
- F. Hispanic or Latino/a/x
- G. Middle Eastern or North African
- H. I don't know I. Prefer not to answer

75. What's your zip code?

Drop-down list of zip codes (including "I don't know" answer)