



Youth Alcohol Use Survey IPS Toolkit: Data & Research



Youth Alcohol Use Survey Protocol

Thank you for taking this survey! This survey is to help us, [organization], better understand the access and use of alcohol by young adults in [community].

This survey is completely confidential, that means we won't tell your parents, teachers, or school staff of anything you tell us on the survey. We do not need your name or contact information. And you are able to skip any question that makes you uncomfortable.

In return for taking this survey, you will receive a \$5 [x] or [x] gift card. Thank you!

First we'd like some background information about you.

1. Do you attend any of the following schools? [Mark only one]

- School
- School
- School
- School
- School
- Other (please specify): _____

2. How old are you?

- 16 19
- 17 20
- 18

7. About how old were you the first time you did any of these things?

	Years of age									
	Never	10 or under	11	12	13	14	15	16	17	18 or over
Had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or tequila)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. During the past 30 days, on how many days did you use....

	0 days	1 day	2 days	3-9 days	10-19 days	20-30 days
at least one drink of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
five or more drinks of alcohol in a row, that is, within a couple of hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. During the past 30 days, on how many days on school property did you

	0 days	1 day	2 days	3-9 days	10-19 days	20-30 days
have at least one drink of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How many times in the past year (12 months) have you...?

	Number of times						
	Never	1 or 2	3 to 5	6 to 9	10 to 19	20 to 29	more than 30
been drunk at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bought or sold alcohol at school (for example, from or to another student)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
been arrested for drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gotten in a car with someone who was drunk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gotten drunk and did not remember everything that happened (blacked out)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. If you drink alcohol, how much do you usually drink? [Mark only one]

- I don't drink alcohol
- Just enough to feel it a little
- Enough to feel it moderately
- Until I feel it a lot or get really drunk

12. Has using alcohol ever caused you to have any of the following problems? [Mark All That Apply]

- Doesn't apply; I've never used alcohol
- Have problems with emotions, nerves, or mental health
- Get into trouble or have problems with the police
- Have money problems
- Miss school
- Have problems with schoolwork
- Fight with other kids
- Damage a friendship
- Physically hurt or injure yourself
- Have unwanted or unprotected sex
- Forget what happened or pass out
- Have any other problems
- I've used alcohol but never had any problems

13. If you drink alcohol, where do you usually get it? [Mark all that apply]

- At school
- At parties or events outside school
- At your own home
- From adults at friends' homes
- From friends and other teenagers
- Get adults to buy it for you
- Buy it yourself from a store (convenience store, liquor store, grocery, mini mart)
- At bars, clubs, or gambling casinos
- Don't know
- Does not apply - I don't drink alcohol
- Other (please specify) _____

14. How easy would it be for you to get alcohol from the following places, if you wanted to?

	Very Easy	Somewhat Easy	Not Very Easy	I Don't Know
From parents, with their permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From other family members, with their permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving an adult money to get it (for example, someone outside a liquor store)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking it from parents or other family members <u>without</u> their permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking it from stores or work <u>without</u> buying it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting it from friends <u>at school</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>