



2018 IOWA YOUTH SURVEY

FINAL

## **WELCOME**

Welcome to the 2018 Iowa Youth Survey! The Iowa Youth Survey is administered and sponsored by the Iowa Department of Public Health.

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Iowa Consortium for Substance Abuse Research & Evaluation, University of Iowa

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## **LOCATION INFORMATION**

County code, school district code, building code, and the building name are required for each survey. You will be given several numbers and the building name by your teacher to be entered for questions 1 through 4:

1. County Number *(2 digits; for where you live, which may be different from where you go to school)*
2. School District Number (4 digits)
3. Building Number (4 digits)
4. Building Name

**Please DO NOT continue until your teacher has checked your numbers.**

## **INSTRUCTIONS:**

Thank you for taking the time to complete this survey. There are no “right” or “wrong” answers, but it is very important that you provide an honest answer to each question. However, if you find questions in this survey that you would prefer not to answer or cannot answer truthfully, please leave them blank. In all other instances, please select the one response that comes closest to your honest answer to each question. Your answers should be based on what you think is really true, not what you think it should be or what you think is the most pleasing answer. Your teacher will not be able to answer questions about the survey once it has started. If you do not understand a question, you may skip it.

Your answers are confidential because there is no way anyone will be able to connect your answers with you. Your answers will be combined with the answers from all the other students, and this combination of answers will be used to help design and implement programs that will benefit the students in Iowa’s schools. Please relax, and answer the questions honestly without any concern regarding the confidentiality of your answers. All students in Iowa should benefit from your participation in this survey.

DO NOT CONTINUE UNTIL YOUR TEACHER TELLS YOU TO.

### **Section A: DEMOGRAPHICS:**

4. In what grade of school are you?

- 6<sup>th</sup>
- 8<sup>th</sup>
- 11<sup>th</sup>

5. What is your current age?

- 9 or under
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18+

6. Are you male or female?

- Male
- Female

7. What race do you most identify as?

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Mixed or Multiple races
- Other race

8. Are you Hispanic or Latino?

- Yes
- No

9. Where are you now living?

- With 1 parent (including step-parent, foster parent, guardian)
- With 2 parents (including step-parent, foster parent, guardian)
- With grandparents or other relatives
- With friends or other people who are not family members
- Other

10. I have a parent/guardian in the military who:

- Is currently away from home because of military service and has been gone more than two weeks
- Returned home after being away for more than two weeks because of military service in the last year
- Is in the military but has not been away from home for more than two weeks because of military service in the last year
- I do not have a parent in the military

**Section B: THINGS ABOUT ME:** This section of the survey asks you to describe your experiences. Please read each question carefully and pay attention to the time periods listed.

**On the average during the school year, how many hours per week do you spend:**

**(Selections for these questions will be)**

0 Hours 1-2 Hours 3-5 Hours 6-8 Hours 9-10 Hours 11 or more Hours

1. Working in a paid job?
2. Volunteering either by helping others or helping improve your school or community?
3. Participating in extra-curricular activities at school or outside of school (sports, music, clubs, 4-H, scouts, etc.)?
4. Reading just for fun?
5. At religious services, programs, or activities?
6. Doing school assignments or homework outside of school hours?
7. Playing games or watching shows on an electronic device that is not school work (including Xbox, PlayStation, an iPad or other tablet, TV, a smartphone, texting, YouTube, Instagram, Facebook, or other social media)?

8. On how many days of the past 7 days were you physically active for a total of 60 minutes (1 hour) or more per day? (Add up all the time you spent in any kind of moderate or intense physical activity like running, walking fast, swimming, riding a bicycle)

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

The next question asks about concussions. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.

9. During the past 12 months, how many times did you have a concussion from playing a sport or being physically active?

0 times 1 time 2 times 3 times 4 or more times

10. Do you have any ongoing physical, mental, or emotional disabilities or impairments that limit your daily activities?    Yes                      No

The next 2 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

11. During the past 7 days, how many times did you eat fruit (do not count fruit juice)?

- I did not eat any fruit during the past 7 days
- Less than 1 time each day
- 1 time per day
- 2 times per day
- 3 times per day
- 4 times per day
- 5 or more times each day

12. During the past 7 days, how many times did you eat green salad, carrots, potatoes or any other vegetables (do not count french fries, fried potatoes, or potato chips)?

- I did not eat any vegetables during the past 7 days
- Less than 1 time per day
- 1 time per day
- 2 times per day
- 3 times per day
- 4 times per day
- 5 or more times each day

13. During the last 30 days, how many times have you skipped or “cut” classes or school days?

- 0 times
- 1 time
- 2 times
- 3 or more times

14. About how often in the last 30 days have any of your classroom teachers had to stop teaching in order to deal with a major student disruption or behavior problem?

- 0 times
- 1 time
- 2 times
- 3 or more times

\*\*\*\*\*ALCOHOL QUESTIONS\*\*\*\*\*

15. How old were you (if ever) when you first drank (more than a few sips) of alcohol (beer, wine, or liquor)?

- Never (**Skip to question B26**)
- 8 or younger
- 9 or 10
- 11 or 12
- 13 or 14
- 15 or 16
- 17 or older

16. In the past 30 days, have you had at least one drink of alcohol (glass, bottle or can of beer, glass of wine, liquor, or mixed drink)?

- Yes
- No (**Skip to question B26**)

17. During the last 30 days, on how many days did you have 5 or more drinks of alcohol (glasses, bottles, or cans of beer, glasses of wine, liquor, mixed drinks) in a row, that is within a couple of hours?

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

**If you drank alcohol in the past 30 days, did you drink: Yes/ No**

18. Beer

19. Any other alcohol

**During the past 30 days did you get alcohol from the following sources: Yes/ No**

20. I bought it

21. I gave someone money to buy it

22. I got it from a parent/guardian

23. I got it at a party

24. A friend who is under 21 gave to me

25. A friend who is over 21 gave it to me

26. Have you ever driven a car or other motor vehicle after using any amount of alcohol or other drugs?

- 0 times
- 1 time
- 2 times
- 3 or more times

\*\*\*\*\* **TOBACCO QUESTIONS**\*\*\*\*\*

27. Have you ever smoked tobacco or used any tobacco products (not including electronic cigarettes)?

- Yes
- No (**Skip to question B37.**)

28. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- I did not smoke cigarettes during the past 30 days
- Less than 1 cigarette per day
- 1 cigarette per day
- 2 to 5 cigarettes per day
- 6 to 10 cigarettes per day
- 11 to 20 cigarettes per day
- More than 20 cigarettes per day

29. How many times in the past 12 months have you stopped smoking cigarettes for one day or longer because you were trying to quit?

- I have not smoked cigarettes in the past 12 months
- I have not tried to quit
- 1 time
- 2 times
- 3 or more times

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

**(selections for these questions will be)**

Never, 8 or younger, 9 or 10, 11 or 12, 13 or 14, 15 or 16, 17 or older

30. Smoked a whole cigarette for the first time

31. Used smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco, snus, Orbs)



In the past 30 days, on how many days have you:

(selections for these questions will be)

0 days, 1-2 days, 3-5 days, 6-9 days, 10-19 days, 20-29 days, 30 days

32. Smoked cigarettes

33. Smoked cigars

34. Used smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco, snus)

35. Smoked tobacco using a water pipe or hookah

36. Smoked menthol cigarettes (menthol cigarettes taste like mint)

37. How old were you when you first used an e-cigarette, vape-pen, e-hookah, mod-box, or other electronic cigarette for the first time?

Never, 8 or younger, 9 or 10, 11 or 12, 13 or 14, 15 or 16, 17 or older

38. In the past 30 days, on how many days have you used e-cigarettes (vape-pens, hookah-pens, e-hookahs, e-cigars, e-pipes, personal vaporizers or mods)

0 days, 1-2 days, 3-5 days, 6-9 days, 10-19 days, 20-29 days, 30 days

\*\*\*\*\* MARIJUANA and OTHER QUESTIONS \*\*\*\*\*

39. Have you ever used marijuana (pot, grass, hash, bud, weed)?

- Yes
- No (Skip to question B42.)

40. In the past 30 days, have you used marijuana (pot, grass, hash, bud, weed)?

- Yes
- No

41. How old were you when you first tried marijuana (pot, grass, hash, weed)?

8 or younger, 9 or 10, 11 or 12, 13 or 14, 15 or 16, 17 or older

In the past 30 days, on how many days have you:

(selections for these questions will be)

0 days, 1-2 days, 3-5 days, 6-9 days, 10-19 days, 20-29 days, 30 days

42. Sniffed glue, breathed the contents of gases or sprays in order to get high?

43. Used over the counter medications different from the directions?

44. Used prescription medications that were not prescribed for you by your doctor?

45. Taken steroid pills or shots without a doctor's prescription?

46. Used cocaine (crack, rock, coke [not Coca Cola])?

47. Used methamphetamines (crank)?

48. Used amphetamines other than methamphetamines (like stimulants, uppers, speed)?
49. Used an illicit opioid (heroin) or used a prescription opioid (oxycodone, hydrocodone, Oxycontin, codeine, etc.) for non-medical reasons?

**\*\*\*\*\* GAMBLING QUESTIONS \*\*\*\*\***

For the purpose of the following questions, “gambling” means betting or risking money or something of value to win or gain money or something else of value. This could be playing cards or dice for money, betting on games of skill or sports games, playing Fantasy Sports (including Daily Fantasy Sports) or other Internet or smartphone application based gaming (including in-game and in-app purchases), etc.

50. Have you ever bet or gambled for money or possessions?
- Yes
  - No **(Skip to question B60).**

**During the past 12 months how many times have you bet or gambled for money or possessions in any of the following ways:**

**(selections for these questions will be)**

0 times, Less than 1 time per month, About once a month, 2-3 times per month,  
About once a week, 2-6 times per week, Daily

51. Sporting Events (Football, baseball, hockey, soccer, e-sports, etc.)?
52. Fantasy Sports (including season-long and daily fantasy sports)?
53. Card or dice games with friends or family (including poker)?
54. Online/Internet, Apps, Video Gaming (in-game or in-app purchases to extend play)?
55. Personal skill games such as pool, bowling, or dominoes?
56. Lottery scratch off tickets or numbers?

**During the past 12 months how often:**

**(selections for these questions will be)**

Never, Sometimes, Most of the time, Almost always

57. Have you felt guilty about how much money you have lost gambling/betting?
58. Have you felt bad about the way you gamble/bet or what happens when you gamble/bet?
59. Have your family or friends complained that you gamble/bet too much?

**\*\*\*\*\* MENTAL HEALTH QUESTIONS \*\*\*\*\***

60. Has your doctor prescribed medicine for you because you feel angry, anxious, restless, nervous, or sad?

- Yes
- No **(Skip to question B62).**

61. Do you currently take medicine as prescribed to help you not feel angry, anxious, restless, nervous, or sad?

- Yes
- No

62. During the past 12 months, did you ever feel so sad or hopeless almost every day for 2 weeks or more in a row that you stopped doing some usual activities?

- Yes
- No

63. During the past 12 months, have you thought about killing yourself?

- Yes
- No

64. During the past 12 months, have you made a plan about how you would kill yourself?

- Yes
- No

65. During the past 12 months, have you tried to kill yourself?

- Yes
- No **(Skip to question C1.)**

66. If you attempted to kill yourself during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

- Yes
- No

### **Section C. MY BELIEFS AND ATTITUDES:**

This section of the survey asks you to describe your beliefs and attitudes. Your answers need to show your real beliefs and attitudes, not what you “think” is an acceptable answer to others.

**How much do you agree or disagree that each of the following statements is true?**

**(selections for these questions will be)**

Strongly Agree Agree Disagree Strongly Disagree

1. It is important to help others
2. I care about other peoples' feelings
3. I feel sorry for people who have things stolen or damaged
4. I am accepting of those different than myself
5. It is wrong to discriminate against someone because of her/his race, appearance, culture, religion, etc.
6. I can say "no" when someone wants me to do things I know are wrong or dangerous
7. I feel I have much to be proud of
8. Violence is the worst way to solve problems

**How much do you think you risk harming yourself (physically or otherwise) if you:**

**(selections for these questions will be)**

Great Risk Moderate Risk Slight Risk No Risk Don't Know

9. Drink 5 or more drinks of alcohol (glasses, bottles, or cans of beer, glasses of wine, liquor, mixed drinks) within a couple of hours, more than once a week?
10. Smoke cigarettes every day
11. Smoke marijuana more than once a week
12. Take methamphetamines (crank) once a week
13. Take cocaine once a week
14. Take amphetamines other than methamphetamines (like stimulants, uppers, speed) once a week
15. Use any other illegal drug once a week
16. Use over the counter medications different from the directions
17. Use prescription medication (that were prescribed for you by your doctor) different from the directions
18. Use medication prescribed for someone else

**Section D. PEER QUESTIONS:**

The questions in this section of the survey refer to the students in your school. When you read and answer these questions keep in mind the attitudes and beliefs of other students.

**Would you be more or less popular (respected or cool) with the other students in your school if you:**

**(selections for these questions will be)**

A lot more popular More Popular Less Popular A lot less popular

Wouldn't change my popularity

1. Smoked cigarettes
2. Drank alcoholic beverages
3. Smoked marijuana
4. Used any other illegal drug

**How wrong would most of the students in your school (not just your best friends) feel it would be for you to:**

**(selections for these questions will be)**

Very Wrong Wrong A Little Wrong Not Wrong at All Don't Know

5. Drink beer, wine, alcoholic drinks, or hard liquor (for example: vodka, whisky, rum, tequila, gin)
6. Smoke cigarettes
7. Smoke marijuana
8. Use any illegal drug other than alcohol, cigarettes, or marijuana
9. Go to a party where kids under 21 were using alcohol
10. Go to a party where kids were using drugs
11. Use prescription drugs that were not prescribed for you
12. Used prescription drugs that were prescribed to you but in a way other than the directions

### **Section E. SCHOOL QUESTIONS:**

The questions in this section of the survey refer to the school where you currently spend the most time. The questions focus on the other students, teachers, administrators, or other things connected to the school.

**In the past 12 months, how often have you:**

**(selections for these questions will be)**

None, 1 or 2 times, 3-5 times, 6 or more times

1. Carried a gun, knife, club, or other weapon to school or to a school event
2. Used alcohol or other illegal drugs on school property or at a school event
3. Used cigarettes, smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco, snus), or e-cigarettes (vape-pens, hookah-pens, e-hookahs, e-cigars, e-pipes, personal vaporizers or mods) on school property or at a school event
4. Had your things (clothing, books, bike, car) stolen or deliberately damaged on school property or at a school event
5. Been disciplined for fighting, theft, or damaging property at school or a school event

6. Been threatened or injured by someone with a weapon (like a gun, knife or club) on school property or at a school event
7. Damaged property just for fun (like breaking windows, scratching a car, etc.)
8. Beaten up on or fought someone because they made you angry
9. Used a weapon, force, or threats to get money or things from someone
10. Verbally threatened to physically harm someone
11. Stolen something

Following are some questions about bullying. Bullying is unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance (such as the use of physical strength, access to embarrassing information, or popularity to control or harm others). Bullying can occur in person or through technology.

There are three types of bullying:

- **Verbal bullying** is saying or writing mean things (e.g. teasing, name-calling, inappropriate sexual comments, taunting, threatening to cause harm).
- **Social bullying** involves hurting someone's reputation or relationships (e.g. leaving someone out on purpose, telling other children not to be friends with someone, spreading rumors about someone, or embarrassing someone in public)
- **Physical bullying** involves hurting a person's body or possessions (e.g. hitting/kicking/pinching, spitting, tripping/pushing, taking or breaking someone's things, or making mean or rude hand gestures)

**In the last 30 days, how many times have you been bullied at school in the ways listed below:**

**(selections for these questions will be)**

0 times, 1 time, 2 times, 3-5 times, 6-10 times, 11+ times

12. I was called names, was made fun of, or teased in a hurtful way
13. Other students left me out of things on purpose, excluded me from their group of friends, or completely ignored me
14. I was hit, kicked, pushed, shoved around, or locked indoors
15. Other students told lies, spread false rumors about me, and tried to make others dislike me
16. I was made fun of because of my race or color
17. I was made fun of because of my religion
18. I was made fun of because of my sexual orientation or gender identity
19. Other students made sexual jokes, comments, or gestures that hurt my feelings

20. I have received a threatening or hurtful message from another student in an email, on a website, on a cell phone, from text messaging, in an internet chat room, or in instant messaging

21. Something hurtful has been shared about me on social media (Facebook, Twitter, Snapchat, etc.)

22. In the last 30 days, how many times have you bullied someone else at school?  
0 times, 1 time, 2 times, 3-5 times, 6-10 times, 11+ times

23. In the last 30 days, how many times did you NOT go to school because you felt unsafe at school or on your way to and from school as a result of bullying?

- 0 times
- 1 time
- 2 times
- 3 or more times

**How much do you agree or disagree that each of the following statements is true:**

**(selections for these questions will be)**

Strongly Agree Agree Disagree Strongly Disagree

- 24. It is against my values to have sex as a teenager
- 25. It is important to tell the truth
- 26. It is against my values to use alcohol and drugs as a teenager
- 27. I accept responsibility for my actions when I make a mistake or get into trouble
- 28. When I have problems, I am good at finding a way to fix them
- 29. I think things through carefully before I make a decision
- 30. Even if it is dangerous, I like to do exciting things

**How much do you agree or disagree that each of the following statements is true? In my school:**

**(selections for these questions will be)**

Strongly Agree Agree Disagree Strongly Disagree

- 31. There are clear rules about what students can and cannot do
- 32. The school principal and teachers consistently enforce school rules
- 33. If I skipped school at least one of my parents/guardians would be notified
- 34. Students caught drinking, smoking, or using an illegal drug are not allowed to participate in any extracurricular activity for some time period
- 35. If I got in trouble at school for breaking a rule, at least one of my parents/guardians would support the school's disciplinary action

36. Students in this school respect each other's differences (for example, gender, race, culture, learning differences, sexual orientation, etc.)
37. Students in this school respect differences in adults (for example, gender, race, culture, learning differences, sexual orientation, etc.)
38. When a student is being bullied at school, how often do the teachers or other adults at school try to put a stop to it?
- Almost never
  - Once in a while
  - Sometimes
  - Often
  - Almost always

**How wrong would most of the students in your school (not just your best friends) feel it would be for you to:**

**(selections for these questions will be)**

Very Wrong Wrong A Little Wrong Not Wrong at All Don't Know

39. Start a physical fight with someone
40. Carry a gun, knife, club, or other weapon to school or a school event

**How much do you agree or disagree that each of the following statements is true:**

**(selections for these questions will be)**

Strongly Agree Agree Disagree Strongly Disagree

41. My teachers care about me
42. My teachers are available to talk with students one-on-one
43. My teachers notice when I am doing a good job and let me know about it
44. Adults in this school respect differences in students (for example, gender, race, culture, learning differences, sexual orientation, etc.)
45. Adults in this school respect each other's differences (for example, gender, race, culture, learning differences, sexual orientation, etc.)
46. Adults who work in my school treat students with respect
47. Students in my school treat each other with respect
48. I feel safe at school
49. I care about my school
50. I try to do my best in school
51. I plan to finish high school
52. My school lets a parent/guardian know if I'm doing a good job
53. My school lets a parent/guardian know if I've done something wrong



54. There is at least one adult at school that I could go to for help with a problem
55. Students have friends at school they can turn to if they have questions about homework
56. Students have friends at school they can trust and talk to if they have problems
57. Students generally work well with each other even if they're not in the same group of friends
58. Students have friends at school to eat lunch with
59. Students try to make new students feel welcome in the school
60. My school has up-to-date computers and other electronic equipment available to students
61. We have space and facilities for extra-curricular activities at my school
62. My school building is kept in good condition (clean, nicely decorated, well designed, etc.)

## **Section F. FAMILY QUESTIONS:**

The questions in this part of the survey refer to your parents/guardians and others who live with you. Parents/guardians are the adults (age 21 and over) who live with you and are responsible for taking care of you. Home refers to all the people who live with you.

**How much do you agree or disagree that each of the following statements is true:**

**(selections for these questions will be)**

Strongly Agree Agree Disagree Strongly Disagree

1. In my home there are clear rules about what I can and cannot do
2. I have a happy home
3. There are people living in my home who have a serious alcohol or drug problem
4. I feel very close to at least one of my parents/guardians
5. I can talk about the things that bother me or I don't understand with someone in my home
6. I can get help and support when I need it from someone in my home

**How often do the following occur:**

**(selections for these questions will be)**

Never Sometimes Often Always

7. A parent/guardian knows where I am and who I am with, especially in the evening and on weekends
8. A parent/guardian checks to make sure I have done the things I am supposed to do (school, homework, household chores, get home on time, etc.)
9. A parent/guardian generally finds out if I have done something wrong
10. A parent/guardian punishes me if I have done something wrong
11. When I am doing a good job, someone in my home lets me know about it
12. Someone in my home helps me with my homework

13. At least one of my parents/guardians goes to school activities that I am involved in

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

**(selections for these questions will be)**

Very Wrong Wrong A Little Wrong Not Wrong at All Don't Know

14. Drink beer, wine, alcoholic drinks, or hard liquor (for example vodka, whiskey, rum, tequila, gin) without their permission
15. Smoke cigarettes
16. Smoke marijuana
17. Use any illegal drug other than alcohol, cigarettes, or marijuana
18. Misuse prescription drugs, whether they are yours or someone else's
19. Start a physical fight with someone
20. Go to a party where kids under 21 were using alcohol
21. Go to a party where kids were using drugs

### **Section G. COMMUNITY QUESTIONS:**

The questions regarding neighborhood in this part of the survey refer to the adults (age 21 and over) who currently live near you. The questions regarding community refer to the adults (age 21 and over) who live in the city/town/suburb that you currently spend the most time in.

**In your neighborhood or community, how difficult do you think it would be for a kid your age to get each of the following:**

**(selections for these questions will be)**

Very Hard Hard Easy Very Easy Don't Know

1. Cigarettes
2. Alcoholic beverages (beer, wine, or liquor)
3. Marijuana (pot, weed, bud, hash)
4. Methamphetamines (crank)
5. Amphetamines other than methamphetamines (like stimulants, uppers, speed)
6. Any other illegal drug (cocaine, etc.)
7. A handgun
8. Prescription medication that is not prescribed for you by a doctor or nurse

**How wrong would most adults in your neighborhood and/or community feel it would be for you to:**

**(selections for these questions will be)**

Very Wrong Wrong A Little Wrong Not Wrong At All Don't Know

9. Drink beer, wine, alcoholic drinks, or hard liquor (for example vodka, whiskey, rum, tequila, gin)
10. Smoke cigarettes
11. Smoke marijuana
12. Use any illegal drug other than alcohol, cigarettes, or marijuana
13. Start a physical fight with someone
14. Go to a party where kids under 21 were using alcohol
15. Go to a party where kids were using drugs
16. Use prescription drugs that were not prescribed for you, or in a way other than the directions
17. Use over the counter medications in a way other than the directions

**How much do you agree or disagree that each of the following statements is true:**

**(selections for these questions will be)**

Strongly Agree Agree Disagree Strongly Disagree

18. My neighborhood is a safe place to live
19. In my neighborhood there are lots of fights, crime, or illegal drugs
20. If someone in my neighborhood or community saw me do something wrong, they would tell one of my parents (or adults who live with me)
21. Adults in my community care about people my age
22. My neighbors get along well with each other
23. There are enough places for kids my age to go that are alcohol and drug free
24. Adults in my neighborhood or community let me know they are proud of me when I do something well
25. Adults in my neighborhood or community help me when I need help
26. Adults in my neighborhood or community spend time talking to me

**You have completed the survey. Thank you.**