



Raise Your Voice High School Pre Survey

School: _____ Date: _____ Age: _____ Years Involved in Program: _____

Instructions:

Please take a few minutes to answer this survey by filling in the circle that best fits your opinion. Please answer honestly. Remember: Just fill in the circle that best fits what you think about the statement.

How strongly do you agree or disagree with the following statements?

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I have 3 or more supportive relationships with adults in my community (other than my parents)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel comfortable sharing my ideas and questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have an interest in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have a responsibility to my local community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel that adults in my community believe youth's opinions are important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I know how to express my opinions in an appropriate manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I believe that I have the opportunity to make a real difference in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I have a sense of purpose in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I act on my beliefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I am comfortable saying NO to peer pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	No Risk	Slight Risk	Some Risk	Great Risk	Can't Say/ Drug Unfamiliar
11. Use electronic vapor products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Have 5 or more alcoholic drinks once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Use prescription drugs without a doctor's permission, and only for the experience or feeling of it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past 30 days...

	0-20%	21-40%	41-60%	61-80%	81-100%
15. What % of kids in your grade do you think had some kind of alcoholic beverage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. What % of your friends do you think had some kind of alcoholic beverage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. What % of kids in your grade do you think have used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. What % of your friends do you think have used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How strongly do you agree or disagree with the following statements?

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
19. Gambling is a fun way to spend time with family and friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. A person can't become addicted to gambling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. There is no harm in gambling as long as you have the money to spend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. TRUE or FALSE: I know at least one person who gambles too much.

- A. True
- B. False

23. TRUE or FALSE: I would know where to get help if I, or someone I know, had a gambling problem.

- A. True
- B. False

24. In the past 30 days have you: (select all that apply)

- Bet on sporting events
- Gambled on the internet
- Bet on video games
- Bet on fantasy sports
- Bet on dice games
- Bought scratch-off lottery tickets
- Been given scratch-off lottery tickets
- Bought loot boxes
- Played Keno or video poker in a restaurant or bar
- Bet on card games
- I did not make a bet or gamble
- Other (specify): _____