2026 Indiana Youth Survey
7th – 12th Grade Instrument

Please choose your LANGUAGE:

◯ English ◯ Spanish

PLEASE READ:

We appreciate your participation in this survey.

The following questions seek your opinions on various aspects related to you, your friends, family, neighborhood, and community.

Your individual answers to the survey are anonymous, which means that no one will know how you answered. All of your answers will be kept strictly **confidential**. No IP addresses will be tracked. Student answers will be summarized in a report that will not include anyone's name or personally identifying information.

This survey is not a test, so there are no right or wrong answers. Your participation is completely **voluntary**. You can skip any questions that you do not want to answer. It is better to leave a question blank than to answer it randomly. If you do not want to participate in this survey, you don't have to enter the website.

Thank you for your cooperation!

Please enter the unique 8-digit school code and 4-digit passcode provided by your teacher.

8-digit School Code: _____

4-digit Passcode: _____

Please choose your GRADE:

◯ 6th grade ◯ 7-12th grade

The following questions ask about your PERSONAL AND FAMILY INFORMATION.

1. GRADE:

◯ 6th ◯ 7th ◯ 8th ◯ 9th
◯ 10th ◯ 11th ◯ 12th

2. AGE:

◯ 10 years old or younger ◯ 11 years old ◯ 12 years old
◯ 13 years old ◯ 14 years old ◯ 15 years old
◯ 16 years old ◯ 17 years old ◯ 18 years or older

3. SEX:

◯ Male ◯ Female

4. Are you Hispanic or Latino?

◯ No ◯ Yes

5. RACE:

◯ White ◯ American Indian/Alaskan Native
◯ Black or African-American ◯ Race not known or other
◯ Asian ◯ More than one race
◯ Native Hawaiian/Pacific Islander

6. During any time in your life, has either of your parents or caregivers been sent to Iraq, Afghanistan, or other combat zone because they are in the military? (Military includes Army, Navy, Marines, Air Force, National Guard, and Reserves.)

◯ No ◯ Yes ◯ Not sure

7. During any time in your life, has either of your parents or caregivers served time in jail or prison?

◯ No ◯ Yes ◯ Not sure

The following questions ask about your USE OF ALCOHOL AND OTHER DRUGS.

8. How many times in the last month (30 days) have you used ... ?

	Never	1-5 times	6-19 times	20-39 times	40 times or more
Cigarettes	◯	◯	◯	◯	◯
Smokeless tobacco (pouches, chew, snuff, etc.)	◯	◯	◯	◯	◯
Cigars	◯	◯	◯	◯	◯
Pipe (tobacco used in pipe, water-pipe, hookah)	◯	◯	◯	◯	◯
Electronic vapor products (e-cigarettes, vaping pens, e-hookahs, etc.)	◯	◯	◯	◯	◯
FOR STUDENTS WHO INDICATED VAPING DURING THE PAST MONTH ONLY: How many times have you vaped the following substances in the past month (30 days)?					
Tobacco/Nicotine	◯	◯	◯	◯	◯
Marijuana/THC	◯	◯	◯	◯	◯
CBD/CBD oil	◯	◯	◯	◯	◯
Synthetic marijuana (K2, Spice, delta-8, etc.)	◯	◯	◯	◯	◯
Alcohol	◯	◯	◯	◯	◯
Flavoring only	◯	◯	◯	◯	◯
Other	◯	◯	◯	◯	◯
Alcohol (beer, wine, hard liquor, seltzer, ~~wine coolers~~)	◯	◯	◯	◯	◯
Marijuana/Cannabis (smoked, vaped, ate, drank, dabbed, etc.)	◯	◯	◯	◯	◯
FOR STUDENTS WHO INDICATED USING MARIJUANA DURING THE PAST MONTH ONLY: How many times have you used marijuana/cannabis in the following ways in the past month (30 days)?					
Smoked it (in a joint, bong, blunt, pipe, etc.)	◯	◯	◯	◯	◯
Vaped it (in an e-cigarette-like vaporizer or another vaporizing device)	◯	◯	◯	◯	◯
Ate it (in brownies, cakes, cookies, ~~candy~~gummies, etc.)	◯	◯	◯	◯	◯
Drank it (in tea, cola, alcohol, etc.)	◯	◯	◯	◯	◯
Dabbed it (using waxes, concentrates, etc.)	◯	◯	◯	◯	◯
Synthetic marijuana (K2, Spice, Katie)	◯	◯	◯	◯	◯
Cocaine/crack (coke, blow, snow, rock, girl)	◯	◯	◯	◯	◯
Inhalants (whip-its, huffing, puffs, aerosol spray can, etc.)	◯	◯	◯	◯	◯
Methamphetamines (meth, crystal, speed, ice, crank)	◯	◯	◯	◯	◯

Vivoxiline (Vivo) -> Cabeniferol (Cabbies)	◯	◯	◯	◯	◯
Heroin (dope, smack, H, boy)	◯	◯	◯	◯	◯
Hallucinogens/Ecstasy (mushrooms, shrooms, Molly, X, E, LSD, MDMA, acid, rc's)	◯	◯	◯	◯	◯
Prescription painkillers (OxyContin, Vicodin, Codeine, etc.) not prescribed to you	◯	◯	◯	◯	◯
Prescription stimulants (Adderall, Ritalin, etc.) not prescribed to you	◯	◯	◯	◯	◯
Prescription sedatives (Xanax, Valium, etc.) not prescribed to you	◯	◯	◯	◯	◯
Over-the-counter drugs (like cough syrup, DXM, etc.) to get high	◯	◯	◯	◯	◯

9. How old were you when you first used …?

	Never used	10 or younger	11	12	13	14	15	16	17 or older
Cigarettes	◯	◯	◯	◯	◯	◯	◯	◯	◯
Electronic vapor products (e-cigarettes, vaping pens, etc.)	◯	◯	◯	◯	◯	◯	◯	◯	◯
Alcohol (beer, wine, hard liquor, seltzer, ~~wine coolers~~)	◯	◯	◯	◯	◯	◯	◯	◯	◯
Marijuana/Cannabis (smoked, vaped, ate, drank, dabbed, etc.)	◯	◯	◯	◯	◯	◯	◯	◯	◯
Inhalants (whip-its, huffing, puffs, aerosol spray can, etc.)	◯	◯	◯	◯	◯	◯	◯	◯	◯
Vivoxiline (Vivo) -> Cabeniferol (Cabbies)	◯	◯	◯	◯	◯	◯	◯	◯	◯
Prescription drugs (like OxyContin, Xanax, Vicodin, Adderall, etc.) not prescribed to you	◯	◯	◯	◯	◯	◯	◯	◯	◯

10. Think back over the LAST TWO WEEKS. How many times have you had 5 or more alcoholic drinks in a row? (One drink is defined as a bottle of beer, a glass of wine, a wine cooler, a shot of liquor, or a mixed drink.)

◯ 0 times ◯ Once ◯ Twice

◯ 3 to 5 times ◯ 6 to 9 times ◯ 10 or more times

11. During the past year, how did you get your alcohol? CHECK ALL THAT APPLY.

☐ I did not drink alcohol during the past year.

☐ I got it at a party.

☐ My parent/caregiver gave it to me.

☐ Some other family member gave it to me.

☐ I gave someone money to buy it for me.

☐ A person 21 years old or older gave it to me.

- ☐ A person under 21 years old gave it to me.
- ☐ I took it from home, someone else's house, or a store (without them knowing).
- ☐ I bought it at a store.
- ☐ I bought it at a restaurant, bar, or club.
- ☐ I bought it at a public event (concert, sporting event).
- ☐ I got it some other way.

12. During the past year, where did you get or buy electronic vapor products? CHECK ALL THAT APPLY.

- ☐ I did not use electronic vapor products during the past year.
- ☐ A gas station or convenience store
- ☐ A grocery store
- ☐ A drugstore
- ☐ A mall or shopping center kiosk/stand
- ☐ On the Internet
- ☐ A vape shop or other store that only sells e-cigarettes
- ☐ From a family member
- ☐ From a friend
- ☐ From some other person that is not a family member or a friend
- ☐ At a party
- ☐ Some other place not listed here

13. During the past year, how did you get your marijuana/cannabis? CHECK ALL THAT APPLY.

- ☐ I did not use marijuana/cannabis during the past year.
- ☐ I got it at a party.
- ☐ I got it from friends.
- ☐ I got it from an older brother or sister.
- ☐ I bought it from a store.
- ☐ I stole it from a store.
- ☐ I gave money to someone to get it for me.
- ☐ I took it from home without my parents/caregivers' permission.
- ☐ I got it at home with my parents/caregivers' permission.
- ☐ I bought it on the internet.
- ☐ I got it some other way.

14. During the past year, how did you get your prescription drugs that were used to get high? CHECK ALL THAT APPLY.

- ☐ I did not use prescription drugs to get high during the past year.
- ☐ They were prescribed to me.
- ☐ My parents/caregivers gave them to me.
- ☐ Someone other than my parents/caregivers gave them to me (friend, relative, friend's parent/caregiver, etc.).
- ☐ I took them from home without the knowledge of my parents/caregivers.

☐ I got it at a party.

☐ I bought them from someone (friend, relative, stranger, etc.).

☐ I bought them on the internet.

☐ I took them from someone else without their knowledge.

☐ I got them some other way.

15. Please answer the following questions:

	Never used alcohol or drugs	No	Yes
Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	◯	◯	◯
Do you ever use alcohol or drugs while you are by yourself, or alone?	◯	◯	◯
Do you ever forget things you did while using alcohol or drugs?	◯	◯	◯
Do your family or friends ever tell you that you should cut down on your drinking or drug use?	◯	◯	◯
Have you ever gotten into trouble while you were using alcohol or drugs?	◯	◯	◯

16. Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

◯ No ◯ Yes

17. How many times have you experienced the following due to your drinking or drug use during the past year?

	Never	Once	Twice	3-5 times	6-10 times	11 times or more
Performed poorly on a test or project	◯	◯	◯	◯	◯	◯
Missed class	◯	◯	◯	◯	◯	◯

	Never	Occasionally	Frequently
Not sleeping	◯	◯	◯
Poor hygiene	◯	◯	◯
Loss of friendships	◯	◯	◯
Family/parent issues	◯	◯	◯
Money issues	◯	◯	◯
Felt guilty or bad	◯	◯	◯
Depression	◯	◯	◯

The following questions ask about your GAMBLING.

18. During the past 12 months, how often have you gambled (bet money or valuables on an uncertain outcome) in the following ways?

	Never	Less than once a month	1-3 times per month	Once a week or more
Casino	◯	◯	◯	◯
Lottery, including scratch-off tickets	◯	◯	◯	◯
Horse track betting	◯	◯	◯	◯
Card games (not at a casino)	◯	◯	◯	◯
Pools (e.g. March Madness Brackets, Super Bowl)	◯	◯	◯	◯
Fantasy sports	◯	◯	◯	◯
Video game in app purchases (e.g. loot boxes, mystery boxes, Loot Crates)	◯	◯	◯	◯
Other sports betting	◯	◯	◯	◯
Online gambling games (e.g., poker, casino-style games)	◯	◯	◯	◯
Online sports betting (e.g. FanDuel, DraftKings, BetMGM)	◯	◯	◯	◯
Competitive video gaming (Esports)	◯	◯	◯	◯
Charitable gambling (raffle tickets, bingo, etc.)	◯	◯	◯	◯
Other	◯	◯	◯	◯

19. When you gamble, what is your **most common reason** for gambling?

◯ I do not gamble.
◯ A source of entertainment or fun
◯ A source of excitement or challenge
◯ A way to socialize with friends
◯ A way to get rich
◯ A source of money to use for paying bills
◯ A source of money to support charities
◯ A hobby
◯ An escape or distraction from everyday problems
◯ Other

20. How often have you experienced the following consequences due to your gambling?

	Never	Occasionally	Frequently
Not sleeping	◯	◯	◯
Poor hygiene	◯	◯	◯
Loss of friendships	◯	◯	◯
Family/parent issues	◯	◯	◯
School problems	◯	◯	◯
Money issues	◯	◯	◯
Felt guilty or bad	◯	◯	◯
Depression	◯	◯	◯

The following questions ask about what you THINK OR FEEL.

21. Please answer the following questions:

	No	Yes
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?	◯	◯
During the past 12 months, did you ever seriously consider attempting suicide?	◯	◯
During the past 12 months, did you make a plan about how you would attempt suicide?	◯	◯

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

	No risk	Slight risk	Moderate risk	Great risk
Smoke one or more packs of cigarettes per day	◯	◯	◯	◯
Try marijuana once or twice	◯	◯	◯	◯
~~Smoke~~Use marijuana once or twice per week	◯	◯	◯	◯
Take one or two drinks of an alcoholic beverage (beer, wine, or liquor) nearly every day	◯	◯	◯	◯
Have five or more drinks of an alcoholic beverage once or twice a week	◯	◯	◯	◯
Use methamphetamines	◯	◯	◯	◯
Use heroin	◯	◯	◯	◯
Use prescription drugs not prescribed to them	◯	◯	◯	◯

23. How wrong do you think it is for SOMEONE YOUR AGE to ... ?

	Very wrong	Wrong	A little bit wrong	Not at all wrong
Drink beer, wine or hard liquor (for example vodka, whiskey, or gin) regularly, that is, at least once or twice a month	◯	◯	◯	◯
Smoke cigarettes	◯	◯	◯	◯
~~Smoke~~Use marijuana	◯	◯	◯	◯
Use LSD, cocaine, amphetamines or another illegal drug	◯	◯	◯	◯

24. How wrong do your friends feel it would be for you to ...?

	Very wrong	Wrong	A little bit wrong	Not at all wrong
Smoke tobacco	◯	◯	◯	◯
~~Smoke~~Use marijuana	◯	◯	◯	◯
Have one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day	◯	◯	◯	◯
Use methamphetamines	◯	◯	◯	◯
Use heroin	◯	◯	◯	◯

Use prescription drugs not prescribed to you	◯	◯	◯	◯

25. What are the chances you would be seen as cool if you … ?

	Very good chance	Pretty good chance	Some chance	Little chance	No or very little chance
Smoked cigarettes	◯	◯	◯	◯	◯
Began drinking alcoholic beverages regularly, that is, at least once or twice a month	◯	◯	◯	◯	◯
~~Smoked~~Used marijuana	◯	◯	◯	◯	◯
Carried a handgun	◯	◯	◯	◯	◯

26. How wrong do your parents/caregivers feel it would be for you to …?

	Very wrong	Wrong	A little bit wrong	Not at all wrong
Have one or two drinks of an alcoholic beverage nearly every day	◯	◯	◯	◯
Drink beer, wine or hard liquor (for example vodka, whiskey, or gin) regularly (at least once or twice a month)	◯	◯	◯	◯
Smoke cigarettes	◯	◯	◯	◯
~~Smoke~~Use marijuana	◯	◯	◯	◯
Use methamphetamines	◯	◯	◯	◯
Use heroin	◯	◯	◯	◯
Use prescription drugs not prescribed to you	◯	◯	◯	◯
Steal something worth more than $5	◯	◯	◯	◯
Draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)	◯	◯	◯	◯
Pick a fight with someone	◯	◯	◯	◯

The following questions ask about your SCHOOL EXPERIENCES.

INSTRUCTION:

Choose the big **YES!!** if you think the statement is DEFINITELY TRUE for you.
Choose the little **yes** if you think the statement is MOSTLY TRUE for you.
Choose the little **no** if you think the statement is MOSTLY NOT TRUE for you.
Choose the big **NO!!** if you think the statement is DEFINITELY NOT TRUE for you.

27. Please answer the following questions:

	YES!	yes	no	NO!
In my school, students have lots of chances to help decide things like class activities and rules.	◯	◯	◯	◯

Teachers ask me to work on special classroom projects.	◯	◯	◯	◯
My teacher(s) notices when I am doing a good job and lets me know about it.	◯	◯	◯	◯
There are lots of chances for students in my school to get involved in sports, clubs, or other school activities outside of class.	◯	◯	◯	◯
There are lots of chances for students in my school to talk with a teacher one-on-one.	◯	◯	◯	◯
I feel safe at my school.	◯	◯	◯	◯
The school lets my parents/caregivers know when I have done something well.	◯	◯	◯	◯
My teachers praise me when I work hard in school.	◯	◯	◯	◯
There are lots of chances to be part of class discussions or activities.	◯	◯	◯	◯
Are your school grades better than the grades of most students in your class?	◯	◯	◯	◯

28. Now thinking back over the past year in school, how often did you ... ?

	Never	Seldom	Sometimes	Often	A lot
Enjoy being in school	◯	◯	◯	◯	◯
Hate being in school	◯	◯	◯	◯	◯
Try to do your best work in school	◯	◯	◯	◯	◯

29. During the LAST FOUR WEEKS how many whole days of school have you missed because you skipped or “cut”?

◯ None ◯ 1 ◯ 2

◯ 3 ◯ 4-5 ◯ 6-10

◯ 11 or more

30. How interesting are most of your courses to you?

◯ Very interesting and stimulating

◯ Quite interesting

◯ Fairly interesting

◯ Slightly boring

◯ Very boring

31. Putting them all together, what were your grades like last year?

◯ Mostly A's

◯ Mostly B's

◯ Mostly C's

◯ Mostly D's

◯ Mostly F's

32. How often do you feel that the schoolwork you are assigned is meaningful and important?

- ◯ Almost always
- ◯ Often
- ◯ Sometimes
- ◯ Seldom
- ◯ Never

33. How important do you think the things you are learning in school are going to be for your later life?

- ◯ Very important
- ◯ Quite important
- ◯ Fairly important
- ◯ Slightly important
- ◯ Not at all important

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.

34. During the past 12 months, have you ever been bullied on school property?

◯ Yes ◯ No

35. During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)

◯ Yes ◯ No

The following questions ask about your FAMILY AND FRIENDS.

36. Please answer the following questions:

	YES!	yes	no	NO!
The rules in my family are clear.	◯	◯	◯	◯
My parents/caregivers ask if I've gotten my homework done.	◯	◯	◯	◯
When I am not at home, one of my parents/caregivers knows where I am and who I am with.	◯	◯	◯	◯
My family has clear rules about alcohol and drug use.	◯	◯	◯	◯
We argue about the same things in my family over and over.	◯	◯	◯	◯
People in my family have serious arguments.	◯	◯	◯	◯
People in my family often insult or yell at each other.	◯	◯	◯	◯
My parents/caregivers ask me what I think before most family decisions affecting me are made.	◯	◯	◯	◯

37. Please answer the following questions:

	YES!	yes	no	NO!
If I had a personal problem, I could ask my parents/caregivers for help.	◯	◯	◯	◯
My parents/caregivers give me lots of chances to do fun things with them.	◯	◯	◯	◯
Would your parents/caregivers know if you did not come home on time?	◯	◯	◯	◯
If you drank some beer or wine or hard liquor (for example, vodka, whiskey, or gin) without your parents/caregivers' permission, would you be caught by your parents/caregivers?	◯	◯	◯	◯
If you carried a handgun without your parents/caregivers' permission, would you be caught by your parents/caregivers?	◯	◯	◯	◯
If you skipped school, would you be caught by your parents/caregivers?	◯	◯	◯	◯
Do you enjoy spending time with your mother/caregiver?	◯	◯	◯	◯
Do you enjoy spending time with your father/caregiver?	◯	◯	◯	◯

38. Please answer the following questions:

	All the time	Often	Sometimes	Never or almost never
My parents/caregivers notice when I am doing a good job and let me know about it.	◯	◯	◯	◯
How often do your parents/caregivers tell you they're proud of you for something you've done?	◯	◯	◯	◯

39. Think of your <u>four best friends</u> (the friends you feel closest to). In the past year (12 months), how many of your best friends have ... ?

	None	1	2	3	4
Participated in clubs, organizations, or activities at school	◯	◯	◯	◯	◯
Made a commitment to stay drug-free	◯	◯	◯	◯	◯
Liked school	◯	◯	◯	◯	◯
Regularly attended religious services	◯	◯	◯	◯	◯
Tried to do well in school	◯	◯	◯	◯	◯

40. How easy would it be for you to get ... ?

	Very hard	Sort of hard	Sort of easy	Very easy
Cigarettes	◯	◯	◯	◯
Beer, wine or hard liquor (for example, vodka, whiskey or gin)	◯	◯	◯	◯
Marijuana	◯	◯	◯	◯
A drug like cocaine, LSD or amphetamines	◯	◯	◯	◯

41. In the past month (30 days), approximately WHAT PERCENTAGE of students in your school do you think used...

	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Alcohol	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Cigarettes	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Marijuana	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Prescription drugs	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯

The following questions ask about your NEIGHBORHOOD AND COMMUNITY.

42. These questions ask about the neighborhood and community where you live.

	YES!	yes	no	NO!
If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood would he or she be caught by the police?	◯	◯	◯	◯
If a kid ~~smoked~~used marijuana in your neighborhood, would he or she be caught by the police?	◯	◯	◯	◯
If a kid carried a handgun in your neighborhood, would he or she be caught by the police?	◯	◯	◯	◯
If a kid smoked a cigarette in your neighborhood, would he or she be caught by the police?	◯	◯	◯	◯

43. Please answer the following questions:

	YES!	yes	no	NO!
My neighbors notice when I am doing a good job and let me know about it.	◯	◯	◯	◯
There are people in my neighborhood who are proud of me when I do something well.	◯	◯	◯	◯
There are people in my neighborhood who encourage me to do my best.	◯	◯	◯	◯

44. How wrong would most adults (over 21) in your neighborhood think it is for kids your age ... ?

	Very wrong	Wrong	A little bit wrong	Not at all wrong
To use marijuana	◯	◯	◯	◯
To drink alcohol	◯	◯	◯	◯
To smoke cigarettes	◯	◯	◯	◯

45. During the past 12 months, have you seen any "What's Your Side Effect" messages in your school?

◯ No ◯ Yes ◯ Not sure

46. The next question asks about social media, such as Instagram, TikTok, Snapchat, and X (formerly known as Twitter).

How often do you use social media?

◯ I do not use social media
◯ A few times a month
◯ About once a week
◯ A few times a week
◯ About once a day
◯ Several times a day
◯ About once an hour
◯ More than once an hour

47. How truthfully have you answered these questions?

◯ Not truthfully at all ◯ Somewhat truthfully ◯ Completely truthfully

ADDITIONAL QUESTIONS

If your teacher gives you additional questions, please answer them using the spaces below.

	A	B	C	D	E	F	G	H
1.	◯	◯	◯	◯	◯	◯	◯	◯
2.	◯	◯	◯	◯	◯	◯	◯	◯
3.	◯	◯	◯	◯	◯	◯	◯	◯
4.	◯	◯	◯	◯	◯	◯	◯	◯
5.	◯	◯	◯	◯	◯	◯	◯	◯
6.	◯	◯	◯	◯	◯	◯	◯	◯
7.	◯	◯	◯	◯	◯	◯	◯	◯
8.	◯	◯	◯	◯	◯	◯	◯	◯
9.	◯	◯	◯	◯	◯	◯	◯	◯
10.	◯	◯	◯	◯	◯	◯	◯	◯
11.	◯	◯	◯	◯	◯	◯	◯	◯
12.	◯	◯	◯	◯	◯	◯	◯	◯
13.	◯	◯	◯	◯	◯	◯	◯	◯
14.	◯	◯	◯	◯	◯	◯	◯	◯
15.	◯	◯	◯	◯	◯	◯	◯	◯

Thank you for your participation!