

# Youth 4 Youth TISAPP Youth Pre Survey

The responses you provide in this survey are  
confidential.

Thank you for your help!

Date:

Facilitator:

Location:

First letter of your first name:

First Letter of your mother's first name:



	No Risk	Slight Risk	Moderate Risk	Great Risk
4. Uses marijuana (smoke or edibles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Use marijuana concentrates? (honey oil, wax, crumble, shatter, budder)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Have one or two drinks of an alcoholic beverage (beer, wine, liquor) <b>nearly every day?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Has <b>five or more drinks</b> of an alcoholic beverage, <b>in a row</b> , once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Use prescription drugs without a doctor telling them to take them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Use drugs such as heroin, fentanyl, cocaine or crack, methamphetamines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Use many different drugs like marijuana, cigarettes, prescription drugs and drink alcohol during the year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How much do you approve or disapprove if someone your age:**

		Neither		
		Approve		
Strongly	Somewhat	nor	Somewhat	Strongly
Approve	Approve	Disapprove	Disapprove	Disapprove

Neither  
Approve  
nor  
Disapprove

Strongly Approve    Somewhat Approve       Somewhat Disapprove    Strongly Disapprove

- |   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 11. Smokes one or more packs of cigarettes per day? (NOT including e-cigarettes)                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Use e-cigarettes <b>regularly</b> ? (e-cigs, vaping)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Vape marijuana (wax pens)?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Use marijuana <b>once or twice a week</b> ? (smoke or edibles)                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Use marijuana <b>once a month or more</b> ? (smoke or edibles)                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. Smokes or vapes <b>marijuana concentrates</b> (honey oil, wax, crumble, shatter, budder)        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. Takes one or two drinks of an alcoholic beverage (beer, wine, liquor) <b>nearly every day</b> ? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. Has <b>five or more drinks</b> of an alcoholic beverage, in a row, once or twice a week?        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. Uses prescription drugs to get high?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Neither  
Approve  
nor  
Disapprove

Strongly Approve    Somewhat Approve       Somewhat Disapprove    Strongly Disapprove

20. Uses drugs such as heroin, fentanyl, cocaine or crack, methamphetamines?

              

21. Uses many different drugs like marijuana, cigarettes, prescription drugs and drink alcohol during the year?

              

22. How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?

              

**In the past 30 days, how often have you:**

Never    1 to 2 times    3 to 5 times    More than 5 times

23. Talked to at least one parent (caregiver) about alcohol, tobacco, and or other drugs?

          

24. Talked to at least one adult (not your parents) about alcohol, tobacco, and or other drugs?

          

**In the past 30 days, how often have you:**

Never      1 to 2      A Few      Many  
                 times      Times      Times

25. Seen or heard an ad, message, or presentation about "not" smoking, "not" vaping, "not" drinking, "not" using drugs?                       

26. Received written information or materials like brochures, flyer, booklet, pictures about risks of alcohol or drug use?                       

27. Attended a presentation or class on risk of alcohol or illegal drug use or on how to say "no".                       

28. Attended a health fair, assembly, family night or event where information on risk of alcohol or illegal drug use was presented.                       

**In the past 30 days, how many days did you:**

(Write the number of days between 0 & 30)

29. Drink one or more drinks of an alcoholic beverage (more than a few sips)?

30. Smoke part or all of a cigarette?

31. Use other tobacco products (like bidis, chewing tobacco, cigars, etc.)?

32. Use electronic cigarettes (e-cigarettes, vapes)

33. Vaped marijuana (wax pens)?

34. Smoked marijuana or had edibles?

35. Use prescription drugs to get high?

36. Use any other illegal drugs such as heroin, cocaine or crack, methamphetamines?

37. Use prescription pain relievers without a doctor telling you to take them (OxyContin, Vicodin, Percocet, Fentanyl)

38. Use prescription stimulants without a doctor telling you to take them (Adderall, Ritalin, Concerta, Vyvanse, Dexedrine)

39. Use drugs such as heroin, fentanyl, cocaine or crack, methamphetamines?

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

***Mark "YES" if you have tried the substance and enter the age you first tried the substance. Mark "NEVER tried" if you have never used the substance.***

40. Had a drink of an alcoholic beverage  
(more than a few sips)?

- NEVER tried
- Write the age you first tried.

41. Smoked part or all of a cigarette?

- NEVER tried
- Write the age you first tried.

42. Used electronic cigarettes (e-cigs, vapes)?

- NEVER tried
- Write the age you first tried.

43. Used marijuana or hashish?

- NEVER tried
- Write the age you first tried.

44. Used prescription drugs to get high?

- NEVER tried
- Write the age you first tried.

45. Used drugs such as heroin, fentanyl,  
cocaine or crack, methamphetamines?



NEVER tried

Write the age you first tried.

Done

---

Powered by



See how easy it is to [create a survey](#).

[Privacy & Cookie Notice](#)