

SOUTH DAKOTA
Department of Social Services
Division of Behavioral Health
Prevention Program

Funded by the Center for Substance Abuse Prevention
U.S. Substance Abuse and Mental Health Services Administration

South Dakota PLI
Youth Programs Survey
(12-20 year olds)

This survey is voluntary. If you choose to take it, you may skip any question you don't want to answer. You can still be part of the program whether you answer the questions or not.

This survey asks about your experience and opinion on a number of things related to alcohol and other substance use. Your answers to these questions will be confidential. That means no one will connect your answers with your name or any other information about you that can identify who you are. To help us keep your answers secret, please do not write your name on this survey form.

The information in this survey will be used to learn more about the effectiveness of programs in preventing substance use and protecting youth.

This is not a test, so there are no right or wrong answers. Some questions may ask you to select all of the answers that are relevant, and others ask you to select a single answer. If the question asks for a single answer and you don't find an answer that exactly fits, choose one that comes closest.

If you are willing to complete this survey the monitor will provide you with instructions for completing the second page.

Thank you for agreeing to participate in this survey.

The next few questions ask about your use of and attitudes toward alcohol, tobacco, prescription drug, and other substance use.

Alcoholic beverages: Include beer, wine, wine coolers, malt beverages, and liquor	Fill in number of days (0 – 30)	Check if don't know or can't say
7. During the past 30 days, how many days did you drink one or more drinks of an alcoholic beverage?	_____	<input type="checkbox"/>
8. During the past 30 days, on how many days did you have 5 or more drinks on the same occasion?	_____	<input type="checkbox"/>
Tobacco and Electronic Vaping Products:	Fill in number of days (0 – 30)	Check if don't know or can't say
9. During the past 30 days, how many days did you use e-cigarettes or vapes?	_____	<input type="checkbox"/>
10. During the past 30 days, how many days did you use other forms of nicotine such as cigarettes, cigars, hookah, dissolvable tobacco, smokeless tobacco, or nicotine pouches?	_____	<input type="checkbox"/>
Prescription Drug use:	Fill in number of days (0 – 30)	Check if don't know or can't say
11. During the past 30 days, on how many days did you use prescription drugs that were not prescribed for you or that you took only for the experience or feeling they caused?	_____	<input type="checkbox"/>
Marijuana use. <i>Marijuana also is called pot, weed, or cannabis.</i>	Fill in number of times	Check if don't know or can't say
12. During the past 30 days, how many times did you use marijuana?	_____	<input type="checkbox"/>
Synthetic Marijuana use. <i>Synthetic marijuana is also called Spice, fake weed, K2, King Kong, Yucatan Fire, or Skunk.</i>	Fill in number of times	Check if don't know or can't say
13. During your life, how many times did you use synthetic marijuana?	_____	<input type="checkbox"/>
Methamphetamine use. <i>Methamphetamine is also called speed, crystal meth, crank, ice, or meth.</i>	Fill in number of times	Check if don't know or can't say
14. During your life, how many times have you used methamphetamines?	_____	<input type="checkbox"/>

	No risk	Slight risk	Moderate risk	Great risk	Don't know or can't say
15. How much do you think people RISK HARMING themselves physically or in other ways when they have 5 or more drinks of an alcoholic beverage once or twice a week ? (Check one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. How much do people RISK HARMING themselves physically and in other ways if they use prescription drugs that are not prescribed to them or that they took only for the experience or feeling they caused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. How much do people RISK HARMING themselves physically and in other ways when they smoke marijuana once a month ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. How much do people RISK HARMING themselves physically and in other ways when they smoke marijuana once or twice a week ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. How much do people RISK HARMING themselves physically and in other ways when they use methamphetamine ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.	YES	NO	Don't Know or Can't Say		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Alcoholic beverages: Include beer, wine, wine coolers, malt beverages, and liquor	Check if NEVER drank alcohol		Fill in your age when you first used (in years)	Check if don't know or can't say	
21. Think back over your entire lifetime and try to remember whether you have EVER used alcohol. If so, what was your age the FIRST TIME you ever had a drink of an alcoholic beverage? Do NOT include any time when you only had a sip or two from a drink.	<input type="checkbox"/>		_____	<input type="checkbox"/>	
		Yes	No	Check if don't know or can't say	
22. DURING THE PAST 12 MONTHS, do you recall hearing, reading, or watching an advertisement about prevention of substance abuse? (Check one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please return the completed survey to the monitor.

THANK YOU FOR COMPLETING THE SURVEY

**PLEASE ADD ADDITIONAL QUESTIONS AFTER QUESTION 19 IN REGARDS TO
PROGRAMMING OR OTHER DATA YOU WANT TO COLLECT.**