

New York Young Adult Survey

Thank you for your willingness to complete the following survey.

If you have already completed the on-line version of the survey, do NOT complete it again.

Before you begin, please review the following information:

- The survey will ask questions about your perceptions and use of alcohol and other drugs.
- The information will be used to help inform and improve prevention programs.
- The survey is completely voluntary. You may choose not to participate or not to answer any specific questions. You may skip any question you are not comfortable answering.
- The survey is completely anonymous. We are not asking for your name or other identifying information.
- Do not take this survey if you are currently under the age of 18 or over the age of 25.
- The results of this study may be published. However, the published results will not include any information that could personally identify you.

Are you:

- Male
- Female
- Other

What is your age?

- 18 22
- 19 23
- 20 24
- 21 25

Are you Hispanic or Latino?

- Yes
- No

Please choose the response that best describes you: (select all that apply)

- Asian American
- Black or African American
- Native American or Alaska Native
- Native Hawaiian or Pacific Islander
- White

What is your employment status?

- Employed for wages (full or part time)
- Self-employed
- Not employed and looking for work
- Not employed and not looking for work
- Active military

Are you a student?

- No
- Yes, in college or vocational school, full-time
- Yes, in college or vocational school, part-time
- Yes, in high school or a GED program
- Yes, in some other type of school

What is the zip code of the town or city where you live? _____

Not including the town where you live, what is the zip code of the town or city where you spend the greatest amount of time (for example, where you work or attend school)?

What is the reason for spending time in this other town or city? (Check all that apply)

- Attending school
- Working
- Shopping
- Dining or entertainment
- Seeing friends or family members
- Other

During the past 12 months have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug abuse? (Check all that apply)

- No
- Yes, tobacco use
- Yes, alcohol use
- Yes, drug use

How easy do you think it is for persons your age in your community to obtain...	<i>Very Easy</i> <i>Somewhat Easy</i> <i>Somewhat Difficult</i> <i>Very Difficult</i>
Prescription pain relievers (such as OxyContin, Percocet, Vicodin, or Tylox) that were not prescribed to them?	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Prescription stimulant pills (such as Ritalin, Adderall, or Concerta) that were no prescribed to them?	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Prescription tranquilizers or “benzos”, (like Xanax, Valium, or Aticvan) that were not prescribed to them?	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Marijuana	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Heroin	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Any other drug	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
How much do people risk harming themselves physically and in other way when they...	<i>No Risk</i> <i>Slight Risk</i> <i>Moderate Risk</i> <i>Great Risk</i>
Smoke one or more packs of cigarettes per day?	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Use e-cigarettes?	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Have five or more drinks of an alcoholic beverage once or twice a week?	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Use prescription pain relievers that are not prescribed to them or that they took only for the experience or feeling they caused?	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Use prescription stimulants that are not prescribed to them or that they took only for the experience or feeling they caused?	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Use prescription tranquilizers that are not prescribed to them or that they took only for the experience or feeling they caused?	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Use marijuana regularly?	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Use heroin?	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

How do you think your parents would feel about you...	Neither approve or disapprove	Somewhat disapprove	Strongly disapprove
Smoking cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using e-cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having one or two drinks or an alcoholic beverage every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using prescription pain relievers that are not prescribed to them or that they took only for the experience or feeling they caused?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using prescription stimulants that are not prescribed to them or that they took only for the experience or feeling they caused?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using prescription tranquilizers that are not prescribed to them or that they took only for the experience or feeling they caused?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about someone your age...	Neither approve or disapprove	Somewhat disapprove	Strongly disapprove
Smoking cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using e-cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having one or two drinks or an alcoholic beverage every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving after having one or two drinks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using prescription pain relievers that are not prescribed to them or that they took only for the experience or feeling they caused?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using prescription stimulants that are not prescribed to them or that they took only for the experience or feeling they caused?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using prescription tranquilizers that are not prescribed to them or that they took only for the experience or feeling they caused?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the Past 30 days, on how many days did you..	0	1-2	3-5	6-9	10-19	20-30
Smoke part or all of a cigarette?	<input type="radio"/>					
Use e-cigarettes?	<input type="radio"/>					
Drink one or more drinks of an alcoholic beverage	<input type="radio"/>					
Have 5 or more drinks on the same occasion?	<input type="radio"/>					
Use prescription pain relievers (such as OxyContin, Percocet, Vicodin, or Tylox) that were not prescribed to you or that you took only for the experience or feeling they caused?	<input type="radio"/>					
Use prescription stimulants (such as Ritalin, Adderall, or Concerta) that were not prescribed to you or that you took only for the experience or feeling they caused?	<input type="radio"/>					
Use prescription tranquilizers or “benzos”, (like Xanax, Valium, or Ativan) that were not prescribed to you?	<input type="radio"/>					
Use marijuana regularly?	<input type="radio"/>					
Use heroin?	<input type="radio"/>					

If you are under the age of 21 or turned 21 within the past year, and you drank alcohol in the past year, how did you usually get it? (Select all that apply)

- I did not drink alcohol in the past year
- My parent or guardian gave it to me or bought it for me
- Another adults family member (age 21 or older) gave it to me or bought it for me
- An adult (age 21 or older) who I know but who is not related to me gave it to me or bought it for me
- Someone who I know under age 21 gave it to me or bought it for me
- Someone I don't know gave it to me or bought it for me
- I bought it at a store, such as a liquor store, convenience store, or grocery store with a fake ID
- I bought it at a store, such as a liquor store, convenience store, or grocery store without a fake ID
- I bought it at a restaurant, bar or public place with a fake ID
- I bought it at a restaurant, bar or public place without a fake ID
- It was available at a social gathering (such as a party or wedding)
- I took it from my parents' home or someone else's home
- I took it from a store without paying for it
- I got it at work
- Other

The last time you used prescription drugs not prescribed to you, how did you get them? (Check all that apply)	Pain Relievers	Stimulants	Tranquilizers
Have not ever used them without a prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Found them at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Found them at a home of a relative or friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A friend or relative gave them to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bought them from a friend or relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From a doctor, but I didn't follow doctor's orders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From a drug dealer or other stranger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bought them on the internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the last 12 months, have you experiences any of the following due to your use of alcohol, marijuana, prescription pain relievers or other prescription drugs?	Alcohol	Marijuana	Prescription Pain Relievers	Prescription Drugs (other)
Performed poorly at work or school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Missed class or work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Got into an argument or fight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driven a vehicle while under the influence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been arrested for DWI/DUI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rode in a vehicle while the drive was under the influence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been in trouble with police or college authorities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Damaged property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been hurt or injured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forgot where I was or what I did	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Done something that I later regretted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have been taken advantage of sexually	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have taken advantage of another sexually	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Got nauseated or vomited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a hangover	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seriously thought about suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seriously tried to commit suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thought I might have a alcohol/drug problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tried unsuccessfully to stop using	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>