

Goshen Community Development Coalition

I Am One of Many

Please take the time to complete this survey, and help us to support parents, teachers and youth as they work together to promote healthy choices. This is an anonymous survey. You will not be asked your name or any other identifying information. Only group statistics will be reported. This survey is voluntary. If you do not wish to respond to a question, you may leave it blank and continue. There are no right or wrong answers. Please read each question carefully and mark one answer under each header or row. If you have more than one child in school, think about the child who had the most recent birthday when responding to this survey. Thank you for participating.

What is your child's grade?	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12				
What is your child's age? (If you have more than one child enrolled in the school, please answer all questions about "your child" by thinking about your child who had the <u>most recent birthday</u> .)											
<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21
What is your gender?	<input type="checkbox"/> Male	<input type="checkbox"/> Female	What is your child's gender?				<input type="checkbox"/> Male	<input type="checkbox"/> Female			
How do you describe yourself?	<input type="checkbox"/> Native American or Native Alaskan	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> White or European American	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Other				
To what extent do you think the following people would agree or disagree with this statement: " <u>Drinking alcohol</u> is never a good thing for anyone my age to do, except for just a few sips in a family or religious gathering?" (Mark an answer in each row.)											
	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree						
Your child											
Most students in your child's school											
How do you think the following people would feel about this statement? "Drinking alcohol is never a good thing for anyone my age to do, except for just a few sips at a family or religious gathering." (give your best guess, mark an answer in each row)											
	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree						
You											
Most students in your child's school											

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Nevada Public Awareness and Education Campaign Parents and Primary Care Givers

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To what extent do you think the following people would agree or disagree with this statement: “ <u>Getting drunk</u> is never a good thing for anyone my age to do?”							
	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree		
Your child							
Most students in your child’s school							
During the past <u>12 months</u> , how many times do you think that people in the following categories <u>rode in a car</u> or other vehicle <u>driven by someone who drank alcohol</u> just before or while driving?							
	Never	1 Time	2 or 3 Times	4 or 5 Times	6 or More Times		
Your child							
Most students in your child’s school							
Which statement below about using any <u>illegal drug other than marijuana</u> do you feel best represents the attitudes of the following people?							
	It is never a good thing to do.	Trying it once or twice is OK as long as it doesn’t interfere with academics or other responsibilities.	Occasional use is OK even if it does interfere with academics or other responsibilities.	Frequent use is OK if that’s what the individual wants to do.			
Your child							
Most students in your child’s school							
Are you aware of any community agencies in your area that work to prevent problems with underage youth drinking alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Have you heard about or seen the "MOST of Us" or the “I AM One of Many” campaign in the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/>							
How often do you think most of the <u>students in your child’s school</u> use the following?	Never	Tried Once or Twice	Once or Twice a Year	Once a Month	Twice a Month	Once a Week	Daily
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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