

YOUNG CHILD POST SURVEY

Do not put your name on the survey.

Date: _____ Location: _____

What is your gender? ___ Male ___ Female

What is your age? _____

What is your race/ ethnicity? ___ White ___ African-American (Black)

 ___ Hispanic (Latino) ___ Asian-American ___ Native American

___ Other: _____

Have your parents or some other adult talked to you about:	YES	NO	Not Sure
1. Drinking alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Smoking cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Using e-cigarettes or vaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Using marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Take prescription drugs to get high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Will it hurt kids if they:	YES	NO	Not Sure
6. Drink alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Smoke cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Use e-cigarettes or vape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Smoke or vape marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Take prescription drugs to get high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

It's OK for someone my age to:	OK	Not OK	Not Sure
11. Drink alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Smoke cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Use e-cigarettes or vape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Smoke or vape marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Take prescription drugs to get high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>