**2019 Vermont Parent Survey on Youth Substance Use**



**Welcome to the Vermont Parent Survey on Youth Substance Use.**

 **We value your opinions and are pleased that you accessed the survey website. Your participation will help inform and improve prevention programs for youth.**

**This short (10-15 minute) survey was specially designed for parents of Vermont students in grades 6 through 12 only.**

**This survey is NOT connected to two other recently conducted surveys in Vermont – one of these was about vaccination and the other was about safe disposal of medications.**

**At the end of the survey you may enter a drawing for a cash prize of $100 or $500. Please note:**

* **Only one entry per participant is allowed**
* **Duplicate entries will be rejected**
* **Documentation of eligibility will be required from prize winners.**

**Important Information
(Please read before proceeding)**

* **We are interested in the opinions of parents of Vermont students who are in grades 6 through 12 in the 2019-2020 school year.**
* **This 10-15 minute survey is completely anonymous. You will not be asked for your name or other information that could be used to identify you, and this website does not record email addresses or any other information that could identify you.**
* **The survey is being conducted by the Pacific Institute for Research and Evaluation (PIRE), which is a research organization contracted by the Vermont Department of Health for a project funded by the U.S. Center for Substance Abuse Prevention. The information from the survey will be reported as a summary. No one from the Department of Health will have access to your individual responses.**
* **The survey will ask about your attitudes and behaviors related to youth substance use.  Although these issues could be considered somewhat sensitive, we believe it is extremely unlikely that a respondent will experience any negative effects due to participation in the survey.**
* **The survey is completely voluntary. You may choose not to participate or you may skip any question you are not comfortable answering or are unsure how to answer.**
* **If you have any questions about this survey, please contact Amy Livingston at PIRE, via phone at (802) 652-4111 or alivingston@pire.org.**

**1) Are you at least 18 years old and the parent or guardian\* of a student in Vermont who is in the 6th through 12th grades in the 2019-2020 school year?\***

( ) Yes

( ) No

**\*For this survey, parent or guardian includes parents, step-parents, and other types of legal guardians or primary caretakers with whom the child lives for at least part of the year.**

[If “No” is selected, respondent sees message “Based on your response, you are not eligible for this survey” and the survey is discontinued]

**Reminder: All Responses Are Confidential and Nobody Will Know Who You Are**

**As you proceed through the survey, please use the "Next” button at the bottom of each page to go to the next page and the “Back” button if you need to review or change a previous answer.  Do not use your browser forward and back arrows.  If you get disconnected before completing the survey, you will need to access the survey again and start at the beginning.**

**2) Please select from the list below the Vermont city or town where you live the majority of the year…**

[List of towns displayed here]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[If no selection was made for town (after being prompted again), ask this question instead…]

**We respect your preference to not provide the town where you live.  In order to make the greatest use of the information gathered in this survey, it will be helpful to know at least your county of residence.

3) Please select the Vermont county where you live the greatest amount of time during the year.**

[List of counties displayed here]

**4) Do you have more than one child in the 6th through 12th grades?**

( ) Yes

( ) No

 [If yes, respondent sees the following:]

**Of those children, please think of the child who has the next birthday after today's date, and focus all your answers on that child only. If you have more than one child with that birthday, please focus your answers on just one of them (your choice) throughout this survey.**

**5)  What is the age of your child?**

( ) 10 or younger

( ) 11

( ) 12

( ) 13

( ) 14

( ) 15

( ) 16

( ) 17

( ) 18

( ) 19

( ) 20

( ) 21 or older

**6) What is the grade of your child?**

( ) 6th

( ) 7th

( ) 8th

( ) 9th

( ) 10th

( ) 11th

( ) 12th

**7) Does your child identify as...**

( ) Female

( ) Male

( ) Transgender

( ) Other

**During the past 12 months, how many times have you talked with your child about the potential dangers or problems that could result from persons their age...**

**8) Using alcohol?**

( ) 0 times

( ) 1 to 2 times

( ) A few times

( ) Many times

**9) Using marijuana?**

( ) 0 times

( ) 1 to 2 times

( ) A few times

( ) Many times

**10) Using prescription drugs that are not prescribed to them or using them in ways other than prescribed by their doctor?**

( ) 0 times

( ) 1 to 2 times

( ) A few times

( ) Many times

**11) Using e-cigarettes or vaping devices?**

( ) 0 times

( ) 1 to 2 times

( ) A few times

( ) Many times

**12) Driving after drinking alcohol or riding in a vehicle driven by someone who has been drinking?**

( ) 0 times

( ) 1 to 2 times

( ) A few times

( ) Many times

**13) Driving after using marijuana or riding in a vehicle driven by someone who has been using marijuana?**

( ) 0 times

( ) 1 to 2 times

( ) A few times

( ) Many times

**How much do you agree or disagree with the following two statements…?**

**14) There are places in my community where I can learn more about how to help prevent my child from using alcohol and drugs.**

( ) Strongly agree

( ) Agree

( ) Disagree

( ) Strongly disagree

( ) Don't know

**15) There are places in my community where I can get help if my child is using alcohol or drugs.**

( ) Strongly agree

( ) Agree

( ) Disagree

( ) Strongly disagree

( ) Don't know

**16) Are there places in your community where you can dispose of unused prescription medications?**

( ) Yes

( ) No

( ) Don't know

**17) In the past 12 months, how many times have you taken unused prescription medications to a drop-off location in your community?**

( ) 0 times

( ) 1 or 2 times

( ) 3 or more times

**18) In the past 12 months, how many times have you used a prescription medication pre-paid mail-back envelope?**

( ) 0 times

( ) 1 or 2 times

( ) 3 or more times

**How much do persons your child’s age risk harming themselves physically and in other ways if they...**

**19) Drink alcohol occasionally?**

( ) No risk

( ) Slight risk

( ) Moderate risk

( ) Great risk

**20) Use marijuana once or twice a week?**

( ) No risk

( ) Slight risk

( ) Moderate risk

( ) Great risk

**21) Use e-cigarettes or vaping devices nearly every day?**

( ) No risk

( ) Slight risk

( ) Moderate risk

( ) Great risk

**How likely is it that your child would be able to access the following substances in your home without your knowledge...**

**22) Alcohol?**

( ) Very likely

( ) Somewhat likely

( ) Not very likely

( ) Not at all likely

( ) Not applicable (alcohol is never kept in our home)

**23) Marijuana?**

( ) Very likely

( ) Somewhat likely

( ) Not very likely

( ) Not at all likely

( ) Not applicable (marijuana is never kept in our home)

**24) Prescription medications?**

( ) Very likely

( ) Somewhat likely

( ) Not very likely

( ) Not at all likely

( ) Not applicable (prescription medications are not kept in our home)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**25) How confident are you in being able to talk effectively with your child about alcohol and drugs?**

( ) Very confident

( ) Somewhat confident

( ) Not very confident

( ) Not at all confident

( ) Undecided or don't know

**26) Which specific aspects of talking to your child about alcohol and drugs, if any, do you most wish you were better at or would like to have more information? (Please check up to three choices)**

[ ] Knowing how and when to start these conversations

[ ] Knowing the facts about what percent of students your child's age use alcohol and drugs

[ ] Knowing the facts about the risks of using various substances

[ ] Knowing how to respond to questions about your own past (or present) substance use

[ ] Getting your child to share his or her experiences and views

[ ] Listening attentively to what your child has to say

[ ] Getting your child's full attention

[ ] Knowing how to respond if your child admits to using substances

[ ] Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**27) How confident are you in knowing the patterns or signs that could indicate your child has been using alcohol or drugs?**

( ) Very confident

( ) Somewhat confident

( ) Not very confident

( ) Not at all confident

( ) Undecided or don't know

**28) Which, if any, of these substances do you know or suspect that your child has used in the past 30 days? (Check all that apply)**

[ ] Alcohol

[ ] Marijuana

[ ] Tobacco

[ ] E-cigarettes or vaping devices (e.g. Juul devices)

[ ] Prescription medications (in ways other than as prescribed to them)

[ ] Other substances (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] I don’t think my child has used any substances

[For all substances checked for question #28 above: the following corresponding question(s) will appear]

**29) How concerned are you about your child's use of alcohol?**

( ) Not very concerned

( ) Somewhat concerned

( ) Greatly concerned

**30) How concerned are you about your child's use of marijuana?**

( ) Not very concerned

( ) Somewhat concerned

( ) Greatly concerned

**31) How concerned are you about your child's use of tobacco?**

( ) Not very concerned

( ) Somewhat concerned

( ) Greatly concerned

**32) How concerned are you about your child's use of e-cigarettes or vaping devices?**

( ) Not very concerned

( ) Somewhat concerned

( ) Greatly concerned

**33) How concerned are you about your child's use of prescription medications (in ways other than prescribed to them)?**

( ) Not very concerned

( ) Somewhat concerned

( ) Greatly concerned

**34) How concerned are you about your child's use of other substances?**

( ) Not very concerned

( ) Somewhat concerned

( ) Greatly concerned

**35) For which of the following topics are you likely to seek information or guidance during the upcoming year? (Check all that apply)**

[ ] Preventing my child from using alcohol or other drugs

[ ] Preventing my child from being bullied (including cyber bullying)

[ ] Preventing my child from bullying others (including cyber bullying)

[ ] Helping my child connect with positive role models, peers and activities

[ ] Helping my child deal with stress or mental health issues

[ ] Knowing what my child is doing online and/or on the phone

[ ] Using parental controls to limit my child's online/phone use or content

[ ] Setting limits on my child's night time and weekend activities

[ ] Negative effects of teen marijuana use

[ ] Negative effects of teen e-cigarette use or vaping

[ ] State laws regarding medical and non-medical use of marijuana by underage persons

[ ] State laws regarding use of e-cigarettes or vaping devices by underage persons

[ ] Helping my child cope with family members who are struggling with addiction

[ ] Ways I can support efforts in my community to prevent and reduce teen substance use

[ ] Other topics related to protecting my child's safety and well-being (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] None of the above

[Ask the next question only if “Preventing my child from using alcohol or other drugs” in question #35 was checked]

**36) What substances do you have a high interest in learning more about how to prevent use by your child (check all that apply)?**

[ ] Substance use in general (no particular category)

[ ] Alcohol

[ ] Tobacco

[ ] E-cigarettes or other vaping devices (e.g. Juul products)

[ ] Marijuana

[ ] Prescription drugs (e.g., pain relievers, stimulants, sedatives)

[ ] Other drugs such as cocaine, hallucinogens, heroin

[ ] Other drugs not listed above (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [Skip the next question if the answer to the question #35 was “None of the above”]

**37) What would be the most preferable ways for you to obtain information about the parenting topics of interest to you? (Please check up to three choices).**

[ ] Online via specific health or parenting information websites

[ ] Online search engines and/or social media (e.g., Google, Facebook, YouTube)

[ ] Printed materials (such as newsletters, magazines, newspapers, books, brochures, tip sheets, etc.)

[ ] Large group presentations or community meetings

[ ] Small group classes or support groups

[ ] Periodic emails or text messages from trusted organizations or service providers

[ ] Meeting individually with teacher, counselor, doctor, or other service provider

[ ] Following what other parents are discussing on social media

[ ] Talking with other parents in person

[ ] Other (please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**How strongly do you agree or disagree with the following statements about the school your child attends?**

**38) My child's school encourages me to be an active partner in educating my child.**

( ) Strongly agree

( ) Agree

( ) Disagree

( ) Strongly disagree

 **39) At my child's school, the staff really cares about my child.**

( ) Strongly agree

( ) Agree

( ) Disagree

( ) Strongly disagree

**40) My child's school takes effective measures to ensure the safety of students.**

( ) Strongly agree

( ) Agree

( ) Disagree

( ) Strongly disagree

**41) My child's school provides high quality services, or connections to high quality services in the community, to help students with social or emotional needs.**

( ) Strongly agree

( ) Agree

( ) Disagree

( ) Strongly disagree

**42) My child's school communicates school policies and procedures clearly to parents or guardians.**

( ) Strongly agree

( ) Agree

( ) Disagree

( ) Strongly disagree

**The next set of questions asks about information you may have seen or heard recently about parenting a teen.**

**43) Over the past 12 months, have you seen or heard any information about (or from) a resource called ParentUp that is designed to help parents prevent underage drinking and other drug use?**

( ) Yes

( ) No

( ) Not sure

[If no or not sure, skip to question #49]

**44) Where did you see or hear the information?  Please check all that apply.**

[ ] Radio

[ ] Television

[ ] Online

[ ] Community meeting

[ ] Newspaper article

[ ] School meeting or other communication from school

[ ] Other written information (such as a brochure, flyer, postcard, etc.)

[ ] Directly from someone I know

[ ] Not sure

[ ] Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**45) Have you visited the ParentUp website in the past 6 months?**

( ) Yes

( ) No

[If yes, skip to item #47. Otherwise, ask the question below and then skip to #49]

**46) What are the reasons why you have not visited the ParentUp website in the past six months? (check all that apply)**

[ ] You were not aware there was a ParentUp website

[ ] You weren’t sure how to access the website

[ ] You don’t think your child is using alcohol or other drugs

[ ] You don’t think your child is currently at risk for using alcohol or other drugs

[ ] You do think your child may be using or is at risk, but that is not a significant concern to you

[ ] You do think your child may be using or is at risk, but don’t think the website would be of much help

[ ] You do think your child may be using or is at risk, but you already have the information you need to address current or potential substance use issues that may arise

[ ] You do think your child may be using or is at risk, but you can get any information you need from other sources

[ ] You didn’t have time or just didn’t get around to it yet

[ ] You heard or saw something about the website that interested you, but then forgot to follow-up

[ ] Other - please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**47) Has the ParentUp website information increased your confidence that you can help prevent your teenage children from using alcohol or other drugs?**

( ) Yes

( ) No

( ) Not sure

**48) Have you taken any specific actions as a result of seeing the ParentUp website information?**

( ) Yes (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) No

( ) Not sure

**Just a few more questions!  These questions ask about background information.  This information will help understand how groups of parents respond.  The information will not be used to identify who you are.**

**49) What is your age?**

( ) 18-24

( ) 25-34

( ) 35-44

( ) 45-54

( ) 55-64

( ) 65 or older

**50) Do you identify yourself as...**

( ) Female

( ) Male

( ) Transgender

( ) Other

**51) Do you identify yourself as...**

( ) Asian/Pacific Islander

( ) Black or African American

( ) Native American/Alaska Native

( ) White

( ) Multi-racial

( ) Other

**52) Do you identify yourself as...**

( ) Hispanic or Latino

( ) Not Hispanic or Latino

( ) Other

**53) What is the highest level of education you have completed?**

( ) Did not complete high school

( ) Completed high school (including GED)

( ) Attended some college

( ) Completed college

( ) Completed graduate or professional school after college

( ) Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**54) Are you currently or have you ever been a member of the United States Armed Forces (active duty, reserve, or National Guard)?**

( ) Yes

( ) No

**We appreciate receiving your opinions and sincerely thank you for taking time to complete this survey.

55) If you have any comments or suggestions you’d like to share with us, either on the topic of substance use or about this survey, please enter them in the space provided below.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**That concludes this survey.  The next page will explain how you can enter the drawing for a prize.**

**If you have any questions about this survey, or would like to know where you can get more information about alcohol and other drug issues, please contact Amy Livingston at PIRE, via phone at (802) 652-4111, or email at** **alivingston@pire.org****. You may also contact Hilary Fannin at the Vermont Department of Health at (802) 652-4143 or Hilary.Fannin@vermont.gov.

If you have questions regarding your rights as a participant in this study, you may contact Elysia Oudemans, Pacific Institute for Research and Evaluation, (301) 755-2757 or toll free: 1-866-PIRE-ORG ext. 2757 (1-866-747-3674 ext. 2757).**

**You are eligible to enter a drawing for a weekly $100 cash prize and one $500 cash prize once the survey has ended.  Winners will be asked to provide documentation of being the parent or guardian of a Vermont student in grades 6 through 12.

To enter the drawing, please respond "yes" to the question on this page.  You will be taken to a separate site and be asked to provide your name and e-mail address or phone number.  The site is entirely separate from the survey site.  There is no way to connect your contact information and your survey responses.

Would you like to enter the drawing?**

( ) Yes

( ) No

[If yes, respondent is taken to a separate site where they enter their contact information for the drawing. If no, respondent is thanked for their participation and advised to close their browser.]