

Thank you so much for taking the time to complete the survey for the La Pine mORe Project.

At the end of this questionnaire you will be asked to provide your mailing address so that the \$5 Subway gift card can be mailed to you. If you do not want the gift card you do not have to provide your address.

Please remember that all of your responses will be kept strictly confidential. Any reporting from this survey will be presented in summaries that will not identify any individual or family.

This survey is completely voluntary. If you do not feel comfortable answering a question you may leave it blank and move on to the next question.

The survey begins on the next page.

Print version of La Pine mORe Project - 2nd Student Survey

* 1. In the past 3 months, how often have you seen or heard the mORe Project messages?

- ☐ Never
- ☐ Once or twice
- ☐ A few times a month
- ☐ A few times a week
- ☐ Every day or almost every day
- ☐ Several times a day

* 2. In what ways have you heard mORe Project messages? Mark an answer in each row.

	Yes	No
School newspaper	<input type="radio"/>	<input type="radio"/>
Local newspaper	<input type="radio"/>	<input type="radio"/>
Poster at school	<input type="radio"/>	<input type="radio"/>
Poster outside of school	<input type="radio"/>	<input type="radio"/>
On the radio	<input type="radio"/>	<input type="radio"/>
Facebook	<input type="radio"/>	<input type="radio"/>
Instagram	<input type="radio"/>	<input type="radio"/>
Online (other than Facebook and Instagram)	<input type="radio"/>	<input type="radio"/>
School announcement	<input type="radio"/>	<input type="radio"/>
School assembly	<input type="radio"/>	<input type="radio"/>
Billboard	<input type="radio"/>	<input type="radio"/>
On television	<input type="radio"/>	<input type="radio"/>

Other (please add any other places not listed above)

* 3. Using a scale of 1 to 5 please rate how believable the mORe messages are.

1 (not at all believable)	2	3	4	5 (very believable)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 4. In the past 3 months, how often did you talk with other students about the mORe Project?

- ☐ Never
- ☐ Once or twice
- ☐ A few times a month
- ☐ A few times a week
- ☐ Every day or almost every day
- ☐ Several times a day

* 5. In the past 3 months, how often did you talk with teachers/staff at your school about the mORe Project?

- ☐ Never
- ☐ Once or twice
- ☐ A few times a month
- ☐ A few times a week
- ☐ Every day or almost every day
- ☐ Several times a day

* 6. In the past 3 months, how often did you talk with a parent/guardian about the mORe Project?

- ☐ Never
- ☐ Once or twice
- ☐ A few times a month
- ☐ A few times a week
- ☐ Every day or almost every day
- ☐ Several times a day

The following questions ask about the behavior of your friends and peers.

* 7. During the past 30 days, on how many days do you think most students at your school had at least one drink of alcohol? (your best estimate)

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 5 days
- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 29 days
- ☐ All 30 days

* 8. During the past 30 days, on how many days do you think most students at your school had 5 or more drinks in a row, that is, within a couple of hours? (your best estimate)

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 5 days
- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 29 days
- ☐ All 30 days

* 9. Think of your 4 best friends (the friends you feel closest to). In the past 3 months, how many of your friends have tried alcohol (beer, wine, liquor) one or more times?

None of my friends

1 of my friends

2 of my friends

3 of my friends

4 of my friends

☐☐☐☐☐

The following questions ask about your own beliefs and behaviors.

* 10. During the past 30 days, on how many days did you have at least one drink of alcohol?

- | | |
|-----------------------------------|-------------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 10 to 19 days |
| <input type="radio"/> 1 or 2 days | <input type="radio"/> 20 to 29 days |
| <input type="radio"/> 3 to 5 days | <input type="radio"/> All 30 days |
| <input type="radio"/> 6 to 9 days | |

* 11. During the past 30 days, on how many days did you have 5 or more drinks in a row, that is, within a couple of hours?

- | | |
|-----------------------------------|-------------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 10 to 19 days |
| <input type="radio"/> 1 or 2 days | <input type="radio"/> 20 to 29 days |
| <input type="radio"/> 3 to 5 days | <input type="radio"/> All 30 days |
| <input type="radio"/> 6 to 9 days | |

* 12. How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?

No risk	Slight risk	Moderate risk	Great risk
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 13. How much do you think people risk harming themselves when they have five or more drinks of an alcoholic beverage once or twice a week?

No risk	Slight risk	Moderate risk	Great risk
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 14. How wrong do you think your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly everyday?

Not at all wrong	A little bit wrong	Wrong	Very wrong
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 15. Have you changed schools in the past year? This includes from elementary to middle or middle to high school.

☐ Yes

☐ No

* 16. During the last four weeks, how many days of school have you missed because you skipped or "cut" without permission?

☐ None

☐ 1 day

☐ 2 days

☐ 3 days

☐ 4 or 5 days

☐ 6 to 10 days

☐ 11 or more days

* 17. How old are you?

☐ 9 or younger

☐ 10

☐ 11

☐ 12

☐ 13

☐ 14

☐ 15

☐ 16

☐ 17

☐ 18

☐ 19 or older

* 18. What is your gender?

☐ Male

☐ Female

☐ Other (please specify)

* 19. In what grade are you?

- | | |
|---------------------------|----------------------------|
| <input type="radio"/> 6th | <input type="radio"/> 10th |
| <input type="radio"/> 7th | <input type="radio"/> 11th |
| <input type="radio"/> 8th | <input type="radio"/> 12th |
| <input type="radio"/> 9th | |

20. Are you White, Black or African-American, American Indian or Alaskan Native, Asian, Native Hawaiian or other Pacific islander, or some other race?

- ☐ White
- ☐ Black or African-American
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ From multiple races
- ☐ Some other race (please specify)

21. Are you Hispanic or Latino/Latina?

- ☐ Yes
- ☐ No
- ☐ I am multiple races including Hispanic or Latino/Latina

You are almost done! If you would like to receive the \$5 gift card to Subway, please provide your mailing address below and it will be sent to you right away. If you do not want the gift card you may leave the address form blank.

Press "Done" to submit the completed questionnaire.

22. Where would you like your gift card mailed?

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Thank you for completing the survey. Please mail the completed survey to:

Nick Stevenson
Deschutes County Health Services
PO Box 6005
Bend, OR 97708