

**Illinois Youth Survey 2008
ANTIOCH UPPER GRADE SCHOOL**

Survey Validity

	N	%
Invalid	15	5%
Valid	284	95%

Valid surveys are those that have 40% or more of the questions answered, report no derbisol use, indicate that the respondent was honest at least some of the time, and report a grade in school that matches an intended target grade.

Age

	8th	
	Avg	N
Age	13.6	284

Gender

	8th	
	%	N
Female	49%	138
Male	51%	143

Race / Ethnicity

	8th	
	%	N
White	77%	219
Black/African American	2%	7
Latino/Latina	7%	19
Asian American	4%	11
Native American/American Indian	2%	7
Multi-racial	6%	16
Other	4%	10

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Living Arrangement

	8th	
	%	N
Both parents	67%	189
Parent and Step parent	14%	41
Mother only	15%	42
Father only	3%	8
Legal Guardian (such as grandparent or foster parent)	1%	3
Other	1%	2

ZIP code

	8th	
	%	N
6	5%	14
6002	0%	1
60001	0%	1
60002	73%	201
60004	0%	1
60026	0%	1
60031	0%	1
60046	20%	56
60085	0%	1

At school are you eligible to receive:

		8th	
		%	N
Eligible to receive Free Lunch at school	Free lunch	11%	31
	Reduced priced lunch	9%	24
	Neither	80%	221

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About how many days are you absent from school during an entire year?

		8th	
		%	N
How many days absent during a year	0-9 days	76%	216
	10-19 days	20%	56
	20-30 days	2%	6
	More than 30 days	2%	5

If you wanted to get the following, how difficult would it be to get?

		Very Hard	Sort of Hard	Sort of Easy	Very Easy
		%	%	%	%
8th	Alcohol	41%	22%	23%	14%
	Cigarettes	48%	20%	12%	19%
	Marijuana	75%	10%	9%	7%
	Cocaine, LSD, Amphetamines	83%	9%	5%	3%

How wrong would most adults (over 21) in your neighborhood think it is for kids your age to:

		Very Wrong	Wrong	A Little Bit Wrong	Not Wrong at All
		%	%	%	%
8th	Drink alcohol	56%	27%	15%	2%
	Smoke cigarettes	60%	25%	11%	3%
	Smoke marijuana	80%	15%	5%	0%

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In which of the following activities do you participate?

	8th	
	%	N
School Sports Team	55%	138
Other Sports	72%	180
Scouting	4%	9
Boys and Girls Club	4%	9
4-H Club	0%	1
Service Club	24%	61
Faith-Based Youth Group	36%	90
Other Activities	69%	172

How safe do you feel in your neighborhood?

		8th	
		%	N
How safe do you feel in your neighborhood	Very safe	60%	168
	Sort of safe	35%	97
	Sort of unsafe	4%	11
	Very unsafe	1%	4

How old were you when you first:

		Never Have	10 or younger	11	12	13	14	15	18 or older
		%	%	%	%	%	%	%	%
8th	Smoked marijuana	94%	0%	0%	1%	4%	1%	0%	0%
	Smoked a cigarette, even just a puff	80%	6%	3%	4%	7%	0%	0%	0%
	Used any other tobacco product (chewing tobacco, cigars)	95%	1%	1%	1%	2%	1%	0%	0%
	Had more than a sip or two of alcohol	57%	10%	8%	8%	13%	4%	0%	0%
	Began drinking alcoholic beverages regularly (at least once or twice a month)	89%	0%	2%	1%	3%	3%	1%	0%
	Used inhalants	98%	0%	0%	1%	0%	1%	0%	0%

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Cigarettes: past month and past year use

		Not at all	Less than 1 cigarette per day	1-5 cigarettes per day	About 1/2 pack per day	About 1 pack per day	About 1 1/2 packs per day	2 packs or more per day
		%	%	%	%	%	%	%
8th	PAST MONTH cigarette use	96%	1%	2%	0%	1%	0%	0%
	PAST YEAR cigarette use	91%	5%	2%	0%	1%	0%	0%

Other tobacco products: past month and past year use

		Never	Once or twice	Once or twice per week	More than once a day
		%	%	%	%
8th	PAST MONTH other tobacco products use	96%	3%	1%	0%
	PAST YEAR other tobacco products use	95%	4%	1%	0%

Alcohol: number of occasions of past month and past year use

		0 occasions	1-2 occasions	3-5 occasions	6-9 occasions	10-19 occasions	20-39 occasions	40 or more occasions
		%	%	%	%	%	%	%
8th	PAST MONTH alcohol use	84%	9%	4%	1%	1%	0%	0%
	PAST YEAR alcohol use	66%	17%	9%	2%	4%	1%	1%

In the past 2 weeks, how many times have you had five or more alcoholic drinks in a row?

		0 times	1 time	2 times	3-5 times	6-9 times	10 or more times
		%	%	%	%	%	%
8th	Binge drinking	93%	4%	1%	1%	0%	1%

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Illicit drugs: number of occasions of past month use

		0 occasions	1-2 occasions	3-5 occasions	6-9 occasions	20 or more occasions
		%	%	%	%	%
8th	PAST MONTH marijuana use	96%	2%	1%	1%	1%
	PAST MONTH inhalants use	94%	5%	1%	0%	0%

Illicit drugs: number of occasions of past year use

		0 occasions	1-2 occasions	3-5 occasions	6-9 occasions	10-19 occasions	20 or more occasions	40 or more occasions
		%	%	%	%	%	%	%
8th	PAST YEAR marijuana use	93%	3%	3%	0%	0%	2%	0%
	PAST YEAR inhalants use	92%	4%	3%	0%	0%	0%	1%
	PAST YEAR MDMA ("ecstasy") use	98%	1%	0%	0%	0%	0%	0%
	PAST YEAR LSD use	99%	0%	0%	0%	0%	0%	0%
	PAST YEAR cocaine / crack use	99%	0%	0%	0%	0%	0%	0%
	PAST YEAR meth use	100%	0%	0%	0%	0%	0%	0%
	PAST YEAR heroin use	100%	0%	0%	0%	0%	0%	0%

During the past 12 months, which of these Over-the-Counter drugs have you used for a non-medical purpose?

		No	Yes: 1 or 2 times	Yes: 3-5 times	Yes: 6 or more times
		%	%	%	%
8th	Performance-enhancing or body-building supplements (creatine, fat-burners, etc.)	97%	1%	0%	1%
	Over-the-counter weight loss aids (laxatives, Dexatrim, etc.)	98%	1%	0%	0%
	Other over-the-counter drugs (cough syrup, etc.)	85%	7%	3%	5%

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During the past 12 months, which of these drugs have you used without a doctor's prescription?*

		No	Yes: 1 or 2 times	Yes: 3-5 times	Yes: 6 or more times
		%	%	%	%
8th	Steroids	99%	1%	0%	0%
	Uppers (Ritalin, etc.)	99%	0%	0%	0%
	Downers (Valium, etc.)	99%	0%	0%	0%
	Other prescription drugs (OxyContin, Ketamine, etc.)	99%	1%	0%	0%

During the past year, how often did you get CIGARETTES or other TOBACCO PRODUCTS from the following sources?:

		I did not smoke cigarettes or use other tobacco products during the past year	Never	Sometimes	Often
		%	%	%	%
8th	I bought them at a gas station	84%	14%	1%	1%
	I bought them at a store	84%	14%	1%	1%
	I bought them from a vending machine	84%	14%	1%	1%
	I gave a stranger money to buy them for me	84%	12%	3%	1%
	I bought them over the Internet	84%	15%	0%	0%
	A friend gave them to me	84%	7%	6%	3%
	My older brother or sister gave them to me	85%	11%	3%	1%
	My parent gave them to me	84%	15%	0%	0%
	I took them from a store	84%	14%	1%	0%
	I took them from home without my parents knowing it	84%	12%	3%	1%
	I got them some other way	84%	11%	3%	2%

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During the past year, how often did you get ALCOHOL from the following sources?:

		I did not drink alcohol during the past year	Never	Sometimes	Often
		%	%	%	%
8th	I bought it at a gas station	73%	26%	1%	0%
	I bought it at a store	73%	26%	1%	0%
	I bought it at a bar or restaurant	73%	26%	1%	0%
	I gave a stranger money to buy it for me	74%	25%	1%	0%
	I bought it over the Internet	74%	26%	0%	0%
	A friend gave it to me	73%	11%	12%	4%
	My older brother or sister gave it to me	74%	20%	5%	1%
	My parent gave it to me	72%	17%	10%	1%
	I took it from a store	74%	25%	1%	0%
	I took it from a friend's house	74%	20%	4%	3%
	I got it at a party	73%	13%	10%	4%
	I took it from home without my parents knowing it	73%	17%	9%	1%
	I got it some other way	74%	17%	5%	4%

If you bought cigarettes or other tobacco products during the past year, did you use a fake ID?

		I didn't buy these products	Yes, I used a fake ID	I bought these products without a fake ID
		%	%	%
8th	If you bought cigarettes or other tobacco products during the past year, did you use a fake ID?	95%	1%	4%

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If you bought beer, wine, or liquor during the past year, did you use a fake ID?

		I didn't buy these products	Yes, I used a fake ID	I bought these products without a fake ID
		%	%	%
8th	If you bought beer, wine, or liquor during the past year, did you use a fake ID?	97%	0%	2%

During the past 30 days, on how many days did you:

		None	1 or 2 days	6 or more days
		%	%	%
8th	Drink alcohol on school property?	98%	2%	0%
	Use marijuana on school property?	99%	1%	0%

During the past 12 months, have you seen/heard any alcohol or drug prevention messages (posters, pamphlets radio, TV)?

		Yes	No
		%	%
8th	In the past 12 months, have you seen or heard any alcohol or drug preventions messages (posters, pamphlets, radio, TV)?	85%	15%

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What effect do these commercials or ads have on you?

	8th	
	%	N
Make me more aware of the risks of using drugs	52%	143
Encourage me to talk to an adult about drug risks	12%	33
Make me less likely to use drugs	34%	93
Give me information I didn't know	27%	74
They have no effect	32%	88

If you drank beer, wine, or liquor in the past 30 days, what did you drink?:

		I did not drink alcohol during the past 30 days	Never	Sometimes	Often
		%	%	%	%
8th	Beer	81%	7%	9%	2%
	Malt liquor	82%	14%	3%	1%
	Wine	82%	8%	10%	1%
	Wine cooler	82%	11%	4%	3%
	Liquor (vodka, whiskey, etc.)	82%	8%	6%	4%
	Mixed drinks (margarita, etc.)	83%	9%	6%	2%
	Flavored "alcopops" (hard lemonade, hard cider, etc.)	83%	9%	6%	2%

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How much do you think people risk harming themselves (physically or in other ways) if they:

		No risk	Slight risk	Moderate risk	Great risk
		%	%	%	%
8th	Smoke one or more packs of cigarettes per day	5%	8%	20%	67%
	Take one or two drinks of an alcoholic beverage nearly every day	9%	26%	34%	32%
	Have five or more drinks of an alcoholic beverage once or twice a week	5%	19%	36%	40%
	Smoke marijuana regularly	7%	3%	12%	78%
	Smoke marijuana once or twice a week	8%	8%	30%	54%
	Use inhalants regularly	5%	7%	20%	68%

During the past 12 months, how many times were you in a physical fight?

		0 times	1 time	2 or 3 times	4 or 5 times
		%	%	%	%
8th	In fight in past year	65%	26%	5%	4%

During the past 12 months, how many times have you ridden in a car driven by:

		0 times	1 time	2 or 3 times	4 or 5 times
		%	%	%	%
8th	a TEENAGER who had been drinking or using drugs	91%	5%	1%	3%
	an ADULT who had been drinking or using drugs	77%	14%	6%	4%

In the past 12 months, have you been slapped, kicked, punched, hit, or threatened in a dating relationship?

		I have not begun to date	Yes	No	Not sure
		%	%	%	%
8th	Abused in past year	23%	6%	65%	7%

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How wrong do you think it is for someone your age to:

		Very Wrong	Wrong	A Little Bit Wrong	Not Wrong at All
		%	%	%	%
8th	Drink alcohol regularly	61%	19%	16%	4%
	Smoke cigarettes	68%	18%	8%	5%
	Smoke marijuana	80%	12%	4%	4%
	Use LSD, cocaine, amphetamines, or another illegal drug	88%	7%	3%	3%

Do you currently belong to a street gang?

		Yes	No
		%	%
8th	Do you currently belong to a "street gang?"	5%	95%

How many times in the past year (12 months) have you:

		0 times	1-2 times	3-5 times	6-9 times	10-19 times	20 or more times
		%	%	%	%	%	%
8th	Carried a weapon such as a handgun, knife, or club	86%	6%	3%	1%	1%	3%
	Sold illegal drugs	98%	1%	0%	0%	0%	0%
	Been drunk or high at school	95%	3%	1%	0%	1%	0%

During the past 12 months, has another student at school:

		Yes	No
		%	%
8th	Bullied you by calling you a name	44%	56%
	Threatened to hurt you	24%	76%
	Bullied you by hitting, punching, kicking, or pushing you	25%	75%

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What are the chances you would be seen as cool if:

		No or very little chance	Little chance	Some chance	Pretty good chance	Very good chance
		%	%	%	%	%
8th	Smoked cigarettes	73%	13%	9%	3%	2%
	Began drinking alcohol regularly	75%	10%	9%	5%	2%
	Smoked marijuana	79%	9%	5%	3%	4%

Amount of time child spends alone each week after school

	8th
None	24%
1 to 2 days, < 3 hours per day	22%
1 to 2 days, > 3 hours per day	6%
3 or more days, < 3 hours per day	21%
3 or more days, > 3 hours per day	27%

In the past 12 months, have you gambled for money or anything of value?

		Yes	No
		%	%
8th	In the year, have you gambled for money or anything of value?	24%	76%

In the past 12 months did you ever feel so sad or hopeless that you stopped doing some usual activities?

		Yes	No
		%	%
8th	During past year were you ever so sad or hopeless for 2-week period that you stopped usual activities?	26%	74%

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How tall are you without your shoes on?

		8th	
		%	N
Height in feet and inches	4' 2"	0%	1
	4' 7"	1%	2
	4' 9"	0%	1
	4' 10"	1%	2
	4' 11"	4%	10
	5' 0"	5%	13
	5' 1"	7%	18
	5' 2"	12%	31
	5' 3"	10%	27
	5' 4"	8%	21
	5' 5"	8%	22
	5' 6"	13%	33
	5' 7"	9%	24
	5' 8"	6%	15
	5' 9"	5%	12
	5' 10"	5%	12
	5' 11"	2%	5
	6' 0"	2%	4
	6' 1"	2%	4
	6' 2"	0%	1
6' 3"	0%	1	
6' 5"	0%	1	

How do you describe your weight?

		Very underweight	Slightly Underwei ght	About the right weight	Slightly overweight	Very overweight
		%	%	%	%	%
8th	How do you describe your weight?	3%	18%	50%	25%	4%

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Average Height and Weight

	8th	
	Avg	N
Height in inches	64.7	260
Weight in pounds	125.7	258

During the past 7 days, how many times did you:

		None	1-3 times	4-6 times	1 time per day	2 times per day	3 times per day	4 or more times per day
		%	%	%	%	%	%	%
8th	eat fruit	5%	30%	16%	12%	20%	9%	7%
	eat vegetables	10%	28%	18%	19%	12%	7%	6%

On how many of the past 7 days did you participate in a physical activity?

		0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
		%	%	%	%	%	%	%	%
8th	On how many of the past 7 days did you participate in a physical activity?	11%	5%	11%	12%	13%	19%	7%	23%

On an average school day, how many hours do you watch TV?

		Do not watch TV on average school day	<1 hr/day	1 hr/day	2 hrs/day	3 hrs/day	4 hrs/day	5 or more hrs/day
		%	%	%	%	%	%	%
8th	On an average school day, how many hours do you watch TV?	4%	15%	21%	25%	14%	10%	11%

In a typical week how often do you and your parent(s) or guardian eat dinner together?

		Never	1 day	2 days	3 days	4 days	5 days	6 days	7 days
		%	%	%	%	%	%	%	%
8th	In a typical week, how often do you and your parent(s) or guardian eat dinner together?	8%	5%	9%	10%	8%	14%	10%	35%

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Putting them all together, what were your grades like for the last year?

		Mostly A	Mostly A and B	Mostly B	Mostly B and C	Mostly C	Mostly C and D	Mostly D	Mostly F
		%	%	%	%	%	%	%	%
8th	Grades last year	25%	41%	8%	18%	2%	5%	1%	0%

During the LAST FOUR WEEKS how many whole days of school have you missed because you skipped or "cut"?

		None	1 day	2 days	3 days	4 or 5 days	6-10 days	11 days or more
		%	%	%	%	%	%	%
8th	Days of school missed in last 4 weeks	81%	8%	5%	3%	2%	1%	0%

How much do you agree or disagree with the following statements:

		Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
		%	%	%	%	%
8th	I feel like a real part of my school	14%	16%	34%	25%	12%
	People at this school are friendly to me	7%	4%	21%	46%	23%
	I am treated with as much respect as other students	13%	11%	23%	37%	17%
	I can really be myself at this school	12%	12%	17%	32%	27%
	Bullying is a problem for students at my school	11%	18%	32%	22%	17%
	"Other students bad behavior" gets in the way of my learning	18%	18%	29%	17%	17%

During the past 30 days, how many days did you not go to school because you felt you would be unsafe at school or on the way to or from school?

		0 days	1 day	2 or 3 days	6 or more days
		%	%	%	%
8th	How many days did you not go to school because you felt it unsafe	93%	4%	2%	1%

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How wrong do your parents feel it would be for YOU to:

		Very Wrong	Wrong	A Little Bit Wrong	Not Wrong at All
		%	%	%	%
8th	drink alcohol regularly	79%	12%	7%	2%
	smoke cigarettes	91%	7%	2%	1%
	smoke marijuana	96%	3%	0%	1%

In the past year have your parents/guardians talked to you about not using the following:

		Yes	No	Do not remember
		%	%	%
8th	Tobacco	46%	34%	20%
	Alcohol	48%	35%	17%
	Marijuana / other illegal drugs	47%	33%	20%

Has anybody in your family ever had a severe alcohol or drug problem?

		8th	
		%	N
Family member has had a severe alcohol/drug problem	No	67%	176
	Yes	33%	85

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Family Relationships

		Never	Sometimes	Most of the time	Always
		%	%	%	%
8th	When I am not at home, one of my parents knows where I am and who I am with	4%	12%	27%	56%
	My parents want me to call if I'm going to be late getting home	6%	9%	16%	70%
	If you drank alcohol without your parents' permission would you be caught by your parents?	22%	20%	20%	38%
	My parents ask if I've gotten my homework done	8%	15%	23%	55%
	Would your parents know if you did not come home on time?	9%	19%	24%	48%
	If you go to a party where alcohol is served, would you be caught by your parents?	20%	22%	23%	35%

Family Relationships

		Yes	No
		%	%
8th	My family has clear rules about alcohol and drug use	83%	17%