

YOUNG CHILD PRE SURVEY

Do not put your name on the survey.

Date: _____ Location: _____

What is your gender? ___ Male ___ Female

What is 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	?	?	?
2. Smoking cigarettes	?	?	?
3. Using e-cigarettes or vaping	?	?	?
4. Using marijuana	?	?	?
5. Take prescription drugs to get high	?	?	?

Will it hurt kids if they:	YES	NO	Not Sure
6. Drink alcohol	?	?	?
7. Smoke cigarettes	?	?	?
8. Use e-cigarettes or vape	?	?	?
9. Smoke or vape marijuana	?	?	?
10. Take prescription drugs to get high	?	?	?

It's OK for someone my age to:	OK	Not OK	Not Sure
11. Drink alcohol	?	?	?
12. Smoke cigarettes	?	?	?
13. Use e-cigarettes or vape	?	?	?
14. Smoke or vape marijuana	?	?	?
15. Take prescription drugs to get high	?	?	?