



OMNI INSTITUTE REPORT

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# Mountain Youth Young Adult Survey 2024

## Results Summary



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**Submitted to:**

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**Acknowledgements:**

OMNI Institute wants to thank the Mountain Youth Young Adult Survey team for their contributions to the creation of this report: Mikayla Curtis, Cameron Dole, Marcus Carter, Vanessa Contreras, and Michelle Stecher

# Introduction

In 2023, Mountain Youth in Eagle County partnered with OMNI Institute, a social science research consultancy, to implement a survey of mental and behavioral health among young adults (aged 18-25) in Eagle County, Colorado and its surrounding areas. Mountain Youth is a non-profit organization whose mission is to continuously and collaboratively improve the lives of youth in the most



powerful ways possible. Mountain Youth focuses on serving youth in the Eagle River Valley, ages 9-25, and in alignment with the state definition of youth and with adolescent brain development and maturation. The prefrontal cortex, which is responsible for rational decision-making, primarily develops and matures during adolescence and reaches full maturity around the age of 25. This “young adult survey” is a research effort by Mountain Youth in conjunction with other survey initiatives performed by Mountain Youth, such as their similar “parent/caregiver survey.” The impetus of the survey was from an identified gap in services and agencies focused on serving youth and young adults after high school graduation. There was a recognized need that systems of support seem to become less apparent to youth in this age range, while their need for connections and supports increases as they navigate new life changes and systems. This report outlines a high-level summary of the results of the survey. The procedures of each analysis are described in an accompanying analysis plan, as are the descriptions of the survey variables included in the dataset from which these results are generated. To learn more about Mountain Youth and all its initiatives, or to get involved, visit [www.mountainyouth.org](http://www.mountainyouth.org).

## Survey Development

A team of Mountain Youth staff, including a youth volunteer, worked with an OMNI researcher to iteratively develop the survey whose items were included based on knowledge of the intended sample of respondents, consultation of reliable and valid items from behavioral health research, and synthesis with concurrent Mountain Youth survey initiatives (e.g. the parent survey). A full copy of the survey instrument is available in Appendix A. The survey in its entirety was translated into Spanish, and respondents were able to select their preferred language at the beginning of the survey. The survey was generously funded through a grant from Eagle County Public Health.

## Survey Implementation

The survey was deployed February-May of 2024. The survey was housed and administrated from the online survey platform Survey Monkey ([www.surveymonkey.com](http://www.surveymonkey.com)). Links to the survey were disseminated in several ways: participants could provide their email to Mountain Youth or OMNI Institute members and receive a one-time-valid direct link to the survey from Survey Monkey; participants could text a keyword using their phone to a Slick Text ([www.slicktext.com](http://www.slicktext.com)), a text message marketing service and receive a one-time-valid direct link to the survey; Mountain Youth team members offered the survey via paper and from a Mountain Youth-approved device such as a computer or tablet. The text message keyword method was preferred so as to ensure that participants took the survey only once from their unique mobile device.

## Incentives

Respondents were offered an incentive to participate in the survey in the form of gift cards to local retail establishments in Eagle County. Once a respondent completed the survey, they were linked to a separate survey to provide their contact information to be sent a gift card, should they choose to. Mountain Youth staff recruited survey participants via flyers, in-person survey data collection opportunities at partnering organizations (“pop-ups”), and via

social media. Participants were also given a chance to indicate if they would like to be involved in other Mountain Youth activities or subscribe to their monthly newsletter.

### Navigating Bots and Scammers

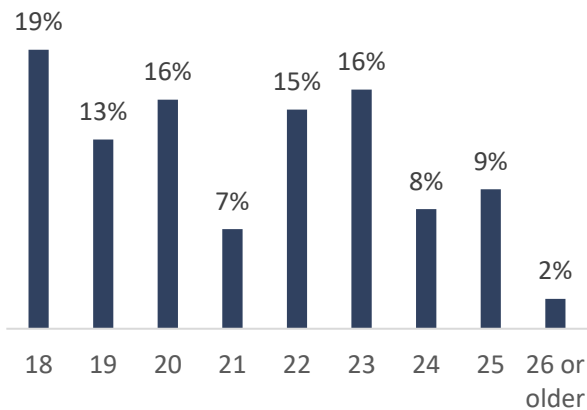
After approximately three weeks of participant recruitment, a great deal of fraudulent responses to the survey were appearing in the Survey Monkey data, both in the main and incentive surveys, indicating that bots or bad actors had infiltrated the survey links in order to abuse the survey in order to receive the associated incentive. At this point, the initial survey links were closed, and new survey links were created, and the data collection timeframe was extended. Participant recruitment going forward was limited to in-person pop-ups or targeted partnering organization outreach; social media recruitment was avoided to reduce the likelihood of further bots and bad actors. The results here only include cases that were verified to be valid participants. See the accompanying Mountain Youth Young Adult Survey 2024 Analysis Plan for a description of the vetting process for survey data.

## Results

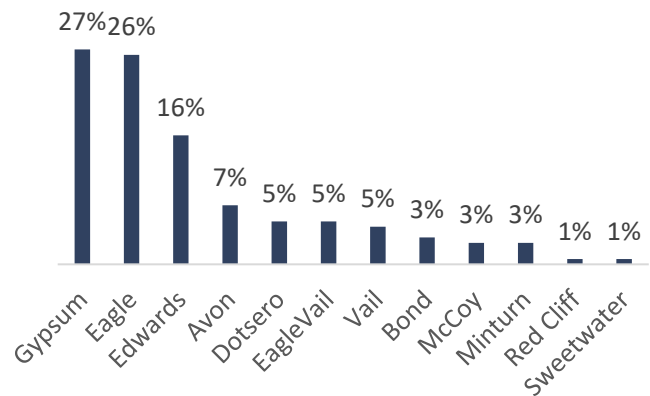
### Participants

A total of **156** participants qualified for the survey. Those indicating they were under 18 or 26 or older were disqualified from taking the survey. A large portion of participants did not report across several demographic categories- noted with the smaller (n) in parentheses.

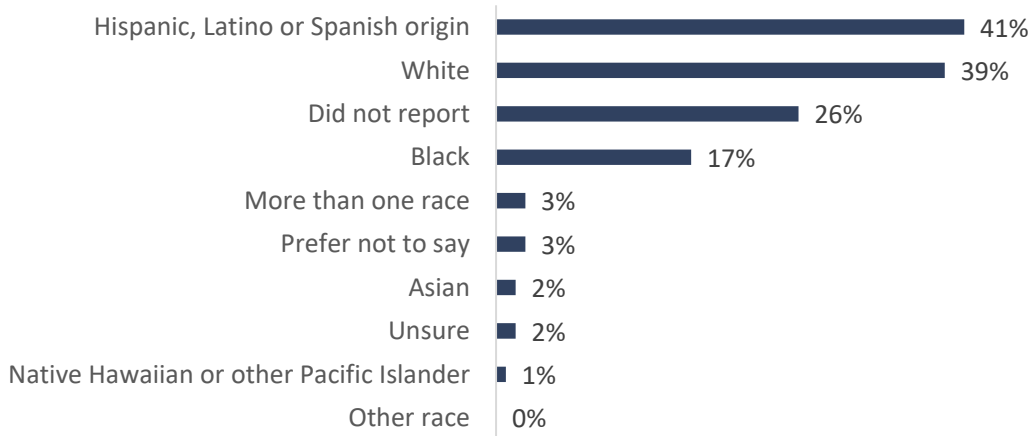
There was a similar distribution of ages, with fewer older participants (n=148)



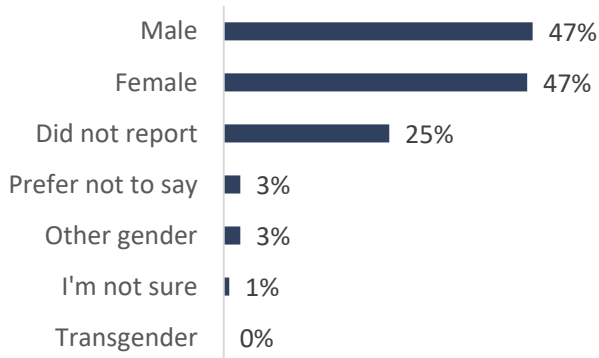
Most participants were from Gypsum, Eagle, and Edwards (n=148)



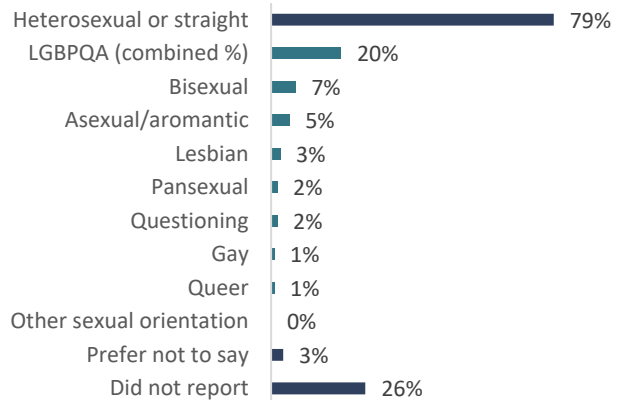
Most participants reported their race/ethnicity as Hispanic, Latino or Spanish origin and White (n = 118)



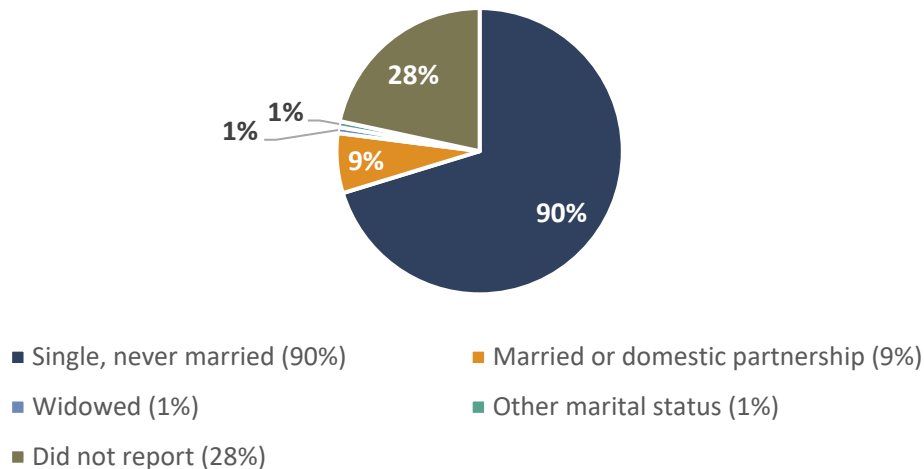
There was an even distribution of male and female participants (n=117)



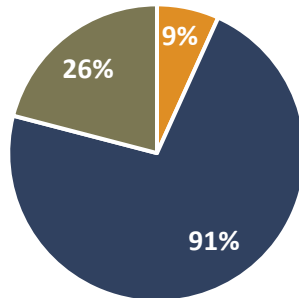
Most participants identified as Heterosexual or straight (n=118)



Most participants reported being single and never married (n=116)

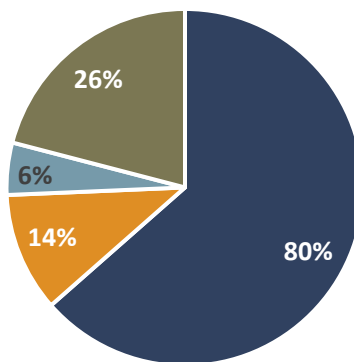


Most participants reported not having children  
(n=117)



■ Has children (9%) ■ Does not have children (91%) ■ Did not report (26%)

Most participants have access to healthcare, health insurance, or other preventative care (n=117)

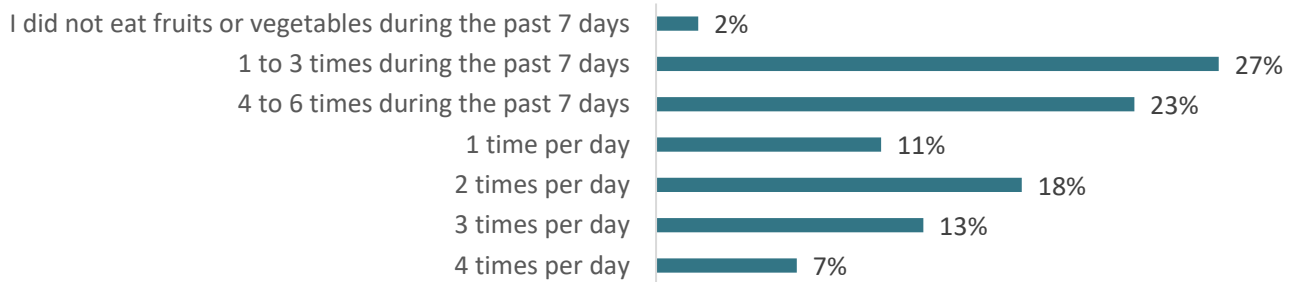


■ Yes (80%) ■ No (14%) ■ Unsure (6%) ■ Did not respond (26%)

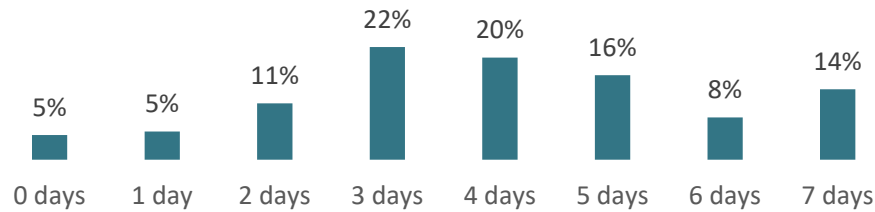
Some participants described reasons for not having access to health care including high costs, insurance not covering them while they live in another state, and undocumented citizen status.

## Healthy Habits and Substance Use

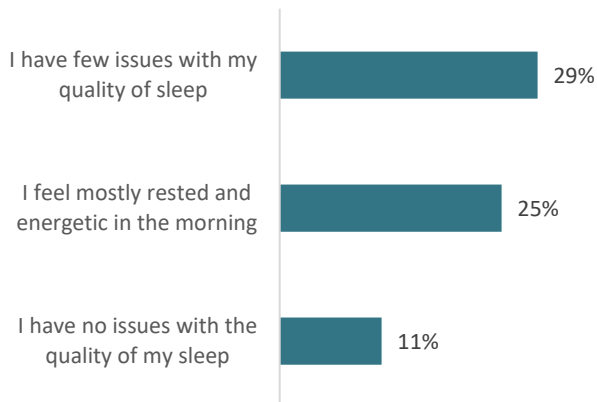
Participants ate fruits and vegetables between 1 and 6 times during the past 7 days (n=148)



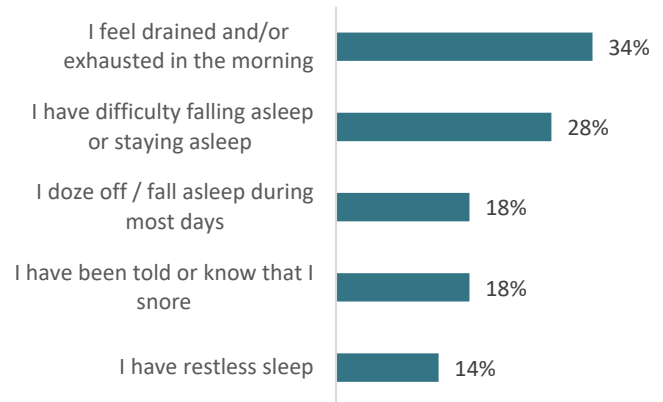
Most participants were physically active 3 or 4 days in the last 7 days (n=148)



In terms of **good sleep hygiene**, more participants reported fewer issues than none at all or feeling rested (n=148)



For **sleep issues**, most participants report feeling drained or exhausted in the morning (n=148)

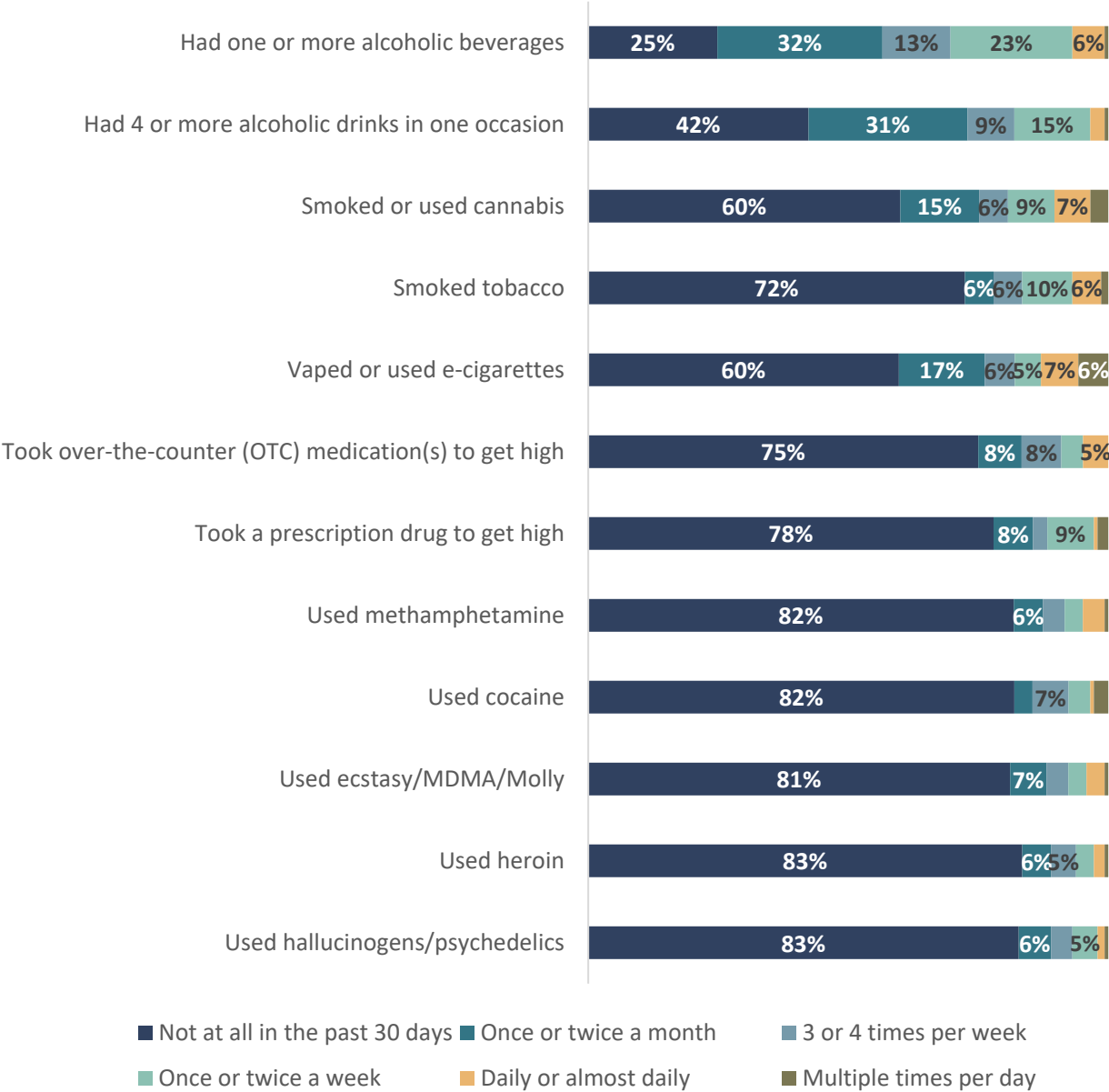


Of those who responded to both survey questions, those who reported **having difficulty falling asleep or staying asleep, having restless sleep, being told or know that they snore, feeling drained and/or exhausted in the morning, and feeling mostly rested an energetic in the morning** were more likely to report feeling sad or hopeless almost every day for two weeks or more in a row during the past 12 months.

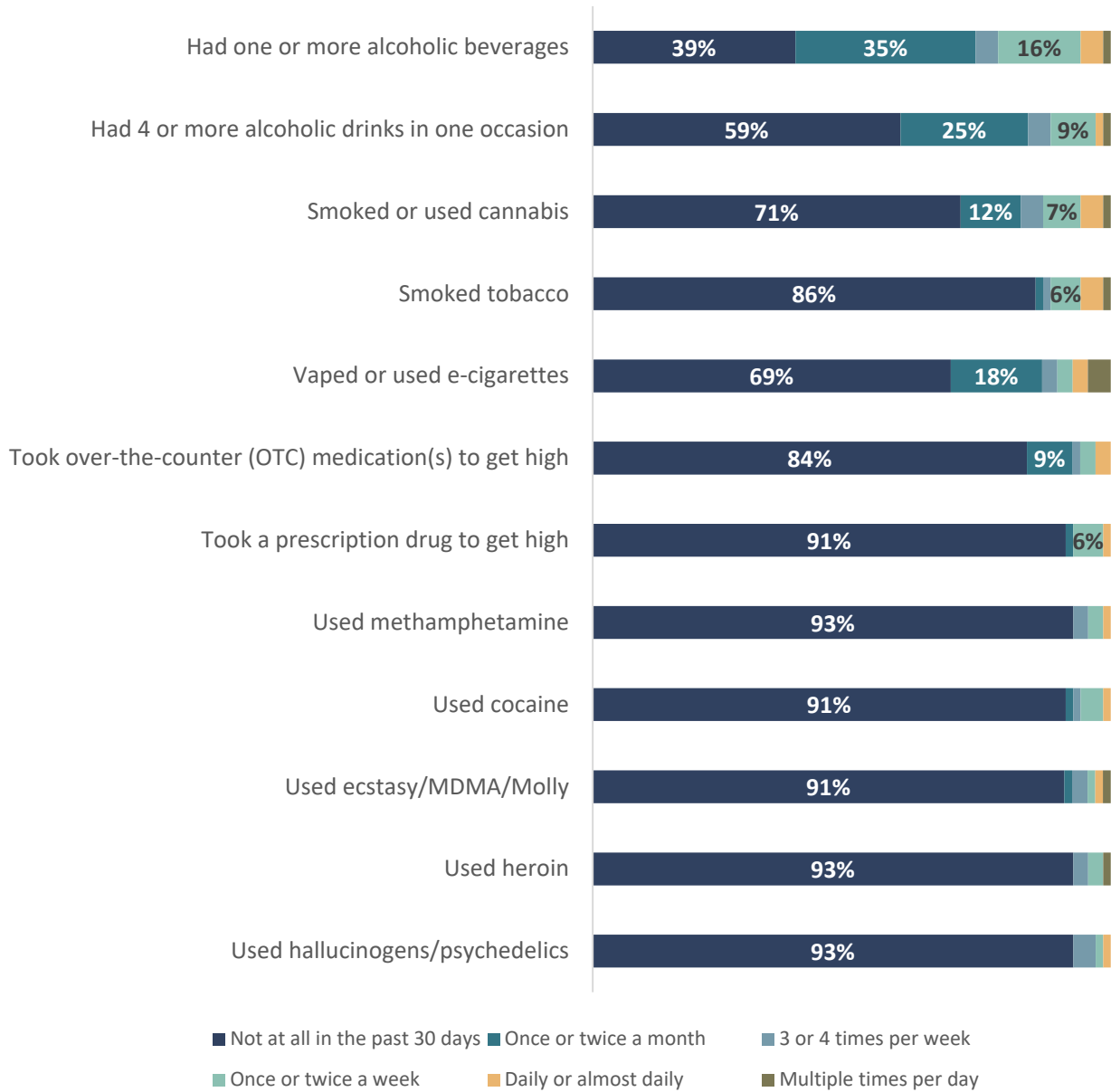
	During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?		
	<i>Yes</i>	<i>No</i>	<i>n</i>
I have difficulty falling asleep or staying asleep	54%	46%	37
I have restless sleep	53%	47%	19
I doze off / fall asleep during most days	42%	58%	24
I have been told or know that I snore	53%	47%	43
I feel drained and/or exhausted in the morning	53%	47%	43
I have few issues with my quality of sleep	38%	63%	40
I feel mostly rested and energetic in the morning	54%	46%	28
I have no issues with the quality of my sleep	21%	79%	14



Across the **entire sample (n=144)**, participants reported how many times in the past 30 days they used substances. The most frequently used substance was alcohol, both in any use and binge drinking.

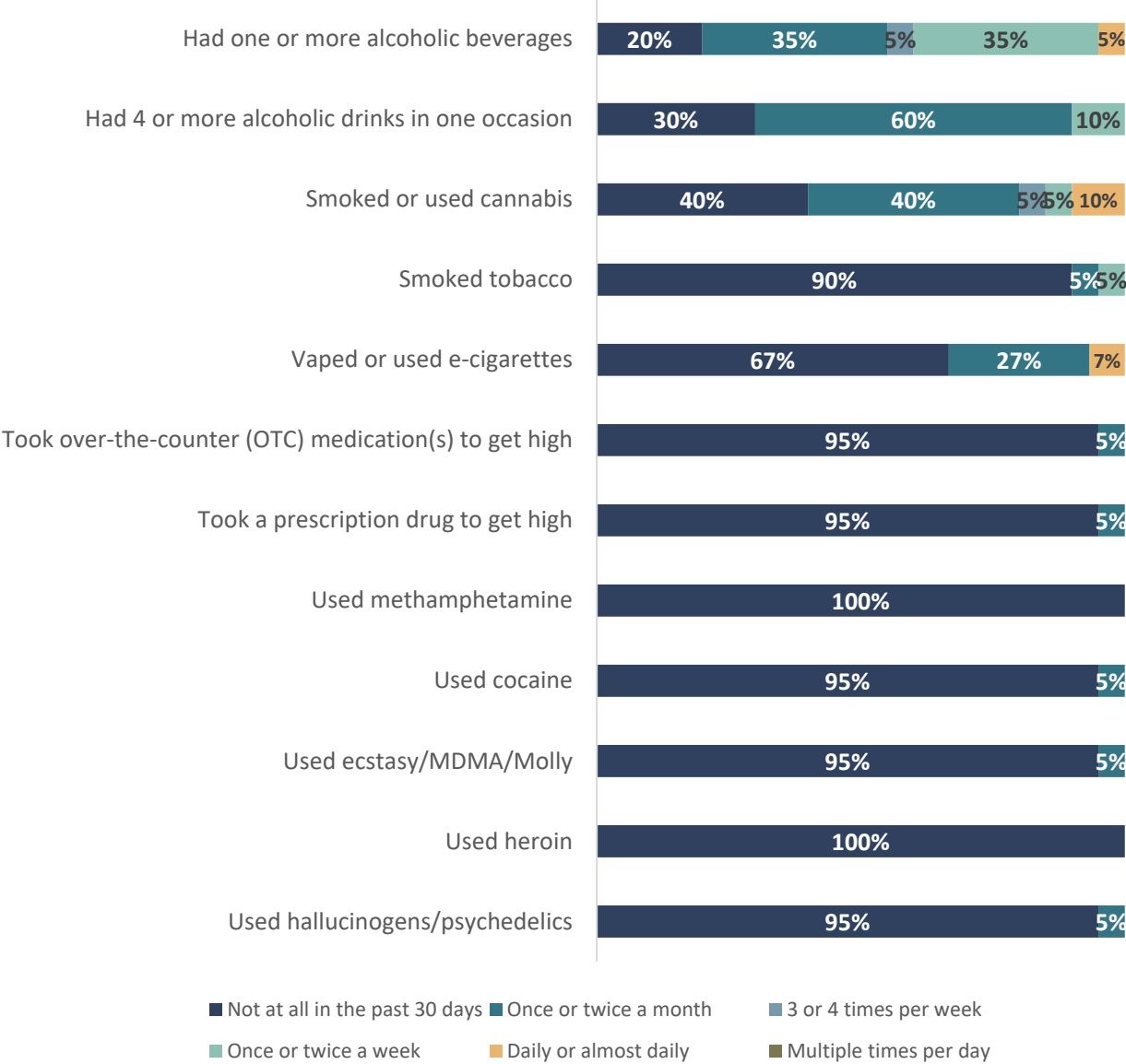


**18-20 year olds (n=69)** used less substances compared to the entire sample, however frequencies of drinking and vaping were slightly higher



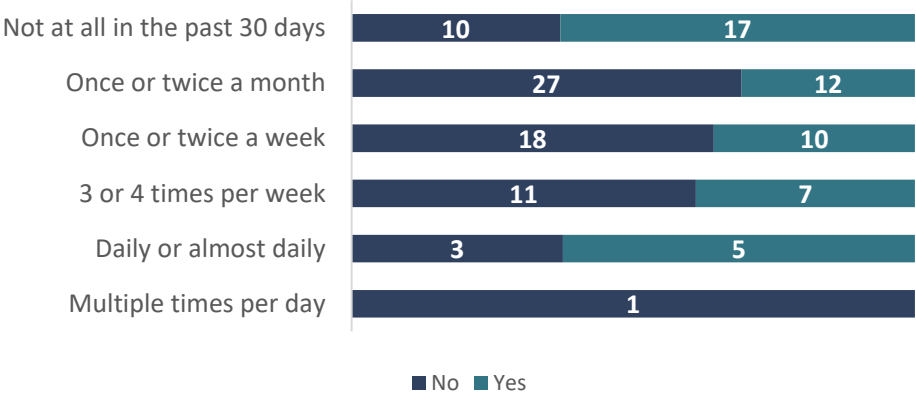
Hospitality jobs were defined in the survey as **hospitality, events or service industry** work including restaurants and bars. Recreation jobs were defined to include **leisure, sports, tourism, and resort** work.

Of those who reported working in a **hospitality or recreation job (n=20)**, their frequency of substance use was much higher for binge drinking and smoking or using cannabis, and slightly higher for vaping or using e-cigarettes than the entire sample.

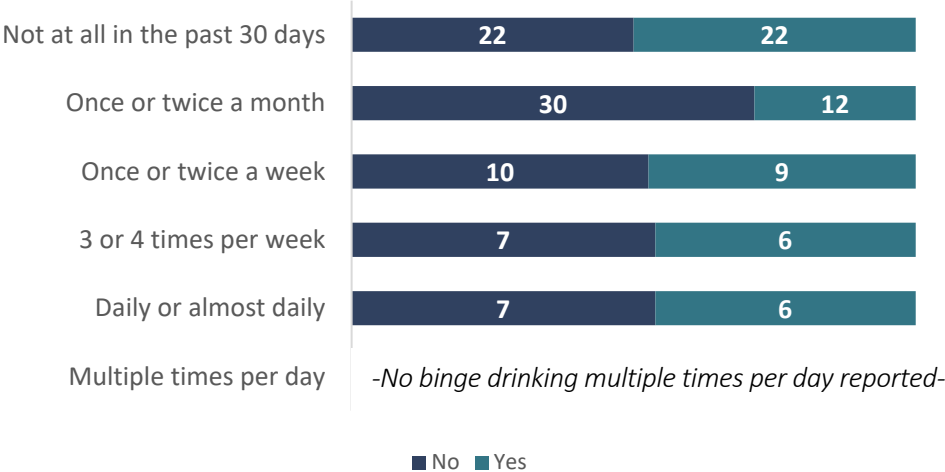


Depression is commonly associated with reported substance use. Participants were asked to report if they **felt sad or hopeless almost every day for two weeks or more in a during the last 12 months**, as well as their **substance use frequency** across three different types: any alcohol use, binge drinking, and cannabis use. Below are charts that show the frequency of substance use and whether or not a participant reported **yes** or **no** to feelings of depression, for each of those substances.

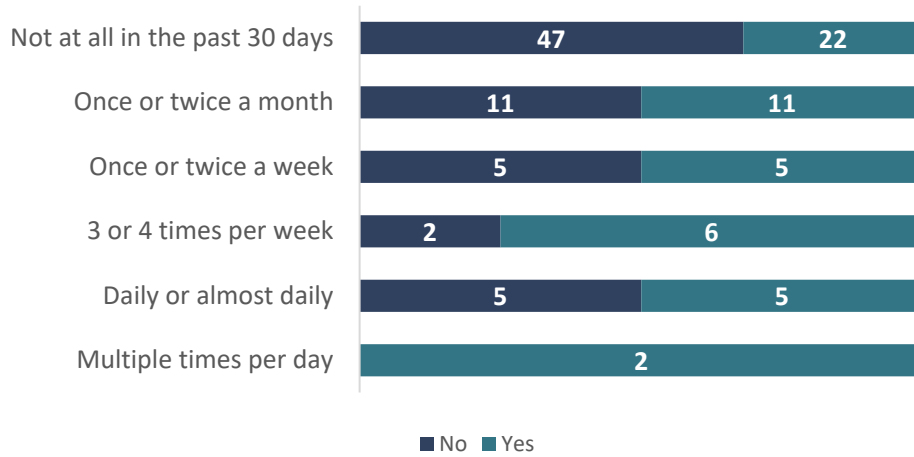
### Using one alcoholic beverage and reports of depression (n=121)



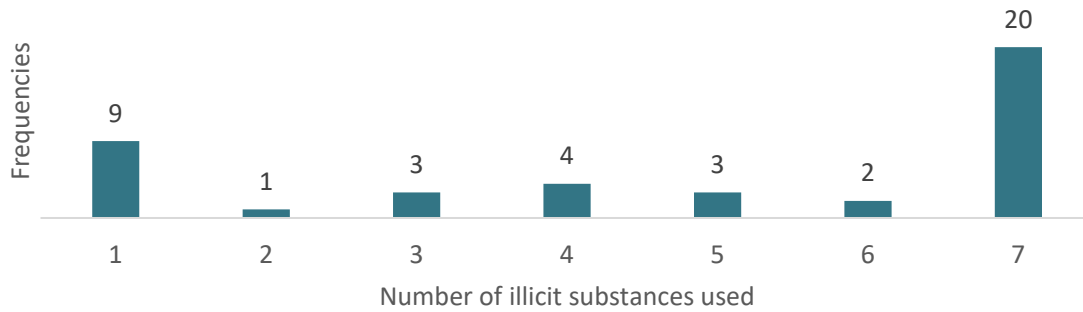
### Binge drinking and reports of depression (n=121)



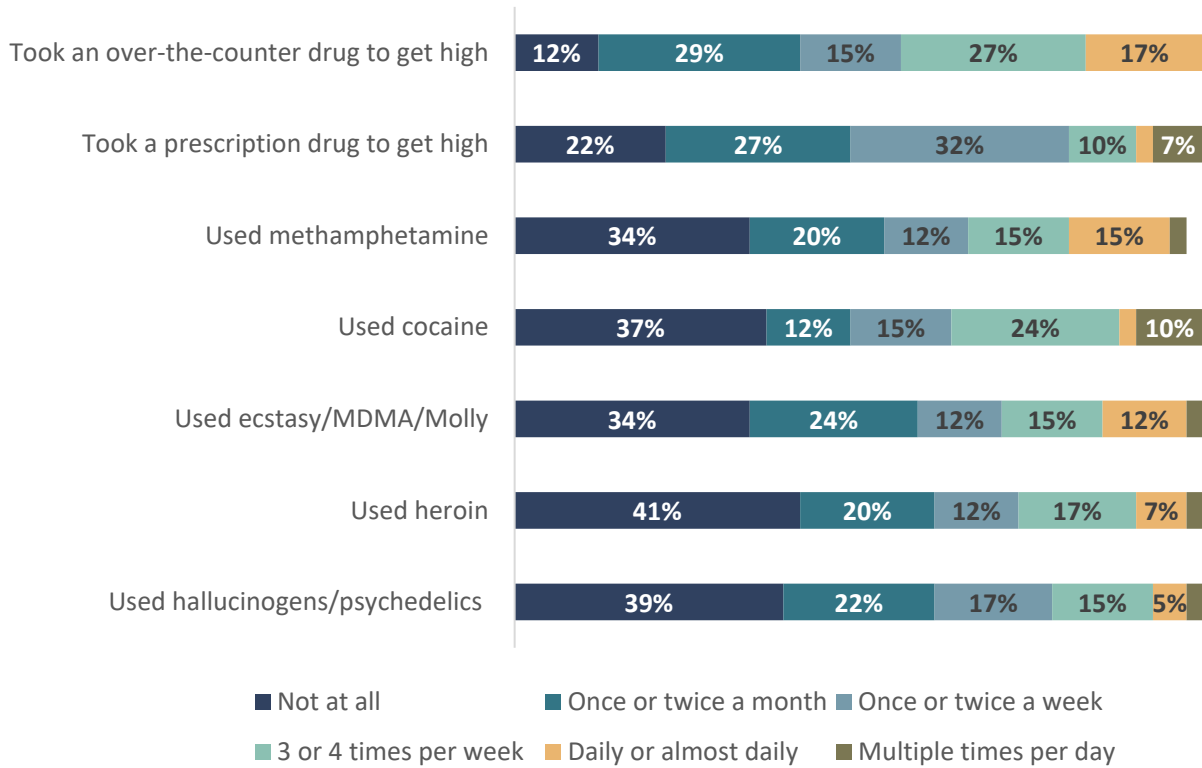
### Cannabis use and reports of depression (n=121)



Of the 41 participants who reported using any illicit substances (substances other than alcohol, tobacco, or cannabis), the average **number of different substances** used by an individual was 4.8.

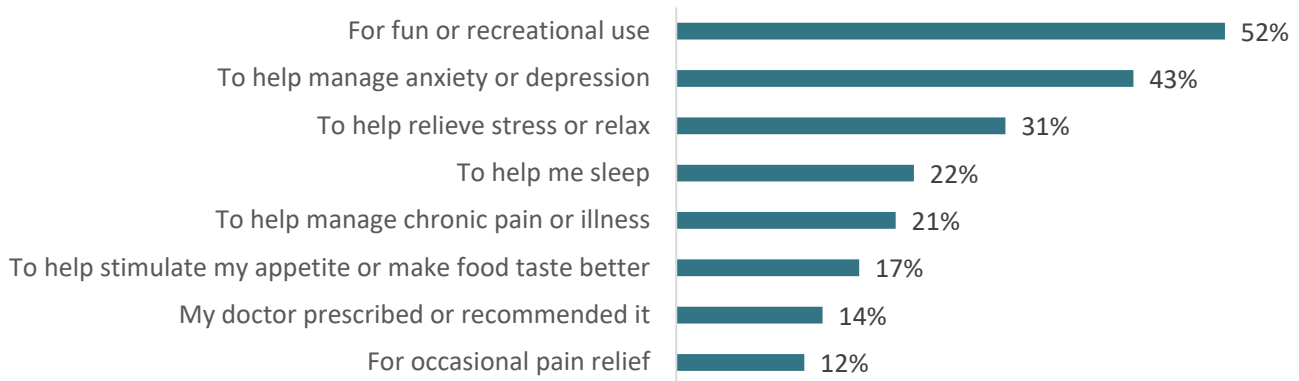


Among those who reported **using at least one illicit substance (n=41)**, the most frequently used substance was over-the-counter drugs, followed by prescription drugs.

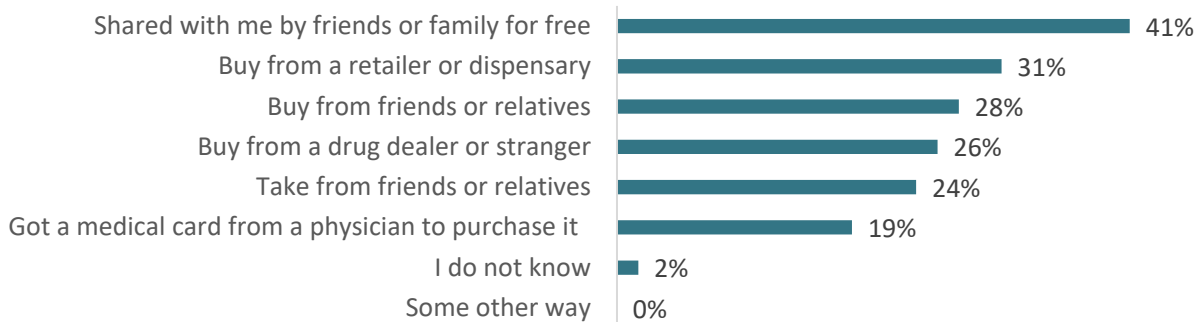


Those who reported using cannabis at least once in the past 30 days were presented with two additional questions regarding their cannabis use behaviors.

Most participants reported fun or recreational use, and managing their mental health as their reasons for cannabis use during the past 30 days (n=58)



Most participants reported getting their cannabis from family or friends, and buying from a retailer or dispensary (n=58)



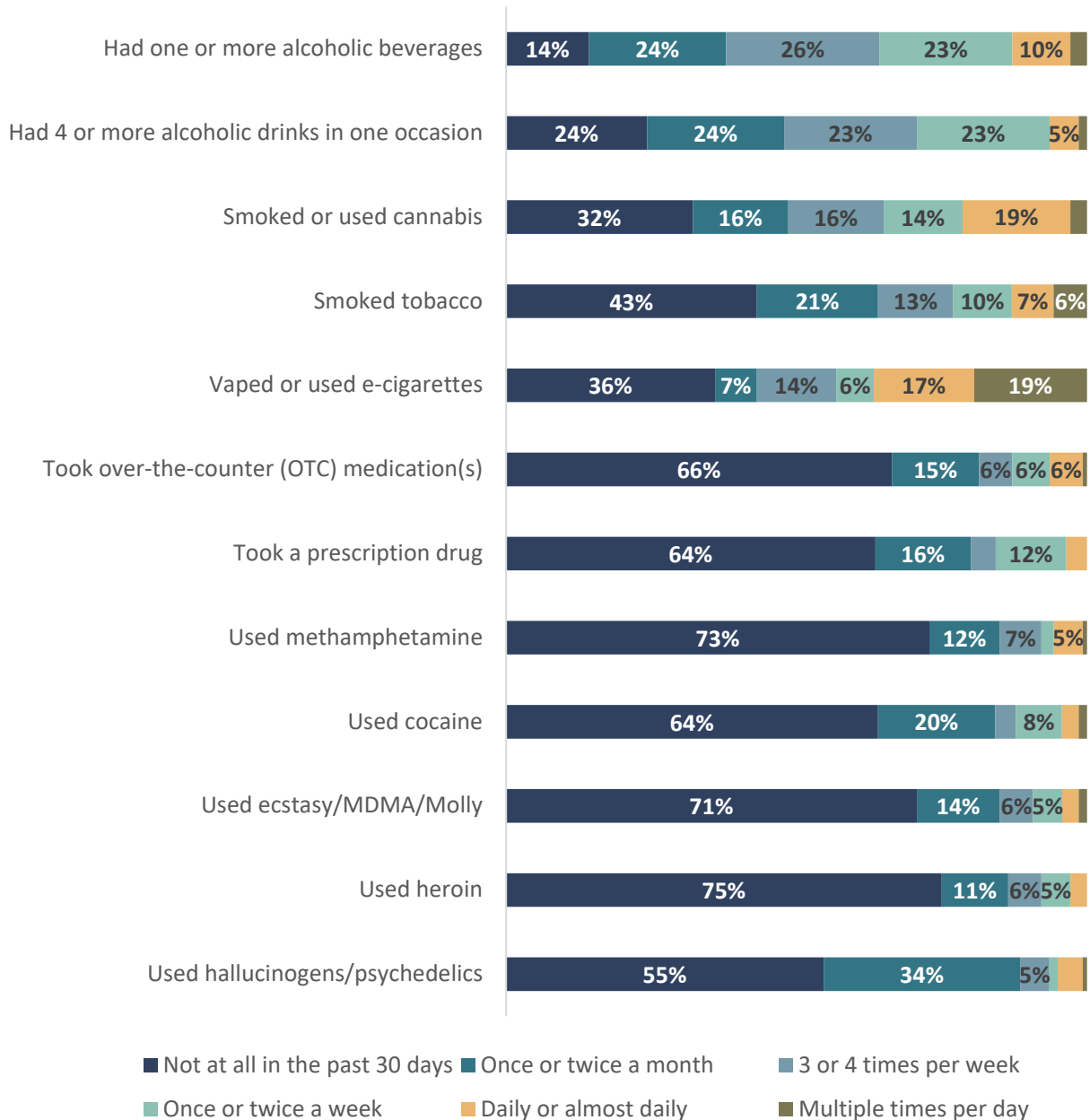
Of those **between the ages of 18 and 20**, most also reported accessing cannabis through friends or family (n=31). However, fewer bought from a dispensary compared to the larger sample.



## Participants' Perceptions

Participants reported their perceptions of their peers' past 30-day substance use. For several substances, for example vaping or using e-cigarettes, participants over-estimated their peers' use (multiple times per day = 19%) compared to the actual reported use by survey participants (multiple times per day = 6%).

Please indicate how many times you think your PEERS or PEOPLE LIKE YOU used the following in the past 30 days... (n=140)





## The Social Norms Approach and “Pluralistic Ignorance”

According to Berkowitz<sup>1</sup> and others, social norms approach interventions attempt to change individuals’ risk behaviors by correcting their misperceptions of what their peers do. Consistent with social learning theory, individuals, especially youth, model their behaviors on what they perceive their peers do. A **referent group** is the group of people used in normative messages that individuals model their behavior to match. In other words, it is the group people think about when they think of the term “peers.”

By broadcasting a **normative message** through a campaign, for example “A recent survey of Eagle River Valley youth found that 25% of those aged 18-25 did not drink at all in the past 30 days,” those receiving that message, if they belong to the referent group of 18–25-year-olds, will correct their behaviors to match the norm. The behavior change occurs when those who initially assumed or perceived that their friends had had one drink (perceiving only 14% abstained), learn of the actual norm (25% reported abstaining), and change their behavior to match.

Great care should be taken however to **only broadcast viable norm-corrective messages**. *Pluralistic ignorance* is a term that describes the difference between what is perceived and what actually occurs. If the measure of pluralistic ignorance is too great, a norm-corrective message is not likely to be believed, even if it is true. Similarly, if the pluralistic ignorance difference is too small, individuals will not be motivated to change their behavior even if their perceptions are corrected. Some youth, especially those in tight-knit communities, are very insightful on what their peers’ actual behaviors are and there is little difference between what they think their peers do and what their peers actually do. In each case, the pluralistic ignorance **must be in the right direction**- participants must overestimate risk behaviors, and underestimate health promotive behaviors.

By measuring the difference between youth’s actual behavior and their perceptions of their peers, the pluralistic ignorance for each behavior can be calculated to identify viable behaviors for potential change, and to facilitate selecting and crafting norm-corrective messaging for a social norms approach campaign. Though it depends on the behaviors involved, alcohol prevention research has generally found that differences between 10-20% indicate a “sweet spot” where individuals are likely to believe a norm-corrective message and change their behavior when they are informed of the actual behavior norm.

On the next page are the results of comparing survey participants reported actual behaviors and their perceptions of their peers’ behaviors.

The “Not at all in the past 30 days” column is considered a health-promotive behavior (i.e. not using substances). Thus, *negative* differences in the “Not at all in the past 30 days” column are in the right direction; participants underestimate health promotive behaviors, and telling individuals what the actual “Not in the past 30 days” behavior would lead to them reducing their use.

Conversely, *positive* differences in the other columns are also in the right direction; participants are over-estimating risk behaviors, and telling individuals what the actual use behavior is would lead them to reduce their use, according to social norms theory.

<sup>1</sup> Berkowitz, A. D. (2005). An overview of the social norms approach. *Changing the culture of college drinking: A socially situated health communication campaign*, 1, 193-214.

Pluralistic ignorance values for twelve risk behaviors from the Mountain Youth Young Adult 2024 Survey. The closer a value is to 0% indicates less difference between actual reported behaviors and perceived peer behaviors.

Those percentages **highlighted** indicate potentially viable norm-corrective messages for a social norms campaign. The amount of pluralistic ignorance is between 10% and 20%, and it is in the right direction (underestimating a positive behavior or overestimating a risk behavior). Though there are three percentages that meet these criteria in the “3 to 4 times per week” column, research does not support broadcasting a message to individuals that indicates such heavy risk behaviors. Doing so may actually cause individuals to match their behavior to using 3 to 4 times per week, which even if less than their current use, is a great deal of use.

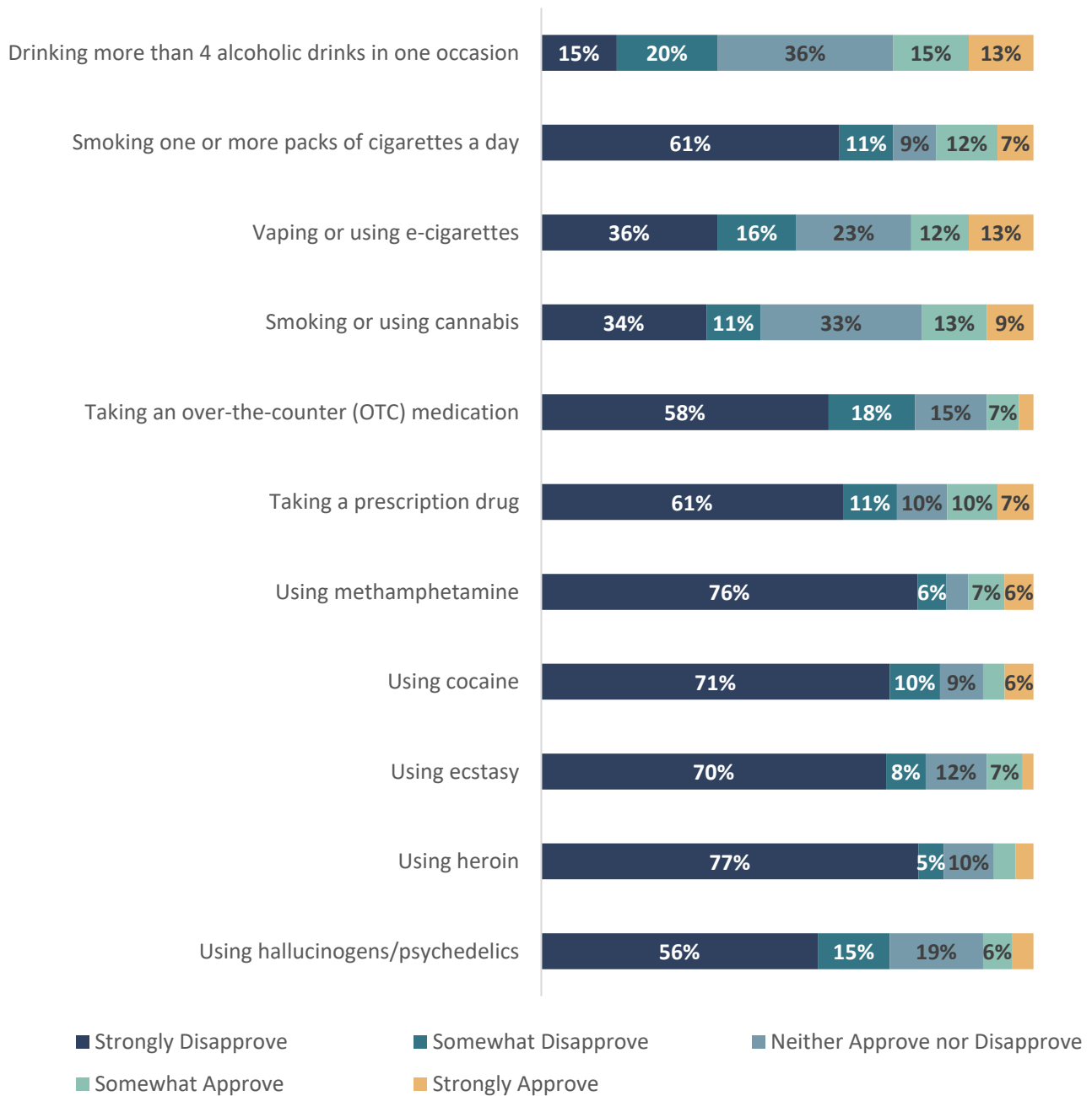
	Not at all in the past 30 days	Once or twice per month	Once or twice per week	3 to 4 times per week	Daily or almost daily	Multiple times per day
Had one or more alcoholic beverages	-11%	-8%	-1%	13%	4%	2%
Had 4 or more alcoholic drinks in one occasion	-18%	-7%	8%	14%	2%	1%
Smoked or used cannabis	-28%	1%	5%	11%	12%	-1%
Smoked tobacco	-29%	15%	0%	7%	2%	4%
Vaped or used e-cigarettes	-24%	-9%	1%	8%	10%	14%
Took over-the-counter (OTC) medication(s)	-9%	7%	2%	-2%	1%	1%
Took a prescription drug	-14%	9%	3%	2%	3%	-2%
Used methamphetamine	-9%	7%	-1%	3%	1%	0%
Used cocaine	-18%	17%	4%	-3%	2%	-1%
Used ecstasy/MDMA/Molly	-10%	7%	2%	2%	-1%	1%
Used heroin	-8%	6%	2%	1%	1%	-1%
Used hallucinogens/psychedelics	-28%	28%	-3%	1%	3%	0%

Example normative messages:

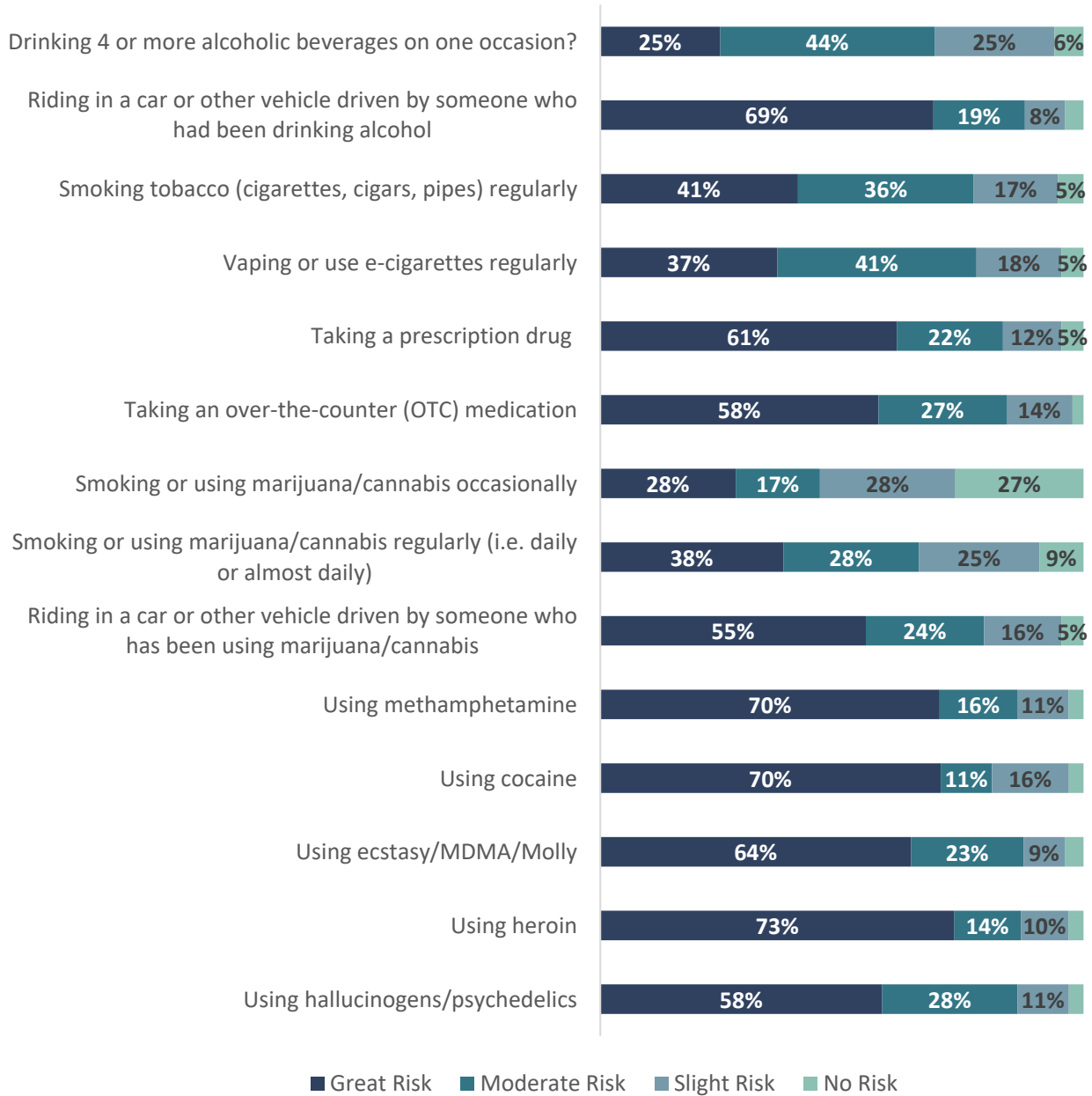
- “A recent survey of Eagle River Valley youth found that 42% of those aged 18-25 did not binge drink in the past 30 days”
- “Mountain Youth conducted a survey of 18–25-year-olds in the Eagle River Valley, and only 6% of participants reported smoking tobacco once or twice per month in the past 30 days”

An individual's perceptions of peer **approval** or **disapproval** of risk behaviors is also a form of normative information. Early on in life, parents are the primary socializing agent in an individual's life and their approval or disapproval guides behavior choices. However, as youth develop into young adults the primary socializing agents quickly shift to their peers. The more individuals perceive that their peers do risk behaviors and approve of them, the more frequently they themselves are likely to engage in risk. Likewise, individuals may avoid doing things they think their peers would not approve of. Understanding which risk behaviors individuals think their peers highly disapprove of can inform the selection of risk behaviors used in normative message campaigns.

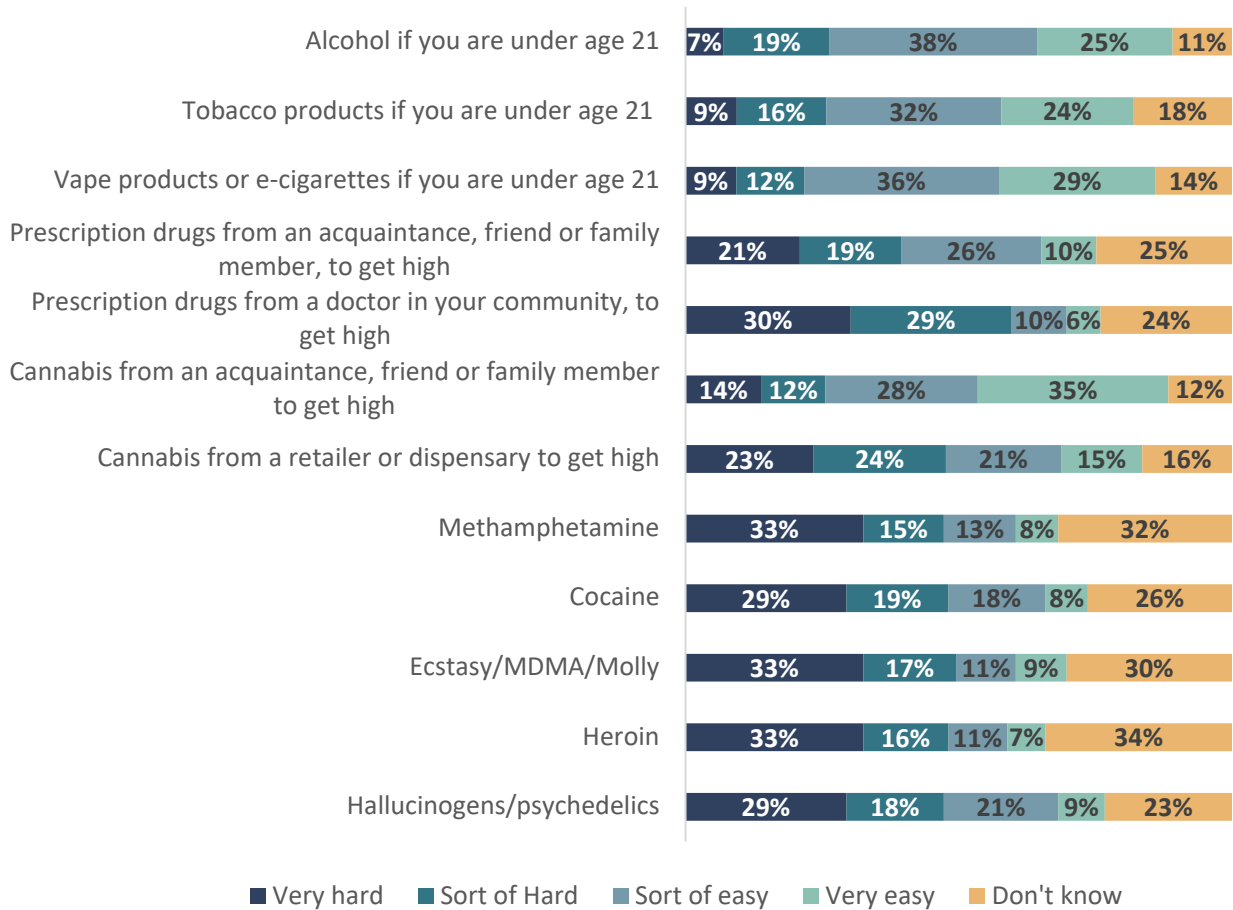
### How do you think your close friends would feel about you: (n=137)



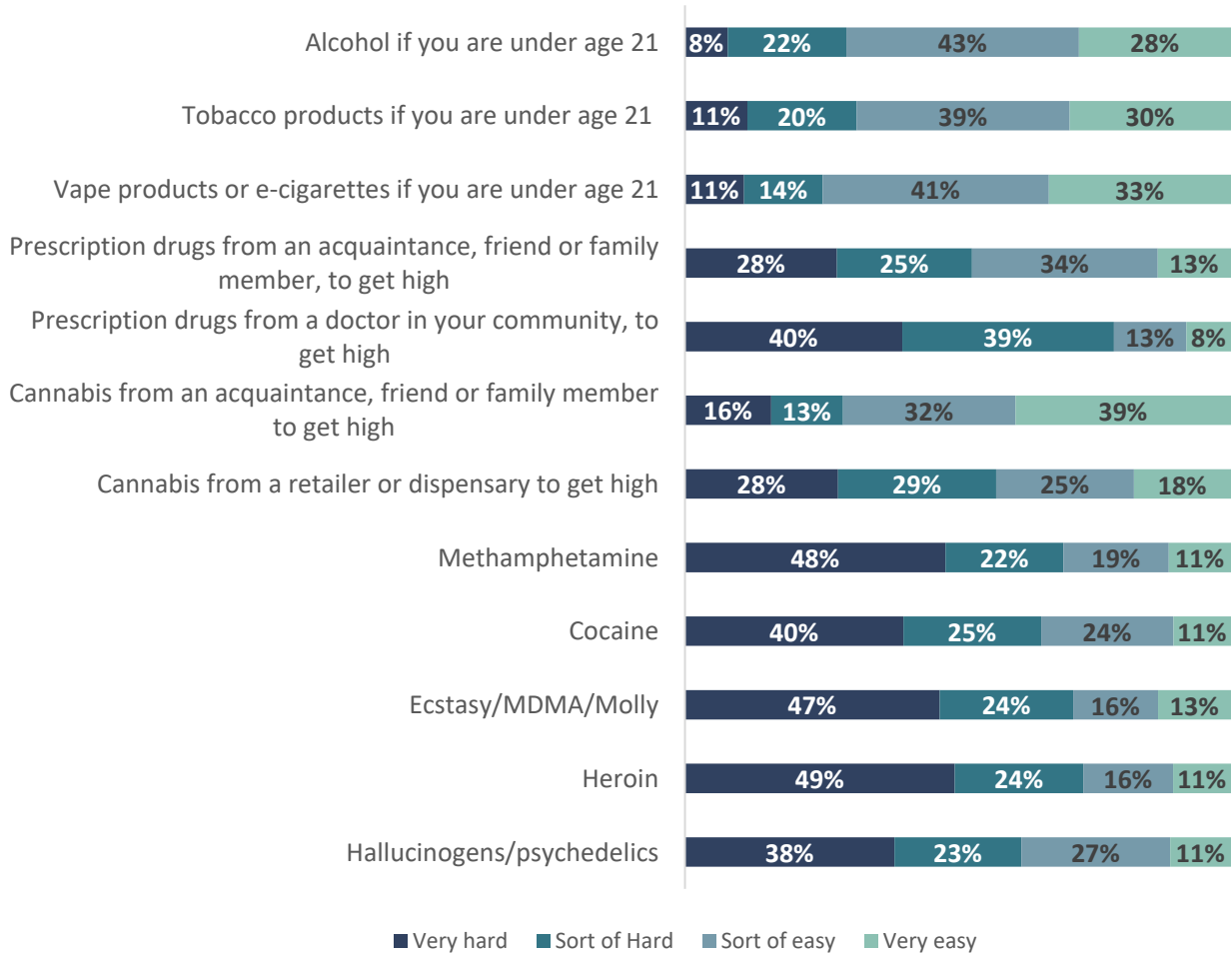
How much do you think people risk harming themselves physically or in other ways when they do the following: (n=132)



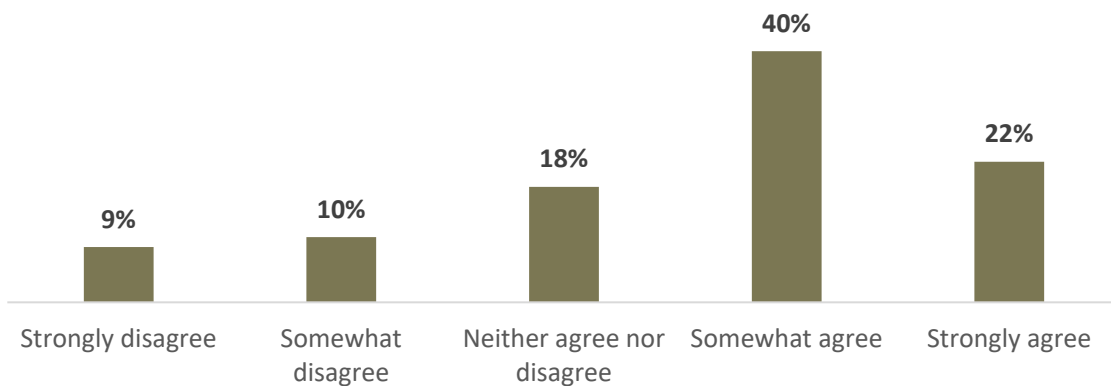
Participants indicated how hard or easy they think it is to get substances in their community (n=129). For some substances, quite a few participants reported they did not know how people access them.



This chart shows perception of ease of access without the percentage of those who reported they did not know

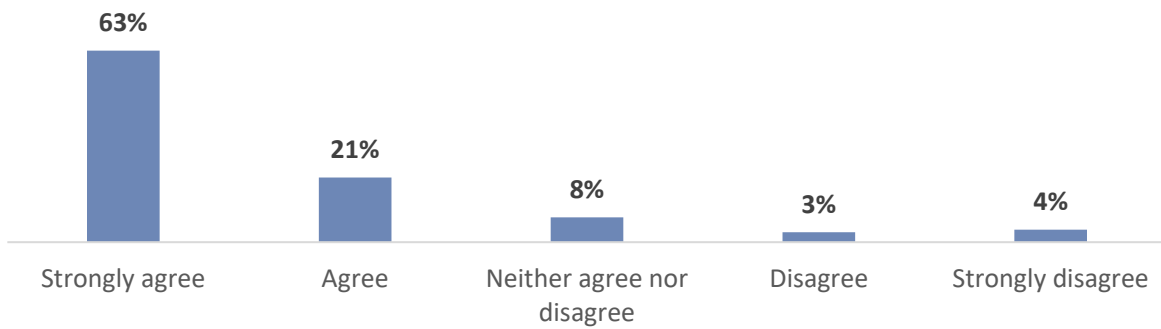


How much do you agree or disagree with this statement:  
 “For most people in this community, alcohol is important to social life.” (n=125)

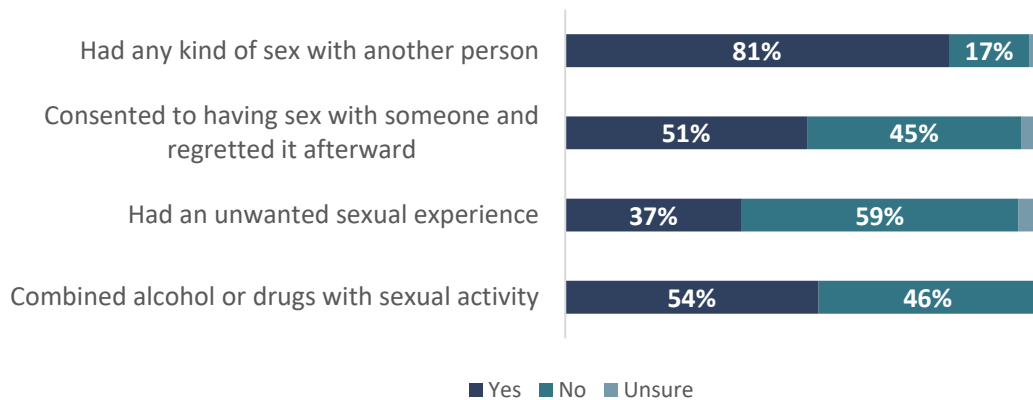


## Sex and Relationships

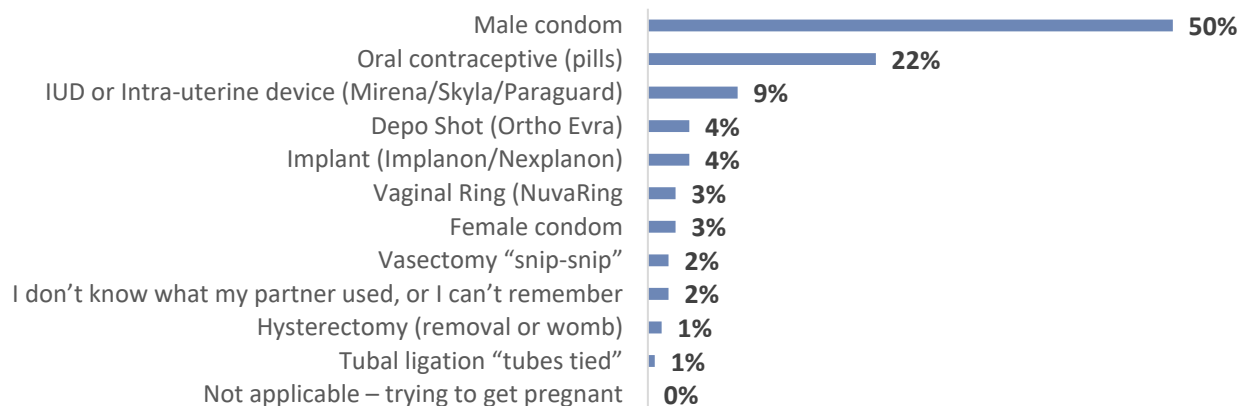
I feel that sexual consent, or getting a verbal “yes” from my partner, should always be obtained before the start of any sexual activity (n=122)



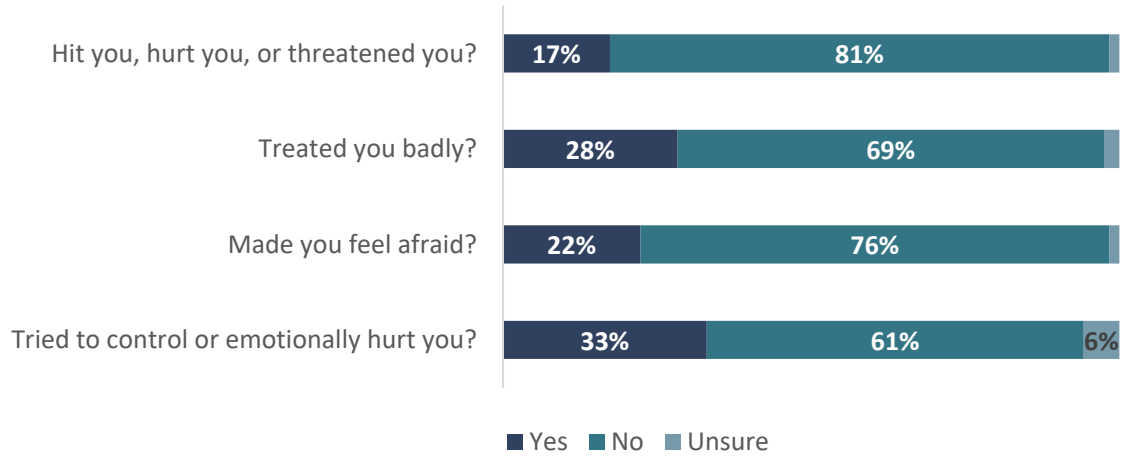
In your lifetime, have you ever done the following: (n=123)



Of those who reported ever engaging in sexual activity (n=100), most used male condoms to prevent pregnancy and/or sexually transmitted infections



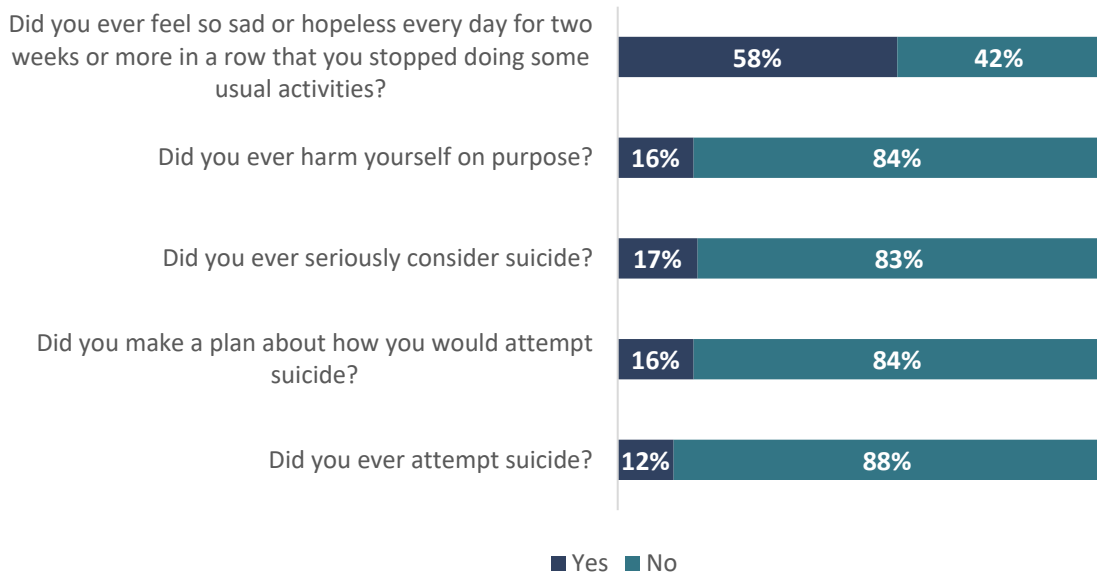
### Have you ever had a romantic or other partner who: (n=121)



### Mental Health

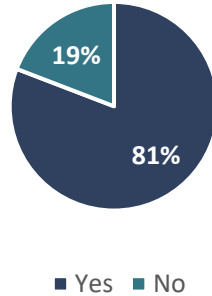
Numbers for national mental health hotlines accompanied the mental health survey questions.

### During the past 12 months... (n=121)

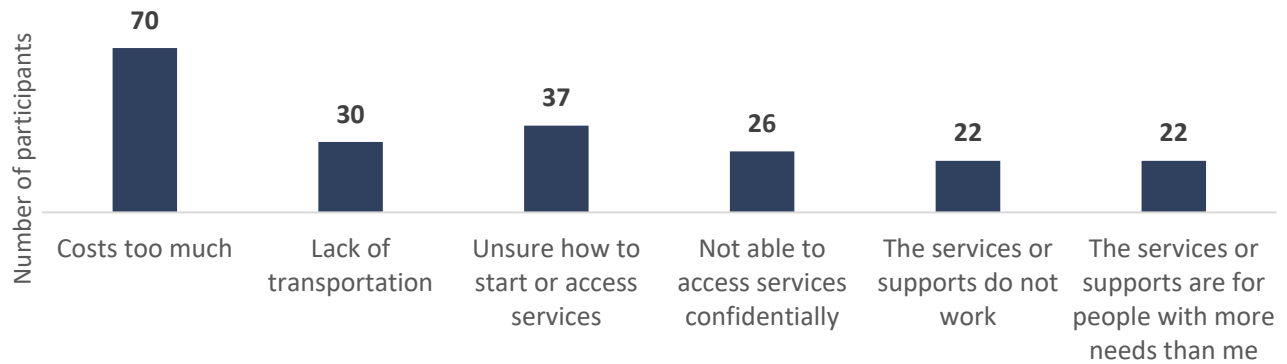




Do you know where to get mental health support or services if you or someone you know is depressed or has recurring anxiety? (n=120)



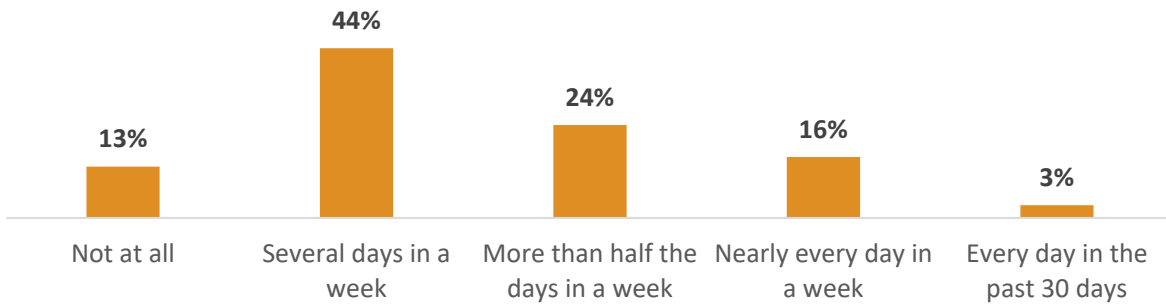
Cost was the most frequently reported challenge or barrier to accessing mental health support or services



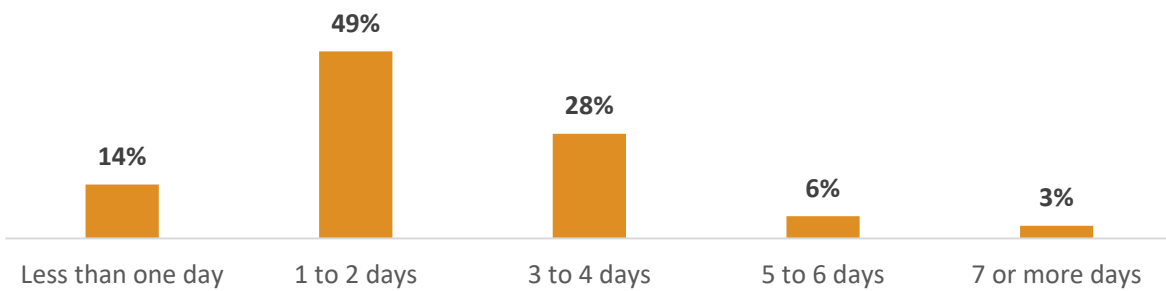
Participants described additional challenges or barriers to accessing mental health services when provided an open-ended response option, rated from most frequent to least:



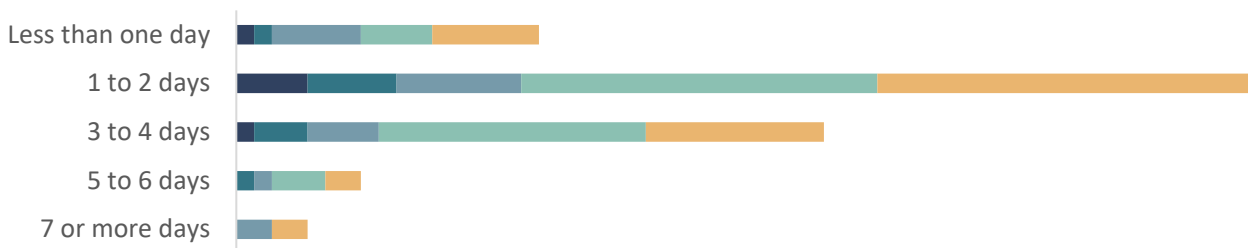
In the past 30 days, how often have you felt overwhelmed by stress? (n=121)



After a stressful situation, how many days does it take for you to feel fully recovered? (n=120)



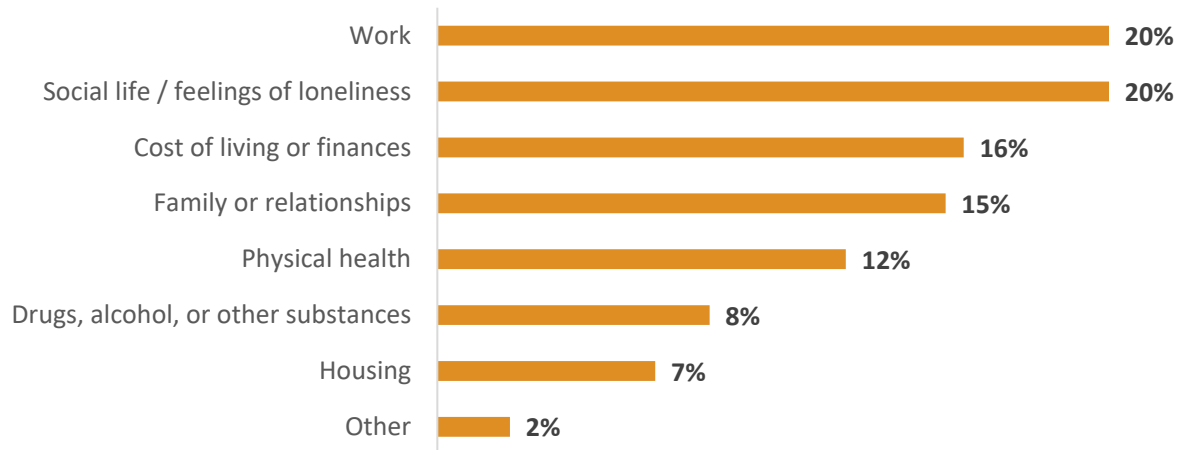
The amount of days to recover from a stressful situation decreases the more participants **agree they have someone they could go to for help** (see next section). Nonetheless most participants reported needing at least one or two days to recover.



If I had a serious problem, I know someone with whom I could talk to or go to for help:

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

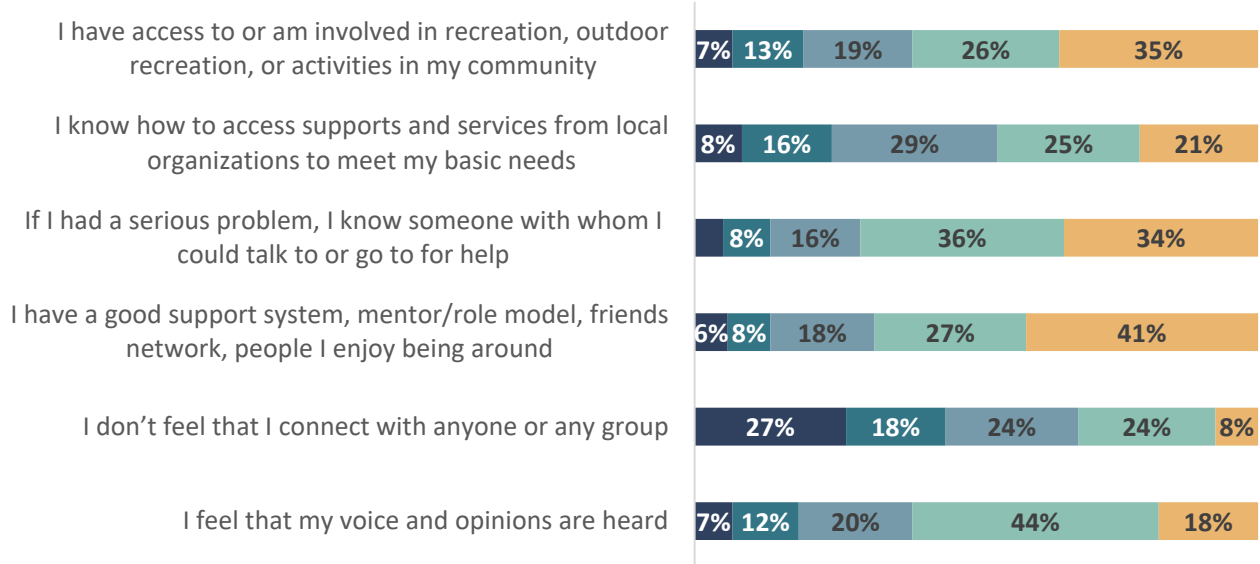
## What are the top 3 things that impact your mental health?



Other things participants mentioned that impacted their mental health were school or college (n=7) and their body image or appearance (n=2)

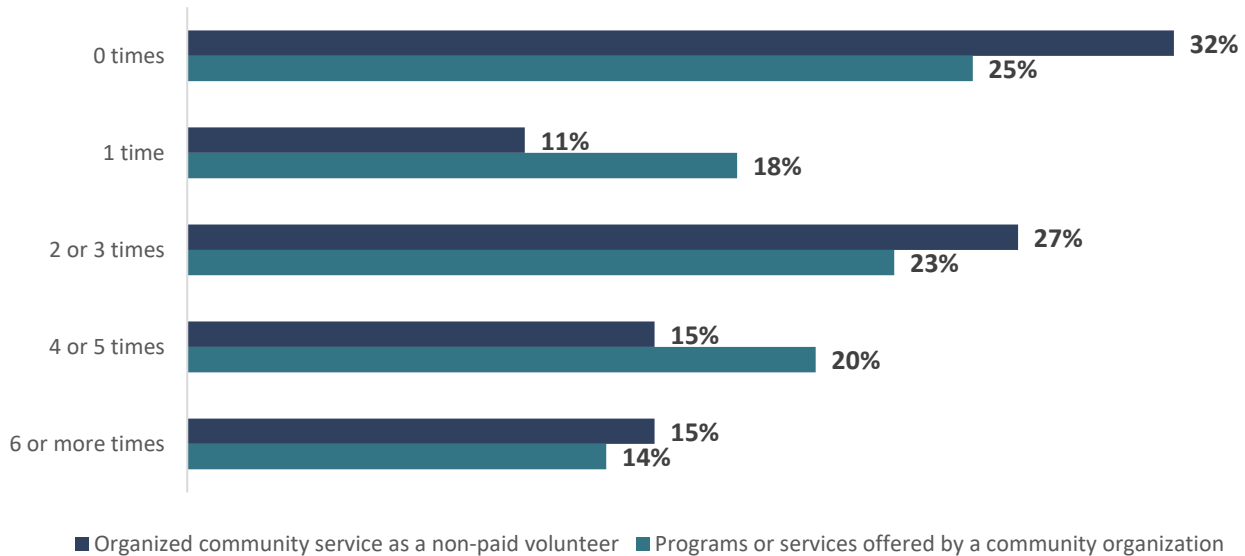
## Social Environment

Most participants agree they know someone they can trust, have a good support system, and feel that their voices are heard (n=119)

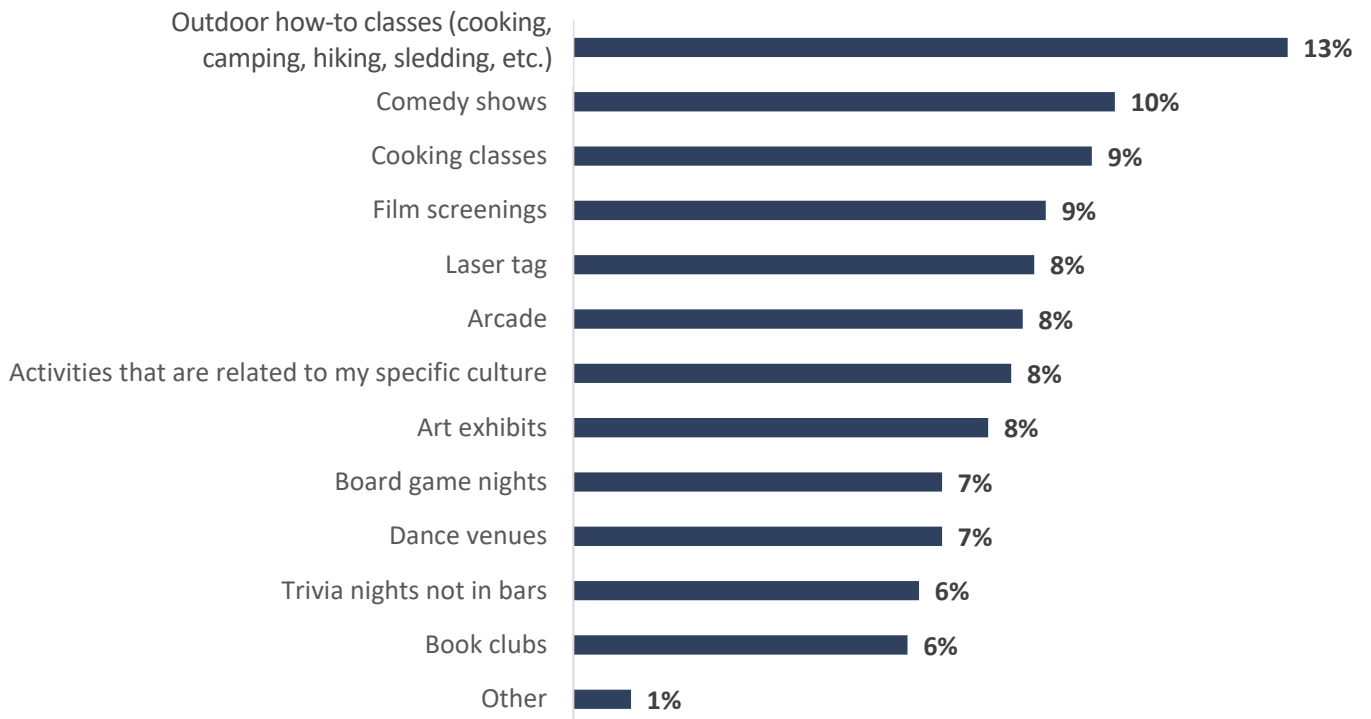


■ Strongly disagree 
 ■ Somewhat disagree 
 ■ Neither agree nor disagree 
 ■ Somewhat agree 
 ■ Strongly agree

68% of respondents reported participating in organized community service as a non-paid volunteer at least once in the past 30 days. 75% of respondents reported participating in programs or services offered by a community organization at least once in the past 30 days. (n=119)



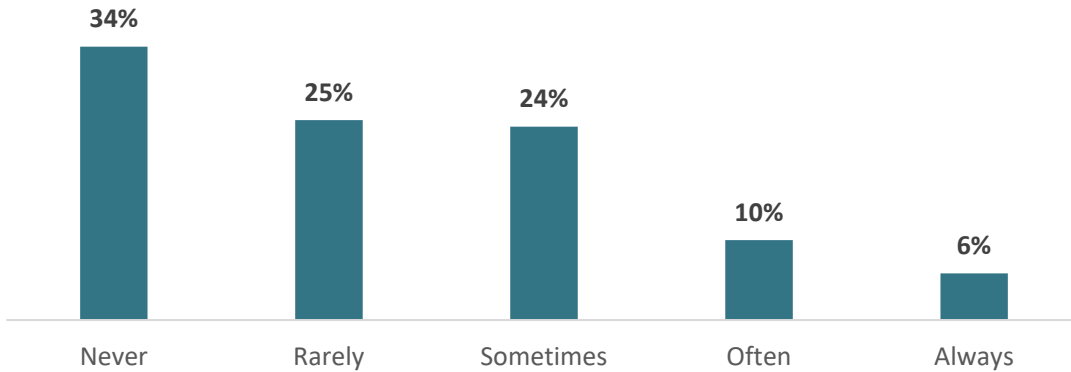
### Most participants wish they had access to or were offered outdoor how-to classes in the community



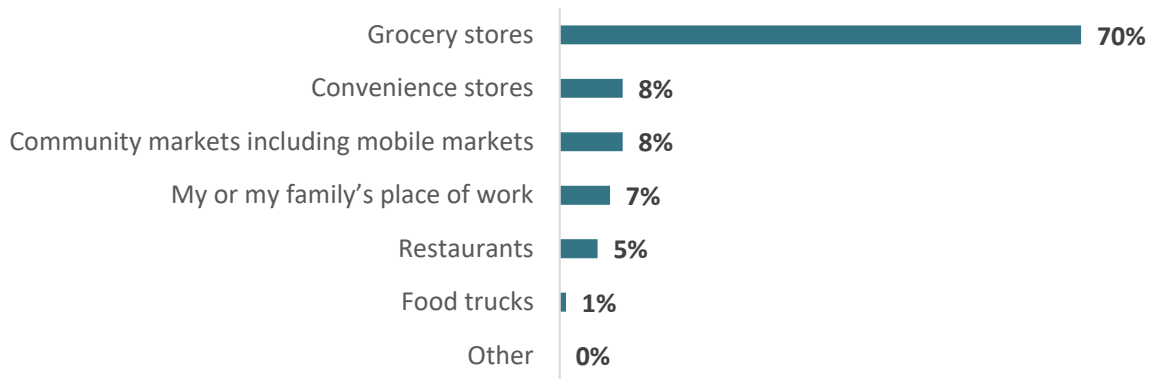
Other activities participants mentioned included sober spaces where traditional bar games could be played (darts, pool), brick-and-mortar hangout places, roller skating, winter sports equipment, pottery/ceramics, and outdoor activities specifically for those who identify as women.

## Economic Health, Food Security, and Student Status

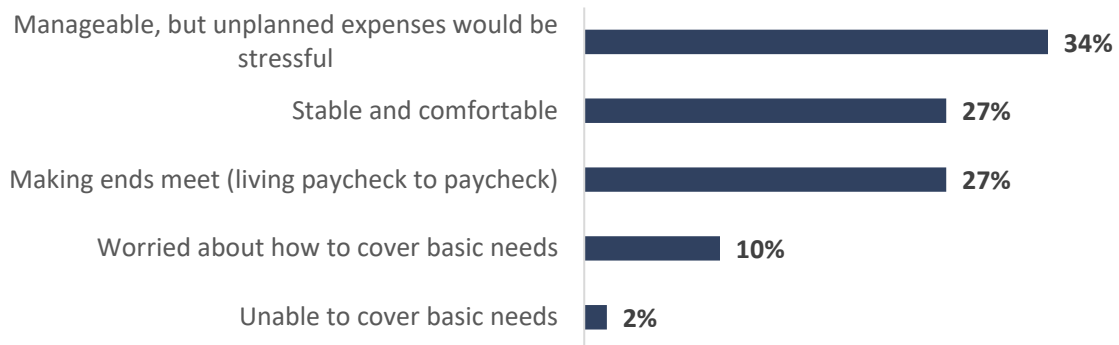
In the past 3 months, most participants never worried about having enough money to purchase food to eat (n=119)



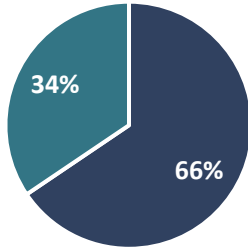
Most participants got the food that they eat from grocery stores (n=118)



About one-third of participants report their financial situation as manageable, but potentially stressful (n=119)

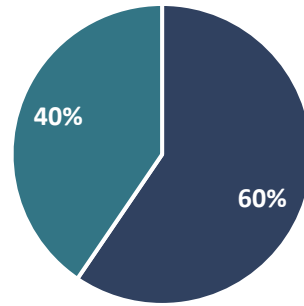


Most participants are employed  
(n=119)



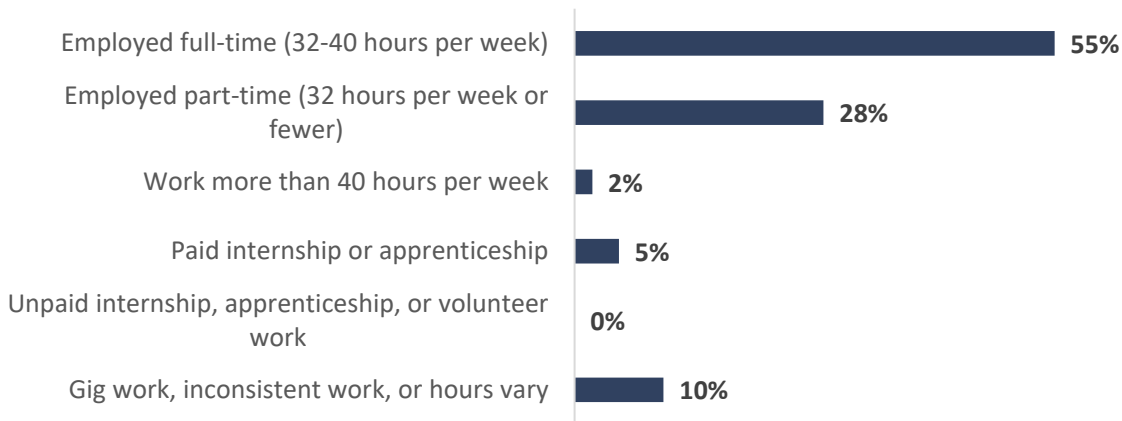
■ Employed ■ Not employed

Of those not employed (n=41),  
most are looking for work

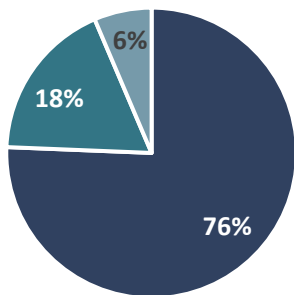


■ Looking for work ■ Not looking for work

Most employed participants are employed full-time

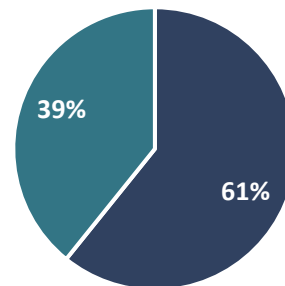


Of those who are employed (n=78),  
most work for just **one employer**



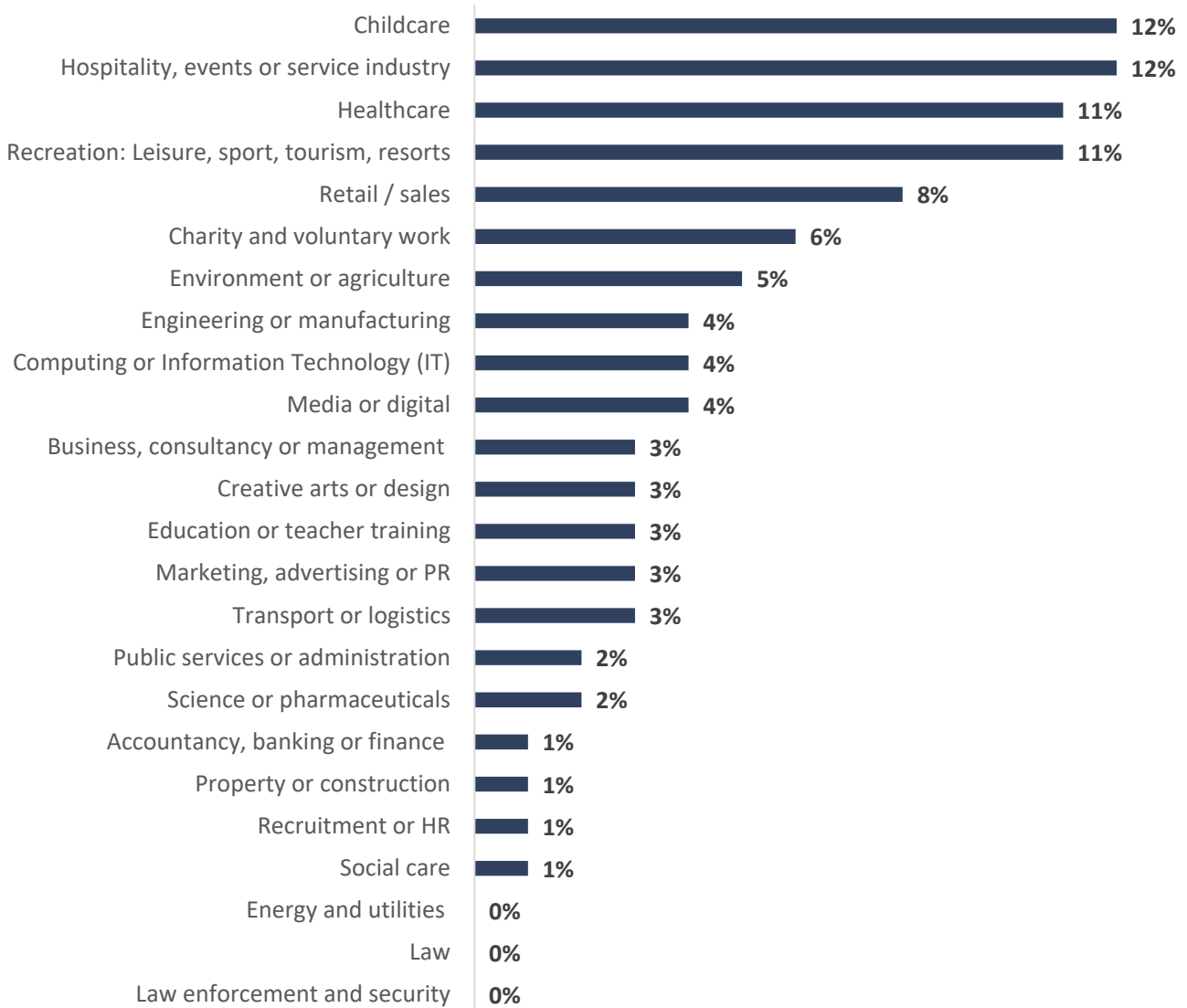
■ 1 employer ■ 2 employers ■ 3 or more employers

Of those **employed full-time** (n=51),  
most are not in school

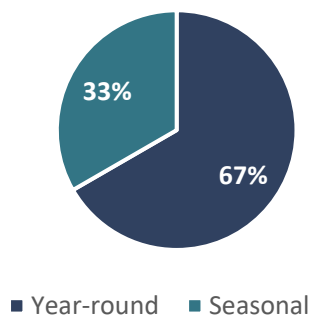


■ Not in school ■ In school

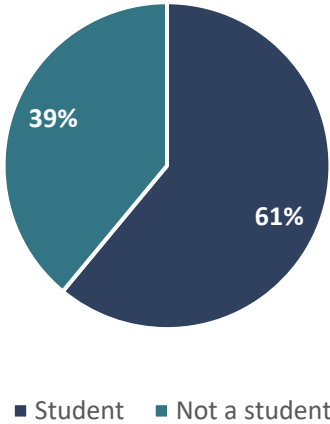
Most employed participants (n=100) work in childcare, hospitality events or service industry, retail, or recreation jobs



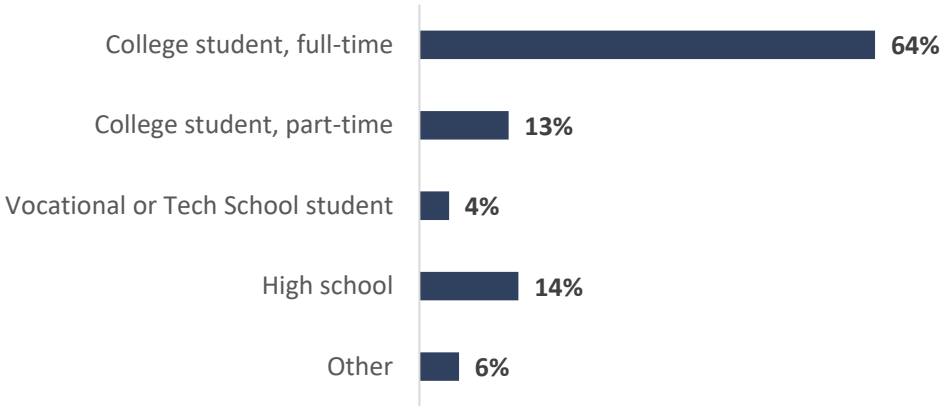
More than two-thirds of participants' jobs are year-round employment (n=99)



Most participants are students (n=72)



Most student participants are enrolled in college full-time (n=72)

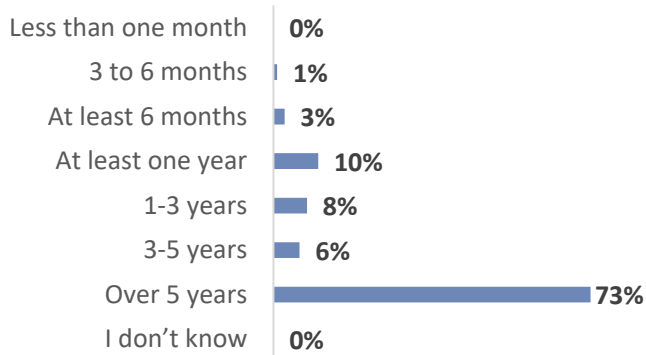


Other student statuses mentioned by participants include graduate school, and international student.

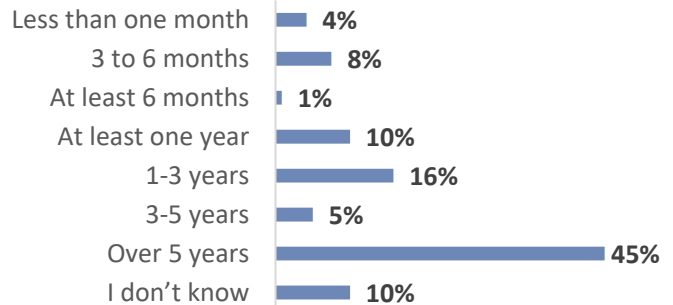


## Physical Environment, Housing and Transportation

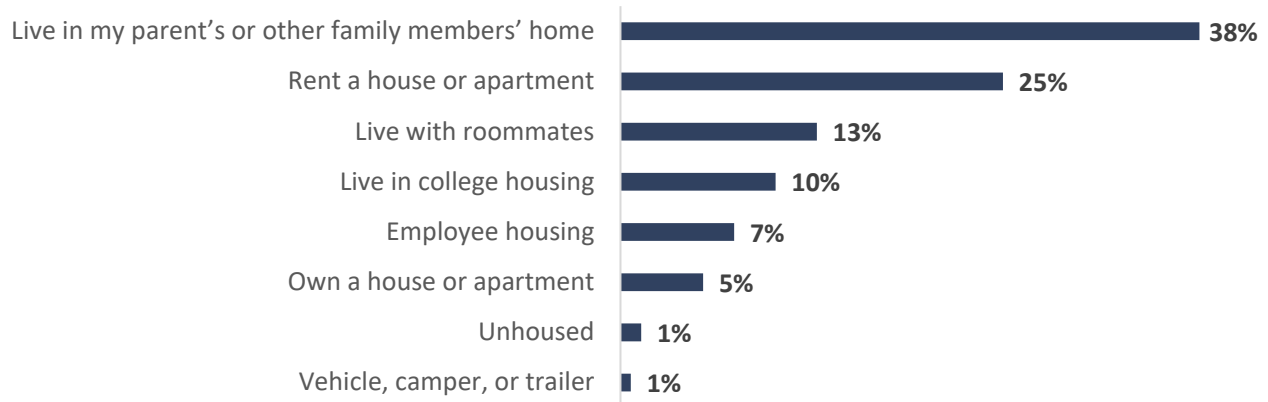
Most participants have lived in the Eagle River Valley for over 5 years... (n=117)



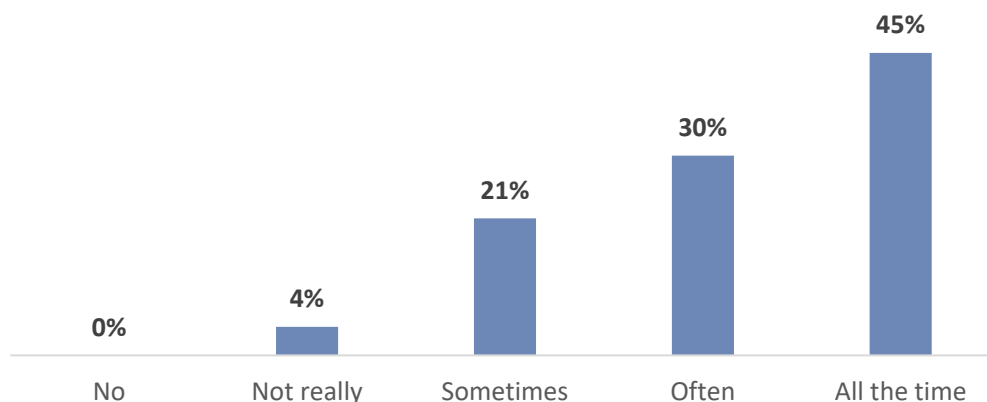
...and most see themselves staying in the area for over 5 years (n=117)



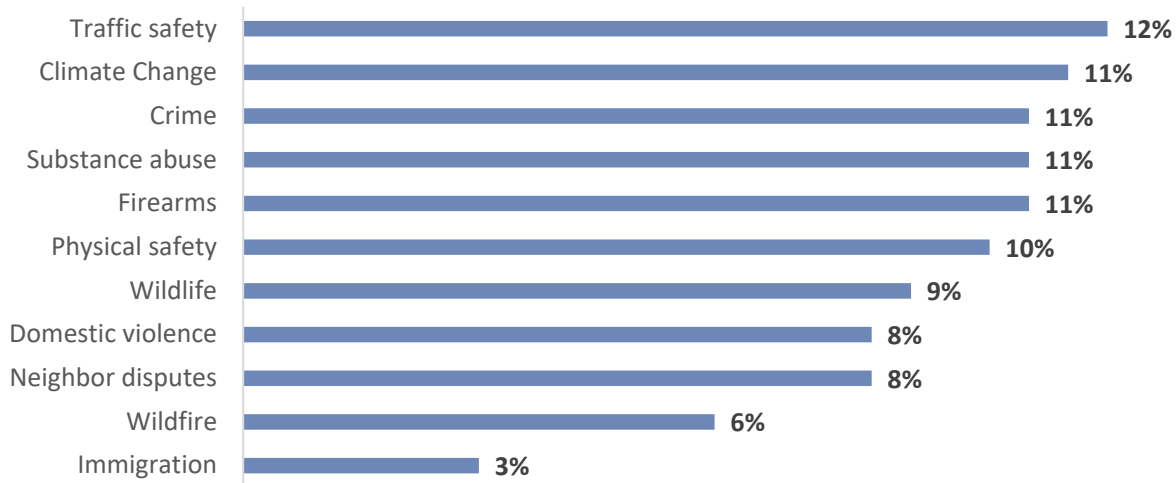
The majority of participants reported living in their parent's or other family members' home (n=149)



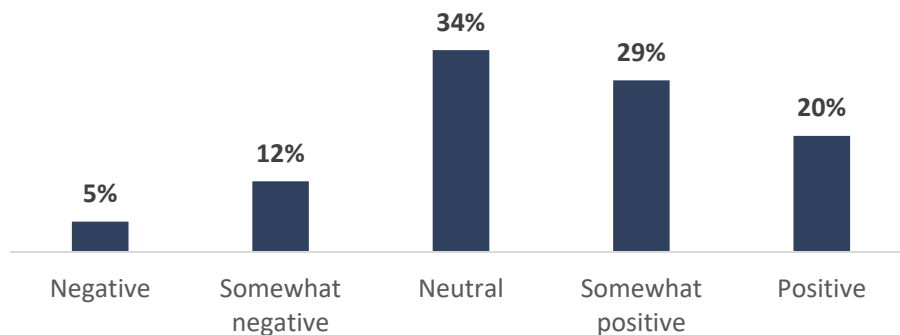
Do you feel safe in your neighborhood? (n=117)



Those who expressed feeling unsafe in their neighborhood (n=64) reported a similar distribution of **safety concerns** except for immigration and wildfire

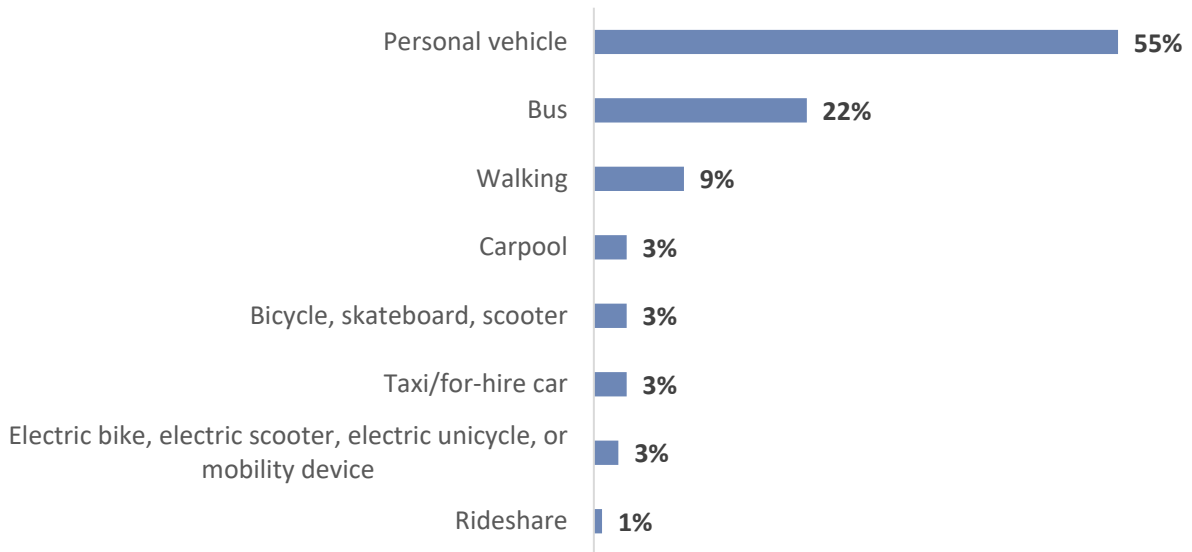


When asked **how they would describe their living environment and its impact on their health**, participants were largely undecided, but leaned more positively (n=117)

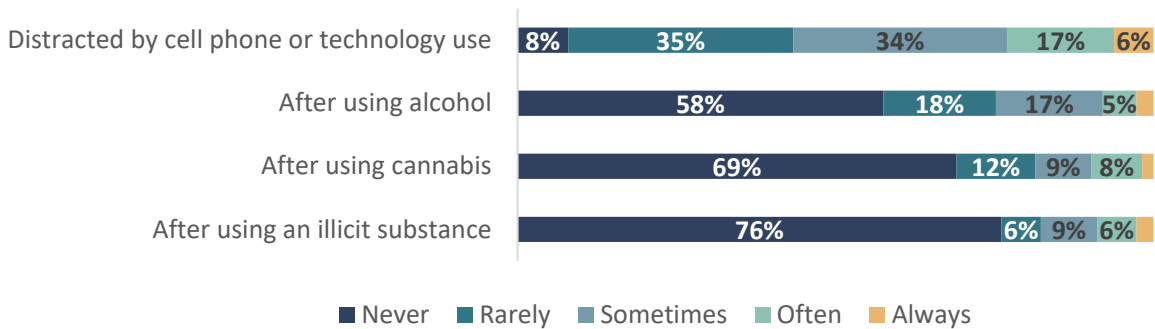


When asked to describe the impact their environment has on their health, participants mentioned feelings of isolation and conflict with those around them, but also feelings of safety and peace. One participant described conflict with their landlord, and another said they felt boredom from seeing the same people. Two participants talked about their feelings of freedom when living in college dorms.

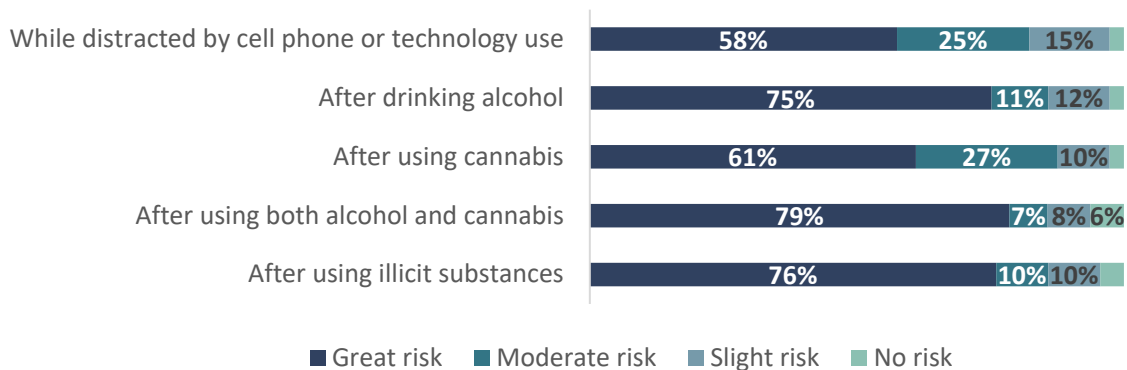
### Most participants travel by their own personal vehicle (n=117)



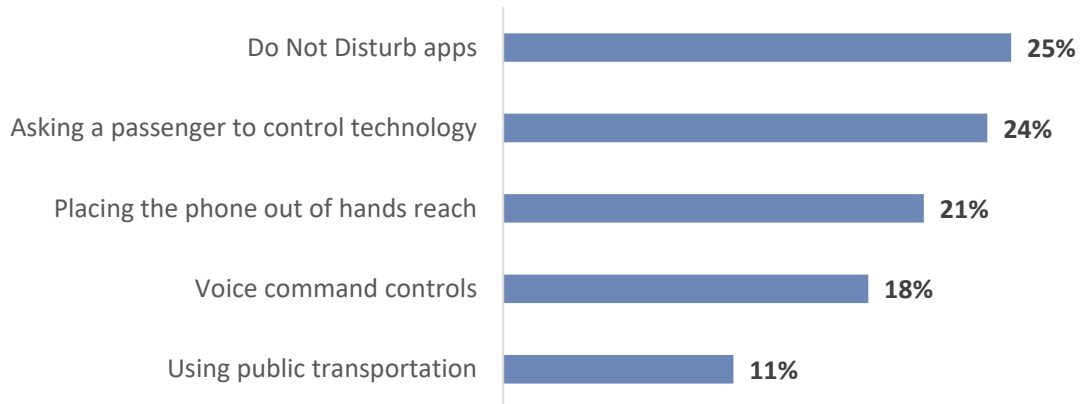
### Participants reported how often in the past 12 months they drove... (n=113)



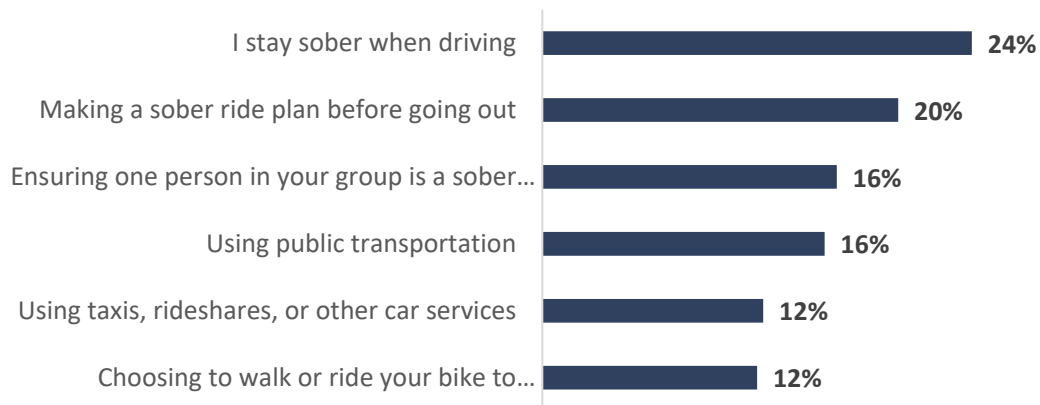
### And participants reported their perceptions of risk while driving... (n=113)



Do you use any of the following tools or strategies to prevent **distracted** driving?



Do you use any of the following tools or strategies to prevent **impaired** driving?



# Recommendations

## Survey Development

Though in the normal range for similar surveys, several participants declined to respond to questions in the latter half of the survey. This could be due to fatigue from the survey being too long. Typically surveys longer than about 30 questions will begin to impose fatigue on participants, and the subject matter of the survey can be a factor with more sensitive questions increasing the cognitive load on participants. (e.g. personal of a personal nature or questions about risk behaviors). OMNI recommends using the results of this survey to identify areas that revealed little to no variance in participant responses, questions about health which may not correspond to immediate or future planned Mountain Youth prevention initiatives, or those questions which may otherwise reveal trend data when asked across multiple years and remove them from the next iteration of the survey. Another way to offset the impact of a long survey is to offer greater incentives for participants to respond to the survey.

Similarly, the demographic questions were located at the end of the survey and a large portion of the participants did not respond to them. This is typically done for strategic reasons- participants may feel more anonymous in their responses if they are not immediately asked questions that speak to their identity, and thus mitigate the effects of social desirability or other such biases on survey results. However, if survey length is an issue, surveys should front-load the questions that are most important for research questions, such as demographic questions.

## Survey Implementation

The implementation of the Mountain Youth Young Adult Survey was hampered mid-stream by bots/bad actors infiltrating the survey to exploit the incentive resources offered by Mountain Youth to legitimate survey takers. The survey team did anticipate this and employed an implementation strategy that deferred survey recruitment from social media platforms as long as possible, as once the link to the survey is “out there” it is fair game for bad actors, who in recent years have become more prolific and savvy at circumventing standard survey security measures. After this survey was closed and restarted with new survey links and recruitment strategies, such as “in-person only” data collection, it became clear that Mountain Youth of Eagle River Valley has a wealth of existing community organization partnerships that can be taken advantage of to directly recruit potential survey participants. OMNI recommends in the next implementation of this survey that Mountain Youth rely heavily on enlistment of their community partners early on (before the survey is launched) to gain access to email lists, schedules of in-person events where participants may gather, and commitment from partners to join the survey effort, so as to avoid as much as possible relying on social media platforms as a means of survey recruitment. This includes, if resources are available, utilizing more youth volunteers to assist with survey development and recruitment, as they are in a good position to know where potential survey participants populate either in-person or online.

## Next Steps

The Mountain Youth team opted to include multiple perception measures of risk and prevention behaviors among survey participants. As noted in the “Social Norm Approach” section of this report, perception measures can be very valuable in the creation of evidence-based social norms messaging campaigns. OMNI recommends that these data on normative perceptions be harnessed in the development of such campaigns.

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# **Appendix A: Survey Instrument (English and Spanish paper versions)**

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## Mountain Youth Young Adult Survey 2024

Thank you for participating in this survey! Mountain Youth is asking individuals between the **ages of 18-25 years** who live in the Eagle River Valley\* part of Eagle County or consider this area their permanent residence to share their opinions about substance use, wellness, mental health, and other related topics. Mountain Youth's mission is to continuously and collaboratively improve the lives of youth in the most powerful ways possible. This survey is completely anonymous and will be used to help inform prevention efforts in your community. It should only take up to a maximum of 15 minutes of your time. Some of the questions may be difficult or triggering. We have provided a list of resources at the end of the survey and encourage you to reach out should you want to talk to anyone or access support.

*\*The Eagle River Valley of Eagle County is inclusive of the Towns and unincorporated areas of Avon, Bond, Cordillera, Eagle, EagleVail, Edwards, Dotsero, Gypsum, McCoy, Minturn, Red Cliff, Sweetwater (CO River Road), Vail, and Wolcott.*

### Important Information for Respondents

- **This survey is completely anonymous** and does not record any personal identifying information (PII). Please answer all questions truthfully. Do not record your name anywhere on the survey.
- **The survey is completely voluntary.** You may choose not to participate at any time. You may skip any questions you are not comfortable answering. (Note: There are some questions at the start of the survey that are required, for qualification purposes.)
- The information from the survey will be released in summary form only. **No individual responses will be shared.**
- At the end of the survey, you may or may not be eligible to receive an incentive to thank you for your participation based on availability of resources. Your contact information will be collected in a separate location for this and can never be linked to your survey responses. You may also opt to waive the incentive and donate the value of it back to this important survey effort in Eagle County.

If you have any questions or concerns about the survey, please contact [info@mountainyouth.org](mailto:info@mountainyouth.org) or [970.949.9250](tel:970.949.9250), or Jason at OMNI Institute at [jwheeler@omni.org](mailto:jwheeler@omni.org) or 303.839.9422. OMNI Institute is a nonprofit organization working with Mountain Youth to learn more about substance use, wellness, mental health, and health-related behavior, among young adults.

### Continuing with the next pages of this paper survey indicates that:

- You have read and understand the above information
- You voluntarily agree to participate
- You are between the ages of 18 and 25 years old
- You are a resident of the Eagle River Valley or consider the Eagle River Valley “home” for most of the year (i.e., attend a college or university)

**Introduction:**

In this survey we ask questions about alcohol, tobacco/vaping, prescription drug and other drug use, cannabis (also known as marijuana), stimulants, and mental health. Some questions ask you to reflect on your own use and others ask for your perceptions of use in your community. Here are some definitions that should help clarify some of the survey contents:

Eagle River Valley, refers to the portion of Eagle County, inclusive of the towns and unincorporated areas of Avon, Bond, Cordillera, Eagle, EagleVail, Edwards, Dotsero, Gypsum, McCoy, Minturn, Red Cliff, Sweetwater (CO River Road), Vail, and Wolcott.

**Prescription drug misuse** refers to use in ways a doctor did not direct you to use it (e.g. a lower or higher dose, using someone else's prescription, using a prescription drug purchased specifically with the intent to get high). Examples:

- **Opioid** pain relievers (e.g. Fentanyl, Vicodin, Oxycontin/Oxycodone, Darvon, Dilaudid)
- **Depressants** or **sedatives** generally used to treat anxiety or sleep disorders (e.g. benzodiazepines (Xanax, Valium, Ativan, Klonopin, Nembutal))
- **Stimulants** generally used to treat ADHD and narcolepsy (e.g. Adderall, Ritalin, Concerta, Dexedrine, other amphetamines)

**Over-the-counter (OTC) drug misuse** refers to the use of non-prescription medication in a way contrary to its intended use or instructions, for the experience or feeling it causes or for a desired effect.

Examples:

- **Cough, cold, or allergy medicines** (e.g. Diphenhydramine (e.g. Benadryl), Dextromethorphan (in Coricidin, Robitussin; aka DXM, skittles), Pseudoephedrine (e.g. Sudafed))
- **Asthma or diet medications** (e.g. ephedrine, ephedra (Bronch-aid, Primatene, Dexatrim))
- **Motion sickness drugs** (e.g. Dimenhydrinate (Dramamine aka Dime tabs, substance D))
- **Other OTC stimulants** (e.g. caffeine pills (e.g. No Doze))
- **Anti-diarrhea drugs** (e.g. loperamide (e.g. Imodium))

**CONTINUE TO NEXT PAGE TO BEGIN SURVEY**



**1. How old are you? (Your response is required)**

- Under 18 *[Discontinue this survey]*
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26 or older *[Discontinue this survey]*

**2. In what town do you reside or consider your permanent residence? (Your response is required)**

- Avon
- Bond
- Eagle
- EagleVail
- Edwards
- Dotsero
- Gypsum
- McCoy
- Minturn
- Red Cliff
- Sweetwater
- Vail
- Wolcott
- Another town in Eagle River Valley
- None of the above / I do not live in Eagle River Valley *[Discontinue this survey]*

**CONTINUE TO NEXT PAGE**

## Physical Health

**3. During the past 7 days, how many times did you eat fruit or vegetables?**

- I did not eat fruits or vegetables during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

**4. In the past 7 days, on how many days were you physically active? (Any kind of physical activity that increases your heart rate or makes you breath hard some of the time)**

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

**5. Which of these statements describe the overall quality of your sleep? (choose all that apply):**

- I have difficulty falling asleep or staying asleep
- I have restless sleep
- I doze off / fall asleep during most days
- I have been told or know that I snore
- I feel drained and/or exhausted in the morning
- I have few issues with my quality of sleep
- I feel mostly rested and energetic in the morning
- I have no issues with the quality of my sleep

## Substances

6. Please indicate how many times in the past 30 days you...

	Not at all in past 30 days	Once or twice a month	3 or 4 times per week	Once or twice a week	Daily or almost daily	Multiple times per day
a. Had one or more alcoholic beverages (1 drink = 12 ounces of beer, 5 ounces of wine, 1.5 ounces of hard liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Had 4 or more alcoholic drinks in one occasion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Smoked or used cannabis (sometimes referred to as marijuana or THC) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Smoked tobacco (cigarettes, cigars, pipes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Vaped or used e-cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Took <u>over-the-counter (OTC)</u> medication(s) ONLY for purposes differently than the label indicates for the experience, feeling it caused, or to get high (e.g. medications for cough, cold, asthma, diet, motion-sickness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Took a <u>prescription</u> drug ONLY for the experience, feeling it caused, or to get high (including painkillers, Xanax, stimulants such as Adderall or Ritalin, prescribed codeine cough medicine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Used methamphetamine (e.g. meth, tina, speed, crystal meth, crank, ice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Used cocaine (e.g. coke, blow, crack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Used ecstasy/MDMA/Molly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Used heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Used hallucinogens/psychedelics (e.g. GHB, LSD, mescaline, PCP, ketamine, salvia, mushrooms, psilocybin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Please indicate how many times you think your PEERS or PEOPLE LIKE YOU used the following in the past 30 days...

	Not at all in past 30 days	Once or twice a month	3 or 4 times per week	Once or twice a week	Daily or almost daily	Multiple times per day
a. Had one or more alcoholic beverages (1 drink = 12 ounces of beer, 5 ounces of wine, 1.5 ounces of hard liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Had 4 or more alcoholic drinks in one occasion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Smoked or used cannabis (sometimes referred to as marijuana or THC) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Smoked tobacco (cigarettes, cigars, pipes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Vaped or used e-cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Took <u>over-the-counter (OTC)</u> medication(s) ONLY for purposes differently than the label indicates for the experience, feeling it caused, or to get high (e.g. medications for cough, cold, asthma, diet, motion-sickness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Took a <u>prescription</u> drug ONLY for the experience, feeling it caused, or to get high (including painkillers, Xanax, stimulants such as Adderall or Ritalin, prescribed codeine cough medicine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Used methamphetamine (e.g. meth, tina, speed, crystal meth, crank, ice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Used cocaine (e.g. coke, blow, crack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Used ecstasy/MDMA/Molly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Used heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Used hallucinogens/psychedelics (e.g. GHB, LSD, mescaline, PCP, ketamine, salvia, mushrooms, psilocybin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Answer the questions below only if you used cannabis in the past 30 days. Otherwise, skip to the next page.**

**8. For what reasons did you use cannabis during the past 30 days? (choose all that apply)**

- My doctor prescribed or recommended it
- For fun or recreational use
- To help manage chronic pain or illness
- To help relieve stress or relax
- To help manage anxiety, depression, or other mental health symptoms
- To help stimulate my appetite or make food taste better
- To help me sleep
- For occasional pain relief
- Another reason (please describe): \_\_\_\_\_

**9. Where do you usually get cannabis from? (choose all that apply)**

- Shared with me by friends or family for free
- Take from friends or relatives
- Buy from friends or relatives
- Buy from a drug dealer or stranger
- Buy from a retailer or dispensary
- Got a medical card from a physician to purchase it
- I do not know
- Some other way (please describe): \_\_\_\_\_

**10. How do you think your close friends would feel about you:**

	Strongly Disapprove	Somewhat Disapprove	Neither Approve nor Disapprove	Somewhat Approve	Strongly Approve
a. Drinking more than 4 alcoholic drinks in one occasion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Smoking one or more packs of cigarettes a day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Vaping or using e-cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Smoking or using cannabis (sometimes referred to as marijuana or THC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Taking an <u>over-the-counter (OTC)</u> medication ONLY for the experience, feeling it caused, or to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Taking a prescription drug ONLY for the experience, feeling it caused, or to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Using methamphetamine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Using cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Using ecstasy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Using heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Using hallucinogens/psychedelics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**11. How much do you think people risk harming themselves physically or in other ways when they do the following:**

	Great Risk	Moderate Risk	Slight Risk	No Risk
a. Drinking 4 or more alcoholic beverages on one occasion? (1 drink = 12 ounces of beer, 5 ounces of wine, 1.5 ounces of hard liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Riding in a car or other vehicle driven by someone who had been drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Smoking tobacco (cigarettes, cigars, pipes) regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Vaping or use e-cigarettes regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Taking a <u>prescription</u> drug ONLY for the experience, feeling it caused, or to get high (including painkillers, Xanax, stimulants such as Adderall or Ritalin, prescribed codeine cough medicine, sleep aids, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Taking an <u>over-the-counter (OTC)</u> medication ONLY for purposes differently than the label indicates for the experience, feeling it caused, or to get high (e.g. medications for cough, cold, asthma, diet, motion-sickness, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Smoking or using marijuana/cannabis <u>occasionally (i.e. not with any regular frequency; up to just a few times a month, etc.)</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Smoking or using marijuana/cannabis <u>regularly (i.e. daily or almost daily)</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Riding in a car or other vehicle driven by someone who has been using marijuana/cannabis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Using methamphetamine (e.g. meth, tina, speed, crystal meth, crank, ice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Using cocaine (e.g. coke, blow, crack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Using ecstasy/MDMA/Molly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Using heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Using hallucinogens/psychedelics (e.g. GHB, LSD, mescaline, PCP, ketamine, salvia, mushrooms, psilocybin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**12. How hard or easy is it to get the following in your community?**

	Very Hard	Sort of Hard	Sort of Easy	Very Easy	Don't Know
a. Alcohol if you are under age 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Tobacco products (cigarettes, cigars, pipes, chew) if you are under age 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Vape products or e-cigarettes if you are under age 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Prescription drugs <u>from an acquaintance, friend or family member</u> , to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Prescription drugs <u>from a doctor</u> in your community, to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Cannabis <u>from an acquaintance, friend or family member</u> to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Cannabis <u>from a retailer or dispensary</u> to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Methamphetamine (e.g. meth, tina, speed, crystal meth, crank, ice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Ecstasy/MDMA/Molly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Hallucinogens/psychedelics (e.g. GHB, LSD, mescaline, PCP, ketamine, salvia, mushrooms, psilocybin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**13. How much do you agree or disagree with this statement: “For most people in this community, alcohol is important to social life.”**

- Strongly Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Strongly Agree



## Sex and Relationships

14. I feel that sexual consent, or getting a verbal “yes” from my partner, should always be obtained before the start of any sexual activity.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

15. In your lifetime, have you ever done the following:

	Yes	No	Unsure
a. Had any kind of sex with another person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Consented to having sex with someone and regretted it afterward	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Had an unwanted sexual experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Combined alcohol or drugs with sexual activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Answer the next question only if you have ever engaged in sexual activity. Otherwise, skip to question 17 on the next page.**

16. The last time you had sex, what method(s) did you or your partner use to prevent pregnancy and/or sexually transmitted infections? *(Choose all that you used)*

- Oral contraceptive (pills)
- Depo Shot (Ortho Evra)
- Vaginal Ring (NuvaRing)
- IUD or Intra-uterine device (Mirena/Skyla/Paraguard)
- Implant (Implanon/Nexplanon)
- Male condom
- Female condom
- Vasectomy “snip-snip”
- Tubal ligation “tubes tied”
- Hysterectomy (removal of womb)
- Not applicable – trying to get pregnant
- I don’t know what my partner used, or I can’t remember

**17. Have you ever had a romantic or other partner who:**

	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
a. Hit you, hurt you, or threatened you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Treated you badly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Made you feel afraid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Tried to control or emotionally hurt you? (including things like: being told who you could and could not spend time with, being humiliated in front of others, or being threatened if you did not do what they wanted)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Mental Health

18. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?
- Yes  
 No
19. During the past 12 months, did you ever harm yourself on purpose?
- Yes  
 No
20. During the past 12 months, did you ever seriously consider attempting suicide?
- Yes  
 No [*SKIP to question 23 on the next page*]
21. During the past 12 months, did you make a plan about how you would attempt suicide?
- Yes  
 No
22. During the past 12 months, did you ever attempt suicide?
- Yes  
 No

***If you are currently having thoughts of harming yourself or of suicide, call or text 988.***

***If you need or want support:***

SAMHSA's National Helpline is a free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders.

**1-800-662-HELP (4357) or dial 988**

The NAMI Information HelpLine can be reached by calling 800-950-6264, Monday through Friday, 10 a.m. – 10 p.m., ET, or by email at [info@nami.org](mailto:info@nami.org).

**23. Do you know where to get mental health support or services if you or someone you know is depressed or has recurring anxiety?**

- Yes
- No

**24. Have you experienced any of the challenges or barriers to accessing mental health support or services below? (choose all that apply)**

- Costs too much
- Lack of transportation
- Unsure how to start or access services
- Not able to access services confidentially
- The services or supports do not work
- The services or supports are for people with more needs than me

**25. Please describe any other challenges or barriers you have to accessing mental health support or services:**

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**26. After a stressful situation, how many days does it take for you to feel fully recovered?**

- Less than one day
- 1 to 2 days
- 3 to 4 days
- 5 to 6 days
- 7 or more days

**27. In the past 30 days, how often have you felt overwhelmed by stress?**

- Not at all
- Several days in a week
- More than half the days in a week
- Nearly every day in a week
- Every day in the past 30 days

**28. What are the top 3 things that impact your mental health?**

- Work
- Social life / feelings of loneliness
- Drugs, alcohol, or other substances
- Family or relationships
- Physical health
- Cost of living or finances
- Housing
- Other (please describe):

**29. Please indicate your level of agreement or disagreement with the following questions:**

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
a. I have access to or am involved in recreation, outdoor recreation, or activities in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I know how to access supports and services from local organizations to meet my basic needs (such as needs related to food, housing, healthcare, mental health, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. If I had a serious problem, I know someone with whom I could talk to or go to for help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I have a good support system, mentor/role model, friends network, people I enjoy being around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I don't feel that I connect with anyone or any group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I feel that my voice and opinions are heard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**30. During the past 12 months, how many times did you participate in any:**

	0 times	1 time	2 or 3 times	4 or 5 times	6 or more times
a. Organized community service as a non-paid volunteer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Programs or services offered by a community organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**31. What activities do you wish you had access to or were offered in the community? (check all that apply)**

- |                                                 |                                                                                         |
|-------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="radio"/> Comedy shows              | <input type="radio"/> Cooking classes                                                   |
| <input type="radio"/> Laser tag                 | <input type="radio"/> Outdoor how-to classes (cooking, camping, hiking, sledding, etc.) |
| <input type="radio"/> Arcade                    | <input type="radio"/> Book clubs                                                        |
| <input type="radio"/> Board game nights         | <input type="radio"/> Activities that are related to my specific culture                |
| <input type="radio"/> Art exhibits              | <input type="radio"/> Other (please describe):                                          |
| <input type="radio"/> Film screenings           | _____                                                                                   |
| <input type="radio"/> Dance venues              |                                                                                         |
| <input type="radio"/> Trivia nights not in bars |                                                                                         |

## Economic Health and Food Security

**32. In the past 3 months, I worried about having enough money to purchase food to eat.**

- Never
- Rarely
- Sometimes
- Often
- Always

**33. Where do you usually get the food that you eat?**

- Grocery stores (such as City Market, Village Market, Safeway, Costco or Walmart)
- Convenience stores (such as 7/11, AMPM, or gas stations)
- Community markets including mobile markets
- Restaurants
- Food trucks
- My or my family's place of work
- Other (please describe): \_\_\_\_\_

**34. Select the option below that best describes your financial situation (select one):**

- Stable and comfortable
- Manageable, but unplanned expenses would be stressful
- Making ends meet (living paycheck to paycheck)
- Worried about how to cover basic needs
- Unable to cover basic needs

**35. Are you employed?**

- Yes **[SKIP to question 37]**
- No

**36. Are you looking for work?**

- Yes **[SKIP to question 46]**
- No **[SKIP to question 46]**

**37. How many employers do you work for?**

Enter number of employers: \_\_\_\_\_

***In the next set section, there are 2 questions for each different employer you have. Please answer for each employer, for up to 3 employers. When you have finished answering questions about your employers, you may skip to question 46***

**FOR EMPLOYER 1:****38. What type of work do you do for employer 1?**

- Business, consultancy or management
- Accountancy, banking or finance
- Charity and voluntary work
- Childcare
- Creative arts or design
- Education or teacher training
- Energy and utilities
- Engineering or manufacturing
- Environment or agriculture
- Healthcare
- Hospitality, events or service industry including restaurants and bars
- Computing or Information Technology (IT)
- Law
- Law enforcement and security
- Marketing, advertising or PR
- Media or digital
- Property or construction
- Public services or administration
- Recreation: Leisure, sport, tourism, resorts
- Recruitment or HR
- Retail / sales
- Science or pharmaceuticals
- Social care
- Transport or logistics

**39. What is your work status for employer 1?**

- Employed full-time (32-40 hours per week)
- Employed part-time (32 hours per week or fewer)
- Work more than 40 hours per week
- Paid internship or apprenticeship
- Unpaid internship, apprenticeship, or volunteer work
- Gig work, inconsistent work, or hours vary

**40. Is the work for this employer seasonal, or year-round?**

- Seasonal
- Year-round

***If you only have 1 employer, skip to question 46.***

## FOR EMPLOYER 2:

### 41. What type of work do you do for employer 2?

- Business, consultancy or management
- Accountancy, banking or finance
- Charity and voluntary work
- Childcare
- Creative arts or design
- Education or teacher training
- Energy and utilities
- Engineering or manufacturing
- Environment or agriculture
- Healthcare
- Hospitality, events or service industry including restaurants and bars
- Computing or Information Technology (IT)
- Law
- Law enforcement and security
- Marketing, advertising or PR
- Media or digital
- Property or construction
- Public services or administration
- Recreation: Leisure, sport, tourism, resorts
- Recruitment or HR
- Retail / sales
- Science or pharmaceuticals
- Social care
- Transport or logistics

### 42. What is your work status for employer 2?

- Employed full-time (32-40 hours per week)
- Employed part-time (32 hours per week or fewer)
- Work more than 40 hours per week
- Paid internship or apprenticeship
- Unpaid internship, apprenticeship, or volunteer work
- Gig work, seasonal work inconsistent work, or hours vary

### 43. Is the work for this employer seasonal, or year-round?

- Seasonal
- Year-round

*If you only have 2 employers, skip to question 46.*



**FOR EMPLOYER 3:****44. What type of work do you do for employer 3?**

- Business, consultancy or management
- Accountancy, banking or finance
- Charity and voluntary work
- Childcare
- Creative arts or design
- Energy and utilities
- Engineering or manufacturing
- Environment or agriculture
- Healthcare
- Hospitality, events or service industry including restaurants and bars
- Computing or Information Technology (IT)
- Law
- Law enforcement and security
- Leisure, sport or tourism, recreation
- Marketing, advertising or PR
- Media or digital
- Property or construction
- Public services or administration
- Recruitment or HR
- Retail / sales
- Science or pharmaceuticals
- Social care
- Teacher training or education
- Transport or logistics

**45. What is your work status for employer 3?**

- Employed full-time (32-40 hours per week)
- Employed part-time (32 hours per week or fewer)
- Work more than 40 hours per week
- Paid internship or apprenticeship
- Unpaid internship, apprenticeship, or volunteer work
- Gig work, seasonal work inconsistent work, or hours vary

**46. Is the work for this employer seasonal, or year-round?**

- Seasonal
- Year-round

**47. Are you a student?**

- Yes
- No [*SKIP to question 48*]

**48. What is your student status?**

- College student, full-time
- College student, part-time
- Vocational or Tech School student
- High school
- Other (please describe): \_\_\_\_\_

**Physical Environment, Housing, and Transportation**

**49. How long have you lived in the Eagle River Valley? (inclusive of the towns of Avon, Bond, Cordillera, Eagle, EagleVail, Edwards, Dotsero, Gypsum, McCoy, Minturn, Red Cliff, Sweetwater (CO River Road), Vail, and Wolcott)**

- Less than one month
- 3 to 6 months
- At least 6 months
- At least one year
- 1-3 years
- 3-5 years
- Over 5 years
- I don't know

**50. How long do you see yourself staying in this area?**

- Less than one month
- 3 to 6 months
- At least 6 months
- At least one year
- 1-3 years
- 3-5 years
- Over 5 years
- I don't know

**51. What is your housing situation? (choose all that apply)**

- Rent a house or apartment
- Own a house or apartment
- Live in my parent's or other family members' home
- Live with roommates
- Live in college housing
- Vehicle, camper, or trailer
- Employee housing
- Unhoused

**52. Do you feel safe in your neighborhood?**

- No
- Not really
- Sometimes
- Often
- All the time *[SKIP to question 53]*

**53. Current safety concerns for me include (choose all that apply):**

- |                                         |                                                |
|-----------------------------------------|------------------------------------------------|
| <input type="radio"/> Crime             | <input type="radio"/> Physical safety          |
| <input type="radio"/> Substance abuse   | <input type="radio"/> Neighbor disputes        |
| <input type="radio"/> Immigration       | <input type="radio"/> Wildlife                 |
| <input type="radio"/> Domestic violence | <input type="radio"/> Wildfire                 |
| <input type="radio"/> Firearms          | <input type="radio"/> Climate Change           |
| <input type="radio"/> Traffic safety    | <input type="radio"/> Other (please describe): |

**54. What is your primary mode of transportation?**

- Personal vehicle
- Carpool
- Rideshare
- Bus
- Bicycle, skateboard, scooter, or other non-electric device
- Electric bike, electric scooter, electric unicycle, or mobility device
- Walking
- Taxi/for-hire car

**55. How would you describe your living environment and its impact on your health?**

- Negative
- Somewhat negative
- Neutral
- Somewhat positive
- Positive

**56. Please describe the impact your environment has on your health (optional):**

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**57. During the past 12 months, how often have you driven:**

	Never	Rarely	Sometimes	Often	Always
a. Distracted by cell phone or technology use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. After using alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. After using cannabis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. After using an illicit substance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**58. How great is the risk associated with driving after the following behaviors:**

	Great Risk	Moderate Risk	Slight Risk	No Risk
a. After drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. After using cannabis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. After using both alcohol and cannabis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. After using illicit substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. While distracted by cell phone or technology use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**59. Do you use any of the following tools or strategies to prevent distracted driving? (choose all that apply)**

- Do Not Disturb apps
- Placing the phone out of hands reach
- Asking a passenger to control technology
- Voice command controls
- Using public transportation
- Other (please describe): \_\_\_\_\_

**60. Do you use any of the following tools or strategies to prevent impaired driving? (choose all that apply)**

- Using public transportation
- Using taxis, rideshares, or other car services
- Ensuring one person in your group is a sober driver
- Making a sober ride plan before going out
- I stay sober when driving
- Choosing to walk or ride your bike to prevent impaired driving
- Other (please describe): \_\_\_\_\_

**61. Do you have access to healthcare, health insurance, or other preventative care?**

- Yes
- No
- Unsure

***Answer the next question only if you do not have access to healthcare, health insurance, or other preventative care. Otherwise, skip to question 62 on the next page.***

**62. Please describe any reasons for not having access to healthcare, health insurance, or other preventative care (optional):**

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## Demographics

This next set of questions is designed to help us understand more about you and all of our respondents. It is important to ask these demographic questions to capture and learn more about the diversity of experiences. We are trying to understand different needs in the community by age, gender, race, and other demographic factors. You are not required to provide a response to any question, but we encourage your participation and contribution to our learning. **All results are anonymous and will be grouped together in any report.**

**63. What is your race/ethnicity? (choose all that apply)**

- White
- Hispanic, Latino or Spanish origin
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- More than one race
- Prefer not to say
- Other (please specify): \_\_\_\_\_
- Unsure

**64. What is your gender? (choose all that apply)**

- Male
- Female
- I'm not sure
- Transgender
- Prefer not to say
- None of these describe me, I am: \_\_\_\_\_

**65. What is your sexual orientation? (choose all that apply)**

- Asexual/aromantic
- Bisexual
- Gay
- Heterosexual or straight
- Lesbian
- Pansexual
- Queer
- Questioning
- Prefer not to say
- Prefer to self-identify: \_\_\_\_\_

**66. What is your marital status?**

- Single, never married
- Married or domestic partnership
- Widowed
- Divorced
- Separated
- Other (please describe): \_\_\_\_\_

**67. Do you have children, or are you the primary caregiver for children?**

- Yes
- No
- I am expecting to be

**Thank you for completing the survey! The responses you provided will be kept confidential and no individual responses will be reported. Below are some resources about the topics in the survey that may be helpful to you. For completing this survey, you are eligible to receive an incentive. Please click the next button below to read information about the incentive.**

**Resources that may be of interest to you:**

We recognize that some of these questions may have been triggering or challenging. If you or someone you know needs support, please contact any of these services or visit [www.mountainyouth.org/resourcedirectory](http://www.mountainyouth.org/resourcedirectory).

- Hope Center Eagle River Valley | Eagle River Valley Crisis Line | 970-306-4673 (HOPE)
- Colorado Crisis Line 988 or 1-844-493-8255 | text TALK to 38255.
- Crisis Text Line | Text 741741 from anywhere in the nation to reach a counselor.
- Psychology Today Find a [Therapist Provider Directory](#)
- Eagle Valley Behavioral Health | [Mountain Strong](#)
- School District [List of Resources](#)
- Bright Future Foundation crisis line 970-949-7086
- SpeakUp ReachOut 970-632-3858 or [info@speakupreachout.org](mailto:info@speakupreachout.org)
- Food Services: [Community Market](#)
- [Salvation Army](#)
- [MIRA Bus](#)
- [My Future Pathways](#)
- SAMHSA's National Helpline 1-800-662-HELP (4357) or dial 988
- The NAMI Information Helpline 800-950-6264, Monday through Friday, 10 a.m. – 10 p.m., ET, or by email at [info@nami.org](mailto:info@nami.org).

**Click the SUBMIT button below to be directed to a new form where you can supply your contact information so that your incentive can be processed and provided. Your contact information will be stored in a separate location and can never be linked to your survey responses and is only used for incentive processing.**

**Please be prepared to provide your contact information. Again, this form is separate from the survey you just completed.**

**Thank you again for completing the Mountain Youth Young Adult Survey!**

**For your time and effort Mountain Youth is able to provide a \$10 e-gift card while supplies are available. It may take several weeks to process your e-gift card.**

**Please provide information below to receive your incentive. Mountain Youth will send you a \$10 electronic gift card to a business using your contract information provided below.**

Name:	
Mailing address:	
City or Town:	
State:	
Zip code:	
Email address: *Required. We cannot supply a gift without your email	
Phone number: *Required. To communicate any incentive information.	
Please indicate your preference for type of gift card:  <ul style="list-style-type: none"> <li>• Avon Bakery</li> <li>• Bookworm</li> <li>• City Market</li> <li>• Etown Edwards</li> <li>• Red Canyon Café</li> <li>• Riverwalk Theater</li> <li>• Starbucks</li> <li>• Village Bagel</li> <li>• Yeti’s Grind</li> </ul>	

**Only one incentive will be provided for each person completing this survey, subject to availability. We monitor our data frequently and we have multiple procedures for identifying duplicate and fraudulent responses. Those submitting multiple or fraudulent surveys will be disqualified from receiving any incentive.**

**Please indicate your interest in the following optional activities:**

- I would like to be involved in other Mountain Youth activities (including participating in focus groups, community boards, social activities, community solution projects, etc.)
- I would like to receive Mountain Youth's monthly newsletter (please be sure to include your email address above).



## Encuesta de Mountain Youth 2024 para jóvenes adultos

¡Gracias por participar en esta encuesta! Mountain Youth está pidiendo a las personas entre **18 y 25 años** que viven en el valle Eagle River\* parte del condado de Eagle o que consideran esta área su residencia permanente que compartan sus opiniones sobre el uso de sustancias, el bienestar, la salud mental y otros temas relacionados. La misión de Mountain Youth es mejorar continuamente y colaborativamente las vidas de los jóvenes de la manera más poderosa posible. Esta encuesta es completamente anónima y se utilizará para ayudar a informar los esfuerzos de prevención en su comunidad. Sólo le llevará un máximo de 15 minutos de su tiempo. Algunas de las preguntas pueden ser difíciles. Hemos proporcionado una lista de recursos al final de la encuesta y lo alentamos a comunicarse si desea hablar con alguien o obtener apoyo.

*\*El valle del Eagle River del condado de Eagle incluye las ciudades y áreas no incorporadas de Avon, Bond, Cordillera, Eagle, EagleVail, Edwards, Dotsero, Gypsum, McCoy, Minturn, Red Cliff, Sweetwater (CO River Road), Vail y Wolcott.*

### Información importante para los encuestados.

- Esta encuesta es completamente anónima y no registra ninguna información de identificación personal (PII, por sus siglas en inglés). Por favor, responda a todas las preguntas con sinceridad. No registre su nombre en ninguna parte de la encuesta.
- La encuesta es completamente voluntaria. Puede decidir no participar en cualquier momento. Puede omitir cualquier pregunta que no se sienta cómodo contestando. (Nota: por motivos de calificación, hay tres preguntas al principio de la encuesta que son un requisito responder).
- La información de la encuesta sólo se publicará de forma resumida. No se compartirán las respuestas individuales.
- Al final de la encuesta, es posible que reciba un incentivo para agradecerle su participación en base de la disponibilidad de recursos. Su información de contacto se recopilará en un lugar separado para esto y nunca podrá ser vinculada a sus respuestas de la encuesta. También puede optar por renunciar al incentivo y donar el valor del mismo a este importante esfuerzo de encuesta en el Condado de Eagle.

Si tiene alguna pregunta o duda sobre la encuesta, póngase en contacto [info@mountainyouth.org](mailto:info@mountainyouth.org) or 970.949.9250, o Jason en Instituto OMNI al correo electrónico [jwheeler@omni.org](mailto:jwheeler@omni.org) o al 303.839.9422. El Instituto OMNI es una organización sin fines de lucro que trabaja con Mountain Youth para aprender más sobre el uso de sustancias, la salud mental y el comportamiento relacionado con la salud, entre los adultos jóvenes.

### Continuando con las siguientes páginas de este documento de la encuesta indica que:

- He leído y comprendido la información anterior.
- Acepto voluntariamente participar.
- Tiene entre 18 y 25 años
- Es residente del valle Eagle River o considera que el valle de Eagle River es su “hogar” durante la mayor parte del año (es decir, asiste a un colegio o universidad)

## Introducción:

En esta encuesta se hacen preguntas sobre el alcohol, el tabaco/vapeo, el consumo de medicamentos con receta y otras drogas, la marihuana/cannabis, los medicamentos sin receta, los estimulantes, la salud mental y el juego/la ludopatía. En algunas preguntas se le pide que reflexione sobre su propio consumo y en otras se le pregunta por su percepción del consumo en su comunidad. **A continuación, se presentan algunas definiciones que deberían ayudar a aclarar algunos de los contenidos de la encuesta:**

*\*El valle del Eagle River del condado de Eagle incluye las ciudades y áreas no incorporadas de Avon, Bond, Cordillera, Eagle, EagleVail, Edwards, Dotsero, Gypsum, McCoy, Minturn, Red Cliff, Sweetwater (CO River Road), Vail y Wolcott.*

**El uso indebido de medicamentos recetados** se refiere al uso de formas que el médico no le indicó (por ejemplo, una dosis más baja o alta, el uso de la receta de otra persona, el uso de un medicamento recetado comprado específicamente con la intención de drogarse). Ejemplos:

- **Opioides** analgésicos (por ejemplo, Fentanyl, Vicodin, Oxycontin/Oxycodone, Darvon, Dilaudid).
- **Depresores o sedantes** generalmente utilizados para tratar la ansiedad o los trastornos del sueño (por ejemplo, benzodiazepinas, Xanax, Valium, Ativan, Klonopin, Nembutal)
- **Estimulantes** generalmente utilizados para tratar el TDAH (o ADHD por sus siglas en Inglés) y la narcolepsia (por ejemplo, Adderall, Ritalin, Concerta, Dexedrine, otras anfetaminas)

**El uso indebido de medicamentos de venta libre (OTC, por sus siglas en inglés)** se refiere al uso de medicamentos sin receta de forma contraria a su uso o instrucciones, por la experiencia o sensación que provoca o por un efecto deseado. Ejemplos:

- **Medicamentos para la tos, el resfriado o la alergia** (por ejemplo, difenhidramina (por ejemplo, Benadryl), dextrometorfano (en Coricidin, Robitussin; también conocido como DXM, bolos), pseudoefedrina (por ejemplo, Sudafed)
- **Medicamentos para el asma o de dieta** (por ejemplo, efedrina, efedra (Bronch-aid, Primatene, Dexatrim)
- **Medicamentos contra el mareo** (por ejemplo, Dimenhydrinate (Dramamine aka Dime tabs, sustancia D)
- **Otros estimulantes de venta libre** (por ejemplo, pastillas de cafeína (por ejemplo, No Doze))
- **Medicamentos antidiarreicos** (por ejemplo, loperamida (por ejemplo, Imodium))

**CONTINUAR EN LA PÁGINA SIGUIENTE PARA COMENZAR LA ENCUESTA**

**1. ¿Cuántos años tiene? \* (Su respuesta es obligatoria)**

- Menores de 18 años **[No seguir con la encuesta]**
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- Más de 25 años **[No seguir con la encuesta]**

**2. ¿En qué comunidad vives? (Se requiere su respuesta)**

- Avon
- Bond
- Eagle
- EagleVail
- Edwards
- Dotsero
- Gypsum
- McCoy
- Minturn
- Red Cliff
- Sweetwater
- Vail
- Wolcott
- Otro pueblo del valle Eagle River
- Ninguna de las anteriores / No vivo en Eagle River Valley **[No seguir con la encuesta]**

**CONTINUAR EN LA PÁGINA SIGUIENTE**

**3. Durante los últimos 7 días, ¿cuántas veces comiste frutas o verduras?**

- No comí frutas durante los últimos 7 días
- 1 a 3 veces durante los últimos 7 días
- 4 a 6 veces durante los últimos 7 días
- 1 vez por día
- 2 veces por día
- 3 veces por día
- 4 o más veces por día

**4. En los últimos 7 días, ¿cuántos días estuvo físicamente activo(a)? (Cualquier tipo de actividad física que aumente tu frecuencia cardíaca o te haga respirar con dificultad algunas veces)**

- 0 días
- 1 día
- 2 días
- 3 días
- 4 días
- 5 días
- 6 días
- 7 días

**5. ¿Cuál de estas afirmaciones describe la calidad general de su sueño? (elija todo lo que corresponda):**

- Tengo dificultad para conciliar el sueño o permanecer dormido(a)
- Tengo un sueño inquieto
- Me quedo dormido(a) fácilmente la mayoría de los días
- Me han dicho o sé que ronco
- Me siento agotado(a) por la mañana.
- Tengo pocos problemas con la calidad de mi sueño
- Me siento descansado(a) y con energía por la mañana
- No tengo problemas con la calidad de mi sueño.

## Sustancias

6. Por favor, indique cuántas veces en los últimos 30 días tu...

	Nada en los últimos 30 días	Una o dos veces al <u>mes</u>	Tres o cuatro veces por semana	Una o dos veces por semana	Diariamente o casi diariamente	Varias veces al día
a. Tomó una o más bebidas alcohólicas (1 bebida = 12 onzas de cerveza, 5 onzas de vino, 1.5 onzas de licor fuerte)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Tomó 4 o más bebidas alcohólicas en una ocasión.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Fumó o consumió cannabis (a veces denominado marihuana o THC) para drogarse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Tabaco para fumar (cigarrillos, puros, pipas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Vapear o uso de cigarrillos electrónicos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Tomó medicamentos de venta libre (OTC) SÓLO con fines diferentes a los que indica la etiqueta por la experiencia, la sensación que le causó o para drogarse (por ejemplo, medicamentos para la tos, el resfriado, el asma, la dieta, el mareo)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Tomó un medicamento recetado SÓLO por la experiencia, la sensación que le causó o para drogarse (incluyendo analgésicos, Xanax, estimulantes como Adderall o Ritalin, medicamentos recetados con codeína para la tos)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Uso de metanfetamina (por ejemplo, metanfetamina, tina, speed, cristal, crac, ice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Cocaína consumida (por ejemplo, cocaína, soplado, crac)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Éxtasis/MDMA/Molly usados.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Heroína usada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Usar alucinógenos/psicodélicos (por ejemplo, GHB, LSD, mezcalina, PCP, ketamina, salvia, hongos, psilocibina)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**7. Por favor indique cuántas veces cree que sus COMPAÑEROS o PERSONAS COMO USTED usaron lo siguiente en los últimos 30 días...**

	Nada en los últimos 30 días	Una o dos veces al mes	Tres o cuatro veces por semana	Una o dos veces por semana	Diariamente o casi diariamente	Varias veces al día
a. Tomó una o más bebidas alcohólicas (1 bebida = 12 onzas de cerveza, 5 onzas de vino, 1.5 onzas de licor fuerte)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Tomó 4 o más bebidas alcohólicas en una ocasión.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Fumó o consumió cannabis (a veces denominado marihuana o THC) para drogarse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Tabaco para fumar (cigarrillos, puros, pipas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Vapear o uso de cigarrillos electrónicos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Tomó medicamentos de venta libre (OTC) SÓLO con fines diferentes a los que indica la etiqueta por la experiencia, la sensación que le causó o para drogarse (por ejemplo, medicamentos para la tos, el resfriado, el asma, la dieta, el mareo)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Tomó un medicamento recetado SÓLO por la experiencia, la sensación que le causó o para drogarse (incluyendo analgésicos, Xanax, estimulantes como Adderall o Ritalin, medicamentos recetados con codeína para la tos)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Uso de metanfetamina (por ejemplo, metanfetamina, tina, speed, cristal, crac, ice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Cocaína consumida (por ejemplo, cocaína, soplado, crac)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Éxtasis/MDMA/Molly usados.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Heroína usada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Usar alucinógenos/psicodélicos (por ejemplo, GHB, LSD, mezcalina, PCP, ketamina, salvia, hongos, psilocibina)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Conteste las preguntas a continuación sólo si indicó usar marihuana/cannabis una vez o más en los últimos 30 días. En caso contrario, pase a la próxima página.**

**8. ¿Por qué motivos consumió marihuana/cannabis durante los últimos 30 días? (elija todas las que correspondan)**

- Mi médico me lo ha recetado o recomendado.
- Por diversión o uso recreativo.
- Para ayudar a manejar el dolor crónico o la enfermedad.
- Para ayudar a aliviar el estrés o relajarse.
- Para ayudar a manejar la ansiedad, la depresión u otros síntomas de salud mental.
- Para ayudar a estimular mi apetito o hacer que la comida sepa mejor.
- Para ayudarme a dormir
- Para aliviar mi dolor ocasionalmente.
- Otros (por favor especifique): \_\_\_\_\_

**9. ¿Cómo consigues marihuana/cannabis para drogarse? (elija todas las que correspondan)**

- Los comparten mis amigos o familiares de forma gratuita
- Los tomo de mis amigos o familiares
- Los compro de mis amigos o familiares
- Los compro de un traficante de drogas o a un desconocido
- Los compro de un negocio minorista o a un dispensario
- Conseguí una tarjeta médica de un doctor para comprarla
- No sé
- Alguna otra manera. Por favor, especifique: \_\_\_\_\_

**10. ¿Cómo crees que se sentirían tus amigos más cercanos si:**

	Muy desaprobadado	Algo desaprobadado	Ni aprobar ni desaprobar	Algo de aprobación	Aprobar firmemente
a. Beber más de 4 bebidas alcohólicas en una sola ocasión.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Fumar uno o más paquetes de cigarrillos al día.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Vapear o usar cigarrillos electrónicos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Fumar o consumir cannabis (a veces denominado marihuana o THC) para drogarse.					
e. Tomar un medicamento de venta libre (OTC) SOLO por la experiencia, sentirla causada o para drogarse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Tomar un medicamento recetado SÓLO por la experiencia, la sensación que le causó o para drogarse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Usar metanfetamina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Consumir cocaína	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Consumir éxtasis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Consumir heroína	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Consumir alucinógenos/psiquedélicos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**11. En qué medida crees que la gente se arriesga a dañarse físicamente o de otras maneras cuando hace lo siguiente:**

	Gran Riesgo	Riesgo Moderado	Riesgo Leve	Sin Riesgo
a. ¿Bebe 4 o más bebidas alcohólicas en una sola ocasión? (1 bebida = 12 onzas de cerveza, 5 onzas de vino, 1,5 onzas de licor fuerte)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Viajar en un coche u otro vehículo conducido por alguien que haya bebido alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Fumar tabaco (cigarrillos, puros, pipas) regularmente.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Vapear o usar cigarrillos electrónicos regularmente.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Tomar un medicamento <u>recetado</u> SÓLO por la experiencia, la sensación que provocó, o para drogarse (incluyendo analgésicos, Xanax, estimulantes como Adderall o Ritalin, medicamentos recetados con codeína para la tos, somníferos, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Tomar un medicamento de venta libre (OTC) SÓLO con fines diferentes a los que indica la etiqueta para la experiencia, la sensación que provocó o para drogarse (por ejemplo, medicamentos para la tos, el resfriado, el asma, la dieta, el mareo, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Fumar o consumir marihuana/cannabis <u>ocasionalmente</u> (es decir, no con una frecuencia regular; hasta sólo unas pocas veces al mes, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Fumar o consumir marihuana/cannabis <u>regularmente</u> (es decir, a diario o casi a diario).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Viajar en un coche u otro vehículo conducido por alguien que haya consumido marihuana/cannabis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Consumir metanfetamina (por ejemplo, metanfetamina, tina, speed, cristal, crac, ice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Consumir cocaína (por ejemplo, cocaína, heroína, crac)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Usar éxtasis/MDMA/Molly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Usa heroína	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Usar alucinógenos/psicodélicos (por ejemplo, GHB, LSD, mezcalina, PCP, ketamina, salvia, hongos, psilocibina)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**12. ¿En qué medida es difícil o fácil conseguir las siguientes sustancias en su comunidad?**

	Muy Difícil	Un Poco Difícil	Un Poco Fácil	Muy Fácil	No Sé
a. Alcohol si es menor de 21 años	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Productos de tabaco (cigarrillos, puros, pipas, tabaco de mascar) si es menor de 21 años.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Productos de vapeo o cigarrillos electrónicos si eres menor de 21 años	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Medicamentos recetados de un <u>conocido, amigo o familiar</u> , para drogarse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Medicamentos recetados de un <u>médico</u> de su comunidad, para drogarse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Marihuana/cannabis de un <u>conocido, amigo o familiar</u> para drogarse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Marihuana/cannabis de un <u>negocio minorista o dispensario</u> para drogarse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Metanfetamina (por ejemplo, meth, tina, speed, crystal meth, crank, ice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Cocaína	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Éxtasis/MDMA/Molly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Heroína	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Alucinógenos/psicodélicos (por ejemplo, GHB, LSD, mezcalina, PCP, ketamina, salvia, hongos, psilocibina)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**13. Califique su acuerdo con la siguiente declaración: “Para la mayoría de las personas de esta comunidad, el alcohol es importante para la vida social..”**

- Muy en Desacuerdo
- Algo en Desacuerdo
- Ni de acuerdo o en desacuerdo
- Algo de Acuerdo
- Muy de Acuerdo

## Sexo y Relaciones

14. Siento que el consentimiento sexual, o recibir un “sí” verbal de mi pareja, siempre debe obtenerse antes de iniciar cualquier actividad sexual.

- Totalmente de acuerdo
- De acuerdo
- Ni de acuerdo ni en desacuerdo
- Desacuerdo
- Muy en desacuerdo

15. ¿Alguna vez en tu vida has hecho lo siguiente?

	Si	No	Inseguro (a)
a. Tuvo algún tipo de sexo con otra persona.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Consintió en tener relaciones sexuales con alguien y luego se arrepintió.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Tuvo una experiencia sexual no deseada.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Alcohol o drogas combinados con actividad sexual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Responda la siguiente pregunta solo si has tenido relaciones sexuales. De otro modo, salta hasta la pregunta 17 en la siguiente página**

16. La última vez que tuvo relaciones sexuales, ¿qué método(s) utilizó usted o su pareja para prevenir el embarazo y/o las infecciones de transmisión sexual? (Elige todo lo que usaste)

- Anticonceptivos orales (pastillas)
- Inyecciones anticonceptivas (Ortho Evra)
- Anillo vaginal (NuvaRing)
- DIU o dispositivo intrauterino (Mirena/Skyla/Paraguard)
- Implante (Implanon/Nexplanon)
- Condón masculino
- Condón femenino
- Vasectomía “recortada”
- Ligadura de trompas “tubos atados”
- Histerectomía (extirpación o matriz)
- No aplicable – tratando de quedar embarazada
- No sé qué usó mi pareja o no lo recuerdo.

**17. ¿Alguna vez ha tenido una pareja romántica o de otro tipo que:**

	<b>Si</b>	<b>No</b>	<b>Inseguro(a)</b>
a. ¿Te golpeó, te lastimó o te amenazó?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ¿Te trató mal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ¿Te hizo sentir miedo?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ¿Intentó controlarlo(a) o herirlo(a) emocionalmente? (incluyendo cosas como: que te digan con quién puedes y con quién no puedes pasar el tiempo, que te humillen frente a otros o que te amenacen si no haces lo que ellos querían)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Salud Mental

18. Durante los últimos 12 meses, ¿alguna vez se sintió tan triste o desesperanzado casi todos los días por dos semanas o más seguidas que dejó de hacer algunas actividades habituales?
- Si  
 No
19. ¿Durante los últimos 12 meses, ¿se ha hecho daño a sí mismo intencionalmente?
- Si  
 No
20. ¿Durante los últimos 12 meses, ¿alguna vez pensó seriamente en intentar suicidarse?
- Si  
 No [*SALTE a la pregunta 23*]
21. ¿Durante los últimos 12 meses, ¿hizo un plan sobre cómo intentaría suicidarse?
- Si  
 No
22. ¿Durante los últimos 12 meses, ¿intentó alguna vez suicidarse?
- Si  
 No

***Si actualmente tiene pensamientos de hacerse daño o de suicidio, por favor llame o mande mensaje de texto al 988.***

***Si necesita o quiere apoyo:***

La Línea Nacional de Ayuda de SAMHSA es un servicio de información y remisión a tratamientos gratuito, confidencial y disponible las 24 horas del día, los 365 días del año (en inglés y español) para personas y familias que se enfrentan a trastornos mentales y/o por consumo de sustancias.

1-800-662-HELP (4357)

Puede contactar con la Línea de Ayuda de NAMI llamando al 800-950-6264, de lunes a viernes, de 10 a.m. a 10 p.m., hora del este, o por correo electrónico en [info@nami.org](mailto:info@nami.org).

Si es una emergencia marque a 911 o 1-800-273-TALK (8255).

**23. ¿Sabe dónde obtener apoyo o servicios de salud mental si usted o alguien que conoce está deprimido o tiene ansiedad recurrente?**

- Si
- No

**24. ¿Ha experimentado alguno de los desafíos o barreras para acceder apoyo o servicios de salud mental de a continuación? (elija todo lo que corresponda)**

- Cuesta demasiado
- Falta de transporte
- No estoy seguro de cómo iniciar o acceder a los servicios
- No puedo acceder a los servicios de forma confidencial
- Los servicios o apoyos no funcionan.
- Los servicios o apoyos son para personas con más necesidades que yo.

**25. Describa cualquier otro desafío o barrera que tenga para acceder apoyo o servicios de salud mental:**

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**26. Después de una situación estresante, ¿cuántos días necesitas para sentirte totalmente recuperado?**

- Menos de un día
- 1 a 2 días
- 3 a 4 días
- 5 a 6 días
- 7 o más días

**27. En los últimos 30 días, ¿con qué frecuencia se ha sentido abrumado por el estrés?**

- Nunca
- Varios días en una semana.
- Más de la mitad de los días de una semana.
- Casi todos los días de una semana.
- Todos los días en los últimos 30 días

**28. Cuáles con los 3 aspectos principales que están afectando tu salud mental?**

- Trabajo
- Vida social/sensación de soledad
- Drogas, alcohol, u otras sustancias
- Familia y otras relaciones
- Salud física
- Costo de vida o economía
- Vivienda
- Otra (por favor describa): \_\_\_\_\_

## Ambiente Social

29. Por favor, seleccione su nivel de acuerdo con cada una de las afirmaciones siguientes:

	Muy en Desacuerdo	Algo en Desacuerdo	Ni de acuerdo o en desacuerdo	Algo en Acuerdo	Muy en Acuerdo
a. Tengo acceso o estoy involucrado en recreación, recreación al aire libre o actividades en mi comunidad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Sé cómo acceder a apoyos y servicios de organizaciones locales para satisfacer mis necesidades básicas (como necesidades relacionadas con alimentación, vivienda, atención médica, salud mental, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Si tuviera un problema grave, conozco a alguien con quien podría hablar o acudir en busca de ayuda.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Tengo un buen sistema de apoyo, un mentor/modelo a seguir, una red de amigos y gente con la que disfruto estar.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. No siento que me conecto con nadie ni con ningún grupo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Siento que mi voz y opiniones son escuchadas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Durante los últimos 12 meses, ¿cuántas veces participó en:

	0 veces	1 vez	2 o 3 veces	4 o 5 veces	6 o más veces
a. Servicio comunitario organizado como voluntario no pagado	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Programas o servicios ofrecidos por una organización comunitaria.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. ¿A qué actividades le gustaría tener acceso o que le ofrecieran la comunidad? (marque todo lo que corresponda)

- |                                                     |                                                                                                   |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <input type="radio"/> Espectáculos de comedia       | <input type="radio"/> Clases de cocina                                                            |
| <input type="radio"/> Etiqueta láser                | <input type="radio"/> Clases prácticas al aire libre (cocina, acampada, senderismo, trineo, etc.) |
| <input type="radio"/> Arcada                        | <input type="radio"/> Clubes de lectura                                                           |
| <input type="radio"/> Noches de juegos de mesa      | <input type="radio"/> Actividades que están relacionadas con mi cultura específica.               |
| <input type="radio"/> Exhibiciones de arte          | <input type="radio"/> Otro (por favor describa):                                                  |
| <input type="radio"/> Proyecciones de cine          |                                                                                                   |
| <input type="radio"/> Lugares de baile              |                                                                                                   |
| <input type="radio"/> Noches de trivia no en bares. |                                                                                                   |

## Salud Económica y Seguridad Alimentaria

**32. En los últimos 3 meses, me preocupé por no tener suficiente dinero para comprar alimentos.**

- Nunca
- Casi nunca
- A veces
- Frecuentemente
- Todo el tiempo

**33. ¿De dónde sueles conseguir los alimentos que comes?**

- Tiendas de mandado (como City Market, Village Market, Safeway, Costco o Walmart)
- Tiendas de conveniencia (como 7/11, AMPM o gasolineras)
- Mercados comunitarios, incluidos los mercados móviles
- Restaurantes
- Camiones de comida
- Mi lugar de trabajo o el de mi familia.
- Otro (por favor describa): \_\_\_\_\_

**34. Seleccione la opción a continuación que mejor describa su situación financiera (seleccione una):**

- Estable y cómodo
- Manejable, pero los gastos no planificados serían estresantes
- Llegar a fin de mes (vivir de cheque en cheque)
- Preocupado por cómo cubrir las necesidades básicas
- Sin poder cubrir las necesidades básicas.

**35. ¿Está usted empleado?**

- Sí [PASE a la pregunta 37]
- No

**36. ¿Buscas empleo?**

- Sí [PASE a la pregunta 46]
- No [PASE a la pregunta 46]

**37. ¿Para cuántos empleadores trabaja?**

***En la siguiente sección hay 2 preguntas para cada empleador que tenga. Por favor responda por cada empleador hasta un máximo de 3 empleadores. Cuando termine de responder las preguntas acerca de sus empleadores, puede saltar hasta la pregunta 46***

Ingrese el número de empleadores: \_\_\_\_\_



## PARA EL EMPLEADOR 1:

### 38. ¿Qué tipo de trabajo realiza para el empleador 1?

- Negocios, consultoría o gestión
- Contabilidad, banca o finanzas
- Caridad y voluntariado
- Cuidado de niños
- Artes creativas o diseño.
- Educación o formación docente.
- Energía y servicios públicos
- Ingeniería o fabricación
- Medio ambiente o agricultura
- Cuidado de la salud
- Industria hotelera, de eventos o de servicios, incluidos restaurantes y bares.
- Computación o Tecnología de la Información (TI)
- Ley
- Aplicación de la ley y seguridad
- Marketing, publicidad o relaciones públicas
- Medios o digitales
- Propiedad o construcción
- Servicios públicos o administración
- Recreación: Ocio, deporte, turismo, resorts.
- Reclutamiento o RR.HH.
- Ventas al por menor
- Ciencia o productos farmacéuticos.
- Asistencia social
- Transporte o logística

### 39. ¿Cuál es su situación laboral para el empleador 1?

- Empleado a tiempo completo (32-40 horas por semana)
- Empleado a tiempo parcial (32 horas por semana o menos)
- Trabaja más de 40 horas por semana.
- Prácticas o aprendizaje remunerados
- Prácticas, aprendizaje o trabajo voluntario no remunerados
- El trabajo informal, el trabajo inconsistente o los horarios varían

### 40. ¿El trabajo para este empleador es estacional o durante todo el año?

- Estacional
- Todo el año

***Si solo tiene un empleador, salta a la pregunta 46***

## PARA EL EMPLEADOR 2:

41. ¿Qué tipo de trabajo realiza para el empleador 1?

- Negocios, consultoría o gestión
- Contabilidad, banca o finanzas
- Caridad y voluntariado
- Cuidado de niños
- Artes creativas o diseño.
- Educación o formación docente.
- Energía y servicios públicos
- Ingeniería o fabricación
- Medio ambiente o agricultura
- Cuidado de la salud
- Industria hotelera, de eventos o de servicios, incluidos restaurantes y bares.
- Computación o Tecnología de la Información (TI)
- Ley
- Aplicación de la ley y seguridad
- Marketing, publicidad o relaciones públicas
- Medios o digitales
- Propiedad o construcción
- Servicios públicos o administración
- Recreación: Ocio, deporte, turismo, resorts.
- Reclutamiento o RR.HH.
- Ventas al por menor
- Ciencia o productos farmacéuticos.
- Asistencia social
- Transporte o logística

42. ¿Cuál es su situación laboral para el empleador 1?

- Empleado a tiempo completo (32-40 horas por semana)
- Empleado a tiempo parcial (32 horas por semana o menos)
- Trabaja más de 40 horas por semana.
- Prácticas o aprendizaje remunerados
- Prácticas, aprendizaje o trabajo voluntario no remunerados
- El trabajo informal, el trabajo inconsistente o los horarios varían

43. ¿El trabajo para este empleador es estacional o durante todo el año?

- Estacional
- Todo el año

***Si solo tiene 2 empleadores, salta a la pregunta 46***

### PARA EL EMPLEADOR 3:

#### 44. ¿Qué tipo de trabajo realiza para el empleador 1?

- Negocios, consultoría o gestión
- Contabilidad, banca o finanzas
- Caridad y voluntariado
- Cuidado de niños
- Artes creativas o diseño.
- Educación o formación docente.
- Energía y servicios públicos
- Ingeniería o fabricación
- Medio ambiente o agricultura
- Cuidado de la salud
- Industria hotelera, de eventos o de servicios, incluidos restaurantes y bares.
- Computación o Tecnología de la Información (TI)
- Ley
- Aplicación de la ley y seguridad
- Marketing, publicidad o relaciones públicas
- Medios o digitales
- Propiedad o construcción
- Servicios públicos o administración
- Recreación: Ocio, deporte, turismo, resorts.
- Reclutamiento o RR.HH.
- Ventas al por menor
- Ciencia o productos farmacéuticos.
- Asistencia social
- Transporte o logística

#### 45. ¿Cuál es su situación laboral para el empleador 1?

- Empleado a tiempo completo (32-40 horas por semana)
- Empleado a tiempo parcial (32 horas por semana o menos)
- Trabaja más de 40 horas por semana.
- Prácticas o aprendizaje remunerados
- Prácticas, aprendizaje o trabajo voluntario no remunerados
- El trabajo informal, el trabajo inconsistente o los horarios varían

#### 46. ¿El trabajo para este empleador es estacional o durante todo el año?

- Estacional
- Todo el año

**47. ¿Es usted un estudiante?**

- Sí
- No [PASE a la pregunta 48]

**48. ¿Cuál es tu condición de estudiante?**

- Estudiante universitario, tiempo completo.
- Estudiante universitario, tiempo parcial.
- Estudiante de escuela vocacional o tecnológica
- Escuela preparatoria
- Otro (por favor describa): \_\_\_\_\_

## Entorno Físico, Vivienda y Transporte

**49. ¿Cuánto tiempo ha vivido en el valle de Eagle River (incluidas las ciudades de Avon, Bond, Cordillera, Eagle, EagleVail, Edwards, Dotsero, Gypsum, McCoy, Minturn, Red Cliff, Sweetwater (CO River Road), Vail y Wolcott)?**

- Menos de un mes
- 3 a 6 meses
- Al menos 6 meses
- Al menos un año
- 1-3 años
- 3-5 años
- Más de 5 años
- No sé

**50. ¿Cuánto tiempo te ves quedándote en esta zona?**

- Menos de un mes
- 3 a 6 meses
- Al menos 6 meses
- Al menos un año
- 1-3 años
- 3-5 años
- Más de 5 años
- No sé

**51. ¿Cuál es su situación de vivienda? (elija todo lo que corresponda)**

- Rento una casa o apartamento
- Tengo una casa o apartamento
- Vivo en la casa de mis padres o de otros familiares
- Vivo con compañeros de cuarto
- Vivo en una vivienda universitaria
- Vehículo, caravana o remolque
- Vivienda para empleados
- Sin hogar

**52. ¿Te sientes seguro(a) en tu barrio/vecindad?**

- No
- Realmente no
- A veces
- Frecuentemente
- Todo el tiempo [PASE a la pregunta 53]

**53. Las preocupaciones de seguridad actuales para mí incluyen (marque todas las que correspondan):**

- |                                           |                                            |
|-------------------------------------------|--------------------------------------------|
| <input type="radio"/> Crimen              | <input type="radio"/> Seguridad física     |
| <input type="radio"/> Abuso de sustancias | <input type="radio"/> Disputas vecinales   |
| <input type="radio"/> Inmigración         | <input type="radio"/> Vida silvestre       |
| <input type="radio"/> Violencia doméstica | <input type="radio"/> Incendios forestales |
| <input type="radio"/> Armas               | <input type="radio"/> Cambio climático     |
| <input type="radio"/> Seguridad vial      | <input type="radio"/> Otro (especifique):  |

**54. ¿Cuál es su principal medio de transporte?**

- Vehículo personal
- Comparto coche
- Viaje compartido
- Autobús
- Bicicleta, patineta, scooter u otro dispositivo no eléctrico
- Bicicleta eléctrica, scooter eléctrico, monociclo eléctrico o dispositivo de movilidad.
- Caminando
- Taxi/coche de alquiler

**55. ¿Cómo describiría su entorno de vivienda y el impacto que tiene en la salud de su familia?**

- Negativo
- Algo negativo
- Neutral
- Algo positivo
- Positivo

**56. Describa el impacto que su entorno tiene en su salud (opcional):**

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**57. Durante los últimos 12 meses, ¿que tan seguido usted maneja:**

	Nunca	Casi nunca	A veces	Frecuentemente	Todo el tiempo
a. distraído por el uso del teléfono celular o la tecnología.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. bajo la influencia de alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. bajo la influencia de cannabis (marihuana)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. bajo la influencia de otra sustancia ilegal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**58. ¿Qué tan grande es el riesgo asociado con conducir después de los siguientes comportamientos:**

	Gran Riesgo	Riesgo Moderado	Riesgo Leve	Sin Riesgo
a. Después de tomar alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Después de consumir cannabis (marihuana)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Después de consumir alcohol y cannabis (marihuana)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Después de usar otra sustancia ilegal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Conducir distraído por el uso del teléfono móvil?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**59. ¿Usted utiliza alguna de las siguientes herramientas o estrategias para evitar conducir de forma distraída? (elija todo lo que corresponda)**

- Aplicaciones para no molestar
- Poner el teléfono fuera de su alcance
- Pregunta a su pasajero que controle la tecnología
- Control de comando de voz
- Usar el transporte público
- Otro (especifique) \_\_\_\_\_

**60. ¿Usted utiliza alguna de las siguientes herramientas o estrategias para prevenir conducir bajo los efectos del alcohol? (elija todo lo que corresponda)**

- Usar el transporte público
- Usar taxis, viajes compartidos, u otro servicio en carro.
- Se asegura que una persona del grupo se mantenga sobrio
- Hace un plan de ebriedad antes de salir
- Me mantengo sobrio cuando conduzco
- Decide caminar o ir en bicicleta para prevenir
- Otro (especifique): \_\_\_\_\_

**61. ¿Tiene acceso a atención médica, seguro médico u otra atención preventiva?**

- Si
- No
- No estoy seguro(a)

***Responda la siguiente pregunta solo si no tiene acceso a un cuidado de salud, aseguranza de salud u otro cuidado preventivo. De otra forma, salta a la pregunta 62 en la siguiente pagina***

**62. Describa cualquier motivo por el que no tiene acceso a atención médica, seguro médico u otra atención preventiva (opcional):**

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## INFORMACION DEMOGRAFÍCA

La siguiente serie de preguntas está pensada para ayudarnos a saber más acerca de usted y a todos nuestros encuestados. Es importante hacer estas preguntas demográficas para captar y aprender más sobre la diversidad de experiencias. Intentamos comprender las diferentes necesidades de la comunidad por edad, genero, raza y otros factores demográficos. No está obligado a responder a ninguna pregunta, pero le animamos a que participe y contribuya a nuestro aprendizaje. **Todos los resultados son anónimos y se agruparán en cualquier informe.**

### 63. ¿Cuál es su raza o etnia? (seleccione todas las que correspondan).

- Blanco o caucásico
- Hispano, Latino o de origen español
- Asiático
- Negro, africano o afroamericano
- Nativo de Hawái o de otras islas del Pacífico
- Más de una raza
- Prefiero no responder
- O tra raza (por favor especifique): \_\_\_\_\_
- No estoy seguro(a)

### 64. ¿Cuál es su género? (seleccione todas las que correspondan)

- Masculino
- Femenino
- No estoy seguro(a)
- Transgénero
- Prefiero no decirlo
- Ninguna de estas opciones me describe, soy: \_\_\_\_\_

### 65. ¿Cuál es su orientación sexual? (elija todas las que correspondan)

- Asexual/ Aromántico
- Bisexual
- Gay
- Heterosexual
- Lesbiana
- Pansexual
- Queer
- Cuestionamiento
- Prefiero no responder
- Prefiero identificarme a mí mismo: \_\_\_\_\_

### 66. ¿Cuál es tu estado civil?

- Soltero(a) nunca casado(a)
- Pareja casada
- Viudo(a)
- Divorciado(a)
- Separado(a)
- Otro (por favor describa): \_\_\_\_\_

### 67. ¿Tienes hijos o eres el cuidador principal de un niño?

- Sí
- No
- Deseo tener/espero ser



**¡Gracias por completar la encuesta! Las respuestas que usted proporcionó se mantendrán confidenciales y no se reportarán respuestas individuales. A continuación encontrará algunos recursos sobre los temas de la encuesta que pueden resultarle útiles. Por completar esta encuesta, usted es elegible para recibir un incentivo. Haga clic en el siguiente botón a continuación para leer información sobre el incentivo.**

### **Recursos que pueden ser de su interés:**

Reconocemos que algunas de estas preguntas pueden haber sido desencadenantes o desafiantes. Si usted o alguien que conoce necesita apoyo, comuníquese con cualquiera de estos servicios o visite [www.mountainyouth.org/resourcedirectory](http://www.mountainyouth.org/resourcedirectory).

- Hope Center Eagle River Valley | Línea de crisis del valle del río Eagle | 970-306-4673 (ESPERANZA)
- Línea de crisis de Colorado 988 o 1-844-493-8255 | envíe un mensaje de texto con HABLAR al 38255.
- Línea de texto de crisis | Envía un mensaje de texto al 741741 desde cualquier parte del país para comunicarte con un consejero.
- Psychology Today Encuentre un terapeuta [Directorio de proveedores](#)
- Eagle Valley Behavioral Health | [Mountain Strong](#)
- Distrito Escolar [Lista de recursos](#)
- Línea de crisis de Bright Future Foundation 970-949-7086
- SpeakUp ReachOut 970-632-3858 o [info@speakupreachout.org](mailto:info@speakupreachout.org)
- Servicios de alimentos: [Mercado comunitario](#)
- [Salvación Army](#)
- [Autobús MIRA](#)
- [My Future Pathways](#)
- Línea de ayuda nacional de SAMHSA 1-800-662-HELP (4357) o marque 988
- La línea de ayuda de información de NAMI 800-950-6264, de lunes a viernes, de 10 a. m. a 10 p. m., hora del Este, o por correo electrónico a [info@nami.org](mailto:info@nami.org).

Haga clic en el botón ENVIAR a continuación para ser dirigido a un nuevo formulario donde puede proporcionar su información de contacto para que su incentivo pueda ser procesado y proporcionado. Su información de contacto se almacenará en una ubicación separada y nunca podrá vincularse a sus respuestas a la encuesta y solo se utilizará para el procesamiento de incentivos.

Esté preparado para proporcionar su información de contacto. Nuevamente, este formulario es independiente de la encuesta que acaba de completar.

¡Gracias nuevamente por completar la encuesta para adultos jóvenes de Mountain Youth!

Por su tiempo y esfuerzo, Mountain Youth puede proporcionarle una tarjeta de regalo electrónica de \$10 mientras haya suministros disponibles. Es posible que sean necesarias varias semanas para procesar su tarjeta de regalo electrónica. Proporcione la información a continuación para recibir su incentivo. Mountain Youth le enviará una tarjeta de regalo electrónica de \$10 a una empresa utilizando la información de su contrato que se proporciona a continuación.

Nombre:	
Dirección de envío:	
Ciudad o pueblo:	
Estado:	
Código postal:	
Dirección de correo electrónico: *Requerido. No podemos ofrecer un regalo sin tu correo electrónico	
Número de teléfono: *Requerido. Comunicar cualquier información sobre incentivos.	
<b>Opciones de tarjetas de regalo:</b> <ul style="list-style-type: none"> <li>• Avon Bakery</li> <li>• Bookworm</li> <li>• City Market</li> <li>• Etown Edwards</li> <li>• Red Canyon Café</li> <li>• Riverwalk Theater</li> <li>• Starbucks</li> <li>• Village Bagel</li> <li>• Yeti's Grind</li> </ul>	

Solo se proporcionará un incentivo por cada persona que complete esta encuesta, sujeto a disponibilidad.

Monitoreamos nuestros datos con frecuencia y contamos con múltiples procedimientos para identificar respuestas duplicadas y fraudulentas. Aquellos que envíen encuestas múltiples o fraudulentas quedarán descalificados de recibir cualquier incentivo.

Por favor indique su interés en las siguientes actividades opcionales:

- Me gustaría participar en otras actividades de Mountain Youth (incluida la participación en grupos focales, juntas comunitarias, actividades sociales, proyectos de soluciones comunitarias, etc.)
- Me gustaría recibir el boletín mensual de Mountain Youth (asegúrese de incluir su dirección de correo electrónico arriba).