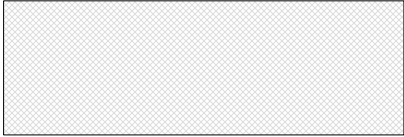


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DELAWARE 11TH GRADE STUDENT ASSENT AND SURVEY INSTRUCTIONS

This questionnaire is part of a study of student experiences, including the use of cigarettes, alcohol and other drugs. The study is being conducted by the University of Delaware. The answers you give will be entirely confidential and anonymous - - no one in your school, family or community will ever know how you answered the questions. We will keep your responses secret because if the study is to be helpful it is important that you answer each question truthfully, as best you can.

This study is completely voluntary. There is NO penalty if you choose not to fill out the questionnaire or any part of it.

This IS NOT A TEST, so there are no right or wrong answers. Please work as quickly as you can. If you don't find an answer that fits exactly, choose the one that comes closest. If a question does not apply to you, or if you are not sure what it means, just leave it blank. If you have any questions, turn your answer form over and raise your hand and someone will come to help you. Unless it says otherwise in the question, do not mark more than one answer for any question. When you are finished with the questionnaire, please turn it over and work quietly at your desk on something else. When everyone has finished, you will bring them up and put them in a box so we can mix them up.

Be sure to read the instructions before you begin to answer.

You should answer each question by filling in the circle next to the answer you choose. For example:

I am in the 11th grade:

- Yes
 No

Thank you very much for being an important part of this study.

MARKING INSTRUCTIONS

- Use a No. 2 pencil only.
- Do not use ink, ballpoint, or felt tip pens.
- Make solid marks that fill the response completely.
- Erase cleanly any marks you wish to change.
- Make no stray marks on this form.

CORRECT: ● INCORRECT: ✓ ✗ ◐ ◑

PLEASE DO NOT WRITE IN THIS AREA



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1. How old are you?

AGE	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

2. What is your gender?

- Male
- Female

3. How do you describe yourself?

- White
- Black
- Native-American (Indian)
- Mexican or Chicano
- Puerto Rican/other Latin American
- Oriental/Asian
- White and Black
- Other (describe _____)

4. Which of the following people DO YOU LIVE WITH MOST OF THE TIME?

- Live with two parents- natural or adoptive
- Live with one parent and one stepparent
- Live with one parent - mother only
- Live with one parent - father only
- Live with grandparent(s)
- Live with other family member/relative
- Live with non-family member (adult)

5. How many brothers and sisters (including stepbrothers and stepsisters) LIVE WITH YOU?

- 0 (none)
- 1
- 2
- 3
- 4-5
- 6 or more

6. How would you describe your overall grade average this year?

- Excellent (mostly A's)
- Very good (mostly B's)
- Average (mostly C's)
- Below average (mostly D's)
- Poor (mostly F's)

7. What is the highest level of schooling your mother or female guardian completed?

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school after college
- I don't know

8. What is the highest level of schooling your father or male guardian completed?

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school after college
- I don't know

9. How much schooling do you think you will complete?

- Probably will not finish high school
- Complete high school degree
- Some college
- Complete college degree
- Graduate or professional school after college
- I don't know

10. What is the zip code for your home address?

ZIP CODE Please write in the numbers, then mark the proper circles.

ZIP CODE
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1 1 1 1
2 2 2 2
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CHOOSE THE ANSWER THAT COMES CLOSEST TO DESCRIBING HOW OFTEN EACH OF THE FOLLOWING HAPPENS:

	MOST OF THE TIME	OFTEN	SOME OF THE TIME	NOT OFTEN	NEVER
11. I feel happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I feel angry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I feel safe in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I stay away from certain parts of the school to avoid trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I get along well with other kids at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I worry about getting attacked or robbed before or after school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I worry about getting attacked or robbed during school or on school grounds.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I get along well with teachers at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I get along well with my parents/guardians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Students at this school respect each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Students treat teachers with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Teachers and the Principal at this school do a good job handling discipline problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Students at this school feel safe on their school bus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Classrooms in this school are disrupted by student misbehavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Students in this school are well-behaved in public (classes, assemblies, cafeterias).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Students are bullied by other students when teachers are not around (in halls, outside school, bathrooms).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. The misbehavior of some students in this school keeps teachers from teaching the students who want to learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Students in this school are well-behaved -- even when teachers are not watching.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Student violence is a problem at this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



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MARK THE BEST ANSWER:

HOW OFTEN DO YOU:	NEVER	BEFORE, BUT NOT IN PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
31. Argue or fight with either of your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Take some kind of weapon to school or to a school event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Take part in a fight where a group of your friends are against another group?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Steal something from a store without paying for it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Go into a house or building when you aren't supposed to be there?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Get into trouble with the police because of something you did?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Talk to your parents about how things are going at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Talk to your parents about your education and career plans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Cheat on a test in class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Attend religious services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Ride in a car when the driver has been drinking while driving or shortly before driving?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Ride in a car when the driver has been smoking pot while driving or shortly before driving?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Attend events at school in the evenings or on weekends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Skip school without an excuse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Sneak money from an adult's wallet, purse, or other place?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE MARK ONE ANSWER ONLY TO EACH OF THE FOLLOWING QUESTIONS

	NONE	A FEW	SOME	MOST	ALL
46. About how many of the kids at school smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. About how many of the kids at school get drunk at least once a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. About how many of the kids at school skip school at least once a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. About how many of your friends smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. About how many of your friends get drunk at least once a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. About how many of your friends smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. About how many of your friends skip school at least once a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. About how many of your friends have ever been stopped by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. About how many of your friends shoplift?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. About how many of your friends damage or destroy property that does not belong to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE MARK YES OR NO TO THE FOLLOWING QUESTIONS	YES	NO
56. This school year, did one or both of your parents volunteer to come to the school to help the school in any way?	<input type="radio"/>	<input type="radio"/>
57. Are you involved in extracurricular activities like band, chorus, clubs, theater, newspaper, yearbook?	<input type="radio"/>	<input type="radio"/>
58. Are you a member of any school athletic team?	<input type="radio"/>	<input type="radio"/>
59. Do you know of places where students your age can get cigarettes?	<input type="radio"/>	<input type="radio"/>
60. Do you know of places where students your age can get alcohol?	<input type="radio"/>	<input type="radio"/>
61. Do you know of places where students your age can get marijuana?	<input type="radio"/>	<input type="radio"/>
62. Have you ever been in DARE or had other drug prevention education in school?	<input type="radio"/>	<input type="radio"/>
63. Have you had any drug education in school <i>during this school year</i> ?	<input type="radio"/>	<input type="radio"/>
64. Have either of your parents attended P.T.A. or P.T.O meetings this year?	<input type="radio"/>	<input type="radio"/>

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65. Does anybody in your home smoke cigarettes or tobacco? (Please mark all that apply)

- Mother or Stepmother
- Father or Stepfather
- Brother(s) or Stepbrother(s)
- Sister(s) or Stepsister(s)
- Other household member(s)

66. How old were you the first time you smoked a cigarette (not just a few puffs)?

AGE	
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9

Mark here if NEVER smoked

How many cigarettes have you smoked:

	NONE	LESS THAN 1	1-5 CIGARETTES	6-10 CIGARETTES	11-20 CIGARETTES	21-30 CIGARETTES	31 OR MORE CIGARETTES
67. ...in your whole life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. ...in the past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. ...in the past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many times have you used smokeless tobacco or snuff (Dip, Skoal, Happy Days, Red Man):

	NONE	LESS THAN 1	1-5 TIMES	6-10 TIMES	11-20 TIMES	21-30 TIMES	31 OR MORE TIMES
70. ...in your whole life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. ...in the past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. ...in the past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

73. In the past month on the days that you smoked, about how many cigarettes have you smoked per day?

- Did not smoke
- Less than 1 cigarette per day
- About 1-5 cigarettes per day
- About 1/2 pack per day
- About 1 and 1/2 packs per day
- About 2 packs per day or more

74. If you wanted to get cigarettes, where would you most likely get them?

- From my friends or other kids I know
- From my brothers, sisters, cousins
- From my parents or other adults (with their knowledge)
- From my parents or other adults (without their knowledge)
- From a vending machine
- From a store cashier or clerk

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81. How old were you the first time you tried marijuana (weed, pot, hash, blunts)?

AGE

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Mark here if NEVER tried

How many times have you smoked marijuana, (grass, pot, hash, weed)?

	0 TIMES	1-2 TIMES	3-5 TIMES	6-9 TIMES	10-19 TIMES	20-39 TIMES	40 OR MORE TIMES
82. ..in whole life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. ..in past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. ..in past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

85. In the past 30 days when you smoked marijuana, WHERE was the place you smoked most often? (MARK ALL THAT APPLY)

- My own home
- Someone else's home
- In school
- On school grounds
- In a restaurant or club
- In a car
- Outside (street, parking lot, public park, behind a building)

Didn't smoke in past 30 days

How many times have you sniffed glue or breathed the contents of aerosol spray cans, or inhaled other gases or sprays in order to get high?

	0 TIMES	1-2 TIMES	3-5 TIMES	6-9 TIMES	10-19 TIMES	20-39 TIMES	40 OR MORE TIMES
86. ..in whole life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. ..in past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. ..in past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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IN THE LIST BELOW, MARK THE ANSWERS THAT SHOW HOW OFTEN YOU USE (OR HAVE EVER USED EACH DRUG). YOUR ANSWERS ARE ABSOLUTELY CONFIDENTIAL.

	NEVER	BEFORE, BUT NOT IN PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
89. Hallucinogens (acid, LSD, trip, shrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. Over-the-counter drugs to get high (cough/cold meds, robi, Nodoz, tussin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. Prescription drug DOWNERS (xanies, tranqs, barbs, sedatives)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. Prescription drug UPPERS (speed, meth, crank, diet pill)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. Dactyls (rubes, dacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. Designer drugs (XTC, Special K and K, Roche)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. PCP (angel dust, dust or wet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. Crack (rock, ready rock, wool)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. Powder cocaine (powder, blow)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. Heroin (smack, funk)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. Any other illegal drug? Name: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

100. PLEASE ANSWER ONLY ONE OF THE TWO COLUMNS BELOW
 Answer if you **SMOKED** cigarettes in past year
 Answer if you **DID NOT SMOKE** cigarettes in past year

If you smoked cigarettes in the past year, please mark ALL the reasons that apply to you.

a. To fit in with the kids I like	<input type="radio"/>
b. I like the taste	<input type="radio"/>
c. It helps me relax	<input type="radio"/>
d. It makes me feel good	<input type="radio"/>
e. Because adults told me not to	<input type="radio"/>
f. Because I'm bored	<input type="radio"/>
g. It helps me lose weight	<input type="radio"/>
h. It helps me get through the day	<input type="radio"/>

OR

If you did NOT smoke cigarettes in the past year, please mark ALL the reasons for not smoking that apply to you.

a. It's not healthy	<input type="radio"/>
b. It makes you look and smell bad	<input type="radio"/>
c. I don't like the taste	<input type="radio"/>
d. It's against my beliefs	<input type="radio"/>
e. My parents would disapprove	<input type="radio"/>
f. My friends would not like it	<input type="radio"/>
g. It might lead to other drugs	<input type="radio"/>
h. It's too expensive	<input type="radio"/>

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101. PLEASE ANSWER ONLY ONE OF THE TWO COLUMNS BELOW

Answer if you DRANK
alcohol in past year

OR

Answer if you DID NOT DRINK
alcohol in past year

If you drank alcohol in the past year, please mark ALL the reasons for drinking that apply to you	
a. To fit in with the kids I like	<input type="radio"/>
b. I like to feel drunk or high	<input type="radio"/>
c. It helps me relax	<input type="radio"/>
d. It makes me feel good	<input type="radio"/>
e. Because adults told me not to	<input type="radio"/>
f. Because I'm bored	<input type="radio"/>
g. It helps get me through the day	<input type="radio"/>

If you did not drink alcohol in the past year, please mark ALL the reasons for not drinking that apply to you	
a. It's not healthy	<input type="radio"/>
b. I don't like how it makes me feel	<input type="radio"/>
c. I don't like the taste	<input type="radio"/>
d. It's against my beliefs	<input type="radio"/>
e. My parents would disapprove	<input type="radio"/>
f. My friends would not like it	<input type="radio"/>
	<input type="radio"/>

102 PLEASE ANSWER ONLY ONE OF THE TWO COLUMNS BELOW

Answer if you SMOKED marijuana
in past year

OR

Answer if you DID NOT SMOKE
marijuana in past year

If you smoked marijuana in the past year, please mark all the reasons for smoking that apply to you	
a. To fit in with the kids I like	<input type="radio"/>
b. I like to feel high	<input type="radio"/>
c. It helps me relax	<input type="radio"/>
d. It makes me feel good	<input type="radio"/>
e. Because adults told me not to	<input type="radio"/>
f. Because I'm bored	<input type="radio"/>
g. It helps get me through the day	<input type="radio"/>

If you did not smoke marijuana in the past year, please mark all the reasons for not smoking that apply to you	
a. It's not healthy	<input type="radio"/>
b. I don't like how it makes me feel	<input type="radio"/>
c. I don't like the taste	<input type="radio"/>
d. It's against my beliefs	<input type="radio"/>
e. My parents would disapprove	<input type="radio"/>
f. My friends would not like it	<input type="radio"/>
	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

PLEASE MARK ONE ANSWER FOR EACH QUESTION:

During the past year I have tried to cut down on or stop my use of:	NOT USED IN PAST YEAR	YES	NO
103. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. Inhalants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. Other Drug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past year I have been unable to cut down on my use of:	NOT USED IN PAST YEAR	YES	NO
108. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. Inhalants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. Other Drug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past year I have needed larger amounts to get the same effect from:	NOT USED IN PAST YEAR	YES	NO
113. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. Inhalants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. Other Drug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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FOR EACH DRUG, PLEASE ANSWER THE FOLLOWING QUESTIONS:

During the past year I have used daily or almost daily for 2 or more weeks in a row:	NOT USED IN PAST YEAR	YES	NO
118. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
121. Inhalants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. Other Drug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past year I have felt that I needed or was dependent on:	NOT USED IN PAST YEAR	YES	NO
123. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. Inhalants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127. Other Drug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past year I have had withdrawal symptoms, or felt sick because I stopped or cut down on my use of:	NOT USED IN PAST YEAR	YES	NO
128. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
129. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
130. Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
131. Inhalants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
132. Other Drug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



PLEASE MARK AN ANSWER TO THE FOLLOWING STATEMENTS ABOUT ALCOHOL:

	NOT USED IN PAST YEAR	YES	NO
133. I got into a heated argument while drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
134. I stayed away from school because of a hangover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
135. I was high or a little drunk at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
136. Friends told me that I should cut down on my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137. I tossed down several drinks pretty fast to get a quicker effect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
138. I was afraid I might be an alcoholic or that I might become one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
139. I stayed drunk for more than one day at a time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
140. I have awakened unable to remember some of the things I had done while drinking the day before.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
141. I had a quick drink or so when no one was looking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
142. My hands shook a lot after drinking the day before.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
143. Sometimes I got high or a little drunk when drinking by myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE ANSWER THE FOLLOWING QUESTIONS IF YOU HAVE HAD ANY PROBLEMS IN THE PAST YEAR DUE TO YOUR DRINKING, TOBACCO OR OTHER DRUG USE.

<i>PLEASE MARK ALL THAT APPLY</i>	NOT IN PAST YEAR	DUE TO DRINKING	DUE TO TOBACCO USE	DUE TO OTHER DRUG USE
144. I became depressed or lost interest in things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
145. I had arguments or fights with family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
146. I felt completely alone and isolated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
147. I felt very nervous or anxious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
148. I had health problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
149. I found it difficult to think clearly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
150. I felt irritable and upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
151. I got less work done than usual at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
152. I felt suspicious and distrustful of people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
153. I found it harder to handle my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
154. I had to get emergency medical help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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PLEASE MARK YOUR ANSWERS TO THE FOLLOWING STATEMENTS.

	NOT USED IN PAST YEAR	YES	NO
155. During the past year, I have gotten help for my drinking or drug use in a drug treatment or rehabilitation facility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
156. During the past year, I have talked to a counselor at school about my drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
157. During the past year, my parents have helped me to get treatment for my drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
158. During the past year, I have gotten help for my drinking or drug use from a doctor or private counselor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
159. During the past year, I have gotten help for my drinking or drug use some other place (AA, church).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BASED ON WHAT YOU KNOW AND BELIEVE, HOW MUCH DO YOU THINK PEOPLE RISK HARMING THEMSELVES PHYSICALLY AND IN OTHER WAYS WHEN THEY:

MARK ONE ANSWER ONLY	NO RISK	SLIGHT RISK	MODERATE RISK	GREAT RISK	DON'T KNOW
160. Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
161. Take one or two drinks (beer, wine, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
162. Have 5 drinks at a time once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
163. Try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
164. Smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
165. Try cocaine powder once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
166. Use cocaine powder regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
167. Try crack cocaine once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
168. Smoke crack cocaine regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
169. Try inhaling glue or aerosols once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
170. Inhale glue or aerosols frequently?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
171. Try heroin once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



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HOW MUCH DO YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS:

	DISAGREE A LOT	DISAGREE A LITTLE	DON'T DISAGREE OR AGREE	AGREE A LITTLE	AGREE A LOT
173. I would like to try rock climbing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
174. I like wild parties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
175. I like to be around people who party a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
176. I would like to try parachute jumping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
177. I would like to try bungee jumping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
178. I like to have new or exciting experiences even if they are illegal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In an average week, how many hours do you spend:

	0 HOURS	1 - 4 HOURS	5 - 9 HOURS	10 - 14 HOURS	15 - 19 HOURS	20 OR MORE HOURS
179. Studying outside of school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
180. Reading things just for fun or because they interest you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
181. Watching TV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
182. Playing video/computer games?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
183. Hanging out with friends, besides time at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
184. In organized activities that are not school-related (church groups, sports teams, dance lessons, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
185. Doing things with your parents/guardians?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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186. Most of the kids I hang out with are:
 More than a year older than I am
 About the same age as I am
 More than a year younger than I am
187. PLEASE INDICATE HOW YOU FEEL ABOUT THIS STATEMENT:
People who break the law are almost always caught and punished.
 Agree
 Disagree
 Don't know
188. How often do you wear a seat belt?
 Never
 Hardly ever
 About half the time
 Usually
 Always
189. During the past 12 months, about how many times did you gamble (bet) for money or possessions?
 Zero times
 A few times (7 - 11 times)
 Monthly or more often (12 - 50 times)
 Weekly or more often (51 times or more)
190. Do you take any medicine such as ritalin to help you concentrate better in school?
 Yes
 No
191. Have you ever been the designated driver for others who were drinking, smoking marijuana, or using other drugs?
 I don't drive
 Yes
 No

192. On average, how often do you drive a car, truck, or other vehicle (motorcycle, ATV, boat) after drinking alcohol?
 I don't drive
 Never
 At least once, but not in past year
 A few times in past year
 About once or twice a month
 About once or twice a week
 Almost every day
193. On average, how often do you drive a car, truck, or other vehicle after smoking marijuana?
 I don't drive
 Never
 At least once, but not in past year
 A few times in past year
 About once or twice a month
 About once or twice a week
 Almost every day

THINKING ABOUT YOUR FUTURE:

194. What do you think you will do right after high school?
 Enter military service
 Attend college full time
 Work full time
 Work and go to school
 Attend vocational or trade school
 Don't know
 Other
(explain _____)
195. What do you think the chances are that you will have a good job?
 Not very likely
 Fairly good
 Almost certain
196. What do you think the chances are that you will be able to complete as much education as you want?
 Not very likely
 Fairly good
 Almost certain

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]