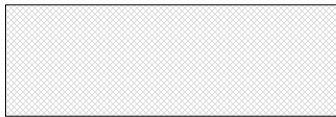


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YEAR 2003

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 questionnaire 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, please turn your booklet over and raise your hand. I will come around with an envelope for you to put your survey in. You can then work quietly at your desk on something else until everyone has finished.

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

You should answer each question by completely 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	
<ul style="list-style-type: none"> • 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: <input checked="" type="radio"/>	INCORRECT: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

PLEASE DO NOT WRITE IN THIS AREA



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1. How old are you TODAY?

- 15 years or younger
- 16 years
- 17 years
- 18 years
- 19 years or older

2. What is your gender?

- Male
- Female

3. How do you describe yourself? (You can CHOOSE ONE OR MORE)

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

4. Which of the following BEST describes you? (CHOOSE ONLY ONE ANSWER)

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

5. Which of the following people live with you most of the time? (MARK ALL THAT APPLY)

- Mother
- Father
- Grandparent(s)
- Other family member(s)
- Step-parent(s)
- 1 Brother/Sister (Stepbrother/Stepsister)
- 2 Brothers/Sisters (Stepbrothers/Stepsisters)
- 3 Brothers/Sisters (Stepbrothers/Stepsisters)
- 4 Brothers/Sisters (Stepbrothers/Stepsisters)
- 5 or more Brothers/Sisters (Stepbrothers/Stepsisters)
- Non-family member(s)

6. What ONE category best describes your overall grades on your last report card?

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's or F's

7. What is the zip code for your home address?
Please write in the numbers, then mark the proper circles.

EXAMPLE

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ZIP CODE				
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<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

8. What is the highest level of schooling your mother or female guardian completed? (CHOOSE ONLY ONE ANSWER)

- 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. What is the highest level of schooling your father or male guardian completed? (CHOOSE ONLY ONE ANSWER)

- 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

CHOOSE THE ONE BEST ANSWER FOR EACH ROW:

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PLEASE CHOOSE THE BEST RESPONSE FOR THE FOLLOWING STATEMENTS:	MOST OF THE TIME	OFTEN	SOME OF THE TIME	NOT OFTEN	NEVER
10. My parents know where I am when I am not in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My parents know who I am with when I am not in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I feel safe in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. 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"/>
15. I get along well with other kids at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. 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"/>
17. I worry about getting attacked or robbed during school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I get along well with teachers at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I get along well with my parents/guardians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PLEASE CHOOSE THE BEST RESPONSE FOR THE FOLLOWING STATEMENTS:	MOST OF THE TIME	OFTEN	SOME OF THE TIME	NOT OFTEN	NEVER
20. Students at this school treat each other with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Students treat teachers with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. 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"/>
23. 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"/>
24. 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"/>
25. 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"/>
26. 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"/>
27. 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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CHOOSE THE ONE BEST ANSWER FOR EACH ROW:

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
28. 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"/>
29. 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"/>
30. 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"/>
31. 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"/>
32. 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"/>
33. 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"/>
34. Talk to either of 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"/>
35. Talk to either of 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"/>
36. Cheat on a test in class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Attend religious services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Ride in a car when the driver has been drinking alcohol while driving or shortly before driving?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. 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"/>
40. 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"/>
41. Skip school without an excuse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. 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"/>
43. Ride in a car or be in a room with someone who was smoking cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Damage or destroy property that does not belong to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHOOSE THE ONE BEST ANSWER FOR EACH ROW:

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	NONE	A FEW	SOME	MOST	ALL
45. About how many of the kids at this school do you think smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. About how many of the kids at this school get drunk at least once a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. About how many of your friends smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. 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"/>
49. About how many of your friends smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. 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"/>
51. 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"/>
52. About how many of your friends shoplift?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. 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"/>

	YES	NO
54. 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"/>
55. Do you know of places where students your age can buy cigarettes?	<input type="radio"/>	<input type="radio"/>
56. Do you know of places where students your age can buy alcohol?	<input type="radio"/>	<input type="radio"/>
57. Do you know of places where students your age can buy marijuana?	<input type="radio"/>	<input type="radio"/>
58. Have you <u>ever</u> been in DARE or had other drug prevention education in school?	<input type="radio"/>	<input type="radio"/>
59. Have you had any drug prevention education in school <u>during this school year</u> ?	<input type="radio"/>	<input type="radio"/>

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60. Does anybody living in your home smoke cigarettes or tobacco? (**MARK ALL THAT APPLY**)
- No one
 - Mother or Stepmother
 - Father or Stepfather
 - Brother(s) or Stepbrother(s)
 - Sister(s) or Stepsister(s)
 - Other household member(s)

61. How old were you the first time you smoked a cigarette (not just a few puffs)?
- I have never smoked a cigarette
 - 6 years old or under
 - 7 - 8 years old
 - 9 - 10 years old
 - 11 - 12 years old
 - 13 - 14 years old
 - 15 - 16 years old
 - 17 years old or older

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
62. ...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"/>
63. ...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"/>
64. ...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"/>

65. In the past month on the days that you smoked, about how many cigarettes did you smoke 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 to 1 and 1/2 packs per day
 - About 2 packs per day or more

66. If you wanted to get cigarettes, where would you most likely get them? (**MARK ALL THAT APPLY**)
- From my friends or other kids I know
 - From my brothers, sisters, or cousins
 - From my parents or other adults (with them knowing)
 - From my parents or other adults (without them knowing)
 - From a vending machine
 - From a store cashier or clerk

<i>HOW OFTEN HAVE YOU USED ANY OF THE FOLLOWING:</i>	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
67. Chewing tobacco, snuff, dip (Skoal, Red Man)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. Bidis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. Kreteks or other clove cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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71. How old were you the first time you had a drink (not just a few sips) of alcohol (beer, wine, liquor, mixed drink)?

- I have never had a drink of alcohol
- 6 years old or under
- 7 - 8 years old
- 9 - 10 years old
- 11 - 12 years old
- 13 - 14 years old
- 15 - 16 years old
- 17 years old or older

How many times have you had a drink (not just a few sips) of alcohol, beer, wine, liquor, mixed drink:

	0 TIMES	1-2 TIMES	3-5 TIMES	6-9 TIMES	10-19 TIMES	20-39 TIMES	40 OR MORE TIMES
72. ...in whole life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. ...in past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. ...in past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

75. Think back over the last 2 weeks. How many times have you had:

	0 TIMES	1 TIME	2 TIMES	3 - 5 TIMES	6 - 9 TIMES	10 TIMES OR MORE
3 or more alcoholic drinks in a row?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 or more alcoholic drinks in a row?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 or more alcoholic drinks in a row?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

76. In the past 30 days if you drank alcohol, WHERE did you most often drink? (MARK ALL THAT APPLY)

- Never drank alcohol
- Didn't drink in past 30 days
- 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)

PLEASE DO NOT WRITE IN THIS AREA



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

- I have never tried marijuana
- 6 years old or younger
- 7 - 8 years old
- 9 - 10 years old
- 11 - 12 years old
- 13 - 14 years old
- 15 - 16 years old
- 17 years old or older

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
78. ...in whole life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. ...in past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. ...in past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

81. In the past 30 days if you smoked marijuana, WHERE did you smoke most often? (MARK ALL THAT APPLY)

- Never smoked marijuana
- Did not smoke marijuana in the past 30 days
- 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)

How many times have you sniffed glue or breathed the contents of aerosol spray cans, or inhaled other gases or sprays, nitrous oxide or whippets 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
82. ...in whole life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. ...in past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. ...in past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHOOSE THE ONE BEST ANSWER FOR EACH ROW:

HOW OFTEN DO YOU USE:	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
85. Ecstasy or E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. HALLUCINOGENS (acid, LSD, trip, shrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. OVER-THE-COUNTER drugs (cough & cold meds, Nyquil) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. DOWNERS, prescription & street drugs (tranqs, barbs, Xanax) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. UPPERS, prescription & street drugs (speed, meth, crank, diet pills) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. Dactyls (rubes, dacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. PAIN KILLERS (OxyContin, codeine, Percocet, Tylenol III) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. Ritalin, Adderall, Cylert or Concerta to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. PCP (angel dust, dust or wet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. Crack (rock)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. Powder cocaine (powder, blow)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. Heroin (funk, dope)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. Any illegal drug you inject with a needle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

98. PLEASE MARK ALL THAT APPLY FOR SUBSTANCES YOU HAVE USED IN THE PAST YEAR:

During the past year, I have:	Cigarettes	Alcohol	Marijuana	Prescription Pain Killers	Other Illegal Drugs
a. Tried to cut down on or stop my use of:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Been unable to cut down on my use of:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Needed larger amounts to get the same effect from:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Used daily or almost daily for 2 or more weeks in a row:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Felt that I needed or was dependent on:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Had withdrawal symptoms, or felt sick because I cut down or stopped my use of:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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99. PICK THE COLUMN BELOW WHICH APPLIES TO YOU:

If you **DID SMOKE CIGARETTES** in the past year,

OR

If you **DID NOT SMOKE CIGARETTES** in the past year,

MARK ALL THE REASONS:

a. To fit in with the kids I like	<input type="radio"/>
b. I like the taste/smell	<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 to lose weight	<input type="radio"/>
h. It helps me get through the day	<input type="radio"/>

MARK ALL THE REASONS:

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"/>
i. I don't want to get into trouble with the police or school	<input type="radio"/>

100. PICK THE COLUMN BELOW WHICH APPLIES TO YOU:

If you **DID DRINK ALCOHOL** in the past year,

OR

If you **DID NOT DRINK ALCOHOL** in the past year,

MARK ALL THE REASONS:

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"/>

MARK ALL THE REASONS:

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"/>
g. It might lead to other drugs	<input type="radio"/>
h. It's too expensive	<input type="radio"/>
i. I don't want to get into trouble with the police or school	<input type="radio"/>



101. PICK THE COLUMN BELOW WHICH APPLIES TO YOU:

If you DID SMOKE MARIJUANA
in the past year,

OR

If you DID NOT SMOKE MARIJUANA
in the past year,

MARK ALL THE REASONS:	
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"/>

MARK ALL THE REASONS:	
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"/>
g. It might lead to other drugs	<input type="radio"/>
h. It's too expensive	<input type="radio"/>
i. I don't want to get into trouble with the police or school	<input type="radio"/>

CHOOSE THE ONE BEST ANSWER FOR EACH ROW:

IF THE QUESTION DOES NOT APPLY TO YOU, LEAVE IT BLANK:	YES	NO
102. <u>During the past year</u> in school, I have talked to a counselor, teacher, or nurse at school about my drinking or drug use.	<input type="radio"/>	<input type="radio"/>
103. <u>During the past year</u> , I have talked to my parents about my drinking or drug use.	<input type="radio"/>	<input type="radio"/>
104. <u>During the past year</u> outside of school, I have talked to a doctor, counselor, or gone to a treatment center about my drinking or drug use.	<input type="radio"/>	<input type="radio"/>

105. Do you take any medicine to help you concentrate better in school?

- Yes, Ritalin
- Yes, Adderall
- Yes, Cylert
- Yes, Concerta
- Yes, Other _____
- No

106. How often have you gambled (bet) for money or possessions?

- 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

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CHOOSE THE ONE BEST ANSWER FOR EACH ROW:

DURING THE PAST YEAR, HAVE ANY OF THESE THINGS HAPPENED DUE TO DRINKING ALCOHOL?	DID NOT DRINK IN PAST YEAR	YES	NO
107. I got into a heated argument while drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. I stayed away from school because of a hangover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109. I was high or a little drunk at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. My girl/boyfriend told me that I should cut down on my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. Friends told me that I should cut down on my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. I tossed down several drinks pretty fast to get a quicker effect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. I was afraid I might be an alcoholic or that I might become one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. I stayed drunk for more than one day at a time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. Once I started drinking, it was difficult for me to stop before I became completely intoxicated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. 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"/>
117. I had a quick drink or so when no one was looking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. My hands shook a lot after drinking the day before.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. Sometimes I got a little drunk while drinking by myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. Sometimes I kept on drinking after promising myself not to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHOOSE THE ONE BEST ANSWER FOR EACH ROW:

I AGREE OR DISAGREE WITH:	DISAGREE A LOT	DISAGREE A LITTLE	NEITHER DISAGREE NOR AGREE	AGREE A LITTLE	AGREE A LOT
121. I sometimes do crazy things just for fun.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. I like wild parties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. 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"/>
124. I like to try new things even if they scare me or I know it's something I shouldn't do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. I get a real kick out of doing things that are a little dangerous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. 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"/>

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

PLEASE MARK ALL THAT APPLY:

DURING THE PAST YEAR:	NOT IN PAST YEAR	DUE TO DRINKING	DUE TO TOBACCO USE	DUE TO OTHER DRUG USE
127. I became depressed or lost interest in things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
128. I had arguments or fights with family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
129. I felt completely alone and isolated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
130. I felt very nervous or anxious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
131. I had health problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
132. I found it difficult to think clearly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
133. I felt irritable and upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
134. I got less work done than usual at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
135. I felt suspicious and distrustful of people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
136. I found it harder to handle my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137. I had to get emergency medical help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHOOSE THE ONE BEST ANSWER FOR EACH ROW:

HOW MUCH DO PEOPLE RISK HARMING THEMSELVES (PHYSICALLY AND OTHER WAYS) WHEN THEY:	NO RISK	SLIGHT RISK	MODERATE RISK	GREAT RISK	DO NOT KNOW
138. Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
139. Have 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"/>
140. 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"/>
141. Try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
142. Smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
143. Try cocaine or crack once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
144. Use cocaine or crack regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
145. Try inhaling glue or aerosols or other inhalants once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
146. Inhale glue or aerosols or other inhalants regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
147. Try heroin once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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CHOOSE THE ONE BEST ANSWER FOR EACH ROW:

<i>HOW MUCH TIME DO YOU SPEND ON A SCHOOL DAY (BEFORE AND AFTER SCHOOL):</i>	NONE	LESS THAN ONE HOUR	1 - 2 HOURS	2 - 4 HOURS	4 OR MORE HOURS
148. Studying or doing homework outside of school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
149. 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"/>
150. Watching TV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
151. Playing video/computer games?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
152. Online on a computer (surfing, chatting, downloading)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
153. Hanging out with friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
154. In organized activities that are <u>not</u> school-related (church groups, sports teams, dance lessons)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
155. Participating in school athletics (practice, games)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
156. Doing things with your parents/guardians?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>BETWEEN SCHOOL AND DINNERTIME, HOW MANY HOURS EACH DAY DO YOU:</i>	NONE	LESS THAN ONE HOUR	1 - 2 HOURS	2 - 4 HOURS	4 OR MORE HOURS
157. Participate in an after-school program that <u>IS</u> school related (sports teams, clubs, tutoring, band, choir, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
158. Participate in an after-school program that <u>IS NOT</u> school related (church groups, dance lessons, scouts)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
159. Work for pay?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
160. Watch your brother/sister or other young child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
161. Spend at your home (or someone else's) <u>WITH</u> adult supervision?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
162. Spend at your home (or someone else's) <u>WITHOUT</u> adult supervision?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
163. Hang out with your friends not at anyone else's home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

164. Have either of your parents spoken with you about the risks of: **(MARK ALL THAT APPLY)**

- Using tobacco products
- Drinking alcohol
- Using marijuana
- Using other drugs
- Your friends' use of alcohol
- Your friends' use of drugs

165. 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

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

166. How often do you wear a seat belt?

- Never
- Hardly ever
- About half the time
- Usually
- Always

167. Which of the following statements do you believe to be true? (MARK ALL THAT APPLY)

- If I break the law, I will certainly be punished.
- Delaware laws concerning alcohol and drug use are fair and consistent.
- I do not know what the Delaware laws are concerning alcohol and drug use.
- The rules my parents set for me are fair and consistent.
- If I break the rules my parents set for me, I will certainly be punished.
- The rules at my school are fair and consistent.
- If I break the rules at my school, I will certainly be punished.

168. On average, how often do you drive a car, truck, or other motor 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

169. On average, how often do you drive a car, truck, or other motor 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

170. During the past year, have you taken any of the following drugs to get high?

(MARK ALL THAT APPLY)

- No
- Yes, OxyContin
- Yes, Codeine/Tylenol with codeine
- Yes, Percocet/Percodan
- Yes, Vicodin
- Yes, Darvon/Darvacet
- Yes, Xanax
- Yes, Somas
- Yes, Ritalin/Adderall
- Yes, Other (please specify) _____

171. If you wanted to get prescription drugs without a prescription, where would you get them? (MARK ALL THAT APPLY)

- From my friends or other kids I know
- From my brothers, sisters, or cousins
- From my parents or other adults (with them knowing)
- From my parents or other adults (without them knowing)
- At a rave or party
- From someone who sells them

172. Have you used the Wellness Center in your high school for: (MARK ALL THAT APPLY)

- Sports physicals
- Pregnancy/STD testing
- Other physical health reasons one time
- Other physical health reasons more than once
- Counseling/Mental health one time
- Counseling/Mental health more than once
- Never used

173. Have you ever been the designated driver for others who were drinking, smoking marijuana, or using other drugs?

- I don't drive
- Yes
- No

PLEASE CONTINUE TO THE LAST PAGE.



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174. CHOOSE THE ONE BEST ANSWER FOR EACH ROW:

HOW OFTEN HAVE YOU DONE ANY OF THE FOLLOWING:	NEVER GAMBLED	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
a. Gambled at a casino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Played the lottery or scratch-off tickets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Bet on team sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Played cards for money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Bet money on horse races	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Played Bingo for money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Bet on dice games such as craps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Gambled on the Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Bet on games of personal skill such as pool, darts or basketball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

175. How old were you the first time you participated in

- any of the activities listed in question 174, above?
- I have never done any of those things
- 6 years old or under
- 7-8 years old
- 9-10 years old
- 11-12 years old
- 13 years old or over

Thank you again for being an important part of this study.

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]