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1. How old are you TODAY?

- 13 years or younger
- 14 years
- 15 years
- 16 years or older

2. What is your gender?

- Male
- Female

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

- 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

ZIP CODE				
1	9	7	1	6
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
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<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input checked="" type="radio"/> 6
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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"/>

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

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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 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 years 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)

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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 years 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"/>



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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:

<i>IF THE QUESTION DOES NOT APPLY TO YOU, LEAVE IT BLANK:</i>	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:

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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"/>

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?	<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 not school-related (church groups, sports teams, dance lessons)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
155. As a member of any school athletic team?	<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>HOW MANY SCHOOL DAYS EACH WEEK, BETWEEN SCHOOL AND DINNER TIME, DO YOU:</i>	NONE	1 DAY	2 DAYS	3 DAYS	4 OR MORE DAYS
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, etc.)?	<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> 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"/>

PLEASE DO NOT WRITE IN THIS AREA



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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

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.

PLEASE CONTINUE TO THE LAST PAGE.



168. 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"/>

169. How old were you the first time you participated in any of the activities listed in question 168, 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



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