



YEAR 2013

**DELAWARE SECONDARY SCHOOL STUDENT ASSENT
AND SURVEY INSTRUCTIONS**

This survey is part of a study the University of Delaware does every year to provide information on student behaviors and beliefs, including eating habits and the use of cigarettes, alcohol and other drugs. Results are used to make better decisions about the kinds of programs and policies needed to support the health and well-being of Delaware students.

All answers are entirely

- **Confidential**—no one will see your answers or know how you answered the questions
- **Anonymous**—do not put your name on the survey; we do not want to know how any one person answered, only about percentages of answers of all students combined
- **Voluntary**—there is no penalty if you choose not to fill out any part of the survey or all of it

This **IS NOT A TEST**, so there are no right or wrong answers. 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. Please work as quickly as you can. If you have any questions, raise your hand and I will come to help you. Unless it says "Mark all that apply," please mark only one answer for each question. When you are finished, turn your booklet over and raise your hand; I will come around with an envelope for you to put your survey in. Then you can work quietly at your desk on something else until everyone has finished.

Remember:

- Read the instructions before you answer.
- Fill in the circle next to the answer you choose completely, like the example below:

I am currently attending school:

- Yes
- No

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: ●	INCORRECT: ✓ ⊗ ○

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

PLEASE DO NOT WRITE IN THIS AREA



1. What is the zip code for your home address?
Please write in the **numbers**, then fill in 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
<input checked="" type="radio"/> 1	<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<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
<input type="radio"/> 7	<input type="radio"/> 7	<input checked="" type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<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 checked="" type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

ZIP CODE				
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<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 type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<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

2. What is your gender?

- Male
 Female

3. Do you get a free or reduced cost lunch at school?

- Yes
 No

4. How old are you TODAY?

- 12 years or younger
 13 years
 14 years
 15 years
 16 years
 17 years
 18 years
 19 years or older

5. Are you Hispanic or Latino?

- No
 Yes, I am Mexican, Mexican American, or Chicano
 Yes, I am Puerto Rican
 Yes, I am Cuban or Cuban American
 Yes, I am some other Hispanic or Latino not listed here

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

- American Indian or Alaskan Native
 Asian
 Black or African American
 White/Caucasian
 Other (describe) _____

7. Are either of your parents or other adults (18 years or older) in your family serving on active duty in the military?

- Yes
 No

8. 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

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

- Mother
 Father
 Grandparent(s), aunt(s) or uncle(s)
 Step-parent(s)
 Brother(s)
 Sister(s)
 Other adult(s)

10. Which of the people who live with you right now work to earn money to pay the bills and buy the food? (MARK ALL THAT APPLY.)

- Mother
 Father
 Grandparent(s), aunt(s) or uncle(s)
 Step-parent(s)
 Brother(s)
 Sister(s)
 Other adult(s)

11. How old is your mother?
If you don't know, please put your best guess.

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

12. How old is your father?
If you don't know, please put your best guess.

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

13. 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

CHOOSE THE ONE BEST ANSWER FOR EACH ROW:

PLEASE CHOOSE THE BEST RESPONSE FOR THE FOLLOWING STATEMENTS:	MOST OF THE TIME	OFTEN	SOME OF THE TIME	NOT OFTEN	NEVER
24. My parents know <u>where I am</u> when I am <u>NOT</u> in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. When my parents ask where I am or what I am doing, I tell them the truth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I feel safe in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I get along well with other kids at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I get along well with my parents/guardians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Students here treat teachers with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. 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"/>
32. Student violence is a problem at this school.	<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:	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
33. You argue or fight with either of your parents/guardians?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. You 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"/>
35. You 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"/>
36. You 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"/>
37. You break into a car, house or other building?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. You get arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. You 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"/>

<i>The next questions ask about your relationship with your parents.</i>	Never or Almost Never	Sometimes	Always or Almost Always
58. My parent(s) show me they are proud of me:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. My parent(s) take an interest in my activities:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. My parent(s) listen to me when I talk to them:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. I can count on my parent(s) to be there when I need them:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. My parent(s) and I talk about the things that really matter:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. I am comfortable sharing my thoughts and feelings with my parent(s):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<i>The next questions ask about your feelings in the past 4 weeks.</i>	Never or Almost Never	Sometimes	Always or Almost Always
64. How often did you feel really sad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. How often did you feel really worried?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. How often did you feel afraid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. How often did you have trouble relaxing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. How often did you feel nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<i>The next questions ask about your relationships.</i>	Never or Almost Never	Sometimes	Always or Almost Always
69. Do you get along well with people of different races, cultures and religions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. Do you listen to other students' ideas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. Do you control your anger when you have a disagreement with a friend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. Do you follow the rules when you are at a park, theater or sports event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. Do you respect other points of view, even if you disagree?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<i>How much time do you spend on a school day (<u>before</u> and <u>after</u> school):</i>	No time	1/2 hour or less	About one hour	About two hours	More than two hours
74. Online on a computer (not for school work), watching TV, or playing computer/video games?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. Doing school work at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. Physically playing, exercising or playing sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

77. 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)

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

- I have never smoked a cigarette
- 10 years or younger
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 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
79. ...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"/>
80. ...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"/>
81. ...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"/>

82. In the past month, on the days that you smoked, about how many cigarettes did you smoke per day?

- Did not smoke cigarettes
- 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

83. 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/guardians (with them knowing)
- From my parents/guardians (without them knowing)
- From other adults (with them knowing)
- From other adults (without them knowing)
- From a vending machine
- From a store cashier or clerk

HOW OFTEN HAVE YOU USED ANY OF THE FOLLOWING:	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
84. Chewing tobacco, snuff, dip, snus (Skoal, Red Man, Copenhagen, Timberwolf)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. Cigars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Cigarillos, little cigars, black and tans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



87. 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
- 10 years or younger
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

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

- I still drink alcohol
- 10 years or younger
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 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
89. ...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"/>
90. ...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"/>
91. ...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"/>

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
92. 3 alcoholic drinks in a row?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. 4 alcoholic drinks in a row?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. 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"/>

95. In the past 30 days if you drank alcohol, WITH WHOM did you sometimes drink? (MARK ALL THAT APPLY.)

- Didn't drink in past 30 days
- Brother(s) or sister(s)
- Adult family members
- Other adults
- Friends from school
- Friends from my neighborhood
- Boyfriend/Girlfriend
- Drank alone

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

- At home
- At someone else's home
- At a party
- At a sports event
- At school
- In a car
- In a public place (park, parking lot, field)

97. In the past year, have you done any of the following? (MARK ALL THAT APPLY.)

- Been at a party where parents bought alcohol for teenagers
- Been at a party with alcohol and no parents were present
- Pre-gamed (drank before going to a game, party or event)
- Had someone over age 21 (other than a parent) buy alcohol for you
- Bought alcohol with a fake ID
- Bought alcohol without being asked for an ID
- Taken alcohol from your house without permission
- Taken alcohol from your house with permission
- Taken alcohol from someone else's house without permission
- None of the above

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

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

99. How old were you the last time you smoked marijuana (grass, pot, hash, weed, blunts)?

- I have never smoked marijuana
- 10 years old or younger
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

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

	0 TIMES	1 - 2 TIMES	3 - 5 TIMES	6 - 9 TIMES	10 - 19 TIMES	20 - 39 TIMES	40 OR MORE TIMES
100. ...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"/>
101. ...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"/>
102. ...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"/>

103. In the past 30 days, if you used marijuana, WITH WHOM did you use it? (MARK ALL THAT APPLY.)

- Never used marijuana
- Didn't use marijuana in past 30 days
- Brother(s) or sister(s)
- Adult family members
- Friends from school
- Friends not from school
- Used alone

104. Do you take any medicine by prescription for any of the following? (MARK ALL THAT APPLY.)

- Depression
- Anxiety
- Asthma
- ADD/ADHD
- Allergies
- Bipolar Disorder
- Weight Loss
- Chronic Skin Conditions (such as acne)
- Other _____
- No, I take no medication by prescription

105. For the times when you have used prescription drugs WITHOUT a prescription, please mark the main reason for using them.

- Increasing concentration (for studying/tests)
- Relieving pain
- Treating infection, allergies, illness
- Having fun or getting high
- Adding muscle, strength, endurance
- Relieving depression/anxiety
- Weight loss
- I have not used prescription drugs without a prescription

106. During the past year, have you taken any of the following PRESCRIPTION drugs that were NOT prescribed for you? (MARK ALL THAT APPLY.)

- Yes, OxyContin/Oxycodone
- Yes, Codeine/Tylenol with codeine
- Yes, Percocet/Percodan
- Yes, Vicodin
- Yes, Darvon/Darvacet/Endocet
- Yes, Xanax
- Yes, Somas
- Yes, Ritalin/Adderall/Strattera
- Yes, Albuterol or other asthma medication
- Yes, Other PRESCRIPTION DRUG NOT PRESCRIBED FOR YOU (please specify) _____
- No

107. If you wanted to get prescription drugs without a prescription, where would you get them?

- From friends without paying for them
- Buy them from friends, acquaintances or other kids
- Buy them from a dealer
- Sneak them from someone (parents, etc.)
- At a party
- From the Internet

108. How many times in the past year have you used Adderall, Ritalin, or other ADHD medication WITHOUT a prescription to help you study for exams?

- 0 Times
- 1-5 Times
- 6-10 Times
- More than 10 Times

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
109. Ecstasy or E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. Hallucinogens (acid, LSD, shrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. Steroids without a prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. 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"/>
113. Downers (tranqs, barbs, Xanax) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. Prescription uppers (diet pills, etc) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. Street uppers (speed, meth, crank) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. Inhalants (aerosols spray cans, gasoline, whippets, glue)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. 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"/>
118. Dactyls (rubes, dacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. Ritalin, Adderall, Strattera, Cylert or Concerta without a prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. Crack (rock)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
121. Powder cocaine (powder, blow)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. Heroin (funk, dope)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. Bath salts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MARK ALL THAT APPLY FOR EACH DRUG:	Alcohol	Marijuana	Prescription Pain Killers	Other Illegal Drugs
124. I know where students my age can buy:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. During the past year, I have sold or given someone else:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. During the past year, I tried to cut down on or stop my use of:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127. During the past year, I have been unable to cut down on my use of:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
128. During the past year, I needed larger amounts to get the same effect from:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
129. During the past year, I 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"/>
130. During the past year, I 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"/>

PLEASE DO NOT WRITE IN THIS AREA



<i>DURING THE PAST YEAR, HAVE ANY OF THESE THINGS HAPPENED DUE TO DRINKING ALCOHOL?</i>	DID NOT DRINK IN PAST YEAR	YES	NO
131. I got into a heated argument while drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
132. I stayed away from school because of a hangover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
133. I was high or a little drunk at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
134. My girl/boyfriend told me that I should cut down on my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
135. Friends told me that I should cut down on my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
136. I stayed drunk for more than one day at a time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137. 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"/>
138. 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"/>
139. My hands shook a lot after drinking the day before.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
140. Sometimes I kept on drinking after promising myself not to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
141. My parents punished me due to my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

HOW MUCH DO PEOPLE RISK HARMING THEMSELVES (PHYSICALLY AND OTHER WAYS) WHEN THEY: CHOOSE THE <u>ONE</u> BEST ANSWER FOR EACH ROW.	NO RISK	SLIGHT RISK	MODERATE RISK	GREAT RISK	DO NOT KNOW
153. Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
154. Try one or two alcoholic drinks (beer, wine, liquor)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
155. Have one or two alcoholic drinks (beer, wine, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
156. 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"/>
157. Try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
158. Smoke marijuana occasionally?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
159. Smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
160. Inhale glue or aerosols or other inhalants regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
161. Use over-the-counter medication to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE COMPLETE THE FOLLOWING STATEMENTS:	OK	A Little Bit Wrong	Wrong	Very Wrong
162. I consider any use of tobacco products to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
163. I consider smoking one or more packs of cigarettes per day:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
164. I consider trying one or two drinks of an alcoholic beverage to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
165. I consider having one or two drinks of an alcoholic beverage daily to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
166. I consider having five or more alcoholic drinks once or twice each weekend to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
167. I consider using prescription drugs without a prescription:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
168. I consider trying marijuana once or twice to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
169. I consider smoking marijuana regularly to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
170. I consider use of other illegal drugs to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



During the past 30 days, which of the following things has happened TO YOU, and who did it:
MARK ALL THAT APPLY.

	Did Not Happen	Parents	Siblings	Boyfriend/ Girlfriend	Kids In Neighbor- hood	Kids In School
171. I have been threatened, called names, made fun of or teased in a hurtful way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
172. I was hit, slapped, kicked, pushed, pinched, choked or shoved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
173. Someone told lies or spread false rumors about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
174. I was threatened or harassed by e-mail, texting, networking website (such as Facebook), or other electronic means.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past 30 days, which of the following things have you done to someone else, and who did you do it to: MARK ALL THAT APPLY.

	Did Not Happen	Parents	Siblings	Boyfriend/ Girlfriend	Kids In Neighbor- hood	Kids In School
175. I threatened, called names, made fun of or teased someone in a hurtful way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
176. I hit, slapped, kicked, pushed, pinched, choked or shoved someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
177. I told lies or spread false rumors about someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
178. I threatened or harassed someone by e-mail, texting, networking website (such as Facebook), or other electronic means.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do each of these things happen in your neighborhood?	Not at All	A Little	Some	A Lot
179. Crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
180. Drug selling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
181. Fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
182. Neighbors helping each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
183. People going to prison due to drug/alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
184. People dropping out of school due to drug/alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
185. Families fighting/falling apart due to drug/alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

186. How many days in an average week do you eat breakfast?

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

187. How many days in an average week do you eat dinner with your parents?

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

188. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)

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

189. If you were bullied at school during the past year, which of the following happened? (MARK ALL THAT APPLY.)

- I didn't know what to do.
- I talked or fought back and got in trouble.
- I talked or fought back and didn't get in trouble.
- I reported it to an adult, and they did something about it.
- I reported it to an adult and nothing really happened.
- I have not been bullied at school in the past year.

190. Which of the following people give you a lot of support and encouragement? (MARK ALL THAT APPLY.)

- No one
- Your parents
- Your teachers
- Your friends
- Your friends' parents
- Other adults in your neighborhood
- Other adults in your school
- Adults in your church, synagogue or other place of worship

191. In the past year, my parents have: (MARK ALL THAT APPLY.)

- Called other parents to check on me
- Told me to call home and let them know where I am
- Offered to pick me up if I needed a safe ride home
- Asked parents hosting a party I would be attending if they would be present
- Asked parents hosting a party I would be attending if there would be alcohol served
- Talked to me about the risks of using alcohol
- Talked to me about the risks of using drugs
- Told me not to drink alcohol
- Told me not to use drugs
- Talked to me about healthy dating relationships and/or teen dating violence
- Monitored my use of the Internet or my phone use
- None of the above

If you are in 8th grade, please stop here. If you are in 11th grade, please complete the final five questions on the following page:



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

- Sports physicals
- Immunizations
- Pregnancy testing
- STD testing
- Nutrition/diet counseling
- Information on tobacco, alcohol or drug use
- Other physical health reasons
- Emotional/Counseling/Mental health
- Never used

193. In the past year, have you ever been a designated driver? (MARK ALL THAT APPLY.)

- I don't drive
- Yes, for others who were drinking, but I didn't
- Yes, when we all were drinking, but I drank less
- Yes, for others who were smoking marijuana
- Yes, for others who were using other illegal drugs
- No

194. In the past year, have you been given an assignment in school to develop an "active living plan?"

- Yes
- No
- Don't know

195. 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

196. On average, how often do you drive a car, truck, or other motor vehicle (motorcycle, ATV, boat) 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

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



PLEASE DO NOT WRITE IN THIS AREA

