



YEAR 2016

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 those about 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
• 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: [solid circle] INCORRECT: [checkmark in circle], [X in circle], [circle with dot], [circle with slash]

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

PLEASE DO NOT WRITE IN THIS AREA
[Grid of 20 circles, first one is checked]

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

6. Which of the following describe you?

(MARK ALL THAT APPLY)

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

7. Which of the following BEST describes you?

(CHOOSE ONLY ONE ANSWER)

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

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

- Yes  
 No

9. 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

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

- Mother(s)  
 Father(s)  
 Foster Parent(s)  
 Guardian(s)  
 Grandparent(s), Aunt(s) or Uncle(s)  
 Step-parent(s)  
 Brother(s) or Sister(s)

11. 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(s)  
 Father(s)  
 Foster Parent(s)  
 Guardian(s)  
 Grandparent(s), Aunt(s) or Uncle(s)  
 Step-parent(s)  
 Brother(s) or Sister(s)  
 No one

12. 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

13. 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



**CHOOSE THE ONE BEST ANSWER FOR EACH ROW:**

<b>PLEASE CHOOSE THE BEST RESPONSE FOR THE FOLLOWING STATEMENTS:</b>	<b>MOST OF THE TIME</b>	<b>OFTEN</b>	<b>SOME OF THE TIME</b>	<b>NOT OFTEN</b>	<b>NEVER</b>
26. My parents know <u>where I am</u> when I am <b>NOT</b> in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I feel safe in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Teachers here treat students with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I get along well with my parents/guardians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Students here treat teachers with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. 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"/>
33. Student violence is a problem at this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. I feel I have control over how my life is going.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. School rules are strictly enforced.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. My parents'/guardians' rules are strictly enforced.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**CHOOSE THE ONE BEST ANSWER FOR EACH ROW:**

<b>HOW OFTEN DO YOU:</b>	<b>NEVER</b>	<b>BEFORE, BUT NOT IN PAST YEAR</b>	<b>A FEW TIMES IN PAST YEAR</b>	<b>ONCE OR TWICE A MONTH</b>	<b>ONCE OR TWICE A WEEK</b>	<b>ALMOST EVERY DAY</b>
37. 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"/>
38. 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"/>
39. 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"/>
40. 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"/>
41. 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"/>
42. Get arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Talk to either of your parents/guardians 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"/>

**CHOOSE THE ONE BEST ANSWER FOR EACH ROW:**

<b>HOW OFTEN DO YOU:</b>	<b>NEVER</b>	<b>BEFORE, BUT NOT IN PAST YEAR</b>	<b>A FEW TIMES IN PAST YEAR</b>	<b>ONCE OR TWICE A MONTH</b>	<b>ONCE OR TWICE A WEEK</b>	<b>ALMOST EVERY DAY</b>
44. Cheat on a test in class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Get bullied at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. 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"/>
47. 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"/>
48. Do chores or help out at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Skip a whole day of school without permission and when you are not sick?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Get sent to in-school suspension?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. Get stopped by police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. 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"/>
53. Skip or miss classes (not the whole school day) <u>without permission</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. Get suspended or expelled from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. Hear name-calling, threats, or yelling between adults in your home that makes you feel bad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. Hear or see violence between adults in your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. Carry a weapon when you're not in school or at a school event and not hunting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. Participate in a gang or gang activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. Hit someone with the intention of hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. Damage or destroy property, <u>on purpose</u> , that does not belong to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. See or hear a media message about the risks of teens drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. Complete and turn in homework and school assignments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. Participate in class discussions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. Get hit by an adult who intends to hurt you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. Get hit by another teen who intends to hurt 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:**

<b>HOW OFTEN DO YOU:</b>	<b>NEVER</b>	<b>BEFORE, BUT NOT IN PAST YEAR</b>	<b>A FEW TIMES IN PAST YEAR</b>	<b>ONCE OR TWICE A MONTH</b>	<b>ONCE OR TWICE A WEEK</b>	<b>ALMOST EVERY DAY</b>
66. See crime in your neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. See drug sales in your neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. Get bullied in your neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. Get threatened or harassed electronically?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>HOW OFTEN HAVE YOU DONE ANY OF THE FOLLOWING:</b>	<b>NEVER</b>	<b>BEFORE, BUT NOT IN PAST YEAR</b>	<b>A FEW TIMES IN PAST YEAR</b>	<b>ONCE OR TWICE A MONTH</b>	<b>ONCE OR TWICE A WEEK</b>	<b>ALMOST EVERY DAY</b>
70. Gambled at a casino?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. 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"/>
72. Bet on team sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. Played cards for money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. Bet money on horse races?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. Played Bingo for money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. 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"/>
77. Gambled on the Internet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. 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"/>
79. Bet on video games?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. Played fantasy sports for money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>HAVE YOU EVER:</b>	<b>I HAVE NEVER GAMBLED</b>	<b>YES</b>	<b>NO</b>
81. Felt the need to bet more and more money in any of the above activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. Lied to people important to you about how much you have gambled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

83. Does anybody living in your home smoke cigarettes, cigars, little cigars, pipes, or other tobacco products? **(MARK ALL THAT APPLY)**

- No one
- Mother or Stepmother or Female Guardian
- Father or Stepfather or Male Guardian
- Brother(s) or Stepbrother(s)
- Sister(s) or Stepsister(s)
- Other household member(s)

84. Does anyone living in your home use E-cigarettes or vape?

- Yes
- No

85. 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
86....in your whole life?	<input type="radio"/>						
87....in the past year?	<input type="radio"/>						
88....in the past month?	<input type="radio"/>						

89. 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

90. 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 store cashier or clerk

<b>HOW OFTEN HAVE YOU USED ANY OF THE FOLLOWING:</b>	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
91. 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"/>
92. Cigars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. Cigarillos, little cigars, Black and Milds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. E-cigarettes or vaping device?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. Hookah?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



96. 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

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

- I have never drank alcohol
- 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
98. ...in your whole life?	<input type="radio"/>						
99. ...in the past year?	<input type="radio"/>						
100. ...in the past month?	<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
101. ...3 alcoholic drinks in a row?	<input type="radio"/>					
102. ...4 alcoholic drinks in a row?	<input type="radio"/>					
103. ...5 or more alcoholic drinks in a row?	<input type="radio"/>					

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

- I 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

105. 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)
- I didn't drink in the past 30 days

106. 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
- Had a parent buy alcohol specifically for you
- Had a brother or sister buy alcohol for you
- None of the above

107. 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

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

- Never used marijuana
- Didn't use marijuana in the past 30 days
- Smoked it
- Vaped it
- Ate it

*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
109. ...in your whole life?	<input type="radio"/>						
110. ...in the past year?	<input type="radio"/>						
111. ...in the past month?	<input type="radio"/>						

112. Do you take any medicine by prescription to help you concentrate better in school?

- Yes
- No

113. 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

114. 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

115. 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 or Norco
- Yes, Suboxone
- Yes, Xanax
- Yes, Somas
- Yes, Ritalin/Adderall/Strattera
- Yes, Albuterol or other asthma medication
- Yes, Another PRESCRIPTION DRUG NOT PRESCRIBED FOR YOU (please specify) \_\_\_\_\_
- No

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

- Free from friends
- 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

117. 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

<b>HOW OFTEN DO YOU USE:</b>	<b>NEVER</b>	<b>BEFORE, BUT NOT IN PAST YEAR</b>	<b>A FEW TIMES IN PAST YEAR</b>	<b>ONCE OR TWICE A MONTH</b>	<b>ONCE OR TWICE A WEEK</b>	<b>ALMOST EVERY DAY</b>
118. Ecstasy (E, Molly)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. Hallucinogens (acid, LSD, shrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. Steroids without a prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
121. 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"/>
122. 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"/>
123. 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"/>
124. 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"/>
125. Inhalants (aerosol spray cans, gasoline, whippets, glue)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. 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"/>
127. Dactyls (rubes, dacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
128. 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"/>
129. Crack (rock)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
130. Powder cocaine (powder, blow)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
131. Heroin (H, dope)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
132. Synthetic marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>MARK ALL THAT APPLY FOR EACH DRUG:</b>	<b>ALCOHOL</b>	<b>MARIJUANA</b>	<b>PRESCRIPTION PAIN KILLERS</b>	<b>OTHER ILLEGAL DRUGS</b>
133. I know where students my age can buy:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
134. During the past year, I have sold or given someone else:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
135. During the past year, I tried to cut down or stop my use of:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
136. 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"/>
137. 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"/>
138. 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"/>
139. 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"/>



<b><i>DURING THE PAST YEAR, HAVE ANY OF THESE THINGS HAPPENED DUE TO DRINKING ALCOHOL?</i></b>	<b>DID NOT DRINK IN PAST YEAR</b>	<b>YES</b>	<b>NO</b>
140. I got into a heated argument while drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
141. I stayed away from school because of a hangover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
142. I was high or a little drunk at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
143. My girl/boyfriend told me I should cut down on my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
144. Friends told me that I should cut down on my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
145. I stayed drunk for more than one day at a time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
146. 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"/>
147. 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"/>
148. My hands shook a lot after drinking the day before.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
149. Sometimes I kept on drinking after promising myself not to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
150. My parents are aware of my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>If this happened to you during the past year, check the columns that apply:</b>	<b>NOT IN PAST YEAR</b>	<b>DUE TO DRINKING</b>	<b>DUE TO MARIJUANA USE</b>	<b>DUE TO PRESCRIPTION PAINKILLER USE</b>	<b>DUE TO BEING BULLIED</b>	<b>DUE TO OTHER REASONS</b>
151. I became depressed or lost interest in things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
152. I had arguments or fights with family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
153. I felt completely alone and isolated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
154. I felt very nervous or anxious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
155. I attempted suicide.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
156. I found it difficult to think clearly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
157. I felt irritable and upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
158. I got less work done than usual at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
159. I felt suspicious and distrustful of people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
160. I found it harder to handle my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
161. I had to get emergency medical help.	<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.**

<b>HOW MUCH DO PEOPLE RISK HARMING THEMSELVES (PHYSICALLY AND OTHER WAYS) WHEN THEY:</b>	<b>NO RISK</b>	<b>SLIGHT RISK</b>	<b>MODERATE RISK</b>	<b>GREAT RISK</b>	<b>DO NOT KNOW</b>
162. Smoke one or more packs of cigarettes per day?	<input type="radio"/>				
163. Use E-cigarettes or vape?	<input type="radio"/>				
164. Try one or two alcoholic drinks (beer, wine, liquor)?	<input type="radio"/>				
165. Have one or two alcoholic drinks (beer, wine, liquor) nearly every day?	<input type="radio"/>				
166. Have 5 drinks at a time, once or twice a week?	<input type="radio"/>				
167. Try marijuana once or twice?	<input type="radio"/>				
168. Smoke marijuana occasionally?	<input type="radio"/>				
169. Smoke marijuana regularly?	<input type="radio"/>				
170. Use over-the-counter medication to get high?	<input type="radio"/>				
171. Use prescription drugs without a prescription?	<input type="radio"/>				

**CHOOSE THE ONE BEST ANSWER FOR EACH ROW.**

<b>PLEASE COMPLETE THE FOLLOWING STATEMENTS FOR SOMEONE YOUR AGE:</b>	<b>OK</b>	<b>A LITTLE BIT WRONG</b>	<b>WRONG</b>	<b>VERY WRONG</b>
172. I consider any use of tobacco products to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
173. I consider smoking one or more packs of cigarettes per day:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
174. 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"/>
175. 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"/>
176. 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"/>
177. I consider using prescription drugs without a prescription:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
178. I consider trying marijuana once or twice to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
179. I consider smoking marijuana regularly to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
180. I consider use of other illegal drugs to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



181. During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
- I did not drink 100% fruit juice in the past 7 days
  - 1 to 3 times during the past 7 days
  - 4 to 6 times during the past 7 days
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 or more times per day

182. During the past 7 days, how many times did you eat fruit? (Do not count fruit juices.)
- I did not eat fruit during the past 7 days
  - 1 to 3 times during the past 7 days
  - 4 to 6 times during the past 7 days
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 or more times per day

183. During the past 7 days, how many times did you eat green salad?
- I did not eat green salad during the past 7 days
  - 1 to 3 times during the past 7 days
  - 4 to 6 times during the past 7 days
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 or more times per day

184. During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.)
- I did not eat other vegetables in the past 7 days
  - 1 to 3 times during the past 7 days
  - 4 to 6 times during the past 7 days
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 or more times per day

185. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop.)
- I did not drink soda or pop during the past 7 days
  - 1 to 3 times during the past 7 days
  - 4 to 6 times during the past 7 days
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 or more times per day

186. Yesterday, how many caffeinated drinks did you have? (Count coffee, tea, sodas, power drinks, energy drinks, or other drinks with caffeine.)
- I did not have any caffeinated drinks yesterday
  - 1 caffeinated drink
  - 2 caffeinated drinks
  - 3 or more caffeinated drinks

187. During the past 7 days, how many glasses of water did you drink? (Count a bottle of water as equal to one glass.)
- I did not drink water in the past 7 days
  - 1 to 3 glasses during the past 7 days
  - 4 to 6 glasses during the past 7 days
  - 1 time per day
  - 2 times per day
  - 3 times per day

188. On an average school night, how many hours of sleep do you get?
- 4 or less hours
  - 5 hours
  - 6 hours
  - 7 hours
  - 8 hours
  - 9 hours
  - 10 or more hours

189. 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

190. How many text messages do you send on an average day?
- I do not have a phone/iPod/iPad or any other device that allows me to text
  - I have a phone/iPod/iPad or other device that allows me to text, but I do not text
  - 1 to 10 messages
  - 11 to 50 messages
  - 51 to 99 messages
  - 100 or more messages

191. Which of the following are TRUE for you? (MARK ALL THAT APPLY)
- I care about doing well in school
  - My parent(s) cares about how I do in school
  - I think it's important to help friends
  - I think it's important to help other people, even if I don't know them
  - I think it's important to not hurt other people
  - I tell the truth, even when it isn't easy
  - I try to plan ahead and make good decisions
  - I have good role models in my family
  - It's NOT okay to do things you know are wrong, even if it doesn't hurt anyone
  - I want to get a good education
  - I want to have a good career someday, even if I have to work hard to achieve it.

192. 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

193. 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

The next question ask about your relationship with your parent/ guardian:	NEVER OR ALMOST NEVER	SOME-TIMES	ALWAYS OR ALMOST ALWAYS
194. My parent/guardian shows me they are proud of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
195. My parent/guardian takes an interest in my activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
196. My parent/guardian listens to me when I talk to them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
197. I can count on my parent/guardian to be there when I need them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much time do you spend on a school day ( <u>before</u> and <u>after</u> school):	NO TIME	1/2 HOUR OR LESS	1 TO 2 HOURS	2 TO 5 HOURS	MORE THAN 5 HOURS
198. Online on a computer (not for school work), tablet, phone, watching TV, or playing computer/video games?	<input type="radio"/>				
199. Doing school work at home?	<input type="radio"/>				
200. Reading for pleasure (not a school assignment)?	<input type="radio"/>				

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



201. 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

202. 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 drink
  - 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

203. 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

204. 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

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

