



YEAR 2017

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: [filled circle] INCORRECT: [checkmark in circle], [X in circle], [circle with slash], [circle with dot]

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

PLEASE DO NOT WRITE IN THIS AREA
[Row of 25 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 type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<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"/> 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. 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

4. 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

5. Which of the following describes you?  
(MARK ALL THAT APPLY)

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

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

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

7. 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  
 Some other grade  
 Not sure

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. During an average week, do you live in more than one home? (Do not count sleepovers.)

- Yes  
 No

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. How tall are you without your shoes on?

Directions:  
Write your height in the shaded blank boxes. Fill in the matching circle below each number.

Example	
Height	
Feet	Inches
5	7
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input checked="" type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input checked="" type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

Height	
Feet	Inches
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

12. How much do you weigh without your shoes on?  
 Directions:  
 Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example		
Weight		
Pounds		
1	5	2
0	0	0
●	1	1
2	2	●
3	3	3
	4	4
	●	5
	6	6
	7	7
	8	8
	9	9

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

13. Have you been identified by a doctor or other health care professional as having difficulty because of a physical, learning, or emotional condition or disability? **(MARK ALL THAT APPLY)**

- No, I do not have any kind of disability
- Yes, a physical condition or disability
- Yes, a learning condition or disability
- Yes, an emotional condition or disability

14. Has your family experienced any of the following in the past year? **(MARK ALL THAT HAVE HAPPENED)**

- Parent lost a job or was unable to find work
- Parent had hours cut back at work
- Family had phone, gas, or electric shut off
- Family had trouble paying rent or mortgage
- Family had trouble affording groceries
- Parent left the family for some reason

15. During the past 30 days, where did you usually sleep?

- In my parent's or guardian's home
- In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing
- In a shelter or emergency housing
- In a motel or hotel
- In a car, park, campground, or other public place
- I do not have a usual place to sleep
- Somewhere else

16. During the past 30 days, how often did you go hungry because there was not enough food in your home?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

17. Have you had lessons in school about drugs and/or alcohol?

- Never
- Yes, but not in the past year
- Yes, in the past year

18. Have any of your family members been incarcerated (in a prison or detention center) in the past year? **(MARK ALL THAT APPLY)**

- No one in my family
- Father
- Mother
- Other adult family member (18 years or older)
- Other non-adult family member (under 18 years old)

19. 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

20. Are you deaf or do you have serious difficulty hearing?

- Yes
- No

21. Do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No

22. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No

23. Do you have serious difficulty walking or climbing stairs?

- Yes
- No



**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>
24. 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"/>
25. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I feel safe in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Teachers here treat students with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I get along well with my parents/guardians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Students here treat teachers with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. 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"/>
31. Student violence is a problem at this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. 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"/>
33. School rules are strictly enforced.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. 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>
35. 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"/>
36. 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"/>
37. 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"/>
38. 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"/>
39. 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"/>
40. 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>
63. See crime in your neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. See drug sales in your neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. Get bullied in your neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. Get threatened or harassed electronically?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

67. How many times have you been arrested?

- 0 times
- 1 time
- 2 to 3 times
- More than 3 times

68. 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)

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

- Yes
- No

70. 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:**

	<b>NONE</b>	<b>LESS THAN 1</b>	<b>1-5 CIGARETTES</b>	<b>6-10 CIGARETTES</b>	<b>11-20 CIGARETTES</b>	<b>21-30 CIGARETTES</b>	<b>31 OR MORE CIGARETTES</b>
71. ...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"/>
72. ...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"/>
73. ...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"/>

74. 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

75. 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/guardian (without them knowing)
- From other adults (with them knowing)
- From other adults (without them knowing)
- From a store cashier or clerk

<i><b>HOW OFTEN HAVE YOU USED ANY OF THE FOLLOWING:</b></i>	<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>
76. 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"/>
77. Cigars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. Cigarillos, little cigars, Black and Milds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. E-cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. Other vaping device?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. Hookah?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**HOW MANY TIMES HAVE YOU USED NICOTINE IN AN E-CIGARETTE OR OTHER VAPING DEVICE (TOBACCO OR NICOTINE PRODUCTS ONLY):**

	<b>NONE</b>	<b>LESS THAN 1</b>	<b>1-5 TIMES</b>	<b>6-10 TIMES</b>	<b>11-20 TIMES</b>	<b>21-30 TIMES</b>	<b>31 OR MORE TIMES</b>
82. ...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"/>
83. ...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"/>
84. ...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"/>

85. How old were you the first time you used an e-cigarette or other vaping device?

- I have never used an e-cigarette or other vaping device
- 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

86. When you have used an electronic vaping device, what did you put in it? **(MARK ALL THAT APPLY)**

- I have never used an e-cigarette or other electronic vaping device
- E-liquids that smell or taste good but have no nicotine or other drug
- Tobacco or nicotine products
- Marijuana
- Synthetic marijuana
- Other illegal drugs
- Other (please specify) \_\_\_\_\_
- Nothing. I used the device without anything in it.

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 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 DRINKS:**

	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)

- 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

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

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
- Had a parent buy alcohol specifically for you
- Had a brother or sister buy alcohol for you
- 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. 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
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. Do you take any medicine by prescription to help you concentrate better in school?

- Yes
- No

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 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

107. 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

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

<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>
109. Ecstasy (E, Molly)	<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 (aerosol 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 (H, dope)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. 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>
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 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



<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>
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 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 are aware of my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b><i>IF THIS HAPPENED TO YOU DURING THE PAST YEAR, CHECK ALL THE COLUMNS THAT APPLY.</i></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>
142. 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"/>
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"/>	<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"/>	<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"/>	<input type="radio"/>
146. I attempted suicide.	<input type="radio"/>	<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"/>	<input type="radio"/>
148. I felt irritable and upset.	<input type="radio"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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>
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. Use E-cigarettes or vape?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
155. Try one or two alcoholic drinks (beer, wine, liquor)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
156. 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"/>
157. 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"/>
158. Try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
159. Smoke marijuana occasionally?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
160. Smoke marijuana 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"/>
162. Use prescription drugs without a prescription?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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>
163. I consider any use of tobacco products to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
164. I consider smoking one or more packs of cigarettes per day:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
165. 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"/>
166. 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"/>
167. 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"/>
168. I consider using prescription drugs without a prescription:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
169. I consider trying marijuana once or twice to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
170. I consider smoking marijuana regularly to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
171. I consider use of other illegal drugs to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



172. 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

173. 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

174. 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.

175. 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

176. 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

<i><b>THE NEXT QUESTIONS ASK ABOUT YOUR RELATIONSHIP WITH YOUR PARENT/GUARDIAN:</b></i>	<b>NEVER OR ALMOST NEVER</b>	<b>SOME-TIMES</b>	<b>ALWAYS OR ALMOST ALWAYS</b>
177. My parent/guardian shows me they are proud of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
178. My parent/guardian takes an interest in my activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
179. My parent/guardian listens to me when I talk to them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
180. I can count on my parent/guardian to be there when I need them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<i><b>HOW MUCH TIME DO YOU SPEND ON A SCHOOL DAY (<u>BEFORE</u> AND <u>AFTER</u> SCHOOL):</b></i>	<b>NO TIME</b>	<b>1/2 HOUR OR LESS</b>	<b>1 TO 2 HOURS</b>	<b>2 TO 5 HOURS</b>	<b>MORE THAN 5 HOURS</b>
181. Online on a computer (not for school work), tablet, phone, watching TV, or playing computer/video games?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
182. Doing school work at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
183. Reading for pleasure (not a school assignment)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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:**

PLEASE DO NOT WRITE IN THIS AREA



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

- Sports physicals
- Immunizations
- Pregnancy testing
- STD testing
- Reproductive health services (birth control, condoms)
- Nutrition/diet counseling
- Information on tobacco, alcohol, or drug use
- Other physical health reasons
- Emotional/Counseling/Mental health
- I have never used the Wellness Center

185. 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

186. 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

187. 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.***

PLEASE DO NOT WRITE IN THIS AREA

