



YEAR 2000

DELAWARE 8TH GRADE STUDENT ASSENT AND SURVEY INSTRUCTIONS

This questionnaire is part of a study of student experiences, including the use of cigarettes, alcohol and other drugs. The study is being conducted by the University of Delaware. The answers you give will be entirely confidential and anonymous - - no one in your school, family or community will ever know how you answered the questions. We will keep your responses secret because if the study is to be helpful it is important that you answer each question truthfully, as best you can.

This study is completely voluntary. There is NO penalty if you choose not to fill out the questionnaire or any part of it.

This IS NOT A TEST, so there are no right or wrong answers. Please work as quickly as you can. If you don't find an answer that fits exactly, choose the one that comes closest. If a question does not apply to you, or if you are not sure what it means, just leave it blank. If you have any questions, turn your answer form over and raise your hand and someone will come to help you. Unless it says otherwise in the question, do not mark more than one answer for any question. When you are finished with the questionnaire, please turn it over and work quietly at your desk on something else. When everyone has finished, you will bring them up and put them in a box so we can mix them up.

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

You should answer each question by filling in the circle next to the answer you choose. For example:

I am in the 8th grade:

- Yes (filled circle)
No (empty circle)

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

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, X, partial fill, etc.)

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

1. How old are you?

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

2. What is your gender?

- Male
- Female

3. How do you describe yourself?

- White
- Black
- Native-American (Indian)
- Mexican or Chicano
- Puerto Rican/other Latin American
- Oriental/Asian
- White and Black
- Other (describe) \_\_\_\_\_

4. Which of the following people DO YOU LIVE WITH MOST OF THE TIME?

- Live with two parents - natural or adoptive
- Live with one parent - and one stepparent
- Live with one parent - mother only
- Live with one parent - father only
- Live with grandparent(s)
- Live with other family member/relative
- Live with non-family member (adult)

5. How many brothers and sisters (including stepbrothers and stepsisters) LIVE WITH YOU?

- 0 (none)
- 1
- 2
- 3
- 4-5
- 6 or more

6. How would you describe your overall grade average this year?

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

7. What is the highest level of schooling your mother or female guardian completed?

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school after college
- I don't know

8. What is the highest level of schooling your father or male guardian completed?

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school after college
- I don't know

9. How much schooling do you think you will complete?

- Probably will not finish high school
- Complete high school degree
- Some college
- Complete college degree
- Graduate or professional school after college
- I don't know

10. What is the zip code for your home address?

Please write in the numbers, then mark the proper circles.

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
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<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
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**CHOOSE THE ANSWER THAT COMES CLOSEST TO DESCRIBING HOW OFTEN EACH OF THE FOLLOWING HAPPENS:**

	MOST OF THE TIME	OFTEN	SOME OF THE TIME	NOT OFTEN	NEVER
11. I feel happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I feel angry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I feel safe in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I stay away from certain parts of the school to avoid trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I get along well with other kids at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I worry about getting attacked or robbed before or after school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I get along well with teachers at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I get along well with my parents/guardians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Students at this school respect each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Students treat teachers with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Teachers and the Principal at this school do a good job handling discipline problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Students at this school feel safe on their school bus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Students in this school are well-behaved in public (classes, assemblies, cafeterias).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Students are bullied by other students when teachers are not around (in halls, outside school, bathrooms).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. The misbehavior of some students in this school keeps teachers from teaching the students who want to learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Student violence is a problem at this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



MARK THE BEST ANSWER:

HOW OFTEN DO YOU:	NEVER	BEFORE, BUT NOT IN PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
28. Argue or fight with either of your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Take some kind of weapon to school or to a school event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Take part in a fight where a group of your friends are against another group?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Steal something from a store without paying for it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Go into a house or building when you aren't supposed to be there?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Get into trouble with the police because of something you did?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Talk to your parents about how things are going at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Talk to your parents about your education and career plans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Cheat on a test in class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Attend religious services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Ride in a car when the driver has been drinking alcohol while driving or shortly before driving?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Ride in a car when the driver has been smoking pot while driving or shortly before driving?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Attend events at school in the evenings or on weekends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Skip school without an excuse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Sneak money from an adult's wallet, purse, or other place?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Ride in a car or be in a room with someone who was smoking cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE MARK ONE ANSWER ONLY TO EACH OF THE FOLLOWING QUESTIONS:

	NONE	A FEW	SOME	MOST	ALL
44. About how many of the kids at this school smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. About how many of the kids at this school get drunk at least once a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. About how many of your friends smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. About how many of your friends get drunk at least once a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. About how many of your friends smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. About how many of your friends skip school at least once a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. About how many of your friends have ever been stopped by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. About how many of your friends shoplift?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. About how many of your friends damage or destroy property that does not belong to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE MARK YES OR NO TO THE FOLLOWING QUESTIONS:

	YES	NO
53. This school year, did one or both of your parents volunteer to come to the school to help the school in any way?	<input type="radio"/>	<input type="radio"/>
54. Are you involved in extracurricular activities like band, chorus, clubs, theater, newspaper, or yearbook?	<input type="radio"/>	<input type="radio"/>
55. Are you a member of any school athletic team?	<input type="radio"/>	<input type="radio"/>
56. Do you know of places where students your age can buy cigarettes?	<input type="radio"/>	<input type="radio"/>
57. Do you know of places where students your age can buy alcohol?	<input type="radio"/>	<input type="radio"/>
58. Do you know of places where students your age can buy marijuana?	<input type="radio"/>	<input type="radio"/>
59. Have you ever been in DARE or had other drug prevention education in school?	<input type="radio"/>	<input type="radio"/>
60. Have you had any drug education in school <i>during this school year</i> ?	<input type="radio"/>	<input type="radio"/>



61. Does anybody in your home smoke cigarettes or tobacco? (Please 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)

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

- I have never smoked a cigarette
- 6 years old or under
- 7 - 8 years old
- 9 - 10 years old
- 11 - 12 years old
- 13 years old or older

How many cigarettes have you smoked:

	NONE	LESS THAN 1	1-5 CIGARETTES	6-10 CIGARETTES	11-20 CIGARETTES	21-30 CIGARETTES	31 OR MORE CIGARETTES
63. ...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"/>
64. ...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"/>
65. ...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"/>

66. In the past month on the days that you smoked, about how many cigarettes have you smoked per day?

- Did not smoke
- Less than 1 cigarette per day
- About 1-5 cigarettes per day
- About 1/2 pack per day
- About 1 and 1/2 packs per day
- About 2 packs per day or more

67. If you wanted to get cigarettes, where would you most likely get them? (MARK ALL THE PLACES THAT APPLY)

- From my friends or other kids I know
- From my brothers, sisters, or cousins
- From my parents or other adults (with them knowing)
- From my parents or other adults (without them knowing)
- From a vending machine
- From a store cashier or clerk

MARK THE ANSWERS THAT SHOW HOW OFTEN YOU HAVE EVER 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
68. Chewing tobacco, snuff, dip (Skoal, Red Man)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. Bidis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. Kreteks or other clove cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Never had a drink of alcohol
- 6 years old or under
- 7 - 8 years old
- 9 - 10 years old
- 11 - 12 years old
- 13 years or older

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

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

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

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

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

- Never drank alcohol
- My own home
- Someone else's home
- In school
- On school grounds
- In a restaurant or club
- In a car
- Outside (street, parking lot, public park, behind a building)



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

- Have never tried marijuana
- 6 years old or younger
- 7 - 8 years old
- 9 - 10 years old
- 11 - 12 years old
- 13 years or older

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

	0 TIMES	1 - 2 TIMES	3 - 5 TIMES	6 - 9 TIMES	10 - 19 TIMES	20 - 39 TIMES	40 OR MORE TIMES
79. ...in 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 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 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 30 days when you smoked marijuana, WHERE did you smoke most often? (MARK ALL THAT APPLY)

- Did not smoke marijuana in the past 30 days
- My own home
- Someone else's home
- In school
- On school grounds
- In a restaurant or club
- In a car
- Outside (street, parking lot, public park, behind a building)

How many times have you sniffed glue or breathed the contents of aerosol spray cans, or inhaled other gases or sprays, nitrous oxide or whippets in order to get high?

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

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IN THE LIST BELOW, MARK THE ANSWERS THAT SHOW HOW OFTEN YOU USE (OR HAVE EVER USED) EACH DRUG. YOUR ANSWERS ARE ABSOLUTELY CONFIDENTIAL.

	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
86. Hallucinogens (acid, LSD, trip, shrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. Over-the-counter drugs to get high (cough/cold meds, Nyquil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. DOWNERS, prescription and street drugs (tranqs, barbs, xanies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. UPPERS, prescription and street drugs (speed, meth, crank, diet pills)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. Dactyls (rubes, dacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. Designer drugs (Ecstasy, E, Special K, Roche)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. PCP (angel dust, dust or wet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. Crack (rock)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. Powder cocaine (powder, blow)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. Heroin (funk, dope)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. Any other illegal drug? Name: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

97. PLEASE ANSWER ONLY ONE OF THE TWO COLUMNS BELOW

Answer if you SMOKED cigarettes in past year

OR

Answer if you DID NOT SMOKE cigarettes in past year

If you smoked cigarettes in the past year, please mark ALL the reasons for smoking that apply to you.	
a. To fit in with the kids I like	<input type="radio"/>
b. I like the taste	<input type="radio"/>
c. It helps me relax	<input type="radio"/>
d. It makes me feel good	<input type="radio"/>
e. Because adults told me not to	<input type="radio"/>
f. Because I'm bored	<input type="radio"/>
g. It helps me lose weight	<input type="radio"/>
h. It helps me get through the day	<input type="radio"/>

If you did NOT smoke cigarettes in the past year, please mark ALL the reasons for not smoking that apply to you.	
a. It's not healthy	<input type="radio"/>
b. It makes you look and smell bad	<input type="radio"/>
c. I don't like the taste	<input type="radio"/>
d. It's against my beliefs	<input type="radio"/>
e. My parents would disapprove	<input type="radio"/>
f. My friends would not like it	<input type="radio"/>
g. It might lead to other drugs	<input type="radio"/>
h. It's too expensive	<input type="radio"/>

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98. PLEASE ANSWER ONLY ONE OF THE TWO COLUMNS BELOW.

Answer if you  
DRANK alcohol in past year

OR

Answer if you DID NOT DRINK  
alcohol in past year

If you drank alcohol in the past year, please mark ALL the reasons for drinking that apply to you.	
a. To fit in with the kids I like	<input type="radio"/>
b. I like to feel drunk or high	<input type="radio"/>
c. It helps me relax	<input type="radio"/>
d. It makes me feel good	<input type="radio"/>
e. Because adults told me not to	<input type="radio"/>
f. Because I'm bored	<input type="radio"/>
g. It helps get me through the day	<input type="radio"/>

If you did not drink alcohol in the past year, please mark ALL the reasons for not drinking that apply to you.	
a. It's not healthy	<input type="radio"/>
b. I don't like how it makes me feel	<input type="radio"/>
c. I don't like the taste	<input type="radio"/>
d. It's against my beliefs	<input type="radio"/>
e. My parents would disapprove	<input type="radio"/>
f. My friends would not like it	<input type="radio"/>
	<input type="radio"/>

99. PLEASE ANSWER ONLY ONE OF THE TWO COLUMNS BELOW

Answer if you  
SMOKED marijuana in past year

OR

Answer if you DID NOT SMOKE  
marijuana in past year

If you smoked marijuana in the past year, please mark all the reasons for smoking that apply to you.	
a. To fit in with the kids I like	<input type="radio"/>
b. I like to feel high	<input type="radio"/>
c. It helps me relax	<input type="radio"/>
d. It makes me feel good	<input type="radio"/>
e. Because adults told me not to	<input type="radio"/>
f. Because I'm bored	<input type="radio"/>
g. It helps get me through the day	<input type="radio"/>

If you did not smoke marijuana in the past year, please mark all the reasons for not smoking that apply to you.	
a. It's not healthy	<input type="radio"/>
b. I don't like how it makes me feel	<input type="radio"/>
c. I don't like the taste	<input type="radio"/>
d. It's against my beliefs	<input type="radio"/>
e. My parents would disapprove	<input type="radio"/>
f. My friends would not like it	<input type="radio"/>
	<input type="radio"/>



PLEASE MARK ONE ANSWER FOR EACH QUESTION:

During the past year I have tried to cut down on or quit using:	NOT USED IN PAST YEAR	YES	NO
100. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102. Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103. Inhalants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. Other Drug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past year I have used daily or almost daily for 2 or more weeks in a row:	NOT USED IN PAST YEAR	YES	NO
105. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. Inhalants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109. Other Drug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past year I have felt that I needed or was dependent on:	NOT USED IN PAST YEAR	YES	NO
110. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. Inhalants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. Other Drug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past year I have had withdrawal symptoms, or felt sick because I stopped or cut down on my use of:	NOT USED IN PAST YEAR	YES	NO
115. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. Inhalants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. Other Drug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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PLEASE MARK YOUR ANSWERS TO THE FOLLOWING STATEMENTS:

DURING THE PAST YEAR:	YES	NO
120. During the past year in school, I have talked to a counselor, teacher, or nurse at school about my drinking or drug use.	<input type="radio"/>	<input type="radio"/>
121. During the past year, I have talked to my parents about my drinking or drug use.	<input type="radio"/>	<input type="radio"/>
122. During the past year outside of school, I have talked to a doctor, counselor, or gone to a treatment center about my drinking or drug use.	<input type="radio"/>	<input type="radio"/>

DURING THE PAST YEAR, DID ANY OF THE FOLLOING THINGS HAPPEN TO YOU AFTER DRINKING ALCOHOL?

DURING THE PAST YEAR:	DID NOT DRINK	YES	NO
123. I got into a heated argument while drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. I stayed away from school because of a hangover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. I was high or a little drunk at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. Friends told me that I should cut down on my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127. I tossed down several drinks pretty fast to get a quicker effect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
128. I was afraid I might be an alcoholic or that I might become one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
129. I stayed drunk for more than one day at a time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
130. 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"/>
131. I had a quick drink or so when no one was looking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
132. My hands shook a lot after drinking the day before.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
133. Sometimes I got a little drunk while drinking by myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



PLEASE ANSWER THE FOLLOWING QUESTIONS IF YOU HAVE HAD ANY PROBLEMS IN THE PAST YEAR DUE TO YOUR DRINKING, TOBACCO OR OTHER DRUG USE.

<b><u>MARK ALL THAT APPLY</u></b>	NOT IN PAST YEAR	DUE TO DRINKING	DUE TO TOBACCO USE	DUE TO OTHER DRUG USE
134. I became depressed or lost interest in things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
135. I had arguments or fights with family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
136. I felt completely alone and isolated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137. I felt very nervous or anxious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
138. I had health problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
139. I found it difficult to think clearly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
140. I felt irritable and upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
141. I got less work done than usual at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
142. I felt suspicious and distrustful of people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
143. I found it harder to handle my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
144. I had to get emergency medical help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HOW MUCH DO YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS:

	DISAGREE A LOT	DISAGREE A LITTLE	DON'T DISAGREE OR AGREE	AGREE A LITTLE	AGREE A LOT
145. I sometimes do crazy things just for fun.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
146. I like wild parties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
147. I like to be around people who party a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
148. I like to try new things even if they scare me or I know it's something I shouldn't do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
149. I get a real kick out of doing things that are a little dangerous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
150. I like to have new or exciting experiences even if they are illegal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**BASED ON WHAT YOU KNOW AND BELIEVE, HOW MUCH DO YOU THINK PEOPLE RISK HARMING THEMSELVES PHYSICALLY AND IN OTHER WAYS WHEN THEY:**

<b><u>MARK ONE ANSWER ONLY</u></b>	<b>NO RISK</b>	<b>SLIGHT RISK</b>	<b>MODERATE RISK</b>	<b>GREAT RISK</b>	<b>DON'T KNOW</b>
151. Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
152. Have one or two drinks (beer, wine, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
153. 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"/>
154. Try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
155. Smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
156. Try cocaine/crack once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
157. Use cocaine/crack regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
158. Try inhaling glue or aerosols or other inhalents once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
159. Inhale glue or aerosols or other inhalents regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
160. Try heroin once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**ON AN AVERAGE SCHOOL DAY, HOW MUCH TIME DO YOU SPEND:**

	<b>NONE</b>	<b>LESS THAN ONE HOUR</b>	<b>1 - 2 HOURS</b>	<b>2 - 4 HOURS</b>	<b>4 OR MORE HOURS</b>
161. Studying or doing homework outside of school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
162. Reading things just for fun or because they interest you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
163. Watching TV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
164. Playing video/computer games?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
165. Hanging out with friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
166. In organized activities that are not school-related (church groups, sports teams, dance lessons, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
167. Doing things with your parents/guardians?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



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3 168. Do you take any medicine such as Ritalin to help you  
4 concentrate better in school?

- 5  Yes  
6  No  
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9 169. PLEASE INDICATE HOW YOU FEEL ABOUT THIS STATEMENT:  
10 People who break the law are almost always caught and punished.

- 11  Yes  
12  No  
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14

15 170. During the past 12 months, about how many times did you  
16 gamble (bet) for money or possessions?

- 17  Zero times  
18  A few times (7 - 11 times)  
19  Monthly or more often (12 - 50 times)  
20  Weekly or more often (51 times or more)  
21

22 171. How often do you wear a seat belt?

- 23  Never  
24  Hardly ever  
25  About half the time  
26  Usually  
27  Always  
28

29 **THINKING ABOUT YOUR FUTURE:**  
30

31 172. What do you think you will do right after high school?

- 32  Enter military service  
33  Attend college full time  
34  Work full time  
35  Work and go to school  
36  Attend vocational or trade school  
37  Don't know  
38  Other (explain \_\_\_\_\_)  
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58 **THANK YOU AGAIN FOR BEING AN IMPORTANT PART OF THIS STUDY!**  
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