



YEAR 2005

DELAWARE SECONDARY SCHOOL 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 questionnaire 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, please turn your booklet over and raise your hand. I will come around with an envelope for you to put your survey in. You can then work quietly at your desk on something else until everyone has finished.

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

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

I am currently attending school:

- Yes
No

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], [half-filled], [dot]

PLEASE DO NOT WRITE IN THIS AREA



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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
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●	1	1	●	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	●
7	7	●	7	7
8	8	8	8	8
9	●	9	9	9

ZIP CODE				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

2. 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

3. What is your gender?

- Male
- Female

4. Which of the following BEST describes you?

(CHOOSE **ONLY ONE** ANSWER)

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

5. 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

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

- Mother
- Father
- Grandparent(s)
- Step-parent(s)
- 1 Brother/Sister (Stepbrother/Stepsister)
- 2 Brothers/Sisters (Stepbrothers/Stepsisters)
- 3 Brothers/Sisters (Stepbrothers/Stepsisters)
- 4 Brothers/Sisters (Stepbrothers/Stepsisters)
- 5 or more Brothers/Sisters (Stepbrothers/Stepsisters)
- Other family member(s)
- Non-family member(s)

7. What is the **highest** level of schooling your mother or female guardian completed?  
(CHOOSE **ONLY ONE** ANSWER)

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

8. What is the **highest** level of schooling your father or male guardian completed?  
(CHOOSE **ONLY ONE** ANSWER)

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

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. Have you **ever** been in DARE or had other drug prevention education in school?

- Yes
- No

11. Have you had any drug prevention education in school **during this school year**?

- Yes
- No

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CHOOSE THE ONE BEST ANSWER FOR EACH ROW:

PLEASE CHOOSE THE BEST RESPONSE FOR THE FOLLOWING STATEMENTS:	MOST OF THE TIME	OFTEN	SOME OF THE TIME	NOT OFTEN	NEVER
12. My parents know where I am when I am not in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. My parents know who I am with when I am not in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I feel safe in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. 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"/>
17. I get along well with other kids at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. 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"/>
19. I worry about getting attacked or robbed during school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I get along well with teachers at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I get along well with my parents/guardians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. When I do a good job at home or at school, my parents tell me about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Students at this school treat each other with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Students treat teachers with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. 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"/>
26. 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"/>
27. Students are bullied by other students when teachers are not around (in halls, outside school, bathrooms, cafeteria, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. 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"/>
29. Student violence is a problem at this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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PLEASE DO NOT WRITE IN THIS AREA



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**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>
30. 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"/>
31. 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"/>
32. 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"/>
33. 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"/>
34. 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"/>
35. 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"/>
36. Talk to either of your parents about how things are going at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Talk to either of your parents about your education and career plans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Cheat on a test in class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Attend religious services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. 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"/>
41. 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"/>
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 with someone who was smoking cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Spend time 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"/>
45. Damage or destroy property that does not belong to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Skip 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"/>
47. Skip 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"/>

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

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	NONE	A FEW	SOME	MOST	ALL
48. About how many of the kids at this school do you think smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. 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"/>
50. About how many of your friends smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. 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"/>
52. About how many of your friends smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. 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"/>
54. 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"/>
55. About how many of your friends shoplift?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. 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"/>

57. During the past 30 days, which of the following things have happened, **AIMED AT YOU**, in your home, school or neighborhood? If it hasn't happened at all, please answer "Nowhere." **MARK ALL THAT APPLY.**

	At home	In school	In your Neighborhood	Nowhere
Verbal abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arguments with shoving, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fights (punching, kicking)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fights/threats with weapons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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58. Does anybody living in your home smoke cigarettes or tobacco? (**MARK ALL THAT APPLY**)
- No one
  - Mother or Stepmother
  - Father or Stepfather
  - Brother(s) or Stepbrother(s)
  - Sister(s) or Stepsister(s)
  - Other household member(s)

59. 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 - 14 years old
  - 15 - 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
60. ...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"/>
61. ...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"/>
62. ...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"/>

63. In the past month on the days that you smoked, about how many cigarettes did you smoke per day?
- Did not smoke
  - Less than 1 cigarette per day
  - About 1-5 cigarettes per day
  - About 1/2 pack per day
  - About 1 to 1 and 1/2 packs per day
  - About 2 packs per day or more

64. If you wanted to get cigarettes, where would you most likely get them? (**MARK ALL THAT APPLY**)
- From my friends or other kids I know
  - From my brothers, sisters, or cousins
  - From my parents or other adults (with them knowing)
  - From my parents or other adults (without them knowing)
  - From a vending machine
  - From a store cashier or clerk

<i>HOW OFTEN HAVE YOU USED ANY OF THE FOLLOWING:</i>	NEVER	BEFORE, BUT NOT IN PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
65. 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"/>
66. Cigars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. Bidis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. 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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69. How old were you the first time you had a drink (not just a few sips) of alcohol (beer, wine, liquor, mixed drink)?

- I have never had a drink of alcohol
- 6 years old or under
- 7 - 8 years old
- 9 - 10 years old
- 11 - 12 years old
- 13 - 14 years old
- 15 - 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
70. ...in whole life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. ...in past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. ...in past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

73. 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"/>

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

- Never drank alcohol
- Didn't drink in past 30 days
- My own home
- Someone else's home
- In school
- On school grounds
- In a restaurant or club
- In a car
- Outside (street, parking lot, public park, behind a building)

75. 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.
- 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 or someone else's house without permission.
- Taken alcohol from your house or someone else's house with permission.

PLEASE DO NOT WRITE IN THIS AREA



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**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
76. ...in whole life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. ...in past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. ...in past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

79. In the past 30 days if you smoked marijuana, WHERE did you smoke most often? **(MARK ALL THAT APPLY)**

- Never smoked marijuana
- Did not smoke marijuana in the past 30 days
- My own home
- Someone else's home
- In school
- On school grounds
- In a restaurant or club
- In a car
- Outside (street, parking lot, public park, behind a building)

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

- I have never tried marijuana
- 6 years old or younger
- 7 - 8 years old
- 9 - 10 years old
- 11 - 12 years old
- 13 - 14 years old
- 15 - 16 years old
- 17 years old or older

81. During the past year, have you taken any of the following PRESCRIPTION drugs WITHOUT a prescription? **(MARK ALL THAT APPLY)**

- Yes, OxyContin
- Yes, Codeine/Tylenol with codeine
- Yes, Percocet/Percodan
- Yes, Vicodin
- Yes, Darvon/Darvacet/Endocet
- Yes, Xanax
- Yes, Somas
- Yes, Ritalin/Adderall/Strattera
- Yes, Albuterol or other asthma medication
- Yes, Other PRESCRIPTION DRUG TO GET HIGH (please specify) \_\_\_\_\_
- No

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

- From my friends or other kids I know without paying for them
- From my parents or other adults (with their permission)
- Sneak them from my parents or other adults (without them knowing)
- As part of a rave or party
- From an internet site
- From someone who sells them

83. <b>MARK ALL THAT APPLY FOR EACH DRUG:</b>	Cigarettes	Alcohol	Marijuana	Prescription Pain Killers	Other Illegal Drugs
a. I know where students my age can buy:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. During the past year, I tried to cut down on or stop my use of:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. 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"/>	<input type="radio"/>
d. 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"/>	<input type="radio"/>
e. 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"/>	<input type="radio"/>
f. During the past year, I felt that I needed or was dependent on:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. 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"/>	<input type="radio"/>



CHOOSE THE ONE BEST ANSWER FOR EACH ROW:

<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>
84. Ecstasy or E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. HALLUCINOGENS (acid, LSD, trip, shrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Albuterol or other asthma drug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. OVER-THE-COUNTER drugs (cough & cold meds, Nyquil) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. DOWNERS (tranqs, barbs, Xanax) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. UPPERS (speed, meth, crank, diet pills) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. Inhalents (aerosols, gasoline, nitrous oxide, whippits, glue, liquid paper)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. PAIN KILLERS (OxyContin, codeine, Percocet, Tylenol III) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. Dactyls (rubes, dacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. 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"/>
94. PCP (angel dust, dust or wet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. Crack (rock)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. Powder cocaine (powder, blow)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. Heroin (funk, dope)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please continue the survey on the next page

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<b>CHOOSE THE <u>ONE</u> BEST ANSWER FOR EACH ROW:</b>	YES	NO
98. <u>During the past year in school</u> , I have talked to a counselor, teacher, or nurse at school about my drinking or drug use.	<input type="radio"/>	<input type="radio"/>
99. <u>During the past year</u> , I have talked to my parents about my drinking or drug use.	<input type="radio"/>	<input type="radio"/>
100. <u>During the past year outside of school</u> , 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"/>

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

- Yes, Ritalin
- Yes, Adderall
- Yes, Cylert
- Yes, Concerta
- Yes, Strattera
- Yes, Other \_\_\_\_\_
- No

102. How often have you gambled (bet) for money or possessions?

- Never
- Before, but not in past year
- A few times in past year
- Once or twice a month
- Once or twice a week
- Almost every day

103. Do you take any medicine by prescription to make you feel less anxious or depressed?

- Yes, Wellbutrin
- Yes, Prozac
- Yes, Zoloft
- Yes, Paxil
- Yea, Lexapro
- Yes, Puvox
- Yes, Celexa
- Yes, Other \_\_\_\_\_
- No

104. Which of the following statements do you believe to be true? (**MARK ALL THAT APPLY**)

- If I break the law, I will certainly be punished.
- Delaware laws concerning alcohol and drug use are fair and consistent.
- I know what the Delaware laws are concerning alcohol and drug use.
- The rules my parents set for me are fair and consistent.
- If I break the rules my parents set for me, I will certainly be punished.
- The rules at my school are fair and consistent.
- If I break the rules at my school, I will certainly be punished.

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

<b>I AGREE OR DISAGREE WITH:</b>	DISAGREE A LOT	DISAGREE A LITTLE	NEITHER DISAGREE NOR AGREE	AGREE A LITTLE	AGREE A LOT
105. I sometimes do crazy things just for fun.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. I like wild parties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. 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"/>
108. 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"/>
109. 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"/>
110. I like to have new or exciting experiences even if they are illegal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

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

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<b>DURING THE PAST YEAR, HAVE ANY OF THESE THINGS HAPPENED DUE TO DRINKING ALCOHOL?</b>	<b>DID NOT DRINK IN PAST YEAR</b>	<b>YES</b>	<b>NO</b>
111. I got into a heated argument while drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. I stayed away from school because of a hangover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. I was high or a little drunk at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. My girl/boyfriend told me that I should cut down on my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. Friends told me that I should cut down on my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. I tossed down several drinks pretty fast to get a quicker effect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. I was afraid I might be an alcoholic or that I might become one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. I stayed drunk for more than one day at a time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. 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"/>
120. 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"/>
121. I had a quick drink or so when no one was looking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. My hands shook a lot after drinking the day before.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. Sometimes I got a little drunk while drinking by myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. Sometimes I kept on drinking after promising myself not to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

125. Rate the following people in your life by the scale given below, from 1-friendly and supportive to 5-unfriendly and unsupportive:

	<b>Friendly and Supportive</b>			<b>unfriendly and unsupportive</b>	
	1	2	3	4	5
Parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers in your School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students in your School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administrators in your School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighbors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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<b><u>DURING THE PAST YEAR:</u></b> <b>(PLEASE MARK <u>ALL</u> THAT APPLY IN EACH ROW)</b>	NOT IN PAST YEAR	DUE TO DRINKING	DUE TO TOBACCO USE	DUE TO OTHER DRUG USE
126. I became depressed or lost interest in things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127. I had arguments or fights with family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
128. I felt completely alone and isolated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
129. I felt very nervous or anxious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
130. I had health problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
131. I found it difficult to think clearly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
132. I felt irritable and upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
133. I got less work done than usual at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
134. I felt suspicious and distrustful of people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
135. I found it harder to handle my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
136. I had to get emergency medical help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>HOW MUCH DO PEOPLE RISK HARMING THEMSELVES (PHYSICALLY AND OTHER WAYS) WHEN THEY: CHOOSE THE <u>ONE</u> BEST ANSWER FOR EACH ROW.</b>	NO RISK	SLIGHT RISK	MODERATE RISK	GREAT RISK	DO NOT KNOW
137. Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
138. 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"/>
139. 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"/>
140. Try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
141. Smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
142. Try cocaine or crack once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
143. Use prescription drugs regularly without a prescription to have fun or get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
144. Use prescription drugs regularly without a prescription to do better at school, work, or sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
145. Try inhaling glue or aerosols or other inhalants once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
146. Inhale glue or aerosols or other inhalants regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
147. Try heroin once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
148. Use over the counter medication to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

CHOOSE THE ONE BEST ANSWER FOR EACH ROW:

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HOW MUCH TIME DO YOU SPEND <u>ON A SCHOOL DAY</u> (BEFORE <u>AND</u> AFTER SCHOOL):	NONE	LESS THAN ONE HOUR	1 - 2 HOURS	2 - 4 HOURS	4 OR MORE HOURS
149. Studying or doing homework outside of school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
150. 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"/>
151. Watching TV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
152. Playing video/computer games?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
153. Online on a computer (surfing, chatting, downloading)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
154. Hanging out with friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
155. Doing volunteer work or community service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
156. Participating in school athletics (practice, games)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
157. Participating in a school program other than sports (clubs, tutoring, band, choir, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
158. Participating in a program that <u>IS NOT</u> school related (church groups, dance lessons, scouts)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
159. Doing things with your parents/guardians?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
160. Working for pay?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
161. Watching your brother/sister or other young child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
162. Being <u>WITHOUT</u> any adult supervision?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

163. Have either of your parents spoken with you about the risks of: (MARK ALL THAT APPLY)

- Using tobacco products
- Drinking alcohol
- Using marijuana
- Using prescription drugs without a prescription
- Using other drugs

164. Is there another adult in your life, besides your parents, who you can talk to about things that are important to you?

- No, there isn't.
- Yes, at school.
- Yes, elsewhere.

165. How often do you wear a seat belt?

- Never
- Hardly ever
- About half the time
- Usually
- Always



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	OK	Wrong	Very Wrong
<b>Please complete the following statements:</b>			
166. I consider the use of tobacco products to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
167. Kids at my school consider the use of tobacco products to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
168. My parents consider my use of tobacco products:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
169. I consider underage drinking to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
170. Kids at my school consider underage drinking to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
171. My parents consider underage drinking to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
172. I consider use of marijuana to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
173. Kids at my school consider use of marijuana to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
174. My parents consider use of marijuana to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
175. I consider use of prescription drugs without a prescription for fun or to get high to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
176. Kids at my school consider use of prescription drugs without a prescription for fun or to get high to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
177. My parents consider use of prescription drugs without a prescription for fun or to get high to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
178. I consider use of prescription drugs without a prescription to do better at work, school or sports to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
179. Kids at my school consider use of prescription drugs without a prescription to do better at work, school or sports to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
180. My parents consider use of prescription drugs without a prescription to do better at work, school or sports to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
181. I consider gambling to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
182. Kids at my school consider gambling to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
183. My parents consider gambling to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Please continue the survey on the next page**



PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

184. HOW OFTEN HAVE YOU DONE 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
a. Gambled at a casino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Played the lottery or scratch-off tickets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Bet on team sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Played cards for money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Bet money on horse races	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Played Bingo for money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Bet on dice games such as craps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Gambled on the Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Bet on games of personal skill such as pool, darts or basketball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Bet on video games	<input type="radio"/>	<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 five questions on the next Page**

**THANK YOU FOR BEING AN IMPORTANT PART OF THIS STUDY**

**11th Graders**



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185. Why do you use prescription drugs when you use them **WITHOUT** a prescription?  
**MARK ALL THAT APPLY.**
- I do not use prescription drugs without a prescription.
  - To get rid of pain or an infection
  - To have fun or get high
  - To add muscle, strength, endurance
  - To increase concentration
  - For depression or anxiety
  - To lose weight

187. 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

189. On average, how often do you drive a car, truck, or other motor vehicle 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

186. 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 use
  - Information on alcohol use
  - Information on other drug abuse
  - Other physical health reasons one time
  - Other physical health reasons more than once
  - Emotional/Counseling/Mental health one time
  - Emotional/Counseling/Mental health more than once
  - Never used

188. 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.
  - Yes, for others who were smoking marijuana
  - Yes, for others who were using other illegal drugs
  - No.

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

