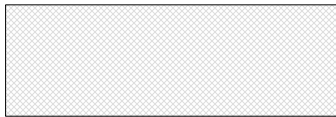


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**YEAR 2009**

**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 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: ●	INCORRECT: ✓ ✗ ○

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

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

63 1. What is the zip code for your home address?  
 62 Please write in the **numbers**, then fill in the  
 61 proper **circles**.

60 **EXAMPLE**

ZIP CODE				
1	9	7	1	6
0	0	0	0	0
●	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

44  
43  
42 2. What is your gender?

- 41  Male  
 40  Female

38  
37 3. How old are you TODAY?

- 36  12 years or younger  
 35  13 years  
 34  14 years  
 33  15 years  
 32  16 years  
 31  17 years  
 30  18 years  
 29  19 years or older

27 4. Are you Hispanic or Latino?

- 26  No  
 25  Yes

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

- 21  American Indian or Alaskan Native  
 20  Asian  
 19  Black or African American  
 18  White/Caucasian  
 17  Other (describe) \_\_\_\_\_

14 6. What **ONE** category best describes your  
 13 overall grades on your last report card?

- 12  Mostly A's  
 11  Mostly B's  
 10  Mostly C's  
 9  Mostly D's or F's

7 7. How do you get to school most days?

- 6  I ride a school bus  
 5  I walk to school  
 4  I get a ride with a family member or friend  
 3  I get to school some other way

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

- Mother  
 Father  
 Grandparent(s)  
 Step-parent(s)  
 Siblings(s)  
 Non-family member(s)

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

Age	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
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8	8
9	9

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

Age	
0	0
1	1
2	2
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4	4
5	5
6	6
7	7
8	8
9	9

11. 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

12. 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

13. Which of the following best describes the place where  
 you live?

- My family owns the place where we live (with or  
 without a loan or mortgage)  
 My family rents the place where we live  
 Other

14. How many times has your family moved since  
 you started school (in Kindergarten)?

- 0  
 1  
 2  
 3 or more



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

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<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>
32. 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"/>
33. 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"/>
34. 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"/>
35. 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"/>
36. 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"/>
37. Get arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. 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"/>
39. Go places with your parents such as concerts, museums, plays, historical sites or other educational trips or activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Cheat on a test in class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Attend religious services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Ride in a car when the driver - an adult - 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"/>
43. Ride in a car when the driver - someone less than 21 yrs old - 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"/>
44. 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"/>
45. Do chores or help out at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Get stopped by police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. 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"/>
48. Skip or miss classes (not the whole school day) <u>without permission</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Get suspended or expelled from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Hear name-calling, threats or yelling between adults in your home which makes you uncomfortable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. Hear or see violence between adults in your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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68. 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 and drugs
- Told me not to drink alcohol
- Told me not to use drugs

69. 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)

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:

	NONE	LESS THAN 1	1-5 CIGARETTES	6-10 CIGARETTES	11-20 CIGARETTES	21-30 CIGARETTES	31 OR MORE CIGARETTES
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/guardians (without them knowing)
- From other adults (with them knowing)
- From other adults (without them knowing)
- From a vending machine
- From a store cashier or clerk

HOW OFTEN HAVE YOU USED ANY OF THE FOLLOWING:	NEVER	BEFORE, BUT NOT IN PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
76. 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"/>
77. Cigars or cigarillos (little cigars, cigars with tips)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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78. 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

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
79. ...in your whole life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. ...in the past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. ...in the past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
82. 3 alcoholic drinks in a row?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. 4 alcoholic drinks in a row?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. 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"/>

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

- Never drank alcohol
- Didn't drink in past 30 days
- Brother(s) or sister(s)
- Adult family members
- Friends from school
- Friends from my neighborhood
- Co-workers
- Drank alone

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

- 63 87. How old were you the first time you tried  
 62 marijuana (weed, pot, hash, blunts)?  
 61  I have never tried marijuana  
 60  10 years old or younger  
 59  11 years old  
 58  12 years old  
 57  13 years old  
 56  14 years old  
 55  15 years old  
 54  16 years old  
 53  17 years old or older

88. In the past 30 days if you used marijuana, WITH WHOM  
 did you use it? (MARK ALL THAT APPLY)  
 Never used marijuana  
 Didn't use marijuana in past 30 days  
 Brother(s) or sister(s)  
 Adult family members  
 Friends from school  
 Friends from my neighborhood  
 Co-workers  
 Used alone

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

	0 TIMES	1 - 2 TIMES	3 - 5 TIMES	6 - 9 TIMES	10 - 19 TIMES	20 - 39 TIMES	40 OR MORE TIMES
46 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"/>
44 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"/>
42 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"/>

- 37 92. Do you take any medicine by  
 36 prescription for any of the following?  
 35 (MARK ALL THAT APPLY)  
 34  Depression  
 33  Blood Pressure  
 32  Anxiety  
 31  Asthma  
 30  ADD/ADHD  
 29  Allergies  
 28  Bipolar Disorder  
 27  Weight Loss  
 26  Chronic Skin Conditions (such as acne)  
 25  Other \_\_\_\_\_  
 24  No

94. Do you take any medicine by prescription  
 to help you concentrate better in school?  
 Yes  
 No

- 22 93. During the past year, have you taken any of  
 21 the following PRESCRIPTION drugs that  
 20 were NOT prescribed for you? (MARK ALL  
 19 THAT APPLY)  
 18  Yes, OxyContin  
 17  Yes, Codeine/Tylenol with codeine  
 16  Yes, Percocet/Percodan  
 15  Yes, Vicodin  
 14  Yes, Darvon/Darvacet/Endocet  
 13  Yes, Xanax  
 12  Yes, Somas  
 11  Yes, Ritalin/Adderall/Strattera  
 10  Yes, Albuterol or other asthma medication  
 9  Yes, Other PRESCRIPTION DRUG NOT  
 8 PRESCRIBED FOR YOU (please  
 7 specify) \_\_\_\_\_  
 6  No

95. During the past 12 months, on how  
 many sports teams did you play?  
 (Include any teams run by your school  
 or community groups.)  
 0 teams  
 1 team  
 2 teams  
 3 or more teams

96. On an average school day, how many  
 hours do you spend watching television,  
 on the computer (not doing homework),  
 playing video or computer games, or  
 texting?  
 I do not do any of the above on an  
 average school day.  
 Less than 1 hour per day  
 1 hour per day  
 2 hours per day  
 3 hours per day  
 4 hours per day  
 5 or more hours per day





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<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>
97. Ecstasy or E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. Hallucinogens (acid, shrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. Steroids without a prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100. 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"/>
101. 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"/>
102. 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"/>
103. 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"/>
104. Inhalants (aerosols spray cans, gasoline, whippets, glue)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. 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"/>
106. Dactyls (rubes, dacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. 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"/>
108. Crack (rock)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109. Powder cocaine (powder, blow)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. Heroin (funk, dope)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b><u>MARK ALL THAT APPLY FOR EACH DRUG:</u></b>	<b>Cigarettes</b>	<b>Alcohol</b>	<b>Marijuana</b>	<b>Prescription Pain Killers</b>	<b>Other Illegal Drugs</b>
111. I know where students my age can buy:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. During the past year, I have sold someone else:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. During the past year, I have given someone else:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. 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"/>
115. 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"/>

63	62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38
HOW MUCH DO PEOPLE RISK HARMING THEMSELVES (PHYSICALLY AND OTHER WAYS) WHEN THEY:		NO RISK	SLIGHT RISK	MODERATE RISK	GREAT RISK	DO NOT KNOW																			
CHOOSE THE <u>ONE</u> BEST ANSWER FOR EACH ROW.																									
116. Smoke one or more packs of cigarettes per day?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																			
117. Try one or two alcoholic drinks (beer, wine, liquor)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																			
118. 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"/>																			
119. 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"/>																			
120. Try marijuana once or twice?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																			
121. Smoke marijuana occasionally?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																			
122. Smoke marijuana regularly?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																			
123. Inhale glue or aerosols or other inhalants regularly?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																			
124. Use over-the-counter medication to get high?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																			

35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
PLEASE COMPLETE THE FOLLOWING STATEMENTS:		OK	A Little Bit Wrong	Wrong	Very Wrong																													
125. I consider any use of tobacco products to be:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																													
126. I consider smoking one or more packs of cigarettes per day:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																													
127. My parents consider my use of tobacco products to be:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																													
128. 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"/>																													
129. 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"/>																													
130. 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"/>																													
131. My parents consider my drinking alcohol to be:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																													
132. I consider trying marijuana once or twice to be:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																													
133. I consider smoking marijuana regularly to be:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																													
134. My parents consider my use of marijuana to be:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																													
135. I consider use of other illegal drugs to be:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																													
136. My parents consider my use of other illegal drugs to be:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																													

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

139. During the past 7 days, on how many days did you eat 5 or more servings (a serving=about 1/2 cup) of fruits and vegetables?
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days

141. During the past 7 days, on how many days were you physically active for at least 60 minutes per day? (Add up all the time you spend 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

138. How many times in an average week do you eat breakfast?
- 0 times
  - 1 time
  - 2 times
  - 3 times
  - 4 times
  - 5 times
  - 6 times
  - 7 times

140. Yesterday, how many caffeinated drinks did you have? (please include coffee, tea, sodas, power or energy drink, or other drinks with caffeine added.)
- I did not have any caffeinated drinks yesterday
  - 1 caffeinated drink
  - 2 caffeinated drinks
  - 3 or more caffeinated drinks
142. On an average school day, how many hours do you spend watching television, on the computer (not doing homework), playing video or computer games, or texting?
- I do not do any of the above on an average school day.
  - Less than 1 hour per day
  - 1 hour per day
  - 2 hours per day
  - 3 hours per day
  - 4 hours per day
  - 5 or more hours per day

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



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**If you are in 8th grade, please stop here. If you are in 11th grade, please complete the final four questions below:**

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

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

144. 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

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

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

146. 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

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



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