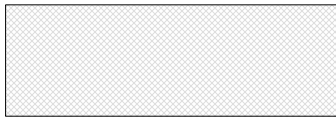


63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1



YEAR 2012

**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	
<ul style="list-style-type: none"> • 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
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
37
36
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

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
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

2. What is your gender?

- Male
- Female

3. Do you get a free or reduced cost lunch at school?

- Yes
- No

4. How old are you TODAY?

- 12 years or younger
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years
- 19 years or older

5. Are you Hispanic or Latino?

- No
- Yes, I am Mexican, Mexican American, or Chicano
- Yes, I am Puerto Rican
- Yes, I am Cuban or Cuban American
- Yes, I am some other Hispanic or Latino not listed here

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

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

7. What **ONE** category best describes your overall grades on your last report card?

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

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

- Mother
- Father
- Grandparent(s), aunt(s) or uncle(s)
- Step-parent(s)
- Brother(s)
- Sister(s)
- Other adult(s)

9. Which of the people who live with you right now work to earn money to pay the bills and buy the food? (**MARK ALL THAT APPLY.**)

- Mother
- Father
- Grandparent(s), aunt(s) or uncle(s)
- Step-parent(s)
- Brother(s)
- Sister(s)
- Other adult(s)

10. 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
7	7
8	8
9	9

11. How old is your father?
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
7	7
8	8
9	9

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

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school after college

- 63 23. Which are true of you? (**MARK ALL THAT APPLY.**)
- 62 I complete my classwork
- 61 I complete and turn in my homework
- 60 I participate in school activities (clubs, sports,
- 59 dances) outside of school hours
- 58
- 57
- 56
- 55 24. Delaware students in grades 8 through 12 can
- 54 use their on-line Student Success Plan (SSP) to
- 53 help them identify and reach their education
- 52 and career goals. How frequently have you
- 51 used your Student Success Plan?
- 50 I don't know what an SSP is
- 49 Never
- 48 Before, but not in the past year
- 47 A few times in the past year
- 46 Once or twice a month
- 45 Once or twice a week
- 44 Almost every day
- 43
- 42
- 41
- 40
- 39
- 38
- 37

25. In the past year, how have you used your Student Success Plan (**MARK ALL THAT APPLY.**)
- To match your skills and interests with a career choice
- To explore careers you may be interested in and what the requirements are for that career
- To explore colleges and vocational schools and their requirements
- To plan your high school courses to help you achieve your career and education goals
- To keep a record of your work experience, community service, extracurricular activities (sports, clubs, etc.), achievement test scores to build a resume for applying to colleges or for jobs
- To share your career and education goals and plans with your parents.
26. Do you take any medicine by prescription to help you concentrate better in school?
- Yes
- No

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
27. My parents know <u>where I am</u> when I am <u>NOT</u> in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. When my parents ask where I am or what I am doing, I tell them the truth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I feel safe in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I get along well with other kids at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I get along well with my parents/guardians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. 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"/>
34. Students at this school treat each other with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Students treat teachers with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. 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"/>
37. 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"/>
38. Student violence is a problem at this school.	<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
37
36
35
38" SPINE PERF
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

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
59. Carry a weapon when you're not in school or at a school event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. Participate in a gang or gang activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. Hit someone with the intention of hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. Say things to someone in public with the intention of hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. See or hear violence in your neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. 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"/>
65. See or hear yelling, threats or physical violence between teens at school who are dating each other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. See or hear a media message about the risks of teens drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WOULD YOU AGREE OR DISAGREE THAT:	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
67. If you break your parents' rules you will be punished	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. If you break your school's rules, you will be punished	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. If you break the Delaware laws, you will be punished	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

70. In the past year, my parents have: **(MARK ALL THAT APPLY.)**

- Called other parents to check on me
- Told me to call home and let them know where I am
- Offered to pick me up if I needed a safe ride home
- Asked parents hosting a party I would be attending if they would be present
- Asked parents hosting a party I would be attending if there would be alcohol served
- Talked to me about the risks of using alcohol
- Talked to me about the risks of using drugs
- Told me not to drink alcohol
- Told me not to use drugs
- Talked to me about healthy dating relationships and teen dating violence
- Monitored my use of the Internet or my phone use
- None of the above

71. 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)

72. 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
73. ...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"/>
74. ...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"/>
75. ...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"/>

76. 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

77. 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
78. Chewing tobacco, snuff, dip, snus (Skoal, Red Man)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. Cigarillos, little cigars, black and tans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

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
37
36
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

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
37
36
35
38" SPINE PERF
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

81. 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

82. How old were you the last time you had a drink (not just a few sips) of alcohol (beer, wine, liquor, mixed drink)?
- I still drink alcohol
 - 10 years or younger
 - 11 years old
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old or older

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

	0 TIMES	1-2 TIMES	3-5 TIMES	6-9 TIMES	10-19 TIMES	20-39 TIMES	40 OR MORE TIMES
83. ...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"/>
84. ...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"/>
85. ...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
86. 3 alcoholic drinks in a row?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. 4 alcoholic drinks in a row?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. 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"/>

89. 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
- Boyfriend/Girlfriend
- Drank alone

90. In the past year, have you done any of the following? (MARK ALL THAT APPLY)

- Been at a party where parents bought alcohol for teenagers
- Been at a party with alcohol and no parents were present
- Pre-gamed (drank before going to a game, party or event)
- Had someone over age 21 (other than a parent) buy alcohol for you
- Bought alcohol with a fake ID
- Bought alcohol without being asked for an ID
- Taken alcohol from your house without permission
- Taken alcohol from your house with permission
- Taken alcohol from someone else's house without permission
- None of the above

91. How old were you the first time you tried marijuana (grass, pot, hash, weed, blunts)?
- I have never tried marijuana
 - 10 years old or younger
 - 11 years old
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old or older

92. How old were you the last time you smoked marijuana (grass, pot, hash, weed, blunts)?
- I have never smoked marijuana
 - 10 years old or younger
 - 11 years old
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old or older

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

	0 TIMES	1 - 2 TIMES	3 - 5 TIMES	6 - 9 TIMES	10 - 19 TIMES	20 - 39 TIMES	40 OR MORE TIMES
93. ...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"/>
94. ...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"/>
95. ...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"/>

96. 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 not from school
- Used alone

97. Do you take any medicine by prescription for any of the following? (MARK ALL THAT APPLY)

- Depression
- Anxiety
- Asthma
- ADD/ADHD
- Allergies
- Bipolar Disorder
- Weight Loss
- Chronic Skin Conditions (such as acne)
- Other _____
- No

98. For the times when you have used prescription drugs WITHOUT a prescription, please mark the main reason for using them.

- Increasing concentration (for studying/tests)
- Relieving pain
- Treating infection, allergies, illness
- Having fun or getting high
- Adding muscle, strength, endurance
- Relieving depression/anxiety
- Weight loss
- I have not used prescription drugs without a prescription

99. During the past year, have you taken any of the following PRESCRIPTION drugs that were NOT prescribed for you? (MARK ALL THAT APPLY)

- Yes, OxyContin/Oxycodone
- Yes, Codeine/Tylenol with codeine
- Yes, Percocet/Percodan
- Yes, Vicodin
- Yes, Darvon/Darvacet/Endocet
- Yes, Xanax
- Yes, Somas
- Yes, Ritalin/Adderall/Strattera
- Yes, Albuterol or other asthma medication
- Yes, Other PRESCRIPTION DRUG NOT PRESCRIBED FOR YOU (please specify) _____
- No

100. If you wanted to get prescription drugs without a prescription, where would you get them?

- From friends without paying for them
- Buy them from friends, acquaintances or other kids
- Buy them from a dealer
- Sneak them from someone (parents, etc.)
- At a party
- From the Internet

101. How many times in the past year have you used Adderall, Ritalin, or other ADHD medication WITHOUT a prescription to help you study for exams?

- 0 Times
- 1-5 Times
- 6-10 Times
- More than 10 Times

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
37
36
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

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
37
36
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

HOW OFTEN DO YOU USE:	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
102. Ecstasy or E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103. Hallucinogens (acid, LSD, shrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. Steroids without a prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. 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"/>
106. 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"/>
107. 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"/>
108. 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"/>
109. 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"/>
110. 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"/>
111. Dactyls (rubes, dacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. 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"/>
113. Crack (rock)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. Powder cocaine (powder, blow)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. Heroin (funk, dope)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. Bath salts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<u>MARK ALL THAT APPLY FOR EACH DRUG:</u>	Alcohol	Marijuana	Prescription Pain Killers	Other Illegal Drugs
117. I know where students my age can buy:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. During the past year, I have sold or given someone else:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. 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"/>
120. 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"/>
121. 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"/>
122. 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"/>
123. 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"/>



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
37
36
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

<i>DURING THE PAST YEAR, HAVE ANY OF THESE THINGS HAPPENED DUE TO DRINKING ALCOHOL?</i>	DID NOT DRINK IN PAST YEAR	YES	NO
124. I got into a heated argument while drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. I stayed away from school because of a hangover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. I was high or a little drunk at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127. My girl/boyfriend told me that I should cut down on my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
128. Friends told me that I should cut down on my drinking.	<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. 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"/>
131. 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"/>
133. My hands shook a lot after drinking the day before.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
133. Sometimes I kept on drinking after promising myself not to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
134. My parents punished me due to my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<i><u>DURING THE PAST YEAR:</u></i>	NOT IN PAST YEAR	DUE TO DRINKING	DUE TO MARIJUANA USE	DUE TO PRESCRIPTION PAINKILLER USE
135. I became depressed or lost interest in things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
136. I had arguments or fights with family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137. I felt completely alone and isolated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
138. I felt very nervous or anxious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
139. I had health problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
140. I found it difficult to think clearly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
141. I felt irritable and upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
142. I got less work done than usual at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
143. I felt suspicious and distrustful of people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
144. I found it harder to handle my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
145. I had to get emergency medical help.	<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
37
36
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

During the past 30 days, which of the following things has happened **TO YOU**, and who did it:
MARK ALL THAT APPLY.

	Did Not Happen	Parents	Siblings	Boyfriend/ Girlfriend	Kids In Neighbor- hood	Kids In School
164. I have been threatened, called names, made fun of or teased in a hurtful way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
165. I was hit, slapped, kicked, pushed, pinched, choked or shoved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
166. Someone told lies or spread false rumors about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
167. I was threatened or harassed by e-mail, texting, networking website (such as Facebook), or other electronic means.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past 30 days, which of the following things have you done to someone else, and who did you do it to: **MARK ALL THAT APPLY.**

	Did not Happen	Parents	Siblings	Boyfriend/ Girlfriend	Kids In Neighbor- hood	Kids In School
168. I threatened, called names, made fun of or teased them in a hurtful way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
169. I hit, slapped, kicked, pushed, pinched, choked or shoved them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
170. I told lies or spread false rumors about them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
171. I threatened or harassed someone by e-mail, texting, networking website (such as Facebook), or other electronic means.						

How much do each of these things happen in your neighborhood?	Not at All	A Little	Some	A Lot
172. Crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
173. Drug selling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
174. Fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
175. Neighbors help each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
176. People going to prison due to drug/alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
177. People dropping out of school due to drug/alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
178. Families fighting/falling apart due to drug/alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
179. Gambled at a casino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
180. 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"/>
181. Bet on team sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
182. Played cards for money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
183. Bet money on horse races	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
184. Played Bingo for money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
185. 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"/>
186. Gambled on the Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
187. 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"/>
188. Bet on video games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	NEVER GAMBLED	YES	NO
189. Have you ever felt the need to bet more and more money in any of the above activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
190. Have you ever lied to people important to you about how much you gambled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE MARK ONE ANSWER FOR EACH:

<i>How much time do you spend on a school day (before and after school):</i>	No Time	1/2 hour or less	About one hour	About two hours	More than two hours
191. Online on a computer, watching TV, or playing computer/video games or phone apps?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
192. Talking on a phone, texting, or playing interactive games (on phone or computer) with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
192. Doing school work at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
193. Physically playing, exercising or playing sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

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
37
36
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

194. If you were bullied at school during the past year, which of the following happened? (MARK ALL THAT APPLY)
- I didn't know what to do
 - I talked or fought back and got in trouble
 - I reported it to an adult and they did something about it
 - I reported it to an adult and nothing really happened
 - I have not been bullied at school in the past year

195. Which of the following people give you a lot of support and encouragement? (MARK ALL THAT APPLY.)
- No one
 - Your parents
 - Your teachers
 - Your friends
 - Your friends' parents
 - Other adults in your neighborhood
 - Other adults in your school
 - Adults in your church, synagogue or other place of worship

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

196. 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

198. 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

197. 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

199. On average, how often do you drive a car, truck, or other motor vehicle (motorcycle, ATV, boat) after smoking marijuana?
- I don't drive
 - Never
 - At least once, but not in past year
 - A few times in past year
 - About once or twice a month
 - About once or twice a week
 - Almost every day

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

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
37
36
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 DO NOT WRITE IN THIS AREA



SERIAL