



YEAR 2018

DELAWARE SECONDARY SCHOOL STUDENT ASSENT AND SURVEY INSTRUCTIONS

This survey is part of a study the University of Delaware does every year to provide information on student behaviors and beliefs, including those about eating habits and the use of cigarettes, alcohol and other drugs. Results are used to make better decisions about the kinds of programs and policies needed to support the health and well-being of Delaware students.

All answers are entirely:

- Confidential—no one will see your answers or know how you answered the questions
Anonymous—do not put your name on the survey; we do not want to know how any one person answered, only about percentages of answers of all students combined
Voluntary—there is no penalty if you choose not to fill out any part of the survey or all of it

This IS NOT A TEST, so there are no right or wrong answers. If you don't find an answer that fits exactly, choose the one that comes closest. If a question does not apply to you, or if you are not sure what it means, just leave it blank. Please work as quickly as you can. If you have any questions, raise your hand and I will come to help you. Unless it says "Mark All That Apply," please mark only one answer for each question. When you are finished, turn your booklet over and raise your hand; I will come around with an envelope for you to put your survey in. Then you can work quietly at your desk on something else until everyone has finished.

Remember:

- Read the instructions before you answer.
Fill in the circle next to the answer you choose completely, like the example below:

I am currently attending school:

- Yes
No

MARKING INSTRUCTIONS
• Use a No. 2 pencil only.
• Do not use ink, ballpoint, or felt tip pens.
• Make solid marks that fill the response completely.
• Erase cleanly any marks you wish to change.
• Make no stray marks on this form.
CORRECT: [filled circle] INCORRECT: [checkmark in circle], [X in circle], [circle with dot], [circle with slash]

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

PLEASE DO NOT WRITE IN THIS AREA
[grid of circles with the first one filled]

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

**EXAMPLE**

ZIP CODE				
1	9	7	1	6
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input checked="" type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input checked="" type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input checked="" type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

ZIP CODE				
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

2. What is your gender?

- Male  
 Female

3. How old are you TODAY?

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

4. Are you Hispanic or Latino?

- No  
 Yes, I am Mexican, Mexican American, or Chicano  
 Yes, I am Puerto Rican  
 Yes, I am Cuban or Cuban American  
 Yes, I am some other Hispanic or Latino

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

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

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

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

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

- Mostly A's  
 Mostly B's  
 Mostly C's  
 Mostly D's or F's  
 Some other Grade  
 Not sure

8. Are either of your parents or other adults (18 years or older) in your family serving on active duty in the military?

- Yes  
 No

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

- Yes  
 No

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

- Mother(s)  
 Father(s)  
 Foster Parent(s)  
 Guardian(s)  
 Grandparent(s), Aunt(s) or Uncle(s)  
 Step-parent(s)  
 Brother(s) or Sister(s)

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

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

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

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

13. During the past 30 days, how often did you go hungry because there was not enough food in your home?
- Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always
14. Have any of your family members been incarcerated (in a prison or detention center) in the past year? **(MARK ALL THAT APPLY)**
- No one in my family
  - Father
  - Mother
  - Other adult family member (18 years or older)
  - Other non-adult family member (under 18 years old)
15. How many times have you ever been arrested?
- 0 times
  - 1 time
  - 2 to 3 times
  - More than 3 times
16. Have you been arrested in the past year?
- Yes
  - No
17. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days
18. On an average school night, how many hours of sleep do you get?
- 4 or less hours
  - 5 hours
  - 6 hours
  - 7 hours
  - 8 hours
  - 9 hours
  - 10 or more hours

19. Are you deaf or do you have serious difficulty hearing?
- Yes
  - No
20. Do you have serious difficulty seeing, even when wearing glasses?
- Yes
  - No
21. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
- Yes
  - No
22. Do you have serious difficulty walking or climbing stairs?
- Yes
  - No
23. 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
24. Which of the following are **TRUE** for you? **(MARK ALL THAT APPLY)**
- I care about doing well in school
  - I think it's important to help friends
  - I think it's important to help other people, even if I don't know them
  - I tell the truth, even when it isn't easy
  - I try to plan ahead and make good decisions
  - I want to get a good education
25. Which of the following people give you a lot of support and encouragement? **(MARK ALL THAT APPLY)**
- No one
  - Your parent
  - Your teacher
  - Your friend
  - Your friends' parent
  - Another adult in your neighborhood
  - An adult in your school
  - An adult in your church, synagogue, or other place of worship

PLEASE DO NOT WRITE IN THIS AREA



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

<b>PLEASE CHOOSE THE BEST RESPONSE FOR THE FOLLOWING STATEMENTS:</b>	<b>MOST OF THE TIME</b>	<b>OFTEN</b>	<b>SOME OF THE TIME</b>	<b>NOT OFTEN</b>	<b>NEVER</b>
26. My parents know <u>where I am when I am NOT</u> in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I get along well with my parent/guardian.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I talk to either of my parent/guardian about how things are going in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. My parent/guardian shows me they are proud of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I can count on my parent/guardian to be there when I need them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I have good role models in my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I feel safe in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. School rules are strictly enforced.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Student violence is a problem in this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

<b>HOW OFTEN DO YOU:</b>	<b>NEVER</b>	<b>BEFORE, BUT NOT IN THE 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>
36. Hear name-calling, threats, or yelling between adults in your home that makes you feel bad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. 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"/>
38. Get hit by an adult who intends to hurt you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Get hit by another teen who intends to hurt you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Get bullied in your neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. See crime in your neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. See drug sales in your neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Get bullied at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



<b>HOW OFTEN HAVE YOU DONE ANY OF THE FOLLOWING:</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>
61. 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"/>
62. Bet on fantasy sports teams?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. Bet on individual sports teams?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. Played cards for money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. Bet on a challenge (dare, fight, race, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. Played Bingo for money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. 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"/>
68. Gambled on the Internet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. Bet on games of personal skill such as pool, dart, or basketball?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. Bet on video games?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

71. Have you ever felt the need to bet more and more money in any of the above activities?

- I have never gambled
- Yes
- No

72. Have you ever lied to people important to you about how much you have gambled?

- I have never gambled
- Yes
- No

73. Does anybody living in your home smoke cigarettes, cigars, little cigars, pipes, or other tobacco products? **(MARK ALL THAT APPLY)**

- No one
- Mother or Stepmother or Female Guardian
- Father or Stepfather or Male Guardian
- Brother(s) or Stepbrother(s)
- Sister(s) or Stepsister(s)
- Other household member(s)

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

- I have never smoked a cigarette
- 10 years or younger
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

**HOW MANY CIGARETTES HAVE YOU SMOKED:**

	<b>NONE</b>	<b>LESS THAN 1</b>	<b>1-5 CIGARETTES</b>	<b>6-10 CIGARETTES</b>	<b>11-20 CIGARETTES</b>	<b>21-30 CIGARETTES</b>	<b>31 OR MORE CIGARETTES</b>
75. ...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"/>
76. ...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"/>
77. ...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"/>

78. 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

<b>HOW OFTEN HAVE YOU USED ANY OF THE FOLLOWING:</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>
79. Chewing tobacco, dip, snuff, snus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. Cigars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. Cigarillos, little cigars, Black and Milds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. E-cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. Other vaping device?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. Hookah?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. Juul?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	<b>NONE</b>	<b>LESS THAN 1</b>	<b>1-5 TIMES</b>	<b>6-10 TIMES</b>	<b>11-20 TIMES</b>	<b>21-30 TIMES</b>	<b>31 OR MORE TIMES</b>
86. ...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"/>
87. ...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"/>
88. ...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"/>

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

- I have never used an e-cigarette or other vaping device
- 10 years or younger
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

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

- Yes
- No

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

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





101. 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

102. In the past 30 days, if you used marijuana, **how** did you use it? **(MARK ALL THAT APPLY)**

- Never used marijuana
- Didn't use marijuana in the past 30 days
- Smoked it
- Vaped it
- Ate it

**HOW MANY TIME 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
103. ...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"/>
104. ...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"/>
105. ...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"/>

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

- No, I take no medication by prescription
- Depression
- Anxiety
- Asthma
- ADD/ADHD
- Allergies
- Bipolar Disorder
- Weight Loss
- Chronic Skin Conditions (such as acne)
- Other \_\_\_\_\_

107. During the past year, have you taken any of the following **PRESCRIPTION** drugs that were **NOT** prescribed for you or in ways that were not prescribed for you? **(MARK ALL THAT APPLY)**

- Yes, OxyContin/Oxycodone
- Yes, Codeine/Tylenol III with codeine, Promethazine or cough syrup with codeine
- Yes, Percocet/Percodan
- Yes, Vicodin or Norco
- Yes, Dilaudid
- Yes, Morphine
- Yes, Suboxone
- Yes, Xanax
- Yes, Somas
- Yes, Ritalin/Adderall/Strattera/Vyvanse/Concerta
- Yes, Albuterol or other asthma medication
- Yes, Ambien, Sonata, Lunesta, or other sleep medication
- Yes, Another **PRESCRIPTION DRUG NOT PRESCRIBED FOR YOU** (please specify) \_\_\_\_\_
- No

108. For the times when you have used prescription drugs **WITHOUT** a prescription or in ways that were not prescribed for you, 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
- To sleep
- I have not used prescription drugs without a prescription

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

- Free from friends
- Buy them from friends, acquaintances, or other kids
- Buy them from a dealer
- Sneak them from someone (parents, etc.)
- At a party
- From the Internet

<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>
110. Ecstasy (E, Molly)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. Hallucinogens (acid, LSD, shrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. Steroids without a prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. 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"/>
114. 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"/>
115. 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"/>
116. 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"/>
117. Inhalants (aerosol spray cans, gasoline, whippets, glue)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. Pain killers (OxyContin, codeine, Percocet, Dilaudid, morphine, Tylenol III, Vicodin, Promethazine/cough syrup with codeine, or other pain medication) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. Dactyls (rubes, dacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. Ritalin, Adderall, Strattera, Vyvanse or Concerta without a prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
121. Crack (rock)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. Powder cocaine (powder, blow)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. Heroin (H, dope)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. Synthetic marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>MARK ALL THAT APPLY FOR EACH DRUG:</b>	<b>ALCOHOL</b>	<b>MARIJUANA</b>	<b>PRESCRIPTION PAIN KILLERS</b>	<b>OTHER ILLEGAL DRUGS</b>
125. I know where students my age can buy:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. During the past year, I have sold or given someone else:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



<b>DURING THE PAST YEAR, HAVE ANY OF THESE THINGS HAPPENED:</b>	<b>DID NOT DRINK IN PAST YEAR</b>	<b>YES</b>	<b>NO</b>
127. You got into a heated argument while drinking alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
128. You felt you should cut down on your drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
129. People annoyed you by criticizing your drinking alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
130. You felt bad or guilty about your drinking alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
131. You had an alcoholic drink first thing in the morning to steady your nerves or to get rid of a hangover (eye opener).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
132. You forgot things you did while drinking alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
133. You got into trouble while you were drinking alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

134. Over the past two weeks, how often have you been bothered by feeling little interest or pleasure in doing things?

- Not at all
- Several days
- Over half the days
- Nearly every day

135. Over the past two weeks, how often have you been bothered by feeling down, depressed, or hopeless?

- Not at all
- Several days
- Over half the days
- Nearly every day

136. Over the past two weeks, how often have you felt very nervous or anxious?

- Not at all
- Several days
- Over half the days
- Nearly every day

137. How often do you feel you have control over how your life is going?

- Most of the time
- Often
- Some of the time
- Not often
- Never

138. During the past year, I had to get emergency medical help due to: (MARK ALL THAT APPLY.)

- Due to drinking alcohol
- Due to marijuana use
- Due to prescription painkiller use
- Due to being bullied
- Due to other reasons such as depression, suicidal feelings, anxiety, etc.
- Due to witnessing or being involved in a fight or violence (at home, school, or in the community)
- I did not need to get emergency medical help in the past year

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

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

<b>HOW MUCH DO PEOPLE RISK HARMING THEMSELVES (PHYSICALLY AND OTHER WAYS) WHEN THEY:</b>	<b>NO RISK</b>	<b>SLIGHT RISK</b>	<b>MODERATE RISK</b>	<b>GREAT RISK</b>	<b>DO NOT KNOW</b>
140. Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
141. Use E-cigarettes or vape?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
142. 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"/>
143. Smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
144. Use prescription drugs without a prescription?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>PLEASE COMPLETE THE FOLLOWING STATEMENTS FOR SOMEONE YOUR AGE:</b>	<b>OK</b>	<b>A LITTLE BIT WRONG</b>	<b>WRONG</b>	<b>VERY WRONG</b>
145. I consider smoking one or more packs of cigarettes per day:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
146. 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"/>
147. I consider using prescription drugs without a prescription:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
148. I consider trying marijuana once or twice to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
149. I consider smoking marijuana regularly to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

152. 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

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

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

153. 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

