



YEAR 2019

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], [half-filled circle], [circle with dot]

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

PLEASE DO NOT WRITE IN THIS AREA SERIAL

3/8" SPINE PERF

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

EXAMPLE

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

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
26. My parents'/guardians' rules are strictly enforced.	<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 feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I worry about gun violence as a problem.	<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:

HOW OFTEN DO YOU:	NEVER	BEFORE, BUT NOT IN THE PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
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"/>

61. Have you or someone you know ever been a victim of gun violence?

- Yes
- No

62. In the past year, how many loot boxes, loot crates, prize crates, or other packages with random virtual items inside did you buy in video games?

- I did not play any video games in the past year
- I played video games, but did not buy any loot boxes
- 1-5 loot boxes
- 6-10 loot boxes
- 11-20 loot boxes
- 21 or more loot boxes

63. In the past year, how many times did you buy downloadable content (DLC) or in-game items *other than loot boxes* for video games?

- I did not play any video games in the past year
- I played video games, but did not buy any DLC or in-game items
- 1-5 times
- 6-10 times
- 11-20 times
- 21 or more times

64. 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)

65. 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
66. ...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"/>
67. ...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"/>
68. ...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"/>

69. 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

70. 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

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
71. Chewing tobacco, dip, snuff, snus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. Cigars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. Cigarillos, little cigars, Black and Milds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. E-cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. Other vaping device?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. Hookah?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. 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):

	NONE	LESS THAN 1	1-5 TIMES	6-10 TIMES	11-20 TIMES	21-30 TIMES	31 OR MORE TIMES
78. ...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"/>
79. ...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"/>
80. ...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"/>

81. 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

82. Does anyone living in your home use e-cigarettes or vape?

- Yes
- No

83. 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.

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

- 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 DRINKS:

	0 TIMES	1-2 TIMES	3-5 TIMES	6-9 TIMES	10-19 TIMES	20-39 TIMES	40 OR MORE TIMES
85. ...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"/>
86. ...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"/>
87. ...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
88. ...3 alcoholic drinks in a row?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. ...4 alcoholic drinks in a row?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. ...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"/>

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

- At home
- At someone else's home
- At a party
- At a sports event
- At school
- In a car
- In a public place (park, parking lot, field)
- I didn't drink in the past 30 days

92. 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
- Had a parent buy alcohol specifically for you
- Had a brother or sister buy alcohol for you
- None of the above

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

93. 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

94. 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
95. ...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"/>
96. ...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"/>
97. ...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"/>

98. 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 _____

99. 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

100. 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

101. 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

DURING THE PAST YEAR, HAVE ANY OF THESE THINGS HAPPENED:	DID NOT DRINK IN PAST YEAR	YES	NO
121. You got into a heated argument while drinking alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. You felt you should cut down on your drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. People annoyed you by criticizing your drinking alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. You felt bad or guilty about your drinking alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. 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"/>
126. You forgot things you did while drinking alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127. You got into trouble while you were drinking alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

128. 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

129. 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

130. 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

131. 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

132. 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

133. 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

HOW MUCH DO PEOPLE RISK HARMING THEMSELVES (PHYSICALLY AND OTHER WAYS) WHEN THEY:	NO RISK	SLIGHT RISK	MODERATE RISK	GREAT RISK	DO NOT KNOW
134. Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
135. Use e-cigarettes or vape?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
136. 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"/>
137. Smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
138. Use prescription drugs without a prescription?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE COMPLETE THE FOLLOWING STATEMENTS FOR SOMEONE YOUR AGE:	OK	A LITTLE BIT WRONG	WRONG	VERY WRONG
139. I consider smoking one or more packs of cigarettes per day:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
140. 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"/>
141. I consider using prescription drugs without a prescription:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
142. I consider trying marijuana once or twice to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
143. 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:

144. 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

145. 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

146. 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

147. 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!

PLEASE DO NOT WRITE IN THIS AREA



SERIAL