



YEAR 2020

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 [grid of circles]

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				
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"/> 1	<input checked="" 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 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 checked="" type="radio"/> 9	<input 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

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(s)/guardian(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I talk to either of my parent(s)/guardian(s) 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(s)/guardian(s) 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(s)/guardian(s) 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

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
64. 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"/>
65. Bet on fantasy sports teams?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. Bet on individual sports teams?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. Played cards for money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. 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"/>
69. Played Bingo for money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. 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"/>
71. Gambled on the Internet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. 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"/>
73. Bet on video games?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
82. Chewing tobacco, dip, snuff, snus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. Cigars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. Cigarillos, little cigars, Black and Milds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. E-cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Other vaping device?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. Hookah?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. 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 TIME	1-5 TIMES	6-10 TIMES	11-20 TIMES	21-30 TIMES	31 OR MORE TIMES
89. ...in your whole life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. ...in the past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. ...in the past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

92. 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 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

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

- Yes
- No

94. 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(s)
- Tobacco or nicotine products
- Marijuana
- Synthetic marijuana
- Other illegal drugs
- Other (please specify) _____
- Nothing. I used the device without anything in it.

95. 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 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 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
96. ...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"/>
97. ...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"/>
98. ...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
99. ...3 alcoholic drinks in a row?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100. ...4 alcoholic drinks in a row?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101. ...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"/>

102. 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

103. 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

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
113. Ecstasy (E, Molly)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. Hallucinogens (acid, LSD, shrooms)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. Steroids without a prescription?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. Over-the-counter drugs (cough & cold meds, Nyquil, Lean, Purple Drank) to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. 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"/>
118. 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"/>
119. 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"/>
120. 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"/>
121. 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"/>
122. Dactyls (rubes, dacks)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. 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"/>
124. Crack (rock)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. Powder cocaine (powder, blow)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. Heroin (H, dope)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127. Synthetic marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

147. During the past year, I had to get emergency medical help: (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

148. In the past year, my parents/guardians 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

149. Do you ever feel sad, empty, hopeless, angry, or anxious?
- Yes
 - No

150. 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

151. When you feel sad, empty, hopeless, angry, or anxious, how often do you get the kind of help you need?
- I do not feel sad, empty, hopeless, angry, or anxious
 - Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always

152. 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

153. 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

154. At any point since you were born have you lived with a household member who was depressed, mentally ill, or attempted suicide?
- Yes
 - No

155. At any point since you were born have you lived with someone who had a problem with drinking or drugs?
- Yes
 - No

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

163. 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
- Other, please specify _____
- I have never used the Wellness Center

164. 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 the past year
- A few times in the past year
- About once or twice a month
- About once or twice a week
- Almost every day

165. 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

166. 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 the past year
- A few times in the 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.

