



2020-2021

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], [X], [partial fill], [empty circle]

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 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 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
- Native Hawaiian or Pacific Islander
- 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
- Native Hawaiian or Pacific Islander
- Asian
- Black or African American
- White
- Mixed
- Other (describe) \_\_\_\_\_

7. Which of the following best describes you?

- Heterosexual (straight)
- Gay or Lesbian
- Bisexual
- Other
- Not Sure

8. A person's appearance, style, dress, or the way they walk or talk may affect how people describe them. How do you think other people would describe you?

- Very feminine
- Mostly feminine
- Somewhat feminine
- Equally feminine and masculine
- Somewhat masculine
- Mostly masculine
- Very masculine

9. 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

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

- Yes
- No

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

- Yes
- No

12. 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)

13. 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



25. 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

26. 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

27. Which of the following people give you a lot of support and encouragement? (MARK ALL THAT APPLY.)

- No one
- Your parent(s) or guardian(s)
- Your grandparent(s)
- Your brother(s), sister(s), or other relative(s)
- Your teacher
- Your friend
- Your friends' parent
- Another adult in your neighborhood
- An adult in your school besides teachers
- An adult in your church, synagogue, or other place of worship

28. If you had a problem and wanted to discuss it with an adult who would you talk to? (MARK ALL THAT APPLY.)

- My teacher
- My coach
- My school resource officer (a police officer who works at your school)
- My principal or assistant principal
- My guidance counselor

29. During the COVID-19 pandemic, how often was your mental health not good (poor mental health includes stress, anxiety, and depression)?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

30. Do you agree or disagree that doing your school work was more difficult during the COVID-19 pandemic than before the pandemic started?

- Strongly agree
- Agree
- Not sure
- Disagree
- Strongly disagree

31. During the COVID-19 pandemic, how often were you able to spend time with family, friends or other groups, such as clubs or religious groups, by using a computer, phone or other device?

- I did not have access to internet, computer, phone, or other device
- Never
- Rarely
- Sometimes
- Most of the time
- Always

32. During the COVID-19 pandemic, did you get medical care from a doctor, nurse, or other healthcare professional using a computer, phone, or other device?

- Yes
- No

33. During the COVID-19 pandemic, if you received medical care from a doctor, nurse, or other healthcare professional using a computer, phone, or other device, what type of care did you receive? (MARK ALL THAT APPLY.)

- I did not receive medical care via computer, phone or other device
- Mental health services, such as therapy or counseling
- Treatment/diagnosis for symptoms related to COVID-19
- Treatment for an illness or injury
- Follow-up(s) for a previous illness or injury
- Routine/regular check up
- Other reason

34. During the COVID-19 pandemic, how often did you go hungry because there was not enough food in your home?

- Never
- Rarely
- Sometimes
- Most of the time
- Always



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

<b>HOW OFTEN DO YOU:</b>	<b>NEVER</b>	<b>BEFORE, BUT NOT IN PAST YEAR</b>	<b>A FEW TIMES IN PAST YEAR</b>	<b>ONCE OR TWICE A MONTH</b>	<b>ONCE OR TWICE A WEEK</b>	<b>ALMOST EVERY DAY</b>
54. Get threatened or harassed electronically?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. Cheat on a test in class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. Skip one or more classes, or a whole day of school, <u>without permission</u> or being sick?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. Get sent to in-school suspension?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. Get suspended or expelled from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. Take some kind of weapon to school or a school event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. Carry a weapon when you're not in school or at a school event? ( <b>DO NOT</b> include times you were hunting or target shooting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. Take part in a school shooter drill?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. Take part in a fight where a group of your friends are against another group?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. Sneak money from an adult's wallet, purse, or other place?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. Steal something from a store without paying for it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. Break into a car, house, or other building?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. 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"/>
67. Damage or destroy property, <u>on purpose</u> , that does not belong to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. Get stopped by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. Ride in a car when the driver has been drinking alcohol while driving or shortly before driving?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. Ride in a car when the driver has been smoking weed while driving or shortly before driving?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. 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"/>



<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>
81. Chewing tobacco, dip, snuff, snus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. Cigars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. Cigarillos, little cigars, Black and Milds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. E-cigarettes?	<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"/>
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"/>

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

	<b>NONE</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>
88. ...in your whole life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. ...in the past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. ...in the past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

91. 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

92. Does anyone living in your home use e-cigarettes or other vaping devices?

- Yes
- No

93. 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.



94. 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
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"/>

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

101. 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

102. 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

103. How old were you the first time you tried marijuana (pot, hash, weed, blunts, dabs, wax)?

- 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

104. 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 as marijuana
- Smoked it as a concentrated hash or wax (dabs)
- Vaped it
- Ate it

**HOW MANY TIMES HAVE YOU SMOKED MARIJUANA (POT, HASH, WEED, BLUNTS, DABS, WAX)?**

	0 TIMES	1 - 2 TIMES	3 - 5 TIMES	6 - 9 TIMES	10 - 19 TIMES	20 - 39 TIMES	40 TIMES OR MORE
105. ...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"/>
106. ...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"/>
107. ...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"/>

108. 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, please specify \_\_\_\_\_

109. 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

110. 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 physical 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

111. 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
- I do not want drugs



<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>
112. Ecstasy (E, Molly)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. Hallucinogens (acid, LSD, shrooms)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. Steroids without a prescription?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. 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"/>
116. 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"/>
117. 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"/>
118. 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"/>
119. 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"/>
120. 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"/>
121. Dactyls (rubes, dacks)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. 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"/>
123. Crack (rock)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. Powder cocaine (powder, blow)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. Heroin (H, dope)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. 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>
127. I know where students my age can buy:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
128. During the past year, I have sold or given someone else:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



146. 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

147. 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

148. Does your school resource officer (a police officer who works at your school) make you feel safe while you are at school?

- Yes
- No

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 any of the following? (MARK ALL THAT APPLY.)
- Sports physicals
  - Immunizations
  - Pregnancy testing
  - STD testing
  - Contraceptive 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.*

