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 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:

<table>
<thead>
<tr>
<th>I am currently attending school:</th>
<th>MARKING INSTRUCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>● YES</td>
<td>• Make solid marks that fill the response completely.</td>
</tr>
<tr>
<td>○ NO</td>
<td>• Erase cleanly any marks you wish to change.</td>
</tr>
<tr>
<td></td>
<td>• Make no stray marks on this form.</td>
</tr>
</tbody>
</table>

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

Survey Number: 65001
Please answer the following questions:

1. What is the zip code for your home address?  
   Please write in the numbers.

   [4 boxes]

2. What is your gender?
   ○ Boy
   ○ Girl
   ○ Non-Binary
   ○ Prefer to self-describe ____________________

3. Are you transgender?
   ○ No, I am not transgender
   ○ Yes, I am transgender
   ○ I am not sure if I am transgender
   ○ I do not know what this question is asking

4. How old are you TODAY?
   ○ 12 years old or younger
   ○ 13 years old
   ○ 14 years old
   ○ 15 years old
   ○ 16 years old
   ○ 17 years old
   ○ 18 years old
   ○ 19 years old or older

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. 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

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

14. 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 another 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 another public place
   ○ I do not have a usual place to sleep
   ○ Somewhere else

15. 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

16. 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
   ○ Another adult family member (18 years or older)
   ○ Another non-adult family member (under 18 years old)

17. How many times have you been arrested?
   ○ 0 times
   ○ 1 time
   ○ 2 to 3 times
   ○ More than 3 times

18. Have you been arrested in the past year?
   ○ Yes
   ○ No

19. 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 make you breathe hard some of the time.)
   ○ 0 days
   ○ 1 day
   ○ 2 days
   ○ 3 days
   ○ 4 days
   ○ 5 days
   ○ 6 days
   ○ 7 days

20. 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

21. Are you deaf or do you have serious difficulty hearing?
   ○ Yes
   ○ No

22. Do you have serious difficulty seeing, even when wearing glasses?
   ○ Yes
   ○ No

23. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
   ○ Yes
   ○ No

24. Do you have serious difficulty walking or climbing stairs?
   ○ Yes
   ○ No
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 is 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
   - My parent(s) or guardian(s)
   - My grandparent(s)
   - My brother(s), sister(s), or other relative(s)
   - My teacher
   - My friend
   - My friend’s parent
   - Another adult in my neighborhood
   - An adult in my school other than a teacher
   - An adult in my 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 my school)
   - My principal or assistant principal
   - My guidance counselor
   - None of these

CHOOSE THE ONE BEST ANSWER FOR EACH ROW:

<table>
<thead>
<tr>
<th>PLEASE CHOOSE THE BEST RESPONSE FOR THE FOLLOWING STATEMENTS:</th>
<th>MOST OF THE TIME</th>
<th>OFTEN</th>
<th>SOME OF THE TIME</th>
<th>NOT OFTEN</th>
<th>NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>29. My parents'/guardians' rules are strictly enforced.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>30. I get along well with my parent(s)/guardian(s).</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td>○</td>
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<tr>
<td>31. I talk to at least one of my parent(s)/guardian(s) about how things are going in school.</td>
<td>○</td>
<td>○</td>
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<td>○</td>
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<tr>
<td>32. My parent(s)/guardian(s) shows me they are proud of me.</td>
<td>○</td>
<td>○</td>
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<tr>
<td>33. I can count on my parent(s)/guardian(s) to be there when I need them.</td>
<td>○</td>
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<td>34. I feel safe in my neighborhood.</td>
<td>○</td>
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<td>35. I worry about gun violence.</td>
<td>○</td>
<td>○</td>
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<tr>
<td>36. I feel safe in my school.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>37. School rules are strictly enforced.</td>
<td>○</td>
<td>○</td>
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<tr>
<td>38. Student violence is a problem in this school.</td>
<td>○</td>
<td>○</td>
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<tr>
<td>39. I worry about gun violence in school.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>HOW OFTEN DO YOU:</td>
<td>NEVER</td>
<td>BEFORE, BUT NOT IN THE PAST YEAR</td>
<td>A FEW TIMES IN THE PAST YEAR</td>
<td>ONCE OR TWICE A MONTH</td>
<td>ONCE OR TWICE A WEEK</td>
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<td>40. Hear name-calling, threats, or yelling between adults in your home that makes you feel bad?</td>
<td>○</td>
<td>○</td>
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<tr>
<td>41. Hear or see violence between adults in your home?</td>
<td>○</td>
<td>○</td>
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<tr>
<td>42. Get hit by an adult who intends to hurt you?</td>
<td>○</td>
<td>○</td>
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<tr>
<td>43. Get hit by another teen who intends to hurt you?</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>44. Get bullied in your neighborhood?</td>
<td>○</td>
<td>○</td>
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<td>45. See crime in your neighborhood?</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td>46. See drug sales in your neighborhood?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>47. Get bullied at school?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>48. Get threatened or harassed electronically?</td>
<td>○</td>
<td>○</td>
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<tr>
<td>49. Cheat on a test in class?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>50. Skip one or more classes, or a whole day of school, without permission or being sick?</td>
<td>○</td>
<td>○</td>
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<tr>
<td>51. Get sent to in-school suspension?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>52. Get suspended or expelled from school?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>53. Take some kind of weapon to school or to a school event?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>54. Carry a weapon when you're not in school or at a school event? (DO NOT include times you were hunting or target shooting.)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>55. Take part in a school shooter drill?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>56. Take part in a fight where a group of your friends is against another group?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>HOW OFTEN DO YOU:</td>
<td>NEVER</td>
<td>BEFORE, BUT NOT IN THE PAST YEAR</td>
<td>A FEW TIMES IN THE PAST YEAR</td>
<td>ONCE OR TWICE A MONTH</td>
<td>ONCE OR TWICE A WEEK</td>
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<tr>
<td>57. Sneak money from an adult's wallet, purse, or another place?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>58. Steal something from a store without paying for it?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>59. Break into a car, house, or other building?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>60. Hit someone with the intention of hurting them?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>61. Damage or destroy property, on purpose, that does not belong to you?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>62. Get stopped by the police?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>63. Ride in a car when the driver has been drinking alcohol while driving or shortly before driving?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>64. Ride in a car when the driver has been smoking weed while driving or shortly before driving?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>65. See or hear a media message about the risks of teens drinking alcohol?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

66. Have you or someone you know ever been a victim of gun violence?
○ Yes
○ No

67. What could schools do to make you feel safer while you are at school? (MARK ALL THAT APPLY.)
○ Install metal detectors
○ Install security cameras
○ Provide mental health counselors or school psychologists
○ Have more school resource officers (police officers who work at your school)
○ Have school based social workers
○ Conduct active shooter drills
○ Other, please specify: ________________________________

68. What security systems does your school have? (MARK ALL THAT APPLY.)
○ Security cameras
○ Metal detectors
○ Locked doors
○ Visitor sign-in
○ Conduct active shooter drills
○ School resource officers (police officers who work at your school)

69. How often do you use the Internet to connect with social media sites like Instagram, TikTok, YouTube, Snapchat, etc.??
○ I do not use social media
○ Constantly throughout the day
○ Several times a day
○ About once a day
○ A few times a week
70. What are your main reasons for using social media sites? (MARK ALL THAT APPLY.)
- I do not use social media
- Connecting with friends
- Finding information about news, sports, music, movies, etc.
- Watching videos
- Sharing information (posting photos or videos)
- Connecting with people with similar experiences or interests
- Looking for things to buy
- Looking for health and beauty advice
- Other _____________________________

71. What effect has social media had on your life?
- I do not use social media
- Very negative
- Somewhat negative
- Neither positive or negative
- Somewhat positive
- Very positive

72. During this school year, have you had lessons in school about the risks of using: (MARK ALL THAT APPLY.)
- Tobacco
- Vape/Juul/e-cigarettes
- Alcohol
- Marijuana
- Other illegal drugs
- Prescription drugs without a prescription
- None of these

73. How old were you the first time you smoked a cigarette (not just a few puffs)?
- I have never smoked a cigarette
- 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 CIGARETTES HAVE YOU SMOKED:

<table>
<thead>
<tr>
<th></th>
<th>NONE</th>
<th>LESS THAN 1</th>
<th>1-5 CIGARETTES</th>
<th>6-10 CIGARETTES</th>
<th>11-20 CIGARETTES</th>
<th>21-30 CIGARETTES</th>
<th>31 OR MORE CIGARETTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>74. ...in your whole life?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td>75. ...in the past year?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td>76. ...in the past month?</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tbody>
</table>

77. In the past month, on the days that you smoked, about how many cigarettes did you smoke per day?
- I did not smoke cigarettes
- Less than 1 cigarette per day
- About 1-5 cigarettes per day
- About ½ pack per day
- About 1 to 1 ½ packs per day
- About 2 packs per day
### HOW OFTEN HAVE YOU USED ANY OF THE FOLLOWING:

<table>
<thead>
<tr>
<th></th>
<th>NEVER</th>
<th>BEFORE, BUT NOT IN THE PAST YEAR</th>
<th>A FEW TIMES IN THE PAST YEAR</th>
<th>ONCE OR TWICE A MONTH</th>
<th>ONCE OR TWICE A WEEK</th>
<th>ALMOST EVERY DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>78. Chewing tobacco, dip, snuff, snus?</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td>79. Cigars?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td>○</td>
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<td>80. Cigarillos, little cigars, Black and Milds?</td>
<td>○</td>
<td>○</td>
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<td>81. E-cigarettes?</td>
<td>○</td>
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<td>82. Juul?</td>
<td>○</td>
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<tr>
<td>83. Other vaping device?</td>
<td>○</td>
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<td>○</td>
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<td>○</td>
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<td>84. Hookah?</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>NONE</th>
<th>1-5 TIMES</th>
<th>6-10 TIMES</th>
<th>11-20 TIMES</th>
<th>21-30 TIMES</th>
<th>31 OR MORE TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>85. ...in your whole life?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>86. ...in the past year?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>87. ...in the past month?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

**88. 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

**89. Does anyone living in your home use e-cigarettes or other vaping devices?**
- ○ Yes
- ○ No

**90. 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.
91. How old were you the **first time** you had a drink (not just a few sips) of alcohol (beer, wine, liquor, or 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, OR MIXED DRINKS:**

<table>
<thead>
<tr>
<th></th>
<th>0 TIMES</th>
<th>1-2 TIMES</th>
<th>3-5 TIMES</th>
<th>6-9 TIMES</th>
<th>10-19 TIMES</th>
<th>20-39 TIMES</th>
<th>40 TIMES OR MORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>92. ...in your whole life?</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>93. ...in the past year?</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>94. ...in the past month?</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>

**THINK BACK OVER THE LAST 2 WEEKS. HOW MANY TIMES HAVE YOU HAD:**

<table>
<thead>
<tr>
<th></th>
<th>0 TIMES</th>
<th>1 TIME</th>
<th>2 TIMES</th>
<th>3-5 TIMES</th>
<th>6-9 TIMES</th>
<th>10 TIMES OR MORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>95. ...3 alcoholic drinks in a row?</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>96. ...4 alcoholic drinks in a row?</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>97. ...5 or more alcoholic drinks in a row?</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>

98. 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

99. 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
100. How old were you the first time you tried marijuana (weed, pot, hash, 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

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

- I have never used marijuana
- I 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 as edibles, gummies, baked goods, etc.

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

<table>
<thead>
<tr>
<th></th>
<th>0 TIMES</th>
<th>1-2 TIMES</th>
<th>3-5 TIMES</th>
<th>6-9 TIMES</th>
<th>10-19 TIMES</th>
<th>20-39 TIMES</th>
<th>40 TIMES OR MORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>102. ...in your whole life?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>103. ...in the past year?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>104. ...in the past month?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
</tbody>
</table>

105. Do you take any medicine by prescription for any of the following? (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, Soma
- 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

106. 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.)
107. 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

108. 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

<table>
<thead>
<tr>
<th>HOW OFTEN DO YOU USE:</th>
<th>NEVER</th>
<th>BEFORE, BUT NOT IN THE PAST YEAR</th>
<th>A FEW TIMES IN THE PAST YEAR</th>
<th>ONCE OR TWICE A MONTH</th>
<th>ONCE OR TWICE A WEEK</th>
<th>ALMOST EVERY DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>109. Ecstasy (E, Molly)?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>110. hallcocinogens (acid, LSD, shrooms)?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>111. Steroids without a prescription?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>112. Over-the-counter drugs (cough &amp; cold meds, Nyquil, Lean, Purple Drank) to get high?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>113. Downers (tranqs, barbs, Xanax) to get high?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>114. Prescription uppers (diet pills, etc.) to get high?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>115. Street uppers (speed, meth, crank) to get high?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>116. Inhalants (aerosol spray cans, gasoline, whippets, glue) to get high?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>117. Pain Killers (OxyContin, codeine, Percocet, Dilaudid, morphine, Tylenol III, Vicodin, Promethazine/cough syrup with codeine, or other pain medication) to get high?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>118. Dactyls (rubes, dacks)?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>119. Ritalin, Adderall, Strattera, Vyvanse, or Concerta without a prescription?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>120. Crack (rock)?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>121. Powder cocaine (powder, blow)?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>122. Heroin (H, dope)?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>123. Synthetic marijuana?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
**MARK ALL THAT APPLY FOR EACH DRUG:**

<table>
<thead>
<tr>
<th></th>
<th>ALCOHOL</th>
<th>MARIJUANA</th>
<th>PRESCRIPTION PAIN KILLERS</th>
<th>OTHER ILLEGAL DRUGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>124. I know where students my age can buy:</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>125. During the past year, I have sold or given someone else:</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

**DURING THE PAST YEAR, HAVE ANY OF THESE THINGS HAPPENED:**

<table>
<thead>
<tr>
<th></th>
<th>DID NOT DRINK IN PAST YEAR</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>126. You got into a heated argument while drinking alcohol.</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>127. You felt you should cut down on your drinking.</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>128. People annoyed you by criticizing your drinking alcohol.</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>129. You felt bad or guilty about your drinking alcohol.</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>130. You had an alcoholic drink first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener).</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>131. You forgot things you did while drinking alcohol.</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>132. You got into trouble while you were drinking alcohol.</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

**HOW MUCH DO PEOPLE RISK HARMING THEMSELVES (PHYSICALLY AND OTHER WAYS) WHEN THEY:**

<table>
<thead>
<tr>
<th></th>
<th>NO RISK</th>
<th>SLIGHT RISK</th>
<th>MODERATE RISK</th>
<th>GREAT RISK</th>
<th>DO NOT KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>133. Smoke one or more packs of cigarettes per day?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>134. Use e-cigarettes or vape?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>135. Have 5 drinks at a time, once or twice a week?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>136. Smoke marijuana regularly?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>137. Use prescription drugs without a prescription?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
138. I consider smoking one or more packs of cigarettes per day to be:  
[ ] OK  [ ] A LITTLE BIT WRONG  [ ] WRONG  [ ] VERY WRONG

139. I consider having one or two drinks of an alcoholic beverage daily to be:  
[ ] OK  [ ] A LITTLE BIT WRONG  [ ] WRONG  [ ] VERY WRONG

140. I consider using prescription drugs without a prescription to be:  
[ ] OK  [ ] A LITTLE BIT WRONG  [ ] WRONG  [ ] VERY WRONG

141. I consider trying marijuana once or twice to be:  
[ ] OK  [ ] A LITTLE BIT WRONG  [ ] WRONG  [ ] VERY WRONG

142. I consider smoking marijuana regularly to be:  
[ ] OK  [ ] A LITTLE BIT WRONG  [ ] WRONG  [ ] VERY WRONG

143. 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

144. 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
145. Does your school resource officer (a police officer who works at the school) make you feel safe while you are at the school?
   - Yes
   - No

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

147. 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

148. 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

149. 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

150. 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

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

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

153. In general, how would you rate your emotional health?
   - Excellent
   - Very good
   - Good
   - Fair
   - Poor
For questions 154 and 155, imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

154. Indicate on which step of the ladder you feel you personally stand right now? (FILL IN THE CIRCLE ON THE LADDER.)

155. Indicate on which step of the ladder you think you will stand about five years from now? (FILL IN THE CIRCLE ON THE LADDER.)

<table>
<thead>
<tr>
<th>PLEASE ANSWER THE QUESTIONS TO THE BEST OF YOUR ABILITY.</th>
<th>DEFINITELY TRUE</th>
<th>PROBABLY TRUE</th>
<th>NOT SURE</th>
<th>PROBABLY NOT TRUE</th>
<th>DEFINITELY NOT TRUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>156. During my childhood, there were relatives in my family who made me feel better if I was sad or worried.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>157. During my childhood, teachers, coaches, youth leaders, or ministers were there to help me.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>158. My family, neighbors, and friends talked often about making our lives better.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>159. When I felt really bad, I could almost always find someone I trusted to talk to.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
If you are in 8th grade, please stop here. If you are in 11th grade, please complete the final four questions:

160. 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

161. 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

162. In the past year, have you ever been a designated driver? (MARK ALL THAT APPLY.)
- I don’t drive
- Yes, for others that 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

163. On average, how often do you drive a car, truck, or other motor vehicles (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.