

The following questions ask about your PERSONAL AND FAMILY INFORMATION.

SEX:

Male

Female

GRADE:

6th

10th

7th

11th

8th

12th

9th

AGE:

- 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
- 18 years or older

Are you Hispanic or Latino?

- No      Yes
- 

RACE:

- White
- Black or African-American
- Asian
- Native Hawaiian/Pacific Islander
- American Indian/Alaskan Native
- Race not known or other
- More than one race

During any time in your life, has either of your parents or guardians been sent to Iraq, Afghanistan, or other combat zone because they are in the military? (Military includes Army, Navy, Marines, Air Force, National Guard, and Reserves.)

No

Yes

Not sure

During any time in your life, has either of your parents or guardians served time in jail or prison?

No

Yes

Not sure

Next >>

The following questions ask about your USE OF ALCOHOL AND OTHER DRUGS.

How many times in the last month (30 days) have you used ... ?

	Never	1-5 times	6-19 times	20-39 times	40 times or more
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smokeless tobacco (chew, snuff, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pipe (tobacco used in pipe, water-pipe, hookah)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic vapor products (e-cigarettes, vaping pens, e-hookahs, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol (beer, wine, liquor, wine coolers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (pot, hash, weed, kush, Mary Jane)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synthetic marijuana (K2, Spice, Katie)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine/crack (coke, blow, snow, rock, girl)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (whip-its, huffing, aerosol spray can, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamines (meth, crystal, speed, ice, crank)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vivoxiline (Vivo)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (dope, smack, H, boy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens/Ecstasy (Molly, X, E, LSD, MDMA, acid, rc's)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription painkillers (OxyContin, Vicodin, Codeine, etc.) not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription stimulants (Adderall, Ritalin, etc.) not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription sedatives (Xanax, Valium, etc.) not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over-the-counter drugs (like cough syrup, DXM, etc.) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How old were you when you first used ...?

	Never used	10 or younger	11	12	13	14	15	16	17 or older
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic vapor products (e-cigarettes, vaping pens, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol (beer, wine, liquor, wine coolers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (pot, hash, weed, kush, Mary Jane)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (whip-its, huffing, aerosol spray can, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vivoxiline (Vivo)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs (like OxyContin, Xanax, Vicodin, Adderall, etc.) not prescribed to you	<input type="radio"/>	<input type="radio"/>	<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 TWO WEEKS. How many times have you had 5 or more alcoholic drinks in a row? (One drink is defined as a bottle of beer, a glass of wine, a wine cooler, a shot of liquor, or a mixed drink.)

- 0 times
- Once
- Twice
- 3 to 5 times
- 6 to 9 times
- 10 or more times

During the past year, how did you get your alcohol? MARK ALL THAT APPLY.

I did not drink alcohol during the past year.

I got it at a party.

My parent/guardian gave it to me.

Some other family member gave it to me.

I gave someone money to buy it for me.

A person 21 years old or older gave it to me.

A person under 21 years old gave it to me.

I took it from home, someone else's house, or a store (without them knowing).

I bought it at a store.

I bought it at a restaurant, bar, or club.

I bought it at a public event (concert, sporting event).

I got it some other way.

During the past year, how did you get your prescription drugs that were used to get high? MARK ALL THAT APPLY.

I did not use prescription drugs to get high during the past year.

They were prescribed to me.

My parents gave them to me.

Someone other than my parents gave them to me (friend, relative, friend's parent, etc.).

I took them from home without the knowledge of my parents/guardians.

I bought them from someone (friend, relative, stranger, etc.).

I bought them on the internet.

I took them from someone else without their knowledge.

I got them some other way.

During the past year, how did you get your marijuana? MARK ALL THAT APPLY.

- I did not use marijuana during the past year.
- I got it at a party.
- I got it from friends.
- I got it from an older brother or sister.
- I bought it from a store.
- I stole it from a store.
- I gave money to someone to get it for me.
- I took it from home without my parents' permission.
- I got it at home with my parents' permission.
- I bought it on the internet.
- I got it some other way.

Next >>



Please answer the following questions:

	Never used alcohol or drugs	No	Yes
Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you ever use alcohol or drugs while you are by yourself, or alone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you ever forget things you did while using alcohol or drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do your family or friends ever tell you that you should cut down on your drinking or drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever gotten into trouble while you were using alcohol or drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

No	Yes
<input type="radio"/>	<input type="radio"/>

How many times have you experienced the following due to your drinking or drug use during the past year?

	Never	Once	Twice	3-5 times	6-10 times	11 times or more
Performed poorly on a test or project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Missed class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The following questions ask about your GAMBLING.**

During the past 12 months, how often have you gambled (bet money or valuables on an uncertain outcome) in the following ways?

	Never	Less than once a month	1-3 times per month	Once a week or more
Casino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lottery, including scratch-off tickets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Horse track betting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Card games (not at a casino)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pools (such as March Madness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fantasy sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video game (in game purchases, e.g. skins, loot boxes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other sports betting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online gambling games (e.g., poker, casino-style games)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Competitive video gaming (Esports)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charitable gambling (raffle tickets, bingo, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When you gamble, what is your **most common reason** for gambling?

- |   |   |
|---|---|
| <input type="radio"/> I do not gamble.                    | <input type="radio"/> A source of money to use for paying bills       |
| <input type="radio"/> A source of entertainment or fun    | <input type="radio"/> A source of money to support charities          |
| <input type="radio"/> A source of excitement or challenge | <input type="radio"/> A hobby   |
| <input type="radio"/> A way to socialize with friends     | <input type="radio"/> An escape or distraction from everyday problems |
| <input type="radio"/> A way to get rich                   | <input type="radio"/> Other   |

How often have you experienced the following consequences due to your gambling?

	Never	Occasionally	Frequently
Not sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of friendships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family/parent issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Money issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt guilty or bad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Next >>

The following questions ask about what you THINK OR FEEL.

Please answer the following questions:

	No	Yes
During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?	<input type="radio"/>	<input type="radio"/>
During the past 12 months, did you ever seriously consider attempting suicide?	<input type="radio"/>	<input type="radio"/>
During the past 12 months, did you make a plan about how you would attempt suicide?	<input type="radio"/>	<input type="radio"/>

How much do you think people risk harming themselves (physically or in other ways) if they ... ?

	No risk	Slight risk	Moderate risk	Great risk
Smoke one or more packs of cigarettes per day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try marijuana once or twice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana once or twice per week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take one or two drinks of an alcoholic beverage (beer, wine, or liquor) nearly every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have five or more drinks of an alcoholic beverage once or twice a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use methamphetamines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs not prescribed to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How wrong do you think it is for SOMEONE YOUR AGE to ... ?

	Very wrong	Wrong	A little bit wrong	Not at all wrong
Drink beer, wine or hard liquor (for example vodka, whiskey, or gin) regularly, that is, at least once or twice a month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use LSD, cocaine, amphetamines or another illegal drug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How wrong do your friends feel it would be for you to ...

	Very wrong	Wrong	A little bit wrong	Not at all wrong
Smoke tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use methamphetamines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What are the chances you would be seen as cool if you ... ?

	Very good chance	Pretty good chance	Some chance	Little chance	No or very little chance
Smoked cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Began drinking alcoholic beverages regularly, that is, at least once or twice a month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoked marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carried a handgun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How wrong do your parents feel it would be for you to ...

	Very wrong	Wrong	A little bit wrong	Not at all wrong
Have one or two drinks of an alcoholic beverage nearly every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink beer, wine or hard liquor (for example vodka, whiskey, or gin) regularly (at least once or twice a month)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use methamphetamines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steal something worth more than \$5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pick a fight with someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Next >>

The following questions ask about your SCHOOL EXPERIENCES.

Mark the Big "YES!" if you think the statement is definitely true for you.

Mark the little "yes" if you think the statement is mostly true for you.

Mark the little "no" if you think the statement is mostly not true for you.

Mark the Big "NO!" if you think the statement is definitely not true for you.

	YES!	yes	no	NO!
In my school, students have lots of chances to help decide things like class activities and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers ask me to work on special classroom projects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teacher(s) notices when I am doing a good job and lets me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are lots of chances for students in my school to get involved in sports, clubs, or other school activities outside of class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are lots of chances for students in my school to talk with a teacher one-on-one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The school lets my parents know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are lots of chances to be part of class discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are your school grades better than the grades of most students in your class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now thinking back over the past year in school, how often did you ... ?

	Never	Seldom	Sometimes	Often	A lot
Enjoy being in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hate being in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try to do your best work in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the LAST FOUR WEEKS how many whole days of school have you missed because you skipped or "cut"?

None      1      2      3      4-5      6-10      11 or more

                                  

How interesting are most of your courses to you?

Very interesting and stimulating      Quite interesting      Fairly interesting      Slightly boring

                

Very boring

Putting them all together, what were your grades like last year?

Mostly A's      Mostly B's      Mostly C's      Mostly D's      Mostly F's

                      

How often do you feel that the schoolwork you are assigned is meaningful and important?

Almost always      Often      Sometimes      Seldom      Never



How important do you think the things you are learning in school are going to be for your later life?

Very important

Quite important

Fairly important

Slightly important

Not at all important

Next >>

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The following questions ask about your FAMILY AND FRIENDS.

Please answer the following questions:

	YES!	yes	no	NO!
The rules in my family are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents ask if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am not at home, one of my parents knows where I am and who I am with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family has clear rules about alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We argue about the same things in my family over and over.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my family have serious arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my family often insult or yell at each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents ask me what I think before most family decisions affecting me are made.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer the following questions:

	YES!	yes	no	NO!
If I had a personal problem, I could ask my mom or dad for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents give me lots of chances to do fun things with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would your parents know if you did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you drank some beer or wine or hard liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you carried a handgun without your parents' permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you skipped school, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you enjoy spending time with your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you enjoy spending time with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer the following questions:

	All the time	Often	Sometimes	Never or almost never
My parents notice when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do your parents tell you they're proud of you for something you've done?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have ... ?

	None	1	2	3	4
Participated in clubs, organizations, or activities at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made a commitment to stay drug-free	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liked school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regularly attended religious services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tried to do well in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How easy would it be for you to get ... ?

	Very hard	Sort of hard	Sort of easy	Very easy
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beer, wine or hard liquor (for example, vodka, whiskey or gin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A drug like cocaine, LSD or amphetamines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past month (30 days), approximately WHAT PERCENTAGE of students in your school do you think used...

	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Next >>

The following questions ask about your NEIGHBORHOOD AND COMMUNITY.

These questions ask about the neighborhood and community where you live.

	YES!	yes	no	NO!
If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a kid carried a handgun in your neighborhood, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a kid smoked a cigarette in your neighborhood, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer the following questions:

	YES!	yes	no	NO!
My neighbors notice when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are people in my neighborhood who are proud of me when I do something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are people in my neighborhood who encourage me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How wrong would most adults (over 21) in your neighborhood think it is for kids your age ... ?

	Very wrong	Wrong	A little bit wrong	Not at all wrong
To use marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To drink alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past 12 months, have you seen any "What's Your Side Effect" messages in your school?

- No
- Yes
- Not Sure

How truthfully have you answered these questions?

- Not truthfully at all
- Somewhat truthfully
- Completely truthfully

Next >>

## ADDITIONAL QUESTIONS

If your teacher gives you additional questions, please answer them using the spaces below.

	A	B	C	D	E	F	G	H
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Submit Survey