This survey is part of a study the University of Delaware does every year to provide information on student behaviors and beliefs, including 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 29 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 \bigcirc 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:

INCORRECT: $\varnothing \boxtimes \bigcirc \bigcirc$



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

PLEASE DO NOT WRITE IN THIS AREA

SFRIAL

63 62 61 60 59 58 57 56 55 54 53	1. What is the zip code Please write in the number of circles. EXAMPLE ZIP CODE 1 9 7 1 6 0 0 0 0 0 1 1 0 1 2 2 2 2 2 2	e for your home address mbers, then fill in the ZIP CODE 0 0 0 0 0 1 1 1 1 1 2 2 2 2 2 2	most of the ti Mother Father Grandparent(Step-parent(s Siblings(s) Other adult(s	me? (<u>MA</u> (s), aunt(s s)) people wh	people live with you RK ALL THAT APPLY s) or uncle(s) to live with you right are to pay the bills and	()
51 50 49 48 47 46 45 44 43	3 3 3 3 3 3 4 4 4 4 4 4 6 5 5 6 5 5 5 6 6 6 6 € 7 7 € 7 7 8 8 8 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9	3 3 3 3 3 4 4 4 4 4 4 5 5 5 5 5 6 6 6 6 7 7 7 7 7 8 8 8 8 8 9 9 9 9 9 3. Do you get a free or reduced lunch at		? (<u>MARK</u> (s), aunt(s	ALL THAT APPLY.)	-
41 40 39 38 37 36 35 34 33 32 31 30 29 28 27	 Female 4. How old are you TODA 12 years or younger 13 years 14 years 15 years 16 years 17 years 18 years 19 years or older 	school? Yes No	10. How old is your mother? If you don't know, please put your best guess.	Age 0 0 0 1 1 2 2 3 3 3 4 4 5 5 6 6 6 7 7 8 8 8 9 9	11. How old is your father? If you don't know, please put your best guess.	Age 0 0 0 1 1 0 2 2 3 3 4 4 5 6 6 6 7 7 8 8 9 9
26 24 23 22 21 20 19 18 17 16 15 14	5. Are you Hispanic or L No Yes 6. Which of the followin (CHOOSE ONLY ONE American Indian or Asian Black or African Am White/Caucasian Other (describe)	ng BEST describes you? <u>E</u> ANSWER) Alaskan Native	mother or fer (CHOOSE OI Completed gr Some high so Completed hit Some college Completed co	male gua NLY ONE rade scho chool igh school ollege	ool or less	
12 11 10 9 8 7 6 5 4 3	7. What ONE category to overall grades on you Mostly A's Mostly B's Mostly C's Mostly D's or F's		father or male (CHOOSE ONL Completed grown of the completed his completed co	e guardiar LY ONE A rade scho chool igh school college	NSWER) pol or less	ge

 14. 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 15. Are either of your parents or other adults in your family serving on active duty in the military? Yes No 16. Have either of your parents or other adults in your family been incarcerated (in jail or prison) in the past year? Yes No 	(MAF	RK ALL THA /alcohol ed /alcohol ed th education to set short to make de nderstand t to commun to have hea th are true of nplete my cl nplete and t ticipate in s es) outside	ucation (ever) ucation in pass in past year t- and long-ter cisions better hings that influicate better wi althy relationsl of you? (MARK lasswork urn in my hom chool activitie of school hou	t year m goals for y uence your b ith others hips ALL THAT A nework s (clubs, spo	ourself ehavior \\\\PPLY.)
CHOOSE THE <u>ONE</u>	BEST ANS	WER FU	R EACH RU	VV:	
PLEASE CHOOSE THE BEST RESPONSE FOR THE FOLLOWING STATEMENTS:	MOST OF THE TIME	OFTEN	SOME OF THE TIME	NOT OFTEN	NEVER

No No					
CHOOSE THE <u>ON</u>	<u>E</u> BEST ANS	WER FC	R EACH RO	W:	
PLEASE CHOOSE THE BEST RESPONSE FOR THE FOLLOWING STATEMENTS:	MOST OF THE TIME	OFTEN	SOME OF THE TIME	NOT OFTEN	NEVER
19. My parents know <u>where I am</u> when I am <u>NOT</u> in school.	0	0	0	0	0
20. When my parents ask where I am or what I am doing, I tell them the truth.	0	0	0	0	0
21. I feel safe in my neighborhood.	0	0	0	0	0
22. I feel safe in my school.	0	0	0	0	0
23. I get along well with other kids at school.	0	0	0	0	0
24. I get along well with my parents/guardians.	0	0	0	0	0
25. When I do a good job at home or at school, my parents tell me about it.	0	0	0	0	0
26. Students at this school treat each other with respect.	0	0	0	0	0
27. Students treat teachers with respect.	0	0	0	0	0
28. Students at this school feel safe on their school bus.	0	0	0	0	0
29. Students in this school are well-behaved in public (classes, assemblies, cafeterias).	0	0	0	0	0
30. Student violence is a problem at this school.	0	0	0	0	0

CHOOSE THE <u>ONE</u> BEST ANSWER FOR EACH ROW:

63							1	ı
62 61 60		HOW OFTEN DO YOU:	NEVER	BEFORE, BUT NOT IN PAST YEAR		ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
59 58 57	31.	Argue or fight with either of your parents/guardians?	0	0	0	0	0	0
56 55 54	32.	Take some kind of weapon to school or to a school event?	0	0	0	0	0	0
53 52 51	33.	Take part in a fight where a group of your friends are against another group?	0	0	0	0	0	0
50 49 48	34.	Steal something from a store without paying for it?	0	0	0	0	0	0
47 46 45	35.	Break into a car, house or other building?	0	0	0	0	0	0
44	36.	Get arrested?	0	0	0	0	0	0
43 42 41	37.	Talk to either of your parents about how things are going at school?	0	0	0	0	0	0
40 39 38	38.	Go places with your parents such as concerts, museums, plays, historical sites or other educational trips or activities?	0	0	0	0	0	0
37	39.	Cheat on a test in class?	0	0	0	0	0	0
35 34	40.	Attend religious services?	0	0	0	0	0	0
33 32 31 30	41.	Ride in a car when the driver - an adult - has been drinking alcohol while driving or shortly before driving?	0	0	0	0	0	0
29 28 27 26	42.	Ride in a car when the driver - someone less than 21 yrs old - has been drinking alcohol while driving or shortly before driving?	0	0	0	0	0	0
25 24 23	43.	Sneak money from an adult's wallet, purse, or other place?	0	0	0	0	0	0
22	44.	Do chores or help out at home?	0	0	0	0	0	0
20 19 18		Get stopped by police?	0	0	0	0	0	0
17 16	46.	Ride in a car when the driver has been smoking pot while driving or shortly before driving?	0	0	0	0	0	0
15 14 13 12 11	47.	Skip or miss classes (not the whole school day) without permission?	0	0	0	0	0	0
10	48.	Get suspended or expelled from school?	0	0	0	0	0	0
9 8 7 6	49.	Hear name-calling, threats or yelling between adults in your home which makes you uncomfortable?	0	0	0	0	0	0
5 4 3	50.	Hear or see violence between adults in your home?	0	0	0	0	0	0

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HOW OFTEN DO YOU:	NEVER	BEFORE, BUT NOT IN PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
51. Carry a weapon when you're not in school or at a school event?	0	0	0	0	0	0
52. Participate in a gang or gang activities?	0	0	0	0	0	0
53. Hit someone with the intention of hurting them?	0	0	0	0	0	0
54. Say things to someone in public with the intention of hurting them?	0	0	0	0	0	0
55. See or hear violence in your neighborhood?	0	0	0	0	0	0
56. Damage or destroy property that does not belong to you?	0	0	0	0	0	0
57. See or hear yelling, threats or physical violence between teens at school who are dating each other?	0	0	0	0	0	0
58. Play video games rated "M" or "Mature?"	0	0	0	0	0	0

WOULD YOU AGREE OR DISAGREE THAT:	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
59. If you break your parents' rules you will be punished	0	0	0	0	0
60. If you break your school's rules, you will be punished	0	0	0	0	0
61. If you break the Delaware laws, you will be punished	0	0	0	0	0

62. In the past year, my parents have: (MARK ALL THAT AP	PLYי	1.
--	------	----

- Called other parents to check on me
- O 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
- O Told me not to drink alcohol
- O Told me not to use drugs
- Talked to me about healthy dating relationships and teen dating violence
- None of the above

PLEASE DO NOT WRITE IN THIS AREA

SERIAL

Mother or Stepmo Father or Stepfath Brother(s) or Step Sister(s) or Stepsi Other household r	ner obrother(s) ister(s) member(s)	smoked:		10 year 11 year 12 year 13 year 14 year 15 years	s old s old s old s old	a cigarette	
	NONE	LESS THAN 1	1-5 CIGARETTES	6-10 CIGARETTES	11-20 CIGARETTES	21-30 CIGARETTES	31 OF
65in your whole life?	0	0	0	0	0	0	
66in the past year?	0	0	0	0	0	0	
			0	0	0	0	
67in the past month? 68. In the past month, or about how many cigar Did not smoke cigare Less than 1 cigarette About 1-5 cigarettes About 1/2 pack per d	arettes did yo ettes e per day per day lay	ou smoke pe	ed, 69. <u>lf</u> er day? lii F F kı	you wanted to kely get them? rom my friend rom my brothe rom my parent nowing)	get cigarette (<u>MARK ALL</u> s or other kid rs, sisters, or s/guardians (s, where would FHAT APPLY) s I know cousins with them	d you
68. In the past month, or about how many ciga Did not smoke cigare Less than 1 cigarette About 1-5 cigarettes	n the days the arettes did you ettes e per day per day lay packs per da	at you smok ou smoke pe	ed, 69. <u>lf</u> er day? lii F F kı Fr kı Fr	you wanted to kely get them? rom my friend rom my brothe rom my parent	get cigarette (MARK ALL s or other kiders, sisters, or s/guardians (s/guardians (ts (with them ts (without them machine	s, where would FHAT APPLY) is I know cousins with them without them knowing) em knowing)	
68. In the past month, or about how many cigar Did not smoke cigarette About 1-5 cigarettes About 1/2 pack per d About 1 to 1 and 1/2	n the days the arettes did you ettes e per day per day packs per day ay or more	at you smok ou smoke pe	ed, 69. <u>lf</u> er day? lii F F kı Fr kı Fr	you wanted to kely get them? rom my friend rom my parent nowing) rom my parent nowing) rom other adultom other adultom a vending rom a store call A FEW TIMES IN PAST	get cigarette (MARK ALL s or other kid rs, sisters, or s/guardians (s/guardians (ts (with them ts (without th machine shier or clerk	s, where would FHAT APPLY) is I know cousins with them without them knowing) em knowing)	d you
68. In the past month, or about how many cigar Did not smoke cigared Less than 1 cigarettes About 1-5 cigarettes About 1/2 pack per de About 1 to 1 and 1/2 About 2 packs per da	n the days the arettes did you ettes e per day per day packs per day ay or more	at you smok ou smoke pe ay	ed, 69. <u>If</u> er day? lii	you wanted to kely get them? rom my friend rom my parent nowing) rom my parent nowing) rom other adultom other adultom a vending rom a store call A FEW TIMES IN PAST	get cigarette (MARK ALL s or other kid rs, sisters, or s/guardians (s/guardians (ts (with them ts (without th machine shier or clerk ONCE OR TWICE A	s, where would FHAT APPLY) is I know cousins with them without them knowing) em knowing)	ALI EV C
68. In the past month, or about how many cigar Did not smoke cigared Less than 1 cigarettes About 1-5 cigarettes About 1/2 pack per description About 2 packs per description About 2 pack	n the days the arettes did you ettes e per day per day packs per day ay or more	at you smok ou smoke pe	ed, 69. <u>If</u> er day? lii	you wanted to kely get them? rom my friend rom my brother rom my parent nowing) rom other adultom a vending rom a store ca	get cigarette (MARK ALL s or other kid rs, sisters, or s/guardians (s/guardians (ss (with them ts (without th machine shier or clerk ONCE OR TWICE A MONTH	s, where would FHAT APPLY) is I know cousins with them without them knowing) em knowing)	ALI EV
68. In the past month, or about how many cigar Did not smoke cigared Less than 1 cigarettes About 1-5 cigarettes About 1/2 pack per description About 1 to 1 and 1/2 About 2 packs per description Any OF THE FOLLOW 70. Chewing tobacco, snu (Skoal, Red Man)?	on the days the arettes did you ettes e per day per day packs per day ay or more	at you smoke pe	ed, 69. <u>If</u> er day? lil	you wanted to kely get them? rom my friends rom my parent nowing) rom my parent nowing) rom other adultom other adultom a vending rom a store ca	get cigarette (MARK ALL s or other kid rs, sisters, or s/guardians (s/guardians (ts (with them ts (without th machine shier or clerk ONCE OR TWICE A MONTH	s, where would FHAT APPLY) I know cousins with them without them knowing) em knowing) ONCE OR TWICE A WEEK	

How many times hav	si	ps) of <u>alcoherave</u> never he of years or you gears old gears old gears old gears old gears old gears old gears old gears old o	r older	e, liquor, mixe alcohol	ed drink)?		
	0 TIMES	1-2 TIMES	3-5 TIMES	6-9 TIMES	10-19 TIMES	20-39 TIMES	40 OR MORE TIMES
74in your whole life?	0	0	0	0	0	0	
75in the past year?	0	0	0	0	0	0	
76in the past month?	0	0	0	0	0	0	
		4 *					
Think back over the <u>las</u>	t 2 weeks. Ho	0 TIMES	es have you	2 TIMES	3 - 5 TIMES	6 - 9 TIMES	10 TIMES OR MORE
		0	1	2			10 TIMES OR MORE
Think back over the lass 77. 3 alcoholic drinks in a 78. 4 alcoholic drinks in a	row?	0 TIMES	1 TIME	2 TIMES	TIMES	TIMES	10 TIMES OR MORE
77. 3 alcoholic drinks in a	row?	0 TIMES	1 TIME	2 TIMES	TIMES	TIMES	10 TIMES OR MORE

None of the above

6 5

4

I have not used prescription drugs without a

prescription

82. How old were you the first time you tried

HOW OFTEN DO YOU USE:	NEVER	BEFORE, BUT NOT IN PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
92. Ecstasy or E	0	0	0	0	0	0
93. Hallucinogens (acid, shrooms)	0	0	0	0	0	0
94. Steroids without a prescription	0	0	0	0	0	0
95. Over-the-counter drugs (cough & cold meds, Nyquil) to get high	0	0	0	0	0	0
96. Downers (tranqs, barbs, Xanax) to get high	0	0	0	0	0	0
97. Prescription uppers (diet pills, etc) to get high	0	0	0	0	0	0
98. Street uppers (speed, meth, crank) to get high	0	0	0	0	0	0
99. Inhalants (aerosols spray cans, gasoline, whippets, glue)	0	0	0	0	0	0
100. Pain killers (OxyContin, codeine, Percocet, Tylenol III) to get high	0	0	0	0	0	0
101. Dactyls (rubes, dacks)	0	0	0	0	0	0
102. Ritalin, Adderall, Strattera, Cylert or Concerta without a prescription	0	0	0	0	0	0
103. Crack (rock)	0	0	0	0	0	0
104. Powder cocaine (powder, blow)	0	0	0	0	0	0
105. Heroin (funk, dope)	0	0	0	0	0	0
					Proscription	Other Illegal

Percocet, Tylenol III) to get high							35
101. Dactyls (rubes, dacks)	0	0	0	0	0	0	32
102. Ritalin, Adderall, Strattera, Cylert or Concerta without a prescription	0	0	0	0	0	0	3′
103. Crack (rock)	0	0	0	0	0	0	28
104. Powder cocaine (powder, blow)	0	0	0	0	0	0	26
105. Heroin (funk, dope)	0	0	0	0	0	0	24
MARK ALL THAT APPLY FOR EACH	DRUG:		Alcohol	Marijuana	Prescription Pain Killers	Other Illegal Drugs	22 20 19
106. I know where students my age can buy	:		0	0	0	0	18
107. During the past year, I have sold or give	en someone	e else:	0	0	0	0	16
108. During the past year, I tried to cut down stop my use of:	n on or		0	0	0	0	- 1: 14 - 1:
109. During the past year, I have been unabluse of:	le to cut dov	wn on my	0	0	0	0	12
110. During the past year, I needed larger ar effect from:	nounts to g	et the same	0	0	0	0	9
111. During the past year, I used daily or aln weeks in a row:	nost daily fo	or 2 or more	0	0	0	0	7
112. During the past year, I had withdrawal s because I cut down or stopped my use	•	or felt sick	0	0	0	0	5
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DURING THE PAST YEAR, HAVE ANY OF THESE THINGS HAPPENED DUE TO DRINKING ALCOHOL?	DID NOT DRINK IN PAST YEAR	YES	NO
113. I got into a heated argument while drinking.	0	0	0
114. I stayed away from school because of a hangover.	0	0	0
115. I was high or a little drunk at school.	0	0	0
116. My girl/boyfriend told me that I should cut down on my drinking.	0	0	0
117. Friends told me that I should cut down on my drinking.	0	0	0
118. I stayed drunk for more than one day at a time.	0	0	0
119. Once I started drinking, it was difficult for me to stop before I became completely intoxicated.	0	0	0
120. I have awakened unable to remember some of the things I had done while drinking the day before.	0	0	0
121. My hands shook a lot after drinking the day before.	0	0	0
122. Sometimes I kept on drinking after promising myself not to.	0	0	0
123. My parents punished me.	0	0	0

DURING THE PAST YEAR:	NOT IN PAST YEAR	DUE TO DRINKING	DUE TO MARIJUANA USE	DUE TO PRESCRIPTION PAINKILLER USE
124. I became depressed or lost interest in things.	0	0	0	0
125. I had arguments or fights with family or friends.	0	\circ	0	0
126. I felt completely alone and isolated.	0	0	0	0
127. I felt very nervous or anxious.	0	0	0	0
128. I had health problems.	0	0	0	0
129. I found it difficult to think clearly.	0	0	0	0
130. I felt irritable and upset.	0	0	0	0
131. I got less work done than usual at school.	0	0	0	0
132. I felt suspicious and distrustful of people.	0	0	0	0
133. I found it harder to handle my problems.	0	0	0	0
134. I had to get emergency medical help.	0	0	0	0

CHOOSE THE <u>ONE</u> BEST ANSWER FOR EACH ROW.

HOW MUCH DO PEOPLE RISK HARMING THEMSELVES (PHYSICALLY AND OTHER WAYS) WHEN THEY:	NO RISK	SLIGHT RISK	MODERATE RISK	GREAT RISK	DO NOT KNOW	56 55 54 53
135. Smoke one or more packs of cigarettes per day?	0	0	0	0	0	52 51
136. Try one or two alcoholic drinks (beer, wine, liquor)?	0	0	0	0	0	49 48 47
137. Have one or two alcoholic drinks (beer, wine, liquor) nearly every day?	0	0	0	0	0	46 45 44
138. Have 5 drinks at a time, once or twice a week?	0	0	0	0	0	43
139. Try marijuana once or twice?	0	0	0	0	0	41
140. Smoke marijuana occasionally?	0	0	0	0	0	39
141. Smoke marijuana regularly?	0	0	0	0	0	37
142. Inhale glue or aerosols or other inhalants regularly?	0	0	0	0	0	35
143. Use over-the-counter medication to get high?	0	0	0	0	0	34 33 32 31

111	Whore do	you typically sl	oon at night?
144	wnere an	VOII typically si	een at niant?

- At home with your parent(s) or guardian(s)At a friend's or relative's home with your parent(s) or guardian(s)
- At a friend's or relative's home without your parent(s) or guardian(s)
- Somewhere else (shelter, transitional housing, public place, hotel, car) with your parent(s) or guardian(s)
- Somewhere else (shelter, group home, foster care home, public place, car, hotel) without your parent(s) or guardian(s)

145. Do you take any medicine by prescription to help you concentrate better in school?

\bigcirc	Yes
\ /	

O No

PLEASE COMPLETE THE FOLLOWING STATEMENTS:	OK	A Little Bit Wrong	Wrong	Very Wrong
146. I consider any use of tobacco products to be:	0	0	0	0
147. I consider smoking one or more packs of cigarettes per day:	0	0	0	0
148. My parents would consider my use of tobacco products to be:	0	0	0	0
149. I consider trying one or two drinks of an alcoholic beverage to be:	0	0	0	0
150. I consider having one or two drinks of an alcoholic beverage daily to be:	0	0	0	0
151. I consider having five or more alcoholic drinks once or twice each weekend to be:	0	0	0	0
152. My parents would consider my drinking alcohol to be:	0	0	0	0
153. I consider trying marijuana once or twice to be:	0	0	0	0
154. I consider smoking marijuana regularly to be:	0	0	0	0
155. My parents would consider my use of marijuana to be:	0	0	0	0
156. I consider use of other illegal drugs to be:	0	0	0	0
157. My parents would consider my use of other illegal drugs to be:	0	0	0	0

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

- O No one
- Your parents
- O Your teachers
- Your friends
- O Your friends' parents
- Other adults in your neighborhood
- Other adults in your school
- Adults in your church, synagogue or other place of worship

	Did Not Happen	Parents	Siblings	Boyfriend/ Girlfriend	Kids In Neighbor- hood	Kids In School
159. Threatened, called names, made fun of or teased you in a hurtful way.	0	0	0	0	0	0
160. Hit, slapped, kicked, pushed, pinched, choked or shoved.	0	0	0	0	0	0
161. Told lies or spread false rumors about you.	0	0	0	0	0	0

During the past 30 days, which of the following things have you done to someone else, and who was involved: MARK ALL THAT APPLY.

	Did not Happen	Parents	Siblings	Boyfriend/ Girlfriend	I I	Kids In School
162. I threatened, called names, made fun of or teased them in a hurtful way.	0	0	0	0	0	0
163. I hit, slapped, kicked, pushed, pinched, choked or shoved them.	0	0	0	0	0	0
164. I told lies or spread false rumors about them.	0	0	0	0	0	0

How much do each of these things happen in your neighborhood?	Not at All	A Little	Some	A Lot
165. Crime	0	0	0	0
166. Drug selling	0	0	0	0
167. Fights	0	0	0	0
168. Neighbors help each other	0	0	0	0
169. People going to prison due to drug/alcohol use	0	0	0	0
170. People dropping out of school due to drug/alcohol use	0	0	0	0
171. Families fighting/falling apart due to drug/alcohol use	0	0	0	0

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20

19

18

16

15

14

12

> 5 4

> 3

2

know

casually

or significant other

182. by instant message

184. by networking website such

as Facebook, MySpace, etc.

183. by text message

as Facebook, MySpace, etc.

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

186. On average, how often do you drive a car, truck,

185. Have you used the Wellness Center in your high

	school for: (MARK ALL THAT APPLY)		or other motor vehicle (motorcycle, ATV, boat)
\bigcirc	Sports physicals		after drinking alcohol?
\bigcirc	Immunizations	\circ	I don't drive
\circ	Pregnancy testing	\circ	Never
\circ	STD testing	\circ	At least once, but not in past year
\circ	Nutrition/diet counseling	0	A few times in past year
O	Information on tobacco, alcohol or drug use	O	About once or twice a month
O	Other physical health reasons	O	About once or twice a week
O	Emotional/Counseling/Mental health	O	Almost every day
O	Never used		
187.	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 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	188.	On average, how often do you drive a car, truck, or other motor vehicle (motorcycle, ATV, boat) after smoking marijuana? I don't drive Never At least once, but not in past year A few times in past year About once or twice a month
		_	
		0	About once or twice a week Almost every day

Thank you again for being an important part of this study.

DE Mark Reflex® EW-225793-13:654321 ED06

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SERIAL