

YEAR 2020

DELAWARE SECONDARY SCHOOL STUDENT ASSENT AND SURVEY INSTRUCTIONS

This survey is part of a study the University of Delaware does every year to provide information on student behaviors and beliefs, including those about eating habits and the use of cigarettes, alcohol and other drugs. Results are used to make better decisions about the kinds of programs and policies needed to support the health and well-being of Delaware students.

All answers are entirely:

- Confidential—no one will see your answers or know how you answered the questions.
- Anonymous—do not put your name on the survey; we do not want to know how any one person answered, only about percentages of answers of all students combined.
- Voluntary—there is no penalty if you choose not to fill out any part of the survey or all of it.

This IS NOT A TEST, so there are no right or wrong answers. If you don't find an answer that fits exactly, choose the one that comes closest. If a question does not apply to you, or if you are not sure what it means, just leave it blank. Please work as quickly as you can. If you have any questions, raise your hand and I will come to help you. Unless it says "Mark All That Apply," please mark only one answer for each question. When you are finished, turn your booklet over and raise your hand; I will come around with an envelope for you to put your survey in. Then you can work quietly at your desk on something else until everyone has finished.

Remember:

- Read the instructions before you answer.
- Fill in the circle next to the answer you choose completely, like the example below:

I am currently attending school:

Yes O 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: \checkmark



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

1.	What is the zip code for your home address
	Please write in the <u>numbers</u> , then fill in the
	proper <u>circles</u> .

EXAMPLE			
ZIP CODE	ZI	P CODE	
1 9 7 1 6 0 0 0 0 0 1 1 0 1 2 2 2 2 2 2 3 3 3 3 3 3 4 4 4 4 4 5 5 5 5 5 6 6 6 6 0 7 7 0 7 7 8 8 8 8 8 9 9 9 9	1) (2) (3) (3) (4) (6) (6) (7) (8) (8) (9)	0 1 1 1 1 2 2 2 2 3 3 3 3 4 4 4 4 5 5 5 5 5 6 6 6 7 7 7 7 8 8 8 8	
What is you Male Female	r gender?		
12 years or 13 years 14 years 15 years 16 years 17 years 18 years	younger		
No Yes, I am Mo Chicano Yes, I am Pu Yes, I am Cu	exican, Mexica uerto Rican uban or Cubar	an Ameri n America	an
(MARK ALL American In Asian Black or Afr White	THAT APPLY Idian or Alask Ican America) an Native	
(CHOOSE O American In Asian Black or Afr White Mixed	NLY ONE ANS Idian or Alask Fican Americal	SWER) an Native	-
	ZIP CODE 1 9 7 1 6 0 0 0 0 0 0 1 0 0 0 0 0 2 2 2 2 2 3 3 3 3 3 3 4 4 4 4 4 5 5 5 5 5 6 6 6 6 6 7 7 0 7 7 8 8 8 8 8 8 9 9 9 9 9 What is you Male Female How old are 12 years or 13 years 14 years 15 years 14 years 15 years 16 years 17 years 18 years 19 years or Are you His No Yes, I am Mo Chicano Yes, I am Mo Chicano Yes, I am Mo Chicano Yes, I am Co Yes,	ZIP CODE 1 9 7 1 6 0 0 0 0 0 0 1 0 0 0 0 0 2 2 2 2 2 2 3 3 3 3 3 3 4 4 4 4 4 4 5 5 5 5 5 6 6 6 6 6 7 7 0 7 7 8 8 8 8 8 8 9 0 9 9 9 What is your gender? Male Female How old are you TODAY? 12 years or younger 13 years 14 years 15 years 16 years 17 years 18 years 19 years or older Are you Hispanic or Latin No Yes, I am Mexican, Mexica Chicano Yes, I am Puerto Rican Yes, I am Cuban or Cubar Yes, I am Cuban or Cubar Yes, I am Some other Hisp Which of the following de (MARK ALL THAT APPLY American Indian or Alask Asian Black or African American White Other (describe) Which of the following BE (CHOOSE ONLY ONE ANS American Indian or Alask	ZIP CODE 1 9 7 1 6 0 0 0 0 0 0 1 1 0 1 0 1 2 2 2 2 2 2 3 3 3 3 3 3 4 4 4 4 4 4 4 5 6 6 6 6 6 6 6 6 6 6 7 7 7 7 7 8 8 8 8 8 8 9 8 8 8 9 9 9 9 9 9 9 9 9 9 8 8 8 9 9 9 9 9

overall grades on your last report card? Mostly A's Mostly B's Mostly C's Mostly D's or F's Some other Grade Not sure
 8. Are either of your parents or other adults (18 years or older) in your family serving on active duty in the military? Yes No
 9. During an average week, do you live in more than one home? (Do not count sleepovers.) Yes No
 10. Which of the following people live with you most of the time? (MARK ALL THAT APPLY) Mother(s) Father(s) Foster Parent(s) Guardian(s) Grandparent(s), Aunt(s), or Uncle(s) Step-parent(s) Brother(s) or Sister(s)
 11. Have you been identified by a doctor or other health care professional as having difficulty because of a physical, learning, or emotional condition or disability? (MARK ALL THAT APPLY) No, I do not have any kind of disability Yes, a physical condition or disability Yes, a learning condition or disability Yes, an emotional condition or disability
 12. During the past 30 days, where did you usually sleep? In my parent's or guardian's home In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing In a shelter or emergency housing In a motel or hotel In a car, park, campground, or other public place I do not have a usual place to sleep Somewhere else

hungry because there was not enough food in your home?	hearing? Yes
O Never	○ No
○ Rarely ○ Sometimes	
Most of the time	20. Do you have serious difficulty seeing, even when
○ Always	wearing glasses?
© 7 yc	Yes
	○ No
14. Have any of your family members been	
incarcerated (in a prison or detention center)	
in the past year? (MARK ALL THAT APPLY)	21. Because of a physical, mental, or emotional
O No one in my family	condition, do you have serious difficulty
O Father	concentrating, remembering, or making
MotherOther adult family member (18 years or older)	decisions? Yes
Other non-adult family member (under 18	O No
years old)	O NO
yours oray	
	22. Do you have serious difficulty walking or
15. How many times have you been arrested?	climbing stairs?
O times	○ Yes
O 1 time	○ No
2 to 3 times	
○ More than 3 times	
	23. How much schooling do you think you will
16. Have you been arrested in the past year?	complete? Probably will not finish high school
Yes	Complete high school degree
O No	Some college
	Complete college degree
	Graduate or professional school after college
17. 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	24. Which of the following are TRUE for you?
in any kind of physical activity that increases	(MARK ALL THAT APPLY)
your heart rate and makes you breathe hard	I care about doing well in school
some of the time.)	I think it's important to help friendsI think it's important to help other people,
○ 0 days ○ 1 day	even if I don't know them
2 days	I tell the truth, even when it isn't easy
3 days	I try to plan ahead and make good decisions
O 4 days	I want to get a good education
○ 5 days	
○ 6 days	
○ 7 days	25. Which of the following people give you a lot
	of support and encouragement? (MARK
40. On an avenue ask ask right have many become of	ALL THAT APPLY)
18. On an average school night, how many hours of sleep do you get?	No oneYour parent
4 or less hours	Your teacher
5 hours	Your friend
6 hours	Your friends' parent
O 7 hours	Another adult in your neighborhood
○ 8 hours	An adult in your school
O 9 hours	 An adult in your church, synagogue, or
○ 10 or more hours	other place of worship
PLEASE DO NOT WRITE IN THIS A	
PLEASE DU NUT WRITE IN THIS A	NEA

CHOOSE THE ONE BEST ANSWER FOR EACH ROW:

PLEASE CHOOSE THE BEST RESPONSE FOR THE FOLLOWING STATEMENTS:	MOST OF THE TIME	OFTEN	SOME OF THE TIME	NOT OFTEN	NEVER
26. My parents'/guardians' rules are strictly enforced.	0	0	0	0	0
27. I get along well with my parent(s)/guardian(s).	0	0	0	0	0
28. I talk to either of my parent(s)/guardian(s) about how things are going in school.	0	0	0	0	0
29. My parent(s)/guardian(s) shows me they are proud of me.	0	0	0	0	0
30. I can count on my parent(s)/guardian(s) to be there when I need them.	0	0	0	0	0
31. I feel safe in my neighborhood.	0	0	0	0	0
32. I worry about gun violence as a problem.	0	0	0	0	0
33. I feel safe in my school.	0	0	0	0	0
34. School rules are strictly enforced.	0	0	0	0	0
35. Student violence is a problem in this school.	0	0	0	0	0

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

HOW OFTEN DO YOU:	NEVER	BEFORE, BUT NOT IN THE PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
36. Hear name-calling, threats, or yelling between adults in your home that makes you feel bad?	0	0	0	0	0	0
37. Hear or see violence between adults in your home?	0	0	0	0	0	0
38. Get hit by an adult who intends to hurt you?	0	0	0	0	0	0
39. Get hit by another teen who intends to hurt you?	0	0	0	0	0	0
40. Get bullied in your neighborhood?	0	0	0	0	0	0
41. See crime in your neighborhood?	0	0	0	0	0	0
42. See drug sales in your neighborhood?	0	0	0	0	0	0
43. Get bullied at school?	0	0	0	0	0	0

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

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
44. Get threatened or harassed electronically?	0	0	0	0	0	0
45. Cheat on a test in class?	0	0	0	0	0	0
46. Skip one or more classes, or a whole day of school, without permission or being sick?	0	0	0	0	0	0
47. Get sent to in-school suspension?	0	0	0	0	0	0
48. Get suspended or expelled from school?	0	0	0	0	0	0
49. Take some kind of weapon to school or a school event?	0	0	0	0	0	0
50. Carry a weapon when you're not in school or at a school event and not hunting or target shooting?	0	0	0	0	0	0
51. Take part in a fight where a group of your friends are against another group?	0	0	0	0	0	0
52. Sneak money from an adult's wallet, purse, or other place?	0	0	0	0	0	0
53. Steal something from a store without paying for it?	0	0	0	0	0	0
54. Break into a car, house, or other building?	0	0	0	0	0	0
55. Hit someone with the intention of hurting them?	0	0	0	0	0	0
56. Damage or destroy property, on purpose, that does not belong to you?	0	0	0	0	0	0
57. Get stopped by the police?	0	0	0	0	0	0
58. Ride in a car when the driver has been drinking alcohol while driving or shortly before driving?	0	0	0	0	0	0
59. Ride in a car when the driver has been smoking weed while driving or shortly before driving?	0	0	0	0	0	0
60. See or hear a media message about the risks of teens drinking alcohol?	0	0	0	0	0	0

61. Have you or someone you know ever been a v ○ Yes ○ No	rictim of g	un violence	?			
 62. In the past year, how many loot boxes, loot crainside did you buy in video games? I did not play any video games in the past year I played video games, but did not buy any loot 1-5 loot boxes 6-10 loot boxes 11-20 loot boxes 21 or more loot boxes 	r	erates, or o	other packa	ges with	random vi	rtual items
 63. In the past year, how many times did you buy boxes for video games? I did not play any video games in the past year I played video games, but did not buy any DLC 1-5 times 6-10 times 11-20 times 21 or more times 	r		ıt (DLC) or i	n-game it	tems <i>othe</i>	r than loot
HOW OFTEN HAVE YOU DONE ANY OF THE FOLLOWING:	NEVER	BEFORE, BUT NOT IN PAST YEAR	1	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
64. Played the lottery or scratch-off tickets?	0	0	0	0	0	0
65. Bet on fantasy sports teams?	0	0	0	0	0	0
66. Bet on individual sports teams?	0	0	0	0	0	
67. Played cards for money?	1	1				0
	0	0	0	0	0	0
68. Bet on a challenge (dare, fight, race, etc.)?	0	0	0	0	0	

0

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0

70. Bet on dice games such as craps?

72. Bet on games of personal skill such as

71. Gambled on the Internet?

73. Bet on video games?

pool, darts, or basketball?

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0

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○ Yes ○ No	you have gambled? I have never gambled Yes No No No No 77. 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 16 years old 17 years old or older						
76. Does anybody living in your home smoke cigarettes, cigars, little cigars, pipes, or other tobacco products? (MARK ALL THAT APPLY) No one Mother or Stepmother or Female Guardian Father or Stepfather or Male Guardian Brother(s) or Stepbrother(s) Sister(s) or Stepsister(s) Other household member(s)							
	NONE	LESS THAN 1	1-5 CIGARETTES	6-10 CIGARETTES	11-20 CIGARETTES	21-30 CIGARETTES	31 OR MORE
		0	0	0	0	0	0
78in your whole life?	\bigcirc						
78in your whole life? 79in the past year?	0	0	0	0	0	0	0
·			0	0	0	0	0

74. Have you ever felt the need to bet more and more money in any of the activities

75. Have you ever lied to people

important to you about how much

BEFORE, BUT

NEVER

A FEW

NOT IN PAST TIMES IN PAST

ONCE OR

TWICE A

ONCE OR

TWICE A

ALMOST

EVERY

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

	NONE	LESS THAN 1 TIME	1-5 TIMES	6-10 TIMES	11-20 TIMES	21-30 TIMES	31 OR MORE TIMES
89in your whole life?	0	0	0	0	0	0	0
90in the past year?	0	0	0	0	0	0	0
91in the past month?	0	0	0	0	0	0	0

92.	How old were you the first
	time you used an
	e-cigarette or other vaping
	device?

- I have never used an e-cigarette or other vaping device
- 10 years old or younger
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

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

- Yes
- O No

94.	When you have used an electronic vaping
	device, what did you put in it?
	(MARK ALL THAT APPLY)

- I have never used an e-cigarette or other electronic vaping device
- E-liquids that smell or taste good but have no nicotine or other drug(s)
- O Tobacco or nicotine products
- Marijuana
- Synthetic marijuana
- Other illegal drugs
- Other (please specify)_
- Nothing. I used the device without anything in it.

HOW MANY TIMES HAV	liquor, I have 10 yea 11 yea 12 yea 13 yea 14 yea 15 yea 16 yea 17 yea	rs old rs old rs old rs old rs old rs old or old	ks)? I drink of a unger	alcohol		PS) OF	ALCOI	HOL. BEE	ER. WINE.
LIQUOR, MIXED DRINKS	0 TIMES	1-2 TIMES	3-5 TIMES	s .	6-9 FIMES	10-1 TIME	- 1	20-39 TIMES	40 OR MORE TIMES
96in your whole life?	0	0	0		0	С		0	0
97in the past year?	0	0	0		0	C		0	0
98in the past month?	0	0	0		0	С		0	0
993 alcoholic drinks in	a row?	WEEKS. H	OW MAN	1 TIME		P IES	3-5 TIMES	6-9 TIMES	10 TIMES OR MORE
1015 or more alcoholic	drinks in a	row?	\circ	0			\bigcirc	0	0
102. In the past 30 days, if did you drink? (MARK At home At someone else's ho At a party At a sports event At school In a car In a public place (park I didn't drink in the pa	K ALL THA	T APPLY)		(MAR Been teena Been prese Pre-ga event Had s buy a Boug Taker Taker permi Had a Had a	K ALL TI at a part gers at a part nt amed (dr) omeone lcohol fo ht alcohol alcohol alcohol alcohol ssion parent t	y where y with a cank bef over ag or you of with a of witho from you from so ouy alco or siste	PLY) paren lcohol ore go le 21 (o la fake li out bein our hou omeone	and no pa ing to a ga other than a g asked fo use withouse	alcohol for rents were ame, party, or a parent) or an ID ot permission ermission ouse without or you

95. How old were you the $\underline{\text{first time}}$ you had a drink

104. How old were you teried marijuana (por dabs, wax)? I have never tried modern 10 years old or you 11 years old 12 years old 13 years old 14 years old 15 years old 16 years old 17 years old 18 years old 19 yea	t, hash, v narijuana nger	weed, blunts,		000000	In the past 30 you use it? (I Never used in Didn't use many Smoked it as Smoked it as Vaped it Ate it	MARK ALL T narijuana arijuana in tl marijuana a concentra	HAT APPLY	ays wax (dabs)
	0 TIMES	1 - 2 TIMES	3 - 5 TIME		6 - 9 TIMES	10 - 19 TIMES	20 - 39 TIMES	40 OR MORE TIMES
106in your whole life?	0	0			0	0	0	0
107in the past year?	0	0			0	0	0	0
108in the past month?	0	0			0	0	0	0
Asthma ADD/ADHD Allergies Bipolar Disorder Weight Loss Chronic Skin Condition Other, pelase specify 110. During the past year, following PRESCRIPT prescribed for you or prescribed for you? (I Yes, OxyContin/Oxyco Yes, Codeine/Tylenol Promethazine, or coupy Yes, Percocet/Percod Yes, Vicodin or Norco Yes, Dilaudid Yes, Morphine Yes, Suboxone Yes, Xanax Yes, Somas Yes, Ritalin/Adderall/S Yes, Albuterol or othe Yes, Ambien, Sonata, medication Yes, another prescript prescribed for you, ple	have yo ION drug in ways MARK Al odone III with c gh syrup an Strattera er asthma Lunesta	ou taken any ogs that were that were not LL THAT APP codeine, with codeine with codeine a medication or other slee	NOT LY)		Having fur Adding mu Relieving of Weight los To sleep I have not prescription If you want prescription ALL THAT Free from Buy them other kids Buy them	afection, allen or getting has lessed, streng depression/ass used prescrion ted to get pron, how would APPLY) friends from a dealern from some onternet	nigh th, endurand inxiety iption drugs escription di ld you get th , acquaintan	without a rugs without a em? (<u>MARK</u> ces, or

HOW OFTEN DO YOU USE:	NEVER	BEFORE, BUT NOT IN PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
113. Ecstasy (E, Molly)?	0	0	0	0	0	0
114. Hallucinogens (acid, LSD, shrooms)?	0	0	0	0	0	0
115. Steroids without a prescription?	0	0	0	0	0	0
116. Over-the-counter drugs (cough & cold meds, Nyquil, Lean, Purple Drank) to get high?	0	0	0	0	0	0
117. Downers (tranqs, barbs, Xanax) to get high?	0	0	0	0	0	0
118. Prescription uppers (diet pills, etc.) to get high?	0	0	0	\circ	0	0
119. Street uppers (speed, meth, crank) to get high?	0	0	0	\circ	0	0
120. Inhalants (aerosol spray cans, gasoline, whippets, glue)?	0	0	0	0	0	0
121. Pain killers (OxyContin, codeine, Percocet, Dilaudid, morphine, Tylenol III, Vicodin, Promethazine/cough syrup with codeine, or other pain medication) to get high?	0	0	0	0	0	0
122. Dactyls (rubes, dacks)?	0	0	0	0	0	0
123. Ritalin, Adderall, Strattera, Vyvanse, or Concerta without a prescription?	0	0	0	0	0	0
124. Crack (rock)?	0	0	0	0	0	0
125. Powder cocaine (powder, blow)?	0	0	0	0	0	0
126. Heroin (H, dope)?	0	0	0	0	0	0
127. Synthetic marijuana?	0	0	0	0	0	0

MARK ALL THAT APPLY FOR EACH DRUG:	ALCOHOL	MARIJUANA	PRESCRIPTION PAIN KILLERS	OTHER ILLEGAL DRUGS
128. I know where students my age can buy:	0	0	0	0
129. During the past year, I have sold or given someone else:	0	0	0	0

HOW MUCH DO PEOPLE RISK HARMING THEMSELVES (PHYSICALLY AND OTHER WAYS) WHEN THEY:	NO RISK	SLIGHT RISK	MODERATE RISK	GREAT RISK	DO NOT KNOW
137. Smoke one or more packs of cigarettes per day?	0	0	0	0	0
138. Use e-cigarettes or vape?	0	0	0	0	0
139. Have 5 drinks at a time, once or twice a week?	0	0	0	0	0
140. Smoke marijuana regularly?	0	0	0	0	0
141. Use prescription drugs without a prescription?	0	0	0	0	0

PLEASE COMPLETE THE FOLLOWING STATEMENTS FOR SOMEONE YOUR AGE:	ок	A LITTLE BIT WRONG	WRONG	VERY WRONG
142. I consider smoking one or more packs of cigarettes per day to be:	0	0	0	0
143. I consider having one or two drinks of an alcoholic beverage daily to be:	0	0	0	0
144. I consider using prescription drugs without a prescription to be:	0	0	0	0
145. I consider trying marijuana once or twice to be:	0	0	0	0
146. I consider smoking marijuana regularly to be:	0	0	0	0

147. During the past year, I had to get emergency medical help: (MARK ALL THAT APPLY.) Due to drinking alcohol Due to marijuana use Due to prescription painkiller use Due to being bullied Due to other reasons such as depression, suicidal feelings, anxiety, etc. Due to witnessing or being involved in a fight or violence (at home, school, or in the community) I did not need to get emergency medical help in the past year	 151. When you feel sad, empty, hopeless, angry, or anxious, how often do you get the kind of help you need? I do not feel sad, empty, hopeless, angry, or anxious Never Rarely Sometimes Most of the time Always
148. In the past year, my parents/guardians have: (MARK ALL THAT APPLY) Called other parents to check on me Told me to call home and let them know where I am Offered to pick me up if I needed a safe ride home	 152. Over the past two weeks, how often have you been bothered by feeling down, depressed, or hopeless? Not at all Several days Over half the days Nearly every day
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	153. How often do you feel you have control over how your life is going? Most of the time Often Some of the time Not often Never
relationships None of the above 149. Do you ever feel sad, empty, hopeless, angry, or	154. At any point since you were born have you lived with a household member who was depressed, mentally ill, or attempted suicide? Yes No
anxious? Yes No	155. At any point since you were born have you lived with someone who had a problem with drinking or drugs? Yes
150. Over the past two weeks, how often have you felt very nervous or anxious? Not at all Several days Over half the days Nearly every day	○ No

For questions 156 and 157

Please 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.

156. Indicate on which step of the ladder	you feel you personally stand right now.
(Using the numbered bubbles below)	

0 1 2 3 4 5 6 7 8 9	0	1	2	3	4	5	6	7	8	9	
---------------------	---	---	---	---	---	---	---	---	---	---	--

157. Indicate on which step of the ladder do you think you will stand about five years from now.

(Using the numbered bubbles below)

0	1	2	3	4	5	6	7	8	9	10

E	-(1	0)	\exists
Æ	\exists	5	
lE	\exists	5	\exists
١Ė	1	0	=
1=	(6)	
1	\equiv	5	=
lE	$\equiv ($	0	=
F	\equiv	3)=	=
F	=	2)	=
ΙE	\exists	Ŀ	\exists
JF	_(-[

158. In general, how would you rate your emotional health?

- Very Good
- **○** Good
- O Fair
- O Poor

Please answer the questions to the best of your ability	DEFINITELY TRUE	PROBABLY TRUE	NOT SURE	PROBABLY NOT TRUE	DEFINITELY NOT TRUE
159. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.	0	0	0	0	0
160. When I was a child, teachers, coaches, youth leaders, or ministers were there to help me.	0	0	0	0	0
161. My family, neighbors, and friends talked often about making our lives better.	0	0	0	0	0
162. When I felt really bad, I could almost always find someone I trusted to talk to.	0	0	0	0	0

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

Thave you used the welliness Center in your	105. III tile past year, have you ever been a	
high school for? (MARK ALL THAT APPLY)	designated driver? (MARK ALL THAT APPLY	<u>′</u>)
Sports physicals	○ I don't drive	
Immunizations	 Yes, for others who were drinking, but I didn 	't
Pregnancy testing	drink	
STD testing	 Yes, when we all were drinking, but I drank le 	3 86
Reproductive health services (birth control,	 Yes, for others who were smoking marijuana 	1
condoms)	 Yes, for others who were using other illegal 	
Nutrition/diet counseling	drugs	
Information on tobacco, alcohol, or drug use	O No	
Other physical health reasons		
Emotional/Counseling/Mental health		
Other, please specify		
I have never used the Wellness Center		
. On average, how often do you drive a car,	166. On average, how often do you drive a car,	
truck, or other motor vehicle (motorcycle,	truck, or other motor vehicle (motorcycle, A7	Γ۷,
ATV, boat) after drinking alcohol?	boat) after smoking marijuana?	
I don't drive	O I don't drive	
Never	Never	
At least once, but not in the past year	 At least once, but not in the past year 	
A few times in the past year	A few times in the past year	
About once or twice a month	 About once or twice a month 	
About once or twice a week	 About once or twice a week 	
Almost every day	Almost every day	
	high school for? (MARK ALL THAT APPLY) Sports physicals Immunizations Pregnancy testing STD testing Reproductive health services (birth control, condoms) Nutrition/diet counseling Information on tobacco, alcohol, or drug use Other physical health reasons Emotional/Counseling/Mental health Other, please specify I have never used the Wellness Center 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	high school for? (MARK ALL THAT APPLY) Sports physicals Immunizations Pregnancy testing STD testing Reproductive health services (birth control, condoms) Nutrition/diet counseling Information on tobacco, alcohol, or drug use Other physical health reasons Emotional/Counseling/Mental health Other, please specify I have never used the Wellness Center 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 designated driver? (MARK ALL THAT APPLY) Yes, for others who were drinking, but I drank leatind trink Yes, for others who were smoking marijuana Yes, for others who were using other illegal drugs No No 166. On average, how often do you drive a car, truck, or other motor vehicle (motorcycle, AT 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

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