

63 1. What is the zip code for your home address?
 62 Please write in the **numbers**, then fill in the
 61 proper **circles**.

60 **EXAMPLE**

ZIP CODE				
1	9	7	1	6
0	0	0	0	0
●	1	1	●	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	●
7	7	●	7	7
8	8	8	8	8
9	●	9	9	9

ZIP CODE				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

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42 2. What is your gender?

- 41 Male
 40 Female

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37 3. How old are you TODAY?

- 36 12 years or younger
 35 13 years
 34 14 years
 33 15 years
 32 16 years
 31 17 years
 30 18 years
 29 19 years or older

27 4. Are you Hispanic or Latino?

- 26 No
 25 Yes

23 5. Which of the following BEST describes you?

- 22 (CHOOSE **ONLY ONE** ANSWER)
 21 American Indian or Alaskan Native
 20 Asian
 19 Black or African American
 18 White/Caucasian
 17 Other (describe) _____

14 6. What **ONE** category best describes your overall grades on your last report card?

- 13 Mostly A's
 12 Mostly B's
 11 Mostly C's
 10 Mostly D's or F's

7 7. How do you get to school most days?

- 6 I ride a school bus
 5 I walk to school
 4 I get a ride with a family member or friend
 3 I get to school some other way

8. Which of the following people live with you most of the time? (**MARK ALL THAT APPLY**)

- Mother
 Father
 Grandparent(s)
 Step-parent(s)
 Siblings(s)
 Non-family member(s)

9. How old is your mother? If you don't know, please put your best guess.

Age	
0	0
1	1
2	2
3	3
4	4
5	5
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8	8
9	9

10. How old is your father? If you don't know, please put your best guess.

Age	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
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9	9

11. What is the **highest** level of schooling your mother or female guardian completed? (CHOOSE **ONLY ONE** ANSWER)

- Completed grade school or less
 Some high school
 Completed high school
 Some college
 Completed college
 Graduate or professional school after college
 I don't know

12. What is the **highest** level of schooling your father or male guardian completed? (CHOOSE **ONLY ONE** ANSWER)

- Completed grade school or less
 Some high school
 Completed high school
 Some college
 Completed college
 Graduate or professional school after college
 I don't know

13. Which of the following best describes the place where you live?

- My family owns the place where we live (with or without a loan or mortgage)
 My family rents the place where we live
 Other

14. How many times has your family moved since you started school (in Kindergarten)?

- 0
 1
 2
 3 or more

15. 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
 - I don't know

16. Have you had lessons in school to teach you (MARK ALL THAT APPLY):
- Drug/alcohol education (ever)
 - Drug/alcohol education in past year
 - Health education in past year
 - How to set short- and long-term goals for yourself
 - How to make decisions better
 - To understand things that influence your behavior
 - How to communicate better with others

17. How many Computers does your family have at home?
- 0
 - 1
 - 2
 - 3 or more

18. How many books are in your home that you can read?
- 0
 - 1 to 9
 - 10 to 19
 - 20 or more

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
19. My parents know <u>where I am</u> when I am <u>NOT</u> in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. My parents know <u>what I am doing</u> when I am <u>NOT</u> in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I feel safe in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I get along well with other kids at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I get along well with my parents/guardians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. When I do a good job at home or at school, my parents tell me about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Students at this school treat each other with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Students treat teachers with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Teachers treat students with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Students at this school feel safe on their school bus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Students in this school are well-behaved in public (classes, assemblies, cafeterias).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Student violence is a problem at this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

CHOOSE THE ONE BEST ANSWER FOR EACH ROW:

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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
32. Argue or fight with either of your parents/guardians?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Take some kind of weapon to school or to a school event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Take part in a fight where a group of your friends are against another group?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Steal something from a store without paying for it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Break into a car, house or other building?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Get arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Talk to either of your parents about how things are going at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Go places with your parents such as concerts, museums, plays, historical sites or other educational trips or activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Cheat on a test in class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Attend religious services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Ride in a car when the driver - an adult - has been drinking alcohol while driving or shortly before driving?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Ride in a car when the driver - someone less than 21 yrs old - has been drinking alcohol while driving or shortly before driving?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Sneak money from an adult's wallet, purse, or other place?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Do chores or help out at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Get stopped by police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Ride in a car when the driver has been smoking pot while driving or shortly before driving?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Skip or miss classes (not the whole school day) <u>without permission</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Get suspended or expelled from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Hear name-calling, threats or yelling between adults in your home which makes you uncomfortable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. Hear or see violence between adults in your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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68. In the past year, my parents 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 and drugs
- Told me not to drink alcohol
- Told me not to use drugs

69. Does anybody living in your home smoke cigarettes or tobacco? (MARK ALL THAT APPLY)

- No one
- Mother or Stepmother
- Father or Stepfather
- Brother(s) or Stepbrother(s)
- Sister(s) or Stepsister(s)
- Other household member(s)

70. How old were you the first time you smoked a cigarette (not just a few puffs)?

- I have never smoked a cigarette
- 10 years 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:

	NONE	LESS THAN 1	1-5 CIGARETTES	6-10 CIGARETTES	11-20 CIGARETTES	21-30 CIGARETTES	31 OR MORE CIGARETTES
71. ...in your whole life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. ...in the past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. ...in the past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

74. In the past month on the days that you smoked, about how many cigarettes did you smoke per day?

- Did not smoke cigarettes
- Less than 1 cigarette per day
- About 1-5 cigarettes per day
- About 1/2 pack per day
- About 1 to 1 and 1/2 packs per day
- About 2 packs per day or more

75. If you wanted to get cigarettes, where would you most likely get them? (MARK ALL THAT APPLY)

- From my friends or other kids I know
- From my brothers, sisters, or cousins
- From my parents/guardians (with them knowing)
- From my parents/guardians (without them knowing)
- From other adults (with them knowing)
- From other adults (without them knowing)
- From a vending machine
- From a store cashier or clerk

HOW OFTEN HAVE YOU USED ANY OF THE FOLLOWING:	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
76. Chewing tobacco, snuff, dip (Skoal, Red Man)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. Cigars or cigarillos (little cigars, cigars with tips)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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78. How old were you the first time you had a drink (not just a few sips) of alcohol (beer, wine, liquor, mixed drink)?

- I have never had a drink of alcohol
- 10 years or younger
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

How many times have you had a drink (not just a few sips) of alcohol, beer, wine, liquor, mixed drink:

	0 TIMES	1-2 TIMES	3-5 TIMES	6-9 TIMES	10-19 TIMES	20-39 TIMES	40 OR MORE TIMES
79. ...in your whole life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. ...in the past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. ...in the past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Think back over the last 2 weeks. How many times have you had:

	0 TIMES	1 TIME	2 TIMES	3 - 5 TIMES	6 - 9 TIMES	10 TIMES OR MORE
82. 3 alcoholic drinks in a row?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. 4 alcoholic drinks in a row?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. 5 or more alcoholic drinks in a row?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

85. In the past 30 days if you drank alcohol, WITH WHOM did you sometimes drink? **(MARK ALL THAT APPLY)**

- Never drank alcohol
- Didn't drink in past 30 days
- Brother(s) or sister(s)
- Adult family members
- Friends from school
- Friends from my neighborhood
- Co-workers
- Drank alone

86. 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
- 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

- 63 87. How old were you the first time you tried
 62 marijuana (weed, pot, hash, blunts)?
 61 I have never tried marijuana
 60 10 years old or younger
 59 11 years old
 58 12 years old
 57 13 years old
 56 14 years old
 55 15 years old
 54 16 years old
 53 17 years old or older

88. In the past 30 days if you used marijuana, WITH WHOM
 did you use it? (MARK ALL THAT APPLY)
 Never used marijuana
 Didn't use marijuana in past 30 days
 Brother(s) or sister(s)
 Adult family members
 Friends from school
 Friends from my neighborhood
 Co-workers
 Used alone

51 How many times have you smoked marijuana (grass, pot, hash, weed, blunt)?

	0 TIMES	1 - 2 TIMES	3 - 5 TIMES	6 - 9 TIMES	10 - 19 TIMES	20 - 39 TIMES	40 OR MORE TIMES
49 89. ...in your whole life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48 90. ...in the past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47 91. ...in the past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 38 92. Do you take any medicine by
 37 prescription for any of the following?
 36 (MARK ALL THAT APPLY)
 35 Depression
 34 Blood Pressure
 33 Anxiety
 32 Asthma
 31 ADD/ADHD
 30 Allergies
 29 Bipolar Disorder
 28 Weight Loss
 27 Chronic Skin Conditions (such as acne)
 26 Other _____
 25 No

94. Do you take any medicine by prescription
 to help you concentrate better in school?
 Yes
 No

- 22 93. During the past year, have you taken any of
 21 the following PRESCRIPTION drugs that
 20 were NOT prescribed for you? (MARK ALL
 19 THAT APPLY)
 18 Yes, OxyContin
 17 Yes, Codeine/Tylenol with codeine
 16 Yes, Percocet/Percodan
 15 Yes, Vicodin
 14 Yes, Darvon/Darvacet/Endocet
 13 Yes, Xanax
 12 Yes, Somas
 11 Yes, Ritalin/Adderall/Strattera
 10 Yes, Albuterol or other asthma medication
 9 Yes, Other PRESCRIPTION DRUG NOT
 8 PRESCRIBED FOR YOU (please
 7 specify) _____
 6 No

95. During the past 12 months, on how
 many sports teams did you play?
 (Include any teams run by your school
 or community groups.)
 0 teams
 1 team
 2 teams
 3 or more teams

96. On an average school day, how many
 hours do you spend watching television,
 on the computer (not doing homework),
 playing video or computer games, or
 texting?
 I do not do any of the above on an
 average school day.
 Less than 1 hour per day
 1 hour per day
 2 hours per day
 3 hours per day
 4 hours per day
 5 or more hours per day



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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
97. Ecstasy or E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. Hallucinogens (acid, shrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. Steroids without a prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100. Over-the-counter drugs (cough & cold meds, Nyquil) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101. Downers (tranqs, barbs, Xanax) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102. Prescription uppers (diet pills, etc) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103. Street uppers (speed, meth, crank) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. Inhalants (aerosols spray cans, gasoline, whippets, glue)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. Pain killers (OxyContin, codeine, Percocet, Tylenol III) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. Dactyls (rubes, dacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. Ritalin, Adderall, Strattera, Cylert or Concerta without a prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. Crack (rock)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109. Powder cocaine (powder, blow)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. Heroin (funk, dope)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<u>MARK ALL THAT APPLY FOR EACH DRUG:</u>	Cigarettes	Alcohol	Marijuana	Prescription Pain Killers	Other Illegal Drugs
111. I know where students my age can buy:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. During the past year, I have sold someone else:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. During the past year, I have given someone else:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. During the past year, I tried to cut down on or stop my use of:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. During the past year, I have been unable to cut down on my use of:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	NO RISK	SLIGHT RISK	MODERATE RISK	GREAT RISK	DO NOT KNOW
HOW MUCH DO PEOPLE RISK HARMING THEMSELVES (PHYSICALLY AND OTHER WAYS) WHEN THEY:					
CHOOSE THE <u>ONE</u> BEST ANSWER FOR EACH ROW.					
116. Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. Try one or two alcoholic drinks (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. Have one or two alcoholic drinks (beer, wine, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. Have 5 drinks at a time, once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. Try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
121. Smoke marijuana occasionally?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. Smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. Inhale glue or aerosols or other inhalants regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. Use over-the-counter medication to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE COMPLETE THE FOLLOWING STATEMENTS:	OK	A Little Bit Wrong	Wrong	Very Wrong
125. I consider any use of tobacco products to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. I consider smoking one or more packs of cigarettes per day:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127. My parents consider my use of tobacco products to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
128. I consider trying one or two drinks of an alcoholic beverage to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
129. I consider having one or two drinks of an alcoholic beverage daily to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
130. I consider having five or more alcoholic drinks once or twice each weekend to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
131. My parents consider my drinking alcohol to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
132. I consider trying marijuana once or twice to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
133. I consider smoking marijuana regularly to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
134. My parents consider my use of marijuana to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
135. I consider use of other illegal drugs to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
136. My parents consider my use of other illegal drugs to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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137. On an average school night, how many hours of sleep do you get?

- 5 or fewer hours
- 6 hours
- 7 hours
- 8 hours
- 9 or more hours

139. During the past 7 days, on how many days did you eat 5 or more servings (a serving=about 1/2 cup) of fruits and vegetables?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

141. During the past 7 days, on how many days were you physically active for at least 60 minutes per day? (Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

138. How many times in an average week do you eat breakfast?

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 times
- 6 times
- 7 times

140. Yesterday, how many caffeinated drinks did you have? (please include coffee, tea, sodas, power or energy drink, or other drinks with caffeine added.)

- I did not have any caffeinated drinks yesterday
- 1 caffeinated drink
- 2 caffeinated drinks
- 3 or more caffeinated drinks

142. On an average school day, how many hours do you spend watching television, on the computer (not doing homework), playing video or computer games, or texting?

- I do not do any of the above on an average school day.
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

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



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

143. Have you used the Wellness Center in your high school for: **(MARK ALL THAT APPLY)**
- Sports physicals
 - Immunizations
 - Pregnancy testing
 - STD testing
 - Nutrition/diet counseling
 - Information on tobacco, alcohol or drug use
 - Other physical health reasons
 - Emotional/Counseling/Mental health
 - Never used

144. 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 past year
 - A few times in past year
 - About once or twice a month
 - About once or twice a week
 - Almost every day

145. 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

146. On average, how often do you drive a car, truck, or other motor vehicle 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
 - About once or twice a week
 - Almost every day

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



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