

# THE AMERICAN DRUG AND ALCOHOL SURVEY™

**DO NOT PUT YOUR NAME ON THIS SURVEY**

**1. What grade are you in?**

5    6    7    8    9    10    11    12    College

**2. How old are you?**

10    11    12    13    14    15    16    17    18    19    20    21 or older

**3. Sex:**    Male    Female

**4. Have you ever had alcohol to drink-more than a few sips?**    Yes    No

**5. Have you ever gotten drunk?**    Yes    No

**6. How old were you the first time you got drunk?**

Never gotten drunk  
 7 or younger    8    9    10    11    12    13    14    15    16    17    18    19 or older

**7. How often in the last 12 months have you...**

	None	1-2 times	3-9 times	10-19 times	20-49 times	50 or more times
Had alcohol to drink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gotten drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**8. How often in the last month have you...**

	None	1-2 times	3-9 times	10-19 times	20 or more times
Had alcohol to drink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gotten drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**9. How do you like to drink?**

I don't drink    Enough to feel it a lot  
 Just a glass or two    Until I get really drunk  
 Enough to feel it a little

**10. How much would your friends try to stop you from getting drunk?**

A lot    Some    Not much    Not at all

**11. How often have your friends asked you to get drunk?**

A lot    Some    Not much    Not at all

**12. How much do you think people harm themselves (physically or otherwise) if they...**

	No harm	Very little harm	Some harm	A lot of harm
Use alcohol 1 or 2 times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use alcohol regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get drunk 1 or 2 times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get drunk regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Important Directions for Marking Answers

- Right
  - Wrong
  - Wrong
  - Wrong
- Use #2 pencil only.
  - Do NOT use ink or ballpoint pens.
  - Make heavy black marks that fill the circle completely.
  - Erase cleanly any answer you wish to change.
  - Make no stray marks on the answer sheet.



**13. In using alcohol, are you a...**

Non User    Very Light User    Light User    Moderate User    Heavy User    Very Heavy User

**14. Has your drinking alcohol ever caused you any of the following problems?**

	No	1-2 times	3-9 times	10 or more times
Get a traffic ticket?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a car crash?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have money problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gotten you in trouble at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hurt your school work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fight with other kids?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fight with your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Damaged a friendship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Passed out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Couldn't remember what happened while drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made you break something?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did something sexual that you later wished you hadn't?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hurt yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hurt someone else?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**15. During the last 12 months, where have you used alcohol?**

	Never	1-2 times	3-9 times	10 or more times
At weekend parties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At night with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before school events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At school events (dances, games, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After school events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On the way to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During school hours at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During school hours away from school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Right after school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While driving around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At home (parents knew)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At home (parents didn't know)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**16. How many of your friends...**

	None	One or two	Some of them	Most of them
Get drunk once in a while	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get drunk almost every weekend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**17. Have you ever tried marijuana (pot, grass, hash, etc.)?**

Yes    No



**35. Have you used any of these drugs to get high during the last 12 months?**

	None	1-2 times	3-9 times	10-19 times	20-49 times	50 or more times
Uppers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Sniff" something like glue, gasoline, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LSD (acid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other psychedelic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ketamine ("Special K")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other narcotics (Codeine, Demerol, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adrenochromes (Bovays)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy ("XTC," MDMA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**36. Have you used any of these drugs to get high during the last month?**

	No	1-2 times	3-9 times	10-19 times	20 or more times
Uppers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Sniff" something like glue, gasoline, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LSD (acid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other psychedelic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ketamine ("Special K")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other narcotics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adrenochromes (Bovays)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy ("XTC," MDMA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**37. Have you ever used. . .**

	Yes	No
Cigarettes	<input type="radio"/>	<input type="radio"/>
Smokeless tobacco (chewing tobacco, snuff, etc.)	<input type="radio"/>	<input type="radio"/>

**38. In the last month have you. . .**

	Yes	No
Smoked cigarettes	<input type="radio"/>	<input type="radio"/>
Used smokeless tobacco	<input type="radio"/>	<input type="radio"/>

**39. Do you smoke cigarettes?**

Not at all   
  Once in a while   
  1-5 times a day   
  Half a pack a day   
  A pack or more a day

**40. Do you use smokeless tobacco (chewing tobacco, snuff, etc.)?**

Not at all   
  Once in a while   
  1-5 times a day   
  6-10 times a day   
  Almost all the time

**41. During the last 12 months, where have you used marijuana or any other illegal drug (except alcohol)?**

	Never	1-2 times	3-9 times	10 or more times
At weekend parties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At night with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before school events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At school events (dances, games, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After school events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On the way to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During school hours at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During school hours away from school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Right after school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While driving around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At home (parents knew)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At home (parents didn't know)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**42. In using each of the following, are you a . . .**

	Non User	Very Light User	Light User	Moderate User	Heavy User	Very Heavy User
Uppers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Sniff" something like glue or gas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LSD (acid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other psychedelics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Downers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steroids	<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"/>
Smokeless tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**43. Have you ever. . .**

	Yes	No
Gotten drunk when alone?	<input type="radio"/>	<input type="radio"/>
Used marijuana when alone?	<input type="radio"/>	<input type="radio"/>
Used another drug when alone?	<input type="radio"/>	<input type="radio"/>
Used a needle to take steroids?	<input type="radio"/>	<input type="radio"/>
Used a needle to take any drug to get high?	<input type="radio"/>	<input type="radio"/>
Shared a needle?	<input type="radio"/>	<input type="radio"/>
Stayed high more than seven hours?	<input type="radio"/>	<input type="radio"/>
Used nitrous oxide (laughing gas) to get high?	<input type="radio"/>	<input type="radio"/>
Used amyl, ethyl, or butyl nitrites (poppers, snappers, 'rush', etc.)	<input type="radio"/>	<input type="radio"/>
Used Quaaludes (ludes, soapers, quacks)	<input type="radio"/>	<input type="radio"/>

**THANK YOU FOR COMPLETING THIS SURVEY**



44. How easy do you think it would be for you to get each of the following types of drugs if you wanted some?

Table with 5 columns: Very Easy, Fairly Easy, Hard, Very Hard, Probably Impossible. Rows include Alcohol, Marijuana, Uppers, Cocaine, "Sniff" glue or gas, etc., LSD (acid), Other psychedelic, Downers, PCP, Heroin, Other narcotic, Cigarettes.

45. How much would your friends try to stop you from. . .

Table with 4 columns: A lot, Some, Not much, Not at all. Rows include Using marijuana, Using cocaine, "Sniffing" glue or gas, etc., Using uppers, Using downers, Smoking cigarettes.

46. How much would you try to stop your friends from. . .

Table with 4 columns: A lot, Some, Not much, Not at all. Rows include Using marijuana, Using cocaine, "Sniffing" glue or gas, etc., Using uppers, Using downers, Getting drunk, Smoking cigarettes.

47. How many of your friends do each of the following. . .

Table with 4 columns: None, A few, Most of them, All of them. Rows include Use marijuana, Use cocaine, "Sniff" glue or gas, etc., Use uppers, Use downers, Get drunk, Smoke cigarettes.

48. How often have your friends asked you to use. . .

Table with 4 columns: Very Often, Some, Not Very Often, Not at all. Rows include Marijuana, Cocaine, "Sniff" glue or gas, etc., Uppers, Downers, Cigarettes.

49. Have you ever done any of the following things?

Table with 2 columns: Yes, No. Rows include Used alcohol and marijuana together, Used alcohol and another drug together.

50. Has your use of marijuana or other drugs ever caused you to have any of the following problems?

Table with 4 columns: No, 1-2 times, 3-9 times, 10 or more times. Rows include Get a traffic ticket?, Have a car crash?, Get arrested?, Have money problems?, Gotten you in trouble at school?, Hurt your school work?, Fight with other kids?, Fight with your parents?, Damaged a friendship?, Have a "bad trip"?, Made you break something?, Did something sexual that you later wished you hadn't?, Hurt yourself?, Hurt someone else?.

51. How much do you think people harm themselves if they. . .

Table with 5 columns: No harm, Very little harm, Some harm, A lot of harm, I don't know. Rows include Use marijuana 1-2 times, Use marijuana regularly, Use cocaine 1-2 times, Use cocaine regularly, "Sniff" inhalants 1-2 times, "Sniff" inhalants regularly, Use uppers 1-2 times, Use uppers regularly, Use LSD (acid) 1-2 times, Use LSD (acid) regularly, Use tobacco occasionally, Use tobacco regularly, Use meth 1-2 times, Use meth regularly.

52. Are you. . .

- White, Black or African American, American Indian, Alaska Native, Asian American, Mexican American, Spanish American, Puerto Rican, Other.

53. When I answered the questions about alcohol. . .

- I was very honest, I said I used it more than I really do, I said I used it less than I really do.

54. When I answered the questions about drugs. . .

- I was very honest, I said I used them more than I really do, I said I used them less than I really do.

55. Which of the statements below best describes your drug use? (Do NOT count alcohol use for this question.) I have. . .

- never used drugs and never will, never used drugs, but may in the future, used drugs, but don't plan to use them again, used drugs, and probably will use them again.

# Prevention Planning Survey™

DO NOT PUT YOUR NAME ON THIS SURVEY

	A lot	Some	Not much	Not at all
1. I like school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My teachers like me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My teachers respect me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I like my teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I respect my teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. School is fun.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Have you ever . . .			Yes	No
flunked a year in school			<input type="radio"/>	<input type="radio"/>
been expelled from school			<input type="radio"/>	<input type="radio"/>
been suspended from school			<input type="radio"/>	<input type="radio"/>
ditched school			<input type="radio"/>	<input type="radio"/>

	Very good	Good	Not too good	Poor
8. What kind of grades do you get?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. What kind of student are you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Does your family go to school events like music programs, sports events, etc.?	A lot	Some	Not much	Not at all
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	A lot	Some	Not much	Not at all
11. Does your family go to school meetings like PTA or PTO, back to school night, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Who did you live with most of the time during the last year? (Mark all adults who lived in your home with you most of the time.)

- |                                  |                                   |
|----------------------------------|-----------------------------------|
| <input type="radio"/> Father     | <input type="radio"/> Grandparent |
| <input type="radio"/> Mother     | <input type="radio"/> Guardian    |
| <input type="radio"/> Stepfather | <input type="radio"/> Other adult |
| <input type="radio"/> Stepmother |                                   |

	A lot	Some	Not much	Not at all
13. How much would your family care if you . . .				
smoked cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
got drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used inhalants like glue or gas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	A lot	Some	Not much	Not at all
14. How much would your family try to stop you from . . .				
smoking cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
getting drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
using inhalants like glue or gas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
using marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
using other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	A lot	Some	Not much	Not at all
15. I feel safe at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe going to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe where I live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are there things for kids to do around here?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	A lot	Some	Not much	Not at all
16. Do your friends . . .				
like school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
like their teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
think school is fun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very good	Good	Not too good	Poor
17. What kind of grades do your friends get?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very good	Good	Not too good	Poor
18. What kind of students are your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Have any of your friends . . .

	Yes	No
flunked a year in school	<input type="radio"/>	<input type="radio"/>
been expelled from school	<input type="radio"/>	<input type="radio"/>
been suspended from school	<input type="radio"/>	<input type="radio"/>
dropped out	<input type="radio"/>	<input type="radio"/>

20. Have you ever . . .

	Yes	No
beaten up someone	<input type="radio"/>	<input type="radio"/>
scared someone with a club, chain, knife, or gun	<input type="radio"/>	<input type="radio"/>
taken a gun to school	<input type="radio"/>	<input type="radio"/>
hurt someone with a club, chain, knife, or gun	<input type="radio"/>	<input type="radio"/>
used force to get money or things from someone	<input type="radio"/>	<input type="radio"/>

21. Have you ever . . .

	Yes	No
been arrested	<input type="radio"/>	<input type="radio"/>
robbed someone	<input type="radio"/>	<input type="radio"/>
stolen a car	<input type="radio"/>	<input type="radio"/>
slashed tires or broken something on purpose	<input type="radio"/>	<input type="radio"/>
committed some other serious crime	<input type="radio"/>	<input type="radio"/>

22. How easy would it be for you to get a gun?

Very easy	Fairly easy	Hard	Very hard	Probably impossible
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Do your friends care about you?

A lot	Some	Not much	Not at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. How much do you care about your friends?

A lot	Some	Not much	Not at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Are you close to your friends?

A lot	Some	Not much	Not at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Does your family approve of your friends?

All of them	Most of them	Quite a few of them	A few of them	None of them
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Does your family think your friends are bad for you?

A lot	Some	Not much	No
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Have you ever been in a "street gang"?

I will never join a gang

Used to be in a gang, but not now

I will join a gang later

Not a member of a gang, but hang out with a gang

In a gang now

29. How many of your friends are in a "street gang"?

None of them

A few of them

Most of them

All of them

30. Do your friends fight with other kids?

A lot	Some	Not much	Not at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do your friends pick on or bully other kids?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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31. Do the members of your family . . .

A lot	Some	Not much	Not at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

fight with each other

argue with each other

32. How much would your family care if you . . .

A lot	Some	Not much	Not at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

skipped school

got a bad grade

did not do your homework

quit school

33. Does your family care about you?

A lot	Some	Not much	Not at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. How much do you care about your family?

A lot	Some	Not much	Not at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. Does your family care what you do?

A lot	Some	Not much	Not at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. My parents . . .

	Very true	Mostly true	Somewhat true	Not at all true
allow me to go out as often as I want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
let me go any place I want without asking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
are less strict than most in letting me have fun with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
let me stay out as late as I want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
want to know where I am all the time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
feel they can trust me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
respect me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. How much has your family talked to you about the dangers of the following . . .

	A lot	Some	Not much	Not at all
smoking cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
getting drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
using inhalants like glue or gas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
using marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
using other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. If I need help . . .

	A lot	Some	Not much	Not at all
my parents will help me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
teachers will help me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
police around here will help me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
other adults will help me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
other kids will help me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### How true are these statements about you and your feelings?

39.

	A lot	Some	Not much	Not at all
I care about other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am quick tempered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I steal things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to do things well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other kids respect me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40.

	A lot	Some	Not much	Not at all
I like myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get mad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's bad to cheat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's bad to lie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am left out of things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other kids ignore me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41.

	A lot	Some	Not much	Not at all
Other people my age like me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I care about people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do things my teachers don't want me to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cheat in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42.

	A lot	Some	Not much	Not at all
It's bad to steal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's bad to skip school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other kids threaten me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adults ignore me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like guns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43.

	A lot	Some	Not much	Not at all
Other people my age like to be with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People like me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like violent movies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I lose my temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like shooting guns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44.

	A lot	Some	Not much	Not at all
I am picked on	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like to help people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I lie to people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I care about people's rights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other kids bully me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

45.

	A lot	Some	Not much	Not at all
I am lonesome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like to be with other people my age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am hotheaded	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people respect me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46.

	A lot	Some	Not much	Not at all
I need a gun for protection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do bad things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people my age ask me to do things with them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like horror movies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47. Have you ever been . . .

	Yes	No
beaten up by someone your age	<input type="radio"/>	<input type="radio"/>
beaten up by someone else	<input type="radio"/>	<input type="radio"/>
beaten up by a boyfriend or girlfriend	<input type="radio"/>	<input type="radio"/>
hurt with a club, knife or gun	<input type="radio"/>	<input type="radio"/>
raped or sexually assaulted	<input type="radio"/>	<input type="radio"/>
robbed	<input type="radio"/>	<input type="radio"/>

48. When I get angry I . . .

	A lot	Some	Not much	Never
Throw things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make sarcastic remarks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hit others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bang things around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swear(cuss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shove people around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do things like slam doors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tell people off	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try to physically hurt people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stomp around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Say nasty things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get into fist fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

49. What school-sponsored activities are you involved in? Mark all that apply.

- Sports
- Music
- Drama
- Foreign Language Club
- Student Council/Government
- Newspaper/Yearbook
- FFA, FHA, FBLA, HUSA, VICA, etc.
- Other school club or group
- I'm not involved in any school-sponsored activities

50. What activities that are not school-sponsored are you involved in? Mark all that apply.

- Sports
- Religious group
- Music/Dance
- Scouts, Campfire, etc.
- 4-H or Junior Achievement
- Other club or group
- I'm not involved in activities that are not school-sponsored

51. Will you go to college or other school after high school?

- Yes, I'm sure I will
- There's a good chance I will
- Fair chance
- Poor chance
- No chance that I will

52. Have you ever participated in any of the following drug prevention programs? Mark all that apply.

- DARE
- Red Ribbon Campaign Activities
- Life Skills Training program
- Other school education program
- Other drug/alcohol prevention program or activity
- None of the above

53. How much trouble would a student at your school get into for . . .

	A lot	Some	Not much	Not at all
cutting school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
being late to class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
being disruptive in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
bullying or picking on another student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
hitting another student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54. How much trouble would a student get into who was caught at school or a school event . . .

smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
using other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

55. How true are the following for your school?

	Very true	Mostly true	Somewhat true	Not true at all
The school rules are fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The school rules are fairly enforced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The classrooms and hallways are kept under control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kids being disruptive keep me from learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kids threatening other kids make it hard to learn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56. How much have you learned about the dangers of drug use from each of the following

	A lot	Some	Not much	Nothing at all
Parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers or counselors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TV, radio, newspapers, magazines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D.A.R.E. officers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other alcohol and drug prevention program leaders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

57. If one of your close friends asked you to use any of the following, how easy would it be for you to say no?

	Very easy	Easy	Somewhat hard	Very hard	I wouldn't say no
Alcohol	<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"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another drug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

