

# THE AMERICAN DRUG AND ALCOHOL SURVEY™

Form C

DO NOT PUT YOUR NAME ON THIS SURVEY

## Important Directions for Marking Answers

- Right  • Use #2 pencil only.  
 Wrong  • Do NOT use ink or ballpoint pens.  
 Wrong  • Make heavy black marks that fill the circle completely.  
 Wrong  • Make no stray marks on the answer sheet.



1. What grade are you in?

- 3    4    5    6    7    8    9    Other

2. How old are you?

- 7    8    9    10    11    12    13    14    15    16

3. Are you a . . .

- Boy    Girl

4. Have you ever used alcohol (beer, wine, liquor)?

- Yes    No

5. Have you ever gotten drunk?

- Yes    No

6. How often IN THE LAST YEAR have you . . .

- |              | None                  | 1-2 times             | 3-9 times             | 10-19 times           | 20 or more times      |
|--------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Used alcohol | <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"/> |

7. How often IN THE LAST MONTH have you . . .

- |              | None                  | 1-2 times             | 3-9 times             | 10 or more times      |
|--------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Used alcohol | <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"/> |

8. How do you like to drink?

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

9. Where have you used alcohol (beer, wine, liquor)?

(Mark all that apply.)

- Never used it  
 Only with my parents or family  
 With other kids when parents were not there  
 By myself

10. Have you ever gotten really drunk so you fell down or got sick?

- Never    1-2 times    3 or more times

11. How many of your friends have gotten drunk so they fell down or got sick?

- None    A few    Most of them    All of them

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

- A lot    Some    Not much    Not at all

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

- A lot    Some    Never

14. Have you ever tried marijuana (pot, grass, herb)?

- Yes    No

15. How often IN THE LAST YEAR have you used marijuana (pot, grass, herb, etc.)?

- Never    1-2 times    3-9 times    10 or more times

16. How often IN THE LAST MONTH have you used marijuana (pot, grass, herb, etc.)?

- Never    1-2 times    3-9 times    10 or more times

17. How do you like to use pot, grass, or herb?

- I don't use it  
 Just a puff or two  
 Enough to feel it a little  
 Enough to feel it a lot

18. How many of your friends use marijuana?

- None    A few    Most of them    All of them

# THANK YOU FOR COMPLETING THIS SURVEY



19. How much would your friends try to stop you from using marijuana?

- A lot     Some     Not much     Not at all

20. How often have your friends asked you to use marijuana?

- A lot     Some     Never

21. Have you ever "sniffed" (or "huffed") glue, gas, sprays, or anything like that to get high?

- Yes     No

22. How often IN THE LAST YEAR have you "sniffed" (or "huffed") glue, gas, or anything like that to get high?

- Never     1-2 times     3-9 times     10 or more times

23. How often IN THE LAST MONTH have you "sniffed" (or "huffed") glue, gas, or anything like that to get high?

- Never     1-2 times     3-9 times     10 or more times

24. How do you like to "sniff" gas, glue, or other things?

- I do not do it  
 Just enough to smell it  
 Until I feel it a little bit  
 Until I feel it a lot

25. How many of your friends "sniff" glue, gas, sprays, or anything like that to get high?

- None     A few     Most of them     All of them

26. How much would your friends try to stop you from "sniffing" (or "huffing") glue, gas, or anything like that to get high?

- A lot     Some     Not much     Not at all

27. How often have your friends asked you to sniff something to get high?

- A lot     Some     Never

28. Have you ever smoked cigarettes?

- Yes     No

29. Have you ever used smokeless tobacco (chewing tobacco, snuff, etc.)?

- Yes     No

30. 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

31. 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

32. Have you ever talked to your parents about drugs?

- Yes     No

33. How much do you talk with your parents about drugs?

- A lot     Some     Not much     Not at all

34. Have you ever taken any other kind of drug to get high that we have not asked about?

- Yes     No

35. Are you . . .

- White     Spanish American  
 Black or African-American     Asian  
 American Indian     Puerto Rican  
 Mexican American     Other

36. 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

37. When I answered the questions about the other 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

38. Which of the statements below best describes you? (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.



	A lot	Some	Not much	Not at all
39. I like school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. My teachers like me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I like my teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. School is fun.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very Good	Good	Not Too Good	Poor
43. Do you get good grades?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. What kind of a student are you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	A lot	Some	Not much	Not at all
45. Does your family care about you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. How much do you care about your family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Does your family care what you do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Are you close to your family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. How much does your family care if you . . .				
	A lot	Some	Not much	Not at all
drink alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sniff something like glue or gasoline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use drugs other than marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. How much would your family try to stop you from . . .

	A lot	Some	Not much	Not at all
using marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sniffing something like glue or gasoline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
drinking a beer	<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"/>
smoking cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	A lot of harm	Some harm	Not much harm	No harm	I don't know
use alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
get drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sniff glue, gas, or anything like that to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use any other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- D.A.R.E.
- 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 have you learned about the harm 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"/>
Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers or school counselors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TV, radio, newspapers and 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"/>



54. 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"/>

55. In the last year, have you . . .

	Yes	No
Been beaten up by someone about your age	<input type="radio"/>	<input type="radio"/>
Had something stolen from you	<input type="radio"/>	<input type="radio"/>
Been hurt with a club, knife or gun	<input type="radio"/>	<input type="radio"/>
Been pushed around by other kids	<input type="radio"/>	<input type="radio"/>