

17. 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"/>

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

Yes No

19. How have you used marijuana? (Mark all that are right.)

I have not used it Used a "bong" or other equipment
 Smoked it Used sinsemilla
 Eaten it Used hashish (hash)
 Smoked "blunts"

20. How old were you the first time you tried marijuana?

Never used

7 or younger 8 9 10 11 12 13 14 15 16 17 18 19 or older

21. How often in the last 12 months have you used marijuana?

None 1-2 times 3-9 times 10-19 times 20-49 times 50 or more times

22. How often in the last month have you used marijuana?

None 1-2 times 3-9 times 10-19 times 20 or more times Several times every day

23. In using marijuana are you a . . .

Non user Very light user Light user Moderate user Heavy user Very heavy user

24. Have you ever "sniffed" (or "huffed") glue, gas, sprays, or anything like that to get high? (Do NOT include cocaine.)

Yes No

25. How old were you the first time you "sniffed" (or "huffed") glue, gas, sprays, or anything like that to get high? (Do NOT include cocaine.)

Never used

7 or younger 8 9 10 11 12 13 14 15 16 17 18 19 or older

26. Have you ever been given any of the following drugs by a doctor for medicine?

	Yes	No
Tranquilizers (Valium, Librium, Xanax, etc.)	<input type="radio"/>	<input type="radio"/>
Sedatives (barbiturates, Phenobarbital, Seconal, etc.)	<input type="radio"/>	<input type="radio"/>
Ritalin, Adderall, other ADD/ADHD medication	<input type="radio"/>	<input type="radio"/>
Narcotic painkillers like Codeine, OxyContin, Vicodin, Percocet, etc.	<input type="radio"/>	<input type="radio"/>

27. Have you used any of the following drugs to get high or taken extra doses just to get high?

	Yes	No
Tranquilizers (Valium, Librium, Xanax, etc.)	<input type="radio"/>	<input type="radio"/>
Sedatives (barbiturates, Phenobarbital, Seconal, reds, yellows, etc.)	<input type="radio"/>	<input type="radio"/>
Ritalin or Adderall, etc.	<input type="radio"/>	<input type="radio"/>
Narcotic painkillers like Codeine, OxyContin, Vicodin, Percocet, etc.	<input type="radio"/>	<input type="radio"/>

28. Have you used any of the following drugs just to get high or taken an extra dose just to get high during the last 12 months?

	No	1-2 times	3-9 times	10-19 times	20-49 times	50 or more times
Tranquilizers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sedatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ritalin or Adderall, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Narcotic painkillers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. Have you used any of the following drugs just to get high or taken an extra dose just to get high during the last month?

	No	1-2 times	3-9 times	10-19 times	20 or more times
Tranquilizers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sedatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ritalin or Adderall, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Narcotic painkillers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Have you ever used steroids to try to increase your strength or improve how your body looks?

Yes No

31. During the last 12 months, how many times have you used steroids to increase your strength or improve how your body looks?

None 1-2 times 3-9 times 10-19 times 20-49 times 50 or more times

32. Have you ever tried any of the following drugs?

	Yes	No
Amphetamines (stimulants, speed, etc.)	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>
Crack (rock, smoke cocaine)	<input type="radio"/>	<input type="radio"/>
"Sniff" something like glue, gasoline, etc.	<input type="radio"/>	<input type="radio"/>
LSD (acid)	<input type="radio"/>	<input type="radio"/>
Other hallucinogen (mescaline, peyote, mushrooms or "shrooms", etc.)	<input type="radio"/>	<input type="radio"/>
PCP	<input type="radio"/>	<input type="radio"/>
Ketamine ("Special K")	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>
Adrenochromes (spinners, Bovays)	<input type="radio"/>	<input type="radio"/>
Methamphetamines (Crystal meth, ice, crank)	<input type="radio"/>	<input type="radio"/>
Ecstasy ("XTC," MDMA)	<input type="radio"/>	<input type="radio"/>
GHB or GBH	<input type="radio"/>	<input type="radio"/>
Rohypnol (Roofies, ruffies, etc.)	<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 6 columns: Very Easy, Fairly Easy, Hard, Very Hard, Probably Impossible. Rows list various drugs like Alcohol, Marijuana, Stimulants, Cocaine, LSD, etc.

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

Table with 4 columns: A lot, Some, Not much, Not at all. Rows list drug use scenarios like Using marijuana, Cocaine, Meth, etc.

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

Table with 4 columns: A lot, Some, Not much, Not at all. Rows list drug use scenarios like Using marijuana, Cocaine, Meth, etc.

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 list drug use scenarios like Use marijuana, Cocaine, Meth, etc.

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

Table with 4 columns: Very Often, Some, Not Very Often, Not at all. Rows list drug types like Marijuana, Cocaine, Meth, etc.

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

Table with 2 columns: Yes, No. Rows: 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 5 columns: No, 1-2 times, 3-9 times, 10 or more times. Rows list various problems like Get a traffic ticket, Have a car crash, Get arrested, etc.

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 list drug use frequency like Use marijuana 1-2 times, Cocaine regularly, etc.

52. Are you... (mark one or more)

- Hispanic, Spanish or Latino origin
White
Black or African American
Asian or Asian American
American Indian or Alaska Native
Native Hawaiian or Pacific Islander
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.

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
fight with each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
physically	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
argue with each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	A lot	Some	Not much	Not at all
skipped school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
got a bad grade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
did not do your homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
quit school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 have your parents 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
- 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. How much trouble would a student at your school get into for . . .

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

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

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

54. 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The school rules are fairly enforced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The classrooms and hallways are kept under control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kids being disruptive keep me from learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kids threatening other kids make it hard to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

55. 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

56. Have you ever had a class that taught you about the risks of alcohol and other drugs?

- Yes
- No

57. If you ever did take classes that taught you about the risks of alcohol and other drugs, did they...

	A lot	Some	Not much	Not at all
change the way you think or feel about alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
change whether you expect to use alcohol in the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
make it easier for you to avoid drinking alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
change the way you think or feel about cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
change whether you expect to use cigarettes in the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
make it easier for you to avoid smoking cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
change the way you think or feel about marijuana or other drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
change whether you expect to use marijuana or other drugs in the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
make it easier for you to avoid using marijuana or other drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

