



**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?**

	Very Easy	Fairly Easy	Hard	Very Hard	Probably Impossible
Alcohol	<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"/>
Stimulants, speed	<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"/>
"Sniff" glue or gas, 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 hallucinogen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meth	<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"/>
Narcotic painkillers	<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"/>

**45. How much would your friends 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"/>
Using cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Sniffing" glue or gas, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using meth, speed, crank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using narcotic painkillers	<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"/>

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

	A lot	Some	Not much	Not at all
Using marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Sniffing" glue or gas, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using meth, speed, crank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using narcotic painkillers	<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"/>

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

	None	A few	Most of them	All of them
Use marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Sniff" glue or gas, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use meth, speed, crank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use narcotic painkillers	<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"/>
Smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very Often	Some	Not Very Often	Not at all
Marijuana	<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"/>
"Sniff" glue or gas, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meth, speed, crank	<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"/>
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Used alcohol and marijuana together	Yes <input type="radio"/>	No <input type="radio"/>
Used alcohol and another drug together	Yes <input type="radio"/>	No <input type="radio"/>

**50. Has your use of marijuana or other drugs ever caused you to have 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"/>
Have a "bad trip"?	<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"/>

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

	No harm	Very little harm	Some harm	A lot of harm	I don't know
Use marijuana 1-2 times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use cocaine 1-2 times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use cocaine regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Sniff" inhalants 1-2 times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Sniff" inhalants regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use meth 1-2 times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use meth regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use tobacco occasionally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use tobacco regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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.

