

THE AMERICAN DRUG AND ALCOHOL SURVEY™

Core Measures Short Form

DO NOT PUT YOUR NAME ON THIS SURVEY

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.



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. 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"/>
Got drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. 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
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamines (stimulants, speed, etc.)	<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" 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 hallucinogen (mescaline, peyote, mushrooms or "shrooms", etc.)	<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"/>
Adrenochromes ("Bovays")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamines (meth, Crystal meth, ice, crank, etc.)	<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"/>
Narcotic painkillers like OxyContin, Vicodin, Percocet, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. How old were you the first time you...

...drank more than one or two sips of an alcoholic beverage?

I never drank any alcohol

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

...got drunk?

I never have been drunk

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

...smoked part or all of a cigarette?

I never have smoked

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

...used marijuana?

I never have used marijuana

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

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

	No harm	Very little harm	Some harm	A lot of harm	I don't know
Use alcohol 1 or 2 times	<input type="radio"/>	<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"/>	<input type="radio"/>
Get drunk 1 or 2 times	<input type="radio"/>	<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"/>	<input type="radio"/>
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"/>

8. How easy do you think it would be for you to get each of the following things 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"/>
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"/>

CONTINUE ON BACK PLEASE →



9. 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 (OxyContin, Vicodin, Percocet, etc.)	<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"/>
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"/>

10. 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 (OxyContin, Vicodin, Percocet, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink alcohol	<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"/>

11. How much would your parents try to stop you from...

	A lot	Some	Not much	Not at all
Smoking cigarettes	<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"/>
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"/>

12. 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"/>
Drinking alcohol	<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"/>

13. How much would your parents care if you...

	A lot	Some	Not much	Not at all
Used tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drank some alcohol	<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 marijuana	<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 other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. 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

THANK YOU FOR COMPLETING THIS SURVEY