

## **Appendix A**

### **THE 2003 HAWAII STUDENT ALCOHOL, TOBACCO, AND OTHER DRUG USE SURVEY**

**(Ka Leo O Nā Keiki)**

NOTE: The survey has been formatted to fit the pages of the appendix, and, thus, the font is smaller than the actual survey. Additionally, the actual survey has blue and white lines to facilitate reading of the text and to prevent students from accidentally answering the wrong questions. Each survey also had a scannable identification code on each page so that surveys could be matched to each school.



**PART A:** These questions ask for some general information about you. Please mark the response that best describes you. Remember all your answers are a secret.

1. What are the first three numbers of your home telephone number? Do not count your area code (808). Do not use a cell phone number. For instance, if your phone number was (808) 956-8911, you would bubble in a 9 in the first column, a 5 in the second column, and a 6 in the last column.

**EXAMPLE**

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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
①	①	①
②	②	②
③	③	③
④	④	④
⑤	⑤	⑤
⑥	⑥	⑥
⑦	⑦	⑦
⑧	⑧	⑧
⑨	⑨	⑨

First three numbers of your telephone number?

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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
①	①	①
②	②	②
③	③	③
④	④	④
⑤	⑤	⑤
⑥	⑥	⑥
⑦	⑦	⑦
⑧	⑧	⑧

2. How OLD are you today?

<input type="radio"/> 10	<input type="radio"/> 15
<input type="radio"/> 11	<input type="radio"/> 16
<input type="radio"/> 12	<input type="radio"/> 17
<input type="radio"/> 13	<input type="radio"/> 18
<input type="radio"/> 14	<input type="radio"/> 19 or older

3. What GRADE are you in?

- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th

4. Are you ...?  Male  Female

5. Which ethnic group listed below describes you BEST? If you belong to several ethnic groups, try to choose the one answer that describes you the best.

- Japanese
- White
- Filipino
- Native Hawaiian
- Chinese
- Korean
- Indo-Chinese
- Vietnamese
- Samoan
- Portuguese
- Black or African-American
- Hispanic/Latino/Spanish
- American Indian or Alaska Native
- Other Asian
- Other Pacific Islander

**PART B:** This section asks about your experiences at school.

6. Putting them all together, what were your grades like last year?

<input type="radio"/> Mostly F's	<input type="radio"/> Mostly D's	<input type="radio"/> Mostly C's	<input type="radio"/> Mostly B's	<input type="radio"/> Mostly A's
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7. Thinking back over the past year in school, how often did you...

	Never	Seldom	Sometimes	Often	Almost Always
(a) feel that the school work you were assigned was meaningful and important?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) enjoy being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) hate being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) try to do your best work in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. How interesting are most of your classes to you?

<input type="radio"/> Very interesting	<input type="radio"/> Quite interesting	<input type="radio"/> Fairly interesting	<input type="radio"/> Slightly dull	<input type="radio"/> Very dull
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9. How important do you think the things you are learning in school are going to be for you later in life?

<input type="radio"/> Very Important	<input type="radio"/> Quite important	<input type="radio"/> Fairly important	<input type="radio"/> Slightly important	<input type="radio"/> Not at all important
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Appendix A

**10. Mark the word that best describes how you feel about each sentence below.**

	NO!	no	yes	YES!
(a) My teachers praise me when I work hard in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) The school lets my parents know when I have done something well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) My teacher(s) notice when I am doing a good job and lets me know about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) In my school, students have a lot of chances to help decide things like class activities and rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) There are a lot of chances for students in my school to talk with a teacher one-on-one	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Teachers ask me to work on special classroom projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) There are a lot of chances for students in my school to get involved in sports, clubs, and other school activities outside of class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) I have a lot of chances to be part of class discussions or activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) My school grades are better than the grades of most students in my class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**11. How likely is it that you will do each of the following?**

	Definitely Won't	Probably Won't	Probably Will	Definitely Will
(a) Graduate from high school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Go to college	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Graduate from a four-year college	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Serve in the Military	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PART C: These questions ask about your feelings and experiences in other parts of your life.**

**12. In the past year or 12 months, how many of your best friends have:**

	None	1 friend	2 friends	3 friends	4 friends
(a) been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) stolen or tried to steal a motor vehicle (such as a car or moped)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) dropped out of school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) tried beer, wine or hard liquor when their parents didn't know about it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) used marijuana (hash, pot, weed, pakalolo)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(j) used LSD, cocaine, methamphetamine, or other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**13. In the past year or 12 months, how many times have you:**

	NEVER	1 or 2 times	3 to 5 times	6 to 9 times	10 to 19 times	20 to 29 times	30+ times
(a) been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) stolen or tried to steal a motor vehicle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) attacked someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) been drunk or high at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) taken a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**14. How wrong do your best friends feel it would be for you to:**

	Very wrong	Wrong	A little bit wrong	Not at all wrong
(a) take a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) steal anything worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) attack someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) stay away from school all day when your parents think you are at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) drink alcohol regularly (once or twice a month)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) smoke marijuana (sometimes called pot, pakalolo, weed, grass, or hash)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) use LSD, cocaine, methamphetamine, or other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**15. How wrong do you think it is for someone your age to:**

	Very wrong	Wrong	A little bit wrong	Not at all wrong
(a) take a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) steal anything worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) attack someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) stay away from school all day when your parents think you are at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) drink alcohol regularly (once or twice a month)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) smoke marijuana (sometimes called pot, pakalolo, weed, grass, or hash)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) use LSD, cocaine, methamphetamine, or other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**16. Mark the word that best describes how you feel about each sentence below.**

	NO!	no	yes	YES!
(a) Sometimes I think that life is not worth living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) I think it is okay to take something without asking if you can get away with it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) I ignore rules that get in my way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) I think sometimes it's okay to cheat at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) It is okay to beat up people if they start the fight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) I like to see how much I can get away with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) I do the opposite of what people tell me, just to get them mad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**17. How many times have you:**

	Never	I've done it, but not in the past year	A few times this year	About once a month	2 or 3 times a month	Once a week or more
(a) done crazy things even if they were dangerous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) done something dangerous because someone dared you to do it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) done what feels good no matter what the consequences?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**18. How OLD were you when you FIRST:**

	Never Have	9 or Younger	10	11	12	13	14	15	16	17 or Older
(a) got suspended or expelled from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) got arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) attacked someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix A

**PART D: The next section asks about your experience with tobacco, alcohol, and other drugs. Remember, your answers are a secret.**

10. How OLD were you when you FIRST:	Never	9 or	10	11	12	13	14	15	16	17 or
	Have	Younger								Older
(a) smoked your first cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) tried snuff or chewing tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) tried alcohol (beer or wine – more than just a few sips, or hard liquor)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) drank enough to get drunk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) drank alcohol regularly (at least once or twice a month)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) tried marijuana (hash, pot, weed, pakalolo)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) tried inhalants (sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays) in order to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) tried hallucinogens (LSD/PCP, mushrooms, acid)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) tried cocaine (coke, blow, crack, freebase)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(j) tried methamphetamine (crystal meth., batu, speed, ice, crank)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(k) tried heroin or other opiates?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(l) tried tranquilizers (Valium) or sedatives (downers/reds, Quaaludes) without a doctor telling you to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(m) tried steroids for body-building or improved athletic performance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(n) tried MDMA (ecstasy, E XTC, X, rolls)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(o) tried GHB (G, liquid ecstasy, Georgia home boy)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(p) tried Rohypnol (roofies, rophies, forget-me pills)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(q) tried ketamine (special K, K, cat valiums, vitamin K)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. During the last 30 days , HOW MANY DAYS (if any) have you used:	None	1-2	3-5	6-9	10-19	20 or more
(a) cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) snuff or chewing tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) alcohol (beer, wine, or hard liquor)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) marijuana (hash, pot, weed, pakalolo)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) inhalants (sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays) in order to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) hallucinogens (LSD/PCP, shrooms, acid)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) cocaine (coke, blow, crack, freebase)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) methamphetamine (crystal meth., batu, speed, ice, crank)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) heroin, methadone, other opiates?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(j) tranquilizers (Valium) or sedatives (downers/reds, Quaaludes)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(k) steroids for body-building or improved athletic performance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(l) MDMA (ecstasy, E, XTC, X, rolls)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(m) GHB (G, liquid ecstasy, Georgia home boy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(n) Rohypnol (roofies, rophies, forget-me pills)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(o) ketamine (special K, K, cat valiums, vitamin K)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Have you ever been offered CIGARETTES OR OTHER TOBACCO PRODUCTS:
- |                             | No                    | Yes, and I've Accepted | Yes, and I've Always Refused |
|-----------------------------|-----------------------|------------------------|------------------------------|
| (a) by your parents?        | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/>        |
| (b) by a brother or sister? | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/>        |
| (c) by other relatives?     | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/>        |
| (d) by friends?             | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/>        |
| (e) by strangers?           | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/>        |

22. Have you ever been offered ALCOHOL:
- |                             | No                    | Yes, and I've Accepted | Yes, and I've Always Refused |
|-----------------------------|-----------------------|------------------------|------------------------------|
| (a) by your parents?        | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/>        |
| (b) by a brother or sister? | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/>        |
| (c) by other relatives?     | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/>        |
| (d) by friends?             | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/>        |
| (e) by strangers?           | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/>        |

23. Have you ever been offered DRUGS OTHER THAN TOBACCO PRODUCTS OR ALCOHOL:
- |                             | No                    | Yes, and I've Accepted | Yes, and I've Always Refused |
|-----------------------------|-----------------------|------------------------|------------------------------|
| (a) by your parents?        | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/>        |
| (b) by a brother or sister? | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/>        |
| (c) by other relatives?     | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/>        |
| (d) by friends?             | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/>        |
| (e) by strangers?           | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/>        |

24. Did you ever buy ALCOHOL from:
- |                             | No                    | Yes                   |
|-----------------------------|-----------------------|-----------------------|
| (a) an employee at a store? | <input type="radio"/> | <input type="radio"/> |
| (b) a bar?                  | <input type="radio"/> | <input type="radio"/> |
| (c) a restaurant?           | <input type="radio"/> | <input type="radio"/> |

24. Did you ever buy CIGARETTES OR OTHER TOBACCO PRODUCTS from:
- |                             | No                    | Yes                   |
|-----------------------------|-----------------------|-----------------------|
| (a) a vending machine?      | <input type="radio"/> | <input type="radio"/> |
| (b) an employee at a store? | <input type="radio"/> | <input type="radio"/> |
| (c) a bar?                  | <input type="radio"/> | <input type="radio"/> |
| (d) a restaurant?           | <input type="radio"/> | <input type="radio"/> |

25. If you wanted some, HOW EASY would it be FOR YOU to get:
- |   | Very Easy             | Fairly Easy           | Fairly Difficult      | Very Difficult        |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| (a) cigarettes?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (b) alcohol (beer, wine, or hard liquor)?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (c) marijuana (hash, pakalolo, pot, weed)?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (d) cocaine (crack, coke, blow, freebase)?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (e) methamphetamine (crystal meth., speed, ice, batu, crank)?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (f) hallucinogens (LSD/PCP, shrooms, acid)?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (g) ecstasy or other "club drugs" (E, XTC, G, GHB, liquid ecstasy, Rohypnol, roofies, ketamine, special K)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (h) handguns?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

27. How much do you think PEOPLE HARM OR HURT THEMSELVES if they:
- |   | No Harm               | Some Harm             | A Lot of Harm         | I Don't Know          |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| (a) smoke one or more packs of cigarettes per day?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (b) have five or more drinks of alcohol once or twice each weekend?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (c) use marijuana (hash, pakalolo, pot, weed) occasionally?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (d) use inhalants (glue, paint, sprays) to get high occasionally?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (e) use cocaine (crack, coke, blow, freebase) occasionally?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (f) use methamphetamine (crystal meth., speed, ice, batu, crank) occasionally?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (g) use hallucinogens (LSD/PCP, shrooms, acid) occasionally?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (h) use ecstasy or other "club drugs" (E, XTC, GHB, liquid ecstasy, liquid X, rohypnol, roofies, ketamine, special K) occasionally? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Appendix A

28. During the LAST 12 MONTHS, how often have you been around the following people WHEN THEY WERE USING CIGARETTES OR OTHER TOBACCO PRODUCTS?

	Not at all	A few times a <u>year</u>	Once or twice a <u>month</u>	At least once a <u>week</u>	Almost every <u>day</u>
(a) Parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Brothers or sisters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Other relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Your closest friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Other people in your neighborhood or school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. During the LAST 12 MONTHS, how often have you been around the following people WHEN THEY WERE USING ALCOHOL (even a small amount)?

	Not at all	A few times a <u>year</u>	Once or twice a <u>month</u>	At least once a <u>week</u>	Almost every <u>day</u>
(a) Parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Brothers or sisters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Other relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Your closest friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Other people in your neighborhood or school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. During the LAST 12 MONTHS, how often have you been around the following people WHEN THEY WERE USING DRUGS OTHER THAN TOBACCO OR ALCOHOL?

	Not at all	A few times a <u>year</u>	Once or twice a <u>month</u>	At least once a <u>week</u>	Almost every <u>day</u>
(a) Parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Brothers or sisters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Other relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Your closest friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Other people in your neighborhood or school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. How do you think YOUR CLOSE FRIENDS feel (or would feel) about your:

	Would Think It Was Cool	Would Not Care	Would Disapprove	Would Strongly Disapprove
(a) smoking one or more packs of cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) having five or more alcoholic drinks once or twice every weekend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) smoking marijuana (hash, pakalolo, pot, weed) occasionally?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) using cocaine (powder, crack, coke, freebase) once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) using methamphetamine (crystal meth., speed, ice, batu, crank) once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) trying inhalants (glue, paint, sprays) to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) using ecstasy occasionally?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) using other illegal drugs (heroin, sedatives, hallucinogens, steroids)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PART E: These questions ask about the neighborhood and community where you live.**

**32. Are any of the following activities available in your community for people your age?**

	NO	YES	I Don't Know
(a) Organized sports outside of school (e.g., soccer, paddling, baseball, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Individual sporting facilities (e.g., rollerblading/skateboarding parks, batting cages)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Boy Scouts or Girl Scouts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Boys and girls clubs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) 4-H clubs or other organized agricultural, ranch, or farm-type clubs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Music, dance, or other performance arts groups (e.g., hula, theater groups)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**33. Since kindergarten, how many times have you:**

	Never	1 to 2 times	3 or 4 times	5 or 6 times	7 or more times
(a) moved to a new house or apartment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) changed schools?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**34. Mark the word that best describes how you feel about each sentence below. If you don't know an answer, make your best guess.**

	NO!	no	yes	YES!
(a) If I had to move, I would miss the neighborhood where I now live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) There is crime and/or drug selling in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) There are fights in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) There are a lot of empty or abandoned buildings in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) There is a lot of graffiti (such as spray painting on walls without permission) in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) My neighbors notice when I am doing a good job and let me know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) There are people in my neighborhood who encourage me to do my best	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) There are people in my neighborhood who are proud of me when I do something well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) Adults in my neighborhood would think it was wrong for kids my age to use marijuana (sometimes called pot, pakalolo, weed, grass, hash)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(j) Adults in my neighborhood would think it was wrong for kids my age to drink alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(k) Adults in my neighborhood would think it was wrong for kids my age to smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(l) If a kid drank alcohol in my neighborhood, he or she would be caught by the police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(m) If a kid smoked marijuana in my neighborhood, he or she would be caught by the police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(n) If a kid carried a handgun in my neighborhood, he or she would be caught by the police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**35. About how many adults (18 and older) have you known personally who in the past year have:**

	None	1 adult	2 adults	3 or 4 adults	5 or more adults
(a) used marijuana, crack, cocaine, or other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) sold or dealt drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) done other things that could get them in trouble with the police like stealing, selling stolen goods, beating up others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) gotten drunk or high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix A

**PART F: This set of questions asks about your family.**

**You are almost done  
with the survey!!**

- 36. How wrong do your parents feel it would be for you to:**
- |  | Very<br>wrong         | Wrong                 | A little bit<br>wrong | Not at all<br>wrong   |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| (a) drink alcohol regularly (at least once or twice a month)?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (b) smoke cigarettes?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (c) smoke marijuana (sometimes called pot, pakalolo, weed, grass, or hash)?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (d) steal anything worth more than \$5?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (e) draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (f) pick a fight with someone?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- 37. Would you be in trouble if your parents caught you:**
- |   | No,<br>not really     | Yes,<br>a little      | Yes,<br>a lot         |
|---|-----------------------|-----------------------|-----------------------|
| (a) smoking cigarettes?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (b) drinking alcohol?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (c) smoking marijuana (sometimes called pot, pakalolo, weed, grass, or hash)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (d) using other illegal drugs?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (e) skipping school?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (f) carrying a handgun to school or other public places?                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- 38. Mark the word that best describes how you feel about each sentence below.**
- |   | NO!                   | no                    | yes                   | YES!                  |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| (a) My parents ask me if I've gotten my homework done                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (b) When I am not at home, one of my parents knows where I am and who I am with | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (c) My parents would know if I didn't come home on time                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (d) My parents want me to call if I'm going to be late getting home             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (e) The rules in my family are clear  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (f) My family has clear rules about alcohol and drug use                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (g) I feel very close to my mother  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (h) I share my thoughts and feelings with my mother                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (i) I feel very close to my father  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (j) I share my thoughts and feelings with my father                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (k) I enjoy spending time with my mother  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (l) I enjoy spending time with my father  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (m) My parents give me a lot of chances to do fun things with them              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (n) My parents ask what I think when making decisions that affect me            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (o) If I had a personal problems, I could ask my mom or dad for help            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**39. How often do your parents tell you that you are doing a good job?**

- Never or almost never
- Sometimes
- Often
- All the time

**40. How often do your parents tell you they're proud of you for something you've done?**

- Never or almost never
- Sometimes
- Often
- All the time

**41. Have any of your brothers or sisters ever:**

- |  | I don't<br>know       | No                    | Yes                   | I don't have any<br>brothers or<br>sisters |
|--|-----------------------|-----------------------|-----------------------|--|
| (a) drank beer, wine, or hard liquor?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                      |
| (b) smoked marijuana (sometimes called pot, pakalolo, weed, grass, or hash)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                      |
| (c) smoked cigarettes?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                      |
| (d) taken a handgun to school?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                      |
| (e) been suspended or expelled from school?                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                      |

42. Have you ever used alcohol or drugs in the past 12 months?  
 Yes → Please go to question 43 and answer all of the questions in PART G.  
 No → If you have NOT used alcohol or drugs in the past 12 months, please skip questions 43-54.  
 Please answer question 55.

**PART G: These LAST questions ask you to think about your alcohol and drug use in the past 12 months. Follow the arrows when answering the questions.**

NO	If the situation has <u>NEVER OCCURRED FOR YOU</u> during the past 12 months.
YES, BUT ONLY ONCE	If the situation has <u>OCCURRED ONLY ONCE FOR YOU</u> in the past 12 months.
YES, SEVERAL TIMES	If the situation has <u>OCCURRED MORE THAN ONCE IN A SINGLE MONTH OR SEVERAL TIMES WITHIN THE LAST YEAR FOR YOU.</u>

		No	Yes, but only once	Yes, several times
<b>43. Have you ever found that you used more drugs or drank more and more without getting high or drunk?</b> <input type="radio"/> No <input type="radio"/> Yes	→ <b>43b. IF YES, did this occur with:</b> Alcohol Marijuana Stimulants (cocaine, ice, meth., speed) Depressants or Downers Hallucinogens Ecstasy or other "Club Drugs" (E, XTC, G, Rohypnol, ketamine, K)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
↓ <b>44. Have you ever spent a lot of time or energy to get drugs or alcohol?</b> <input type="radio"/> No <input type="radio"/> Yes	→ <b>44b. IF YES, did this occur with:</b> Alcohol Marijuana Stimulants Depressants or Downers Hallucinogens Ecstasy or other Club Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
↓ <b>45. Have you ever spent a lot of time or energy recovering from the effects of drugs or alcohol?</b> <input type="radio"/> No <input type="radio"/> Yes	→ <b>45b. IF YES, did this occur with:</b> Alcohol Marijuana Stimulants Depressants or Downers Hallucinogens Ecstasy or other Club Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
↓ <b>46. Have you been drunk or high on alcohol or drugs or suffered the after effects while at school or work, or while taking care of children?</b> <input type="radio"/> No <input type="radio"/> Yes	→ <b>46b. IF YES, did this occur with:</b> Alcohol Marijuana Stimulants Depressants or Downers Hallucinogens Ecstasy or other Club Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
↓ <b>47. Have you ever been drinking or using drugs when involved in activities that could have increased your chances of getting hurt — for instance, using a knife, climbing, swimming, or driving a vehicle?</b> <input type="radio"/> No <input type="radio"/> Yes	→ <b>47b. IF YES, did this occur with:</b> Alcohol Marijuana Stimulants Depressants or Downers Hallucinogens Ecstasy or other Club Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix A

		No	Yes, but only once	Yes, several times	
<b>48. Have you ever found that your use of alcohol or drugs caused problems for you at school, home, work, or with friends – for instance, caused you to get lower grades, fight with parents/friends, get in trouble at work, have problems concentrating, or caused you physical problems?</b> <input type="radio"/> No <input type="radio"/> Yes	→	<b>48b. IF YES, did this occur with:</b>			
		Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Stimulants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Depressants or Downers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Hallucinogens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Ecstasy or other Club Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>49. Did you ever drink more or use more drugs than you thought you would?</b> <input type="radio"/> No <input type="radio"/> Yes	→	<b>49b. IF YES, did this occur with:</b>			
		Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Stimulants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Depressants or Downers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Hallucinogens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Ecstasy or other Club Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>50. Has your drinking or using drugs ever caused you to give up things you liked — for instance, sports, work, or spending time with friends and relatives?</b> <input type="radio"/> No <input type="radio"/> Yes	→	<b>50b. IF YES, did this occur with:</b>			
		Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Stimulants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Depressants or Downers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Hallucinogens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Ecstasy or other Club Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>51. When you stopped drinking or using drugs did you ever “shake,” tremble, have trouble sleeping, feel anxious or depressed, or sweat?</b> <input type="radio"/> No <input type="radio"/> Yes	→	<b>51b. IF YES, did this occur with:</b>			
		Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Stimulants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Depressants or Downers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Hallucinogens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Ecstasy or other Club Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>52. Have you ever taken a drink or used drugs to get rid of a sick or uncomfortable feeling you got after stopping?</b> <input type="radio"/> No <input type="radio"/> Yes	→	<b>52b. IF YES, did this occur with:</b>			
		Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Stimulants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Depressants or Downers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Hallucinogens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Ecstasy or other Club Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>53. Did you ever want or try to give up drinking or using drugs but couldn't quit?</b> <input type="radio"/> No <input type="radio"/> Yes	→	<b>53b. IF YES, did this occur with:</b>			
		Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Stimulants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Depressants or Downers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Hallucinogens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Ecstasy or other Club Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>54. In the past 12 months, have you EVER:</b>		No	Yes	Doesn't Apply To Me	
	(a) received help for alcohol or other drug use from a school program or at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	(b) received help for alcohol or other drug use from some place other than school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	(c) thought you should get help for your alcohol or drug use, but didn't?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>55. How honestly did you answer the questions on this survey?</b> <input type="radio"/> I was very honest <input type="radio"/> I was honest most of the time <input type="radio"/> I was honest only once in a while <input type="radio"/> I was not honest					

<b>THANK YOU FOR          COMPLETING THE          SURVEY!!!</b>
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