

## Directions

Thank you for taking the time to complete this survey. All your responses are anonymous and all reporting will be done in way that does not identify any individual.

The questions are set to require an answer and you will not be able to move forward without a response. Some questions have a "Don't Know" choice which you should choose only if you do not believe you can answer the question. We hope you will answer all the questions as honestly as possible. By honestly answering the questions you are helping us better understand the needs of students.

To get started, please enter the survey number that was provided to you. No one but you knows this number. It is just a way to make sure that only those students who are supposed to complete the survey. You **cannot** be identified by the number.

\* 1. Please enter the survey number given to you

\* 2. What grade are you in?

- 6th Grade                       10th Grade  
 8th Grade                         12th Grade

\* 3. How old are you?

- 11                       14                       17  
 12                       15                       18 or older  
 13                       16

\* 4. What gender do you identify with?

- Male                       Other  
 Female

\* 5. Have you ever had alcohol to drink - more than a few sips?

- Yes  No

\* 6. Have you ever gotten drunk?

- Yes  No

\* 7. How old were you the first time you got drunk?

- |   |                          |                                   |
|---|--------------------------|-----------------------------------|
| <input type="radio"/> I've never been drunk | <input type="radio"/> 11 | <input type="radio"/> 16          |
| <input type="radio"/> 7 or younger          | <input type="radio"/> 12 | <input type="radio"/> 17          |
| <input type="radio"/> 8                     | <input type="radio"/> 13 | <input type="radio"/> 18 or older |
| <input type="radio"/> 9                     | <input type="radio"/> 14 |                                   |
| <input type="radio"/> 10                    | <input type="radio"/> 15 |                                   |

\* 8. In the past 12 months have you...

	None	1-2 times	3-9 times	10-19 times	20-49 times	50 or more times
Had alcohol to drink other than part of a religious practice	<input type="radio"/>					
Gotten drunk regardless of setting or situation	<input type="radio"/>					

\* 9. In the past 30 days how often have you...

	None	1-2 times	3-9 times	10-19 times	20-49 times	50 or more times
Had one or more drinks of alcohol	<input type="radio"/>					
Gotten drunk	<input type="radio"/>					

\* 10. How do you like to drink?

- |  |  |
|--|--|
| <input type="radio"/> I do not drink             | <input type="radio"/> Enough to feel it a lot  |
| <input type="radio"/> Just a glass or two        | <input type="radio"/> Until I get really drunk |
| <input type="radio"/> Enough to feel it a little |  |

\* 11. How much do you think people risk harming themselves (physically or in other ways) if they...

	No Risk	Slight Risk	Moderate Risk	Great Risk	Don't know
Use alcohol 1 or 2 times	<input type="radio"/>				
Use alcohol regularly	<input type="radio"/>				
Have 5 or more drinks of alcohol 1 or 2 times per week	<input type="radio"/>				
Get drunk 1 or 2 times	<input type="radio"/>				
Get drunk regularly	<input type="radio"/>				

\* 12. Has your drinking alcohol ever caused you 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"/>

\* 13. Has your drinking ever caused you any of these problems

	No	1-2 times	3-9 times	10 or more times
Damage a friendship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Passed out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Could not remember what happened while drinking?	<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"/>

\* 14. In the past 12 months where have you used alcohol?

	No	1-2 times	3-9 times	10 or more times
At weekend parties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At night with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At clubs and/or raves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before school events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At school events (dances, games, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On the way to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 15. In the past 12 months where have you used alcohol?

	No	1-2 times	3-9 times	10 or more times
During school hours at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During school hours away from school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Right after school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While driving around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At home (parents knew)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At home (parents did not know)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 16. How many of your friends...

	None	1 or 2	Some of them	Most of them	Don't know
Get drunk once in awhile	<input type="radio"/>				
Get drunk almost every weekend	<input type="radio"/>				

\* 17. How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage every day?

Not at all wrong
  A little bit wrong
  Wrong
  Very wrong
  Don't know

\* 18. Have you ever tried marijuana (weed, pot, hashish, wax, oil, dabs, synthetic marijuana, etc) ?

Yes  No

\* 19. How old were you the first time you tried marijuana?

Never used                       11                       16  
 7 or younger                       12                       17  
 8                       13                       18 or older  
 9                       14  
 10                       15

\* 20. In the past 12 months how often have you used any of the following...

	Not at all	1-2 times	3-9 times	10 or more times
Marijuana or hashish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana wax, oil or dab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synthetic marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any form of marijuana with a vaping device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 21. In the past 30 days how often have you used any of the following...

	Not at all	1-2 times	3-9 times	10 or more times
Marijuana or hashish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana wax, oil or dab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synthetic marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any form of marijuana with a vaping device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 22. Have you ever "huffed" or "sniffed" glue, gas, sprays, or anything like that to get high? (Do not include cocaine)

Yes  No

\* 23. How old were you the first time you "huffed" or "sniffed" glue, gas, sprays or anything like that to get high? (Do not include cocaine)

- |                                    |                          |                                   |
|------------------------------------|--------------------------|-----------------------------------|
| <input type="radio"/> Never used   | <input type="radio"/> 11 | <input type="radio"/> 16          |
| <input type="radio"/> 7 or younger | <input type="radio"/> 12 | <input type="radio"/> 17          |
| <input type="radio"/> 8            | <input type="radio"/> 13 | <input type="radio"/> 18 or older |
| <input type="radio"/> 9            | <input type="radio"/> 14 |                                   |
| <input type="radio"/> 10           | <input type="radio"/> 15 |                                   |

\* 24. Have you ever used steroids to try and increase your strength or improve how your body looks?

- Yes  No

\* 25. In the past 12 months how many times have you used steroids to increase your strength or how your body looks?

- |                                 |  |
|---------------------------------|--|
| <input type="radio"/> None      | <input type="radio"/> 10-19 times      |
| <input type="radio"/> 1-2 times | <input type="radio"/> 20-49 times      |
| <input type="radio"/> 3-9 times | <input type="radio"/> 50 or more times |

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

	Yes	No	Don't know
<b>Tranquilizers</b> (Xanax, Ambien, Valium, Librium, Klonopin, Ativan, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Sedatives</b> (barbiturates, Phenobarbital, seconal, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Ritalin, Adderal, Concerta, Vyvance, other ADD/ADHD medication</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Prescription narcotic painkillers</b> (Codeine, OxyCotin, Vicodin, Percocet, Fetanyl, Opium, Opana, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 27. Have you ever gotten Tranquilizers (Xanax, Ambien, Valium, Librium, Klonopin, Ativan, etc)without a prescription from a doctor?

	Yes	No
From a family member with permission	<input type="radio"/>	<input type="radio"/>
From a family member's prescription without permission	<input type="radio"/>	<input type="radio"/>
Given from a friend	<input type="radio"/>	<input type="radio"/>
Purchased from a friend	<input type="radio"/>	<input type="radio"/>
At a pill party	<input type="radio"/>	<input type="radio"/>
Given by someone other than a friend or family member	<input type="radio"/>	<input type="radio"/>
Purchased from a stranger or drug dealer	<input type="radio"/>	<input type="radio"/>

\* 28. Have you ever gotten Sedatives (barbiturates, Phenobarbital, seconal, etc)without a prescription from a doctor

	Yes	No
From a family member with permission	<input type="radio"/>	<input type="radio"/>
From a family member's prescription without permission	<input type="radio"/>	<input type="radio"/>
Given from a friend	<input type="radio"/>	<input type="radio"/>
Purchased from a friend	<input type="radio"/>	<input type="radio"/>
At a pill party	<input type="radio"/>	<input type="radio"/>
Given by someone other than a friend or family member	<input type="radio"/>	<input type="radio"/>
Purchased from a stranger or drug dealer	<input type="radio"/>	<input type="radio"/>

\* 29. Have you ever gotten Ritalin, Adderall, Concerta, Vyvanse, other ADD/ADHD medicationwithout a prescription from a doctor

	Yes	No
From a family member with permission	<input type="radio"/>	<input type="radio"/>
From a family member's prescription without permission	<input type="radio"/>	<input type="radio"/>
Given from a friend	<input type="radio"/>	<input type="radio"/>
Purchased from a friend	<input type="radio"/>	<input type="radio"/>
At a pill party	<input type="radio"/>	<input type="radio"/>
Given by someone other than a friend or family member	<input type="radio"/>	<input type="radio"/>
Purchased from a stranger or drug dealer	<input type="radio"/>	<input type="radio"/>

\* 30. Have you ever gotten Prescription narcotic painkillers like Codeine, OxyContin, Vicodin, Percocet, Fentanyl, Opium, Opana, etc without a prescription from a doctor

	Yes	No
From a family member with permission	<input type="radio"/>	<input type="radio"/>
From a family member's prescription without permission	<input type="radio"/>	<input type="radio"/>
Given from a friend	<input type="radio"/>	<input type="radio"/>
Purchased from a friend	<input type="radio"/>	<input type="radio"/>
At a pill party	<input type="radio"/>	<input type="radio"/>
Given by someone other than a friend or family member	<input type="radio"/>	<input type="radio"/>
Purchased from a stranger or drug dealer	<input type="radio"/>	<input type="radio"/>

\* 31. Have you ever used any of the following prescription drugs not prescribed to you?

	Yes	No
<b>Tranquilizers</b> (Valium, Librium, Xanax etc)	<input type="radio"/>	<input type="radio"/>
<b>Sedatives</b> (barbiturates, Phenobarbital, seconal, etc)	<input type="radio"/>	<input type="radio"/>
<b>Ritalin, Adderall, Concerta, Vyvanse, other ADD/ADHD medication</b>	<input type="radio"/>	<input type="radio"/>
<b>Prescription narcotic painkillers</b> like Codeine, OxyContin, Vicodin, Percocet, Pentanyl, Opium, Opana, etc	<input type="radio"/>	<input type="radio"/>
Other prescription drugs not prescribed to you	<input type="radio"/>	<input type="radio"/>

\* 32. Have you ever taken extra doses of any any of the following prescription drugs that were prescribed to you?

	Yes	No	Never been prescribed to me
<b>Tranquilizers</b> (Valium, Librium, Xanax etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Sedatives</b> (barbiturates, Phenobarbital, seconal, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Ritalin, Adderall, Concerta, Vyvanse, other ADD/ADHD medication</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Prescription narcotic painkillers</b> like Codeine, OxyContin, Vicodin, Percocet, Pentanyl, Opium, Opana, etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



\* 36. In the past 30 days have you taken extra doses of any of the following prescription drugs prescribed to you?

	No	1-2 times	3-9 times	10-19 times	20-49 times	50 or more times
Tranquilizers	<input type="radio"/>					
Sedatives	<input type="radio"/>					
Ritalin or Adderall, etc	<input type="radio"/>					
Prescription narcotic painkillers	<input type="radio"/>					
Other prescription drugs not prescribed to you	<input type="radio"/>					

\* 37. Have you ever tried any of the following drugs?

	Yes	No
Amphetamines (uppers, stimulants, speed, etc without a prescription from a doctor)	<input type="radio"/>	<input type="radio"/>
Cocaine or crack (rock, smoked cocaine)	<input type="radio"/>	<input type="radio"/>
"Huff" or "Sniff" something like glue, gasoline, etc	<input type="radio"/>	<input type="radio"/>
LSD (acid)	<input type="radio"/>	<input type="radio"/>
Other hallucinogens (mescaline, PCP, Adrenochromes, spinners, peyote, mushrooms, "shrooms", etc)	<input type="radio"/>	<input type="radio"/>
Ketamine ("Special K")	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>

\* 38. Have you ever tried any of the following drugs?

	Yes	No
Methamphetamines (crystal meth, ice, crank)	<input type="radio"/>	<input type="radio"/>
Ecstasy ("XTC", Molly, MDMA)	<input type="radio"/>	<input type="radio"/>
Synthetic marijuana (K2, spice)	<input type="radio"/>	<input type="radio"/>
Synthetic cathinones (bath salts, cloud nine, ivory wave)	<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"/>



\* 41. In the past 30 days have you used any of these drugs to get high?

	No	1-2 times	3-9 times	10-19 times	20-49 times	50 or more times
Amphetamines (uppers, stimulants, speed, etc without a prescription from a doctor)	<input type="radio"/>					
Cocaine or crack (rock, smoked cocaine)	<input type="radio"/>					
"Huff" or "Sniff" something like glue, gasoline, etc	<input type="radio"/>					
LSD (acid)	<input type="radio"/>					
Other hallucinogens (mescaline, PCP, Adrenochromes, spinners, peyote, mushrooms, "shrooms", etc)	<input type="radio"/>					
Ketamine ("Special K")	<input type="radio"/>					
Heroin	<input type="radio"/>					

\* 42. In the past 30 days have you used any of these drugs to get high?

	No	1-2 times	3-9 times	10-19 times	20-49 times	50 or more times
Methamphetamines (crystal meth, ice, crank)	<input type="radio"/>					
Ecstasy ("XTC", Molly, MDMA)	<input type="radio"/>					
Synthetic marijuana (K2, spice)	<input type="radio"/>					
Synthetic cathinones (bath salts, cloud nine, ivory wave)	<input type="radio"/>					
GHB or GBH	<input type="radio"/>					
Rohypnol (roofies, ruffies, etc)	<input type="radio"/>					

\* 43. Have you ever used...

	Yes	No
Cigarettes (all or part of a cigarette)	<input type="radio"/>	<input type="radio"/>
Smokeless tobacco (chewing, snuffs)	<input type="radio"/>	<input type="radio"/>
Electronic cigarette, e-cigarette, vape pen, e-cigars, etc	<input type="radio"/>	<input type="radio"/>

\* 44. How old were you the first time you smoked all or part of a cigarette?

- |                                       |                          |                                   |
|---------------------------------------|--------------------------|-----------------------------------|
| <input type="radio"/> I've never used | <input type="radio"/> 11 | <input type="radio"/> 16          |
| <input type="radio"/> 7 or younger    | <input type="radio"/> 12 | <input type="radio"/> 17          |
| <input type="radio"/> 8               | <input type="radio"/> 13 | <input type="radio"/> 18 or older |
| <input type="radio"/> 9               | <input type="radio"/> 14 |                                   |
| <input type="radio"/> 10              | <input type="radio"/> 15 |                                   |

\* 45. In the past 30 days have you...

	Yes	No
Smoked cigarettes (all or part of a cigarette)	<input type="radio"/>	<input type="radio"/>
Used smokeless tobacco (chewing, snuffs, etc)	<input type="radio"/>	<input type="radio"/>
Used an electronic cigarette, e-cigarette, vape pen, e-cigar, etc	<input type="radio"/>	<input type="radio"/>

\* 46. How frequently have you smoked cigarettes in the past 30 days?

- |   |   |
|---|---|
| <input type="radio"/> Not at all                      | <input type="radio"/> About half a pack a day |
| <input type="radio"/> Less than one cigarette per day | <input type="radio"/> A pack or more a day    |
| <input type="radio"/> 1-5 cigarettes per day          |   |

\* 47. During the past 30 days, about how many days have you used smokeless tobacco (chewing tobacco, snuff, etc) ?

- |                                  |                                   |
|----------------------------------|-----------------------------------|
| <input type="radio"/> Not at all | <input type="radio"/> 20-29 days  |
| <input type="radio"/> 1-9 days   | <input type="radio"/> All 30 days |
| <input type="radio"/> 10-19 days |                                   |

\* 48. During the past 30 days, about how many days have you used electronic cigarettes, e-cigarettes, vape pen, e-cigars, etc?

- |                                  |                                   |
|----------------------------------|-----------------------------------|
| <input type="radio"/> Not at all | <input type="radio"/> 20-29 days  |
| <input type="radio"/> 1-9 days   | <input type="radio"/> All 30 days |
| <input type="radio"/> 10-19 days |                                   |

\* 49. Have you ever...

	Yes	No
Gotten drunk alone?	<input type="radio"/>	<input type="radio"/>
Used marijuana when alone?	<input type="radio"/>	<input type="radio"/>
Used another drug when alone?	<input type="radio"/>	<input type="radio"/>
Used alcohol and marijuana together?	<input type="radio"/>	<input type="radio"/>
Used alcohol and another drug together?	<input type="radio"/>	<input type="radio"/>
Used a needle to take steroids?	<input type="radio"/>	<input type="radio"/>
Used a needle to take any drug to get high?	<input type="radio"/>	<input type="radio"/>
Shared a needle?	<input type="radio"/>	<input type="radio"/>

\* 50. How wrong do your parents feel it would be if you...

	Very wrong	Wrong	A little bit wrong	Not at all wrong	Don't know
Smoke tobacco	<input type="radio"/>				
Drink some alcohol	<input type="radio"/>				
Drink alcohol regularly	<input type="radio"/>				
Have 1 or 2 drinks of alcohol nearly every day	<input type="radio"/>				
Get drunk	<input type="radio"/>				
Smoke marijuana	<input type="radio"/>				
Use cocaine	<input type="radio"/>				
"Sniff" glue or gas, etc	<input type="radio"/>				
Use meth, speed, or crank	<input type="radio"/>				
Use heroin	<input type="radio"/>				

\* 51. How wrong do your parents feel it would be if you used the following prescription drugs not prescribed to you...

	Very wrong	Wrong	A little bit wrong	Not at all wrong	Don't know
Prescription narcotic painkillers	<input type="radio"/>				
Tranquilizers	<input type="radio"/>				
Sedatives	<input type="radio"/>				
Ritalin or Adderall	<input type="radio"/>				
Other prescription drugs not prescribed to you	<input type="radio"/>				

\* 52. How wrong do your friends feel it would be if you used the following prescription drugs not prescribed to you...

	Very wrong	Wrong	A little bit wrong	Not at all wrong	Don't know
Prescription narcotic painkillers	<input type="radio"/>				
Tranquilizers	<input type="radio"/>				
Sedatives	<input type="radio"/>				
Ritalin or Adderall	<input type="radio"/>				
Other prescription drugs not prescribed to you	<input type="radio"/>				

\* 53. How wrong do your friends feel it would be for you to...

	Very wrong	Wrong	A little bit wrong	Not at all wrong	Don't know
Smoke tobacco	<input type="radio"/>				
Drink some alcohol	<input type="radio"/>				
Have 1 or 2 drinks of alcohol nearly every day	<input type="radio"/>				
Get drunk	<input type="radio"/>				
Smoke marijuana	<input type="radio"/>				
Use cocaine	<input type="radio"/>				
"Sniff" glue or gas, etc	<input type="radio"/>				
Use meth, speed, or crank	<input type="radio"/>				
Use heroin	<input type="radio"/>				

\* 54. How easy do you think it would be for you to get each of the following drugs if you wanted some?

	Very easy	Fairly easy	Hard	Very hard	Probably impossible	Don't know
Alcohol	<input type="radio"/>					
Marijuana	<input type="radio"/>					
Stimulants, speed	<input type="radio"/>					
Cocaine	<input type="radio"/>					
"Huff" or "sniff" glue or gas, etc	<input type="radio"/>					
LSD ("acid")	<input type="radio"/>					
Other hallucinogen	<input type="radio"/>					

\* 55. How easy do you think it would be for you to get each of the following drugs if you wanted some?

	Very easy	Fairly easy	Hard	Very hard	Probably impossible	Don't know
Meth	<input type="radio"/>					
Heroin	<input type="radio"/>					
Prescription narcotic painkillers	<input type="radio"/>					
Cigarettes	<input type="radio"/>					
Synthetic marijuana	<input type="radio"/>					
E-cigarettes and vaping supplies	<input type="radio"/>					

\* 56. Has your use of marijuana ever caused you 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"/>

\* 57. Has your use of marijuana caused you to have any of the following

	No	1-2 times	3-9 times	10 or more times
Fight with your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Damage 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"/>

\* 58. How much do you think people risk harming themselves physically or in other ways if they ...

	No Risk	Slight Risk	Moderate Risk	Great Risk	Don't know
Smoke marijuana 1-2 times	<input type="radio"/>				
Smoke marijuana once or twice a week	<input type="radio"/>				
Smoke marijuana more than once or twice a week	<input type="radio"/>				
Use heroin 1-2 times	<input type="radio"/>				
Use heroin once or twice a week	<input type="radio"/>				
Use heroin more than once or twice a week	<input type="radio"/>				
Use cocaine 1-2 times	<input type="radio"/>				
Use cocaine once or twice a week	<input type="radio"/>				
Use cocaine more than once or twice a week	<input type="radio"/>				

\* 59. How much do you think people risk harming themselves physically or in other ways if they ...

	No Risk	Slight Risk	Moderate Risk	Great Risk	Don't know
"Huff" or "sniff" inhalants 1-2 times	<input type="radio"/>				
"Huff" or "sniff" inhalants once or twice a week	<input type="radio"/>				
"Huff" or "sniff" inhalants more than once or twice a week	<input type="radio"/>				
Use meth 1-2 times	<input type="radio"/>				
Use meth once or twice a week	<input type="radio"/>				
Use meth more than once or twice a week	<input type="radio"/>				
Smoke tobacco occasionally	<input type="radio"/>				
Smoke one or more packs of cigarettes a day	<input type="radio"/>				

\* 60. How much do you think people risk harming themselves physically or in other ways if they use...

	No Risk	Slight Risk	Moderate Risk	Great Risk	Don't know
Prescription narcotic painkillers	<input type="radio"/>				
Tranquilizers	<input type="radio"/>				
Sedatives	<input type="radio"/>				
Ritalin or Adderall	<input type="radio"/>				
Other prescription drugs not prescribed to you	<input type="radio"/>				

\* 61. For which of the following reasons have you been prescribed a painkiller? (Check all that apply)

<input type="checkbox"/> Never been prescribed a painkiller	<input type="checkbox"/> An injury related to sports
<input type="checkbox"/> Surgery	<input type="checkbox"/> An injury not related to sports
<input type="checkbox"/> Oral surgery (such as wisdom teeth)	<input type="checkbox"/> A chronic pain condition

\* 62. When a painkiller is prescribed to you, who is responsible for making sure it is used as directed?

I have never been prescribed a painkiller

I am responsible and have full access to the medication

I am responsible and I get the medication from a parent or other adult when needed

A parent or adult is responsible and keeps the medication

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

Hispanic, Spanish, or Latin origin

American Indian or Alaskan native

White

Native Hawaiian or Pacific Islander

Black or African American

Other

Asian or Asian American

NA

\* 64. When I answered the questions about alcohol

I was very honest  I said I used more than I really do  I said I used it less than I really do

\* 65. 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

\* 66. Which of the statements below best describes your drug use? (Do not count alcohol for this question)

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 will probably use them again