

Questions About Tobacco Use

A1. How many **CIGARETTES** have you smoked, even a puff, in:

- a. The **LAST 24 hours?** None 1-10 11-20 21-30 31-40 41 or more
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- b. The **LAST 7 days?** None 1-10 11-20 21-30 31-40 41 or more

A2. During the **PAST 30 DAYS**, on how many **days** did you smoke cigarettes?

- 0 days 3 to 5 days 10 to 19 days All 30 days
 1 or 2 days 6 to 9 days 20 to 29 days

A3. During the **PAST 30 DAYS**, on the days you smoked, how many cigarettes did you smoke **per day**?

- I did not smoke cigarettes during the past 30 days 6 to 10 cigarettes per day
 Less than 1 cigarette per day 11 to 20 cigarettes per day
 1 cigarette per day More than 20 cigarettes per day
 2 to 5 cigarettes per day

A4. How many times did you use **CHEWING TOBACCO** or snuff in:

- a. The **LAST 24 hours?** None 1-10 11-20 21-30 31-40 41 or more
-
- b. The **LAST 7 days?** None 1-10 11-20 21-30 31-40 41 or more

A5. During the **PAST 30 DAYS**, on how many **days** did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

- 0 days 3 to 5 days 10 to 19 days All 30 days
 1 or 2 days 6 to 9 days 20 to 29 days

A6. During the **PAST 30 DAYS**, on how many **days** did you smoke **cigars, cigarillos, or little cigars**?

- 0 days 3 to 5 days 10 to 19 days All 30 days
 1 or 2 days 6 to 9 days 20 to 29 days

A7. During the **PAST 30 DAYS**, on how many **days** did you smoke cigarettes **on school property**?

- 0 days 3 to 5 days 10 to 19 days All 30 days
 1 or 2 days 6 to 9 days 20 to 29 days

A8. During the **PAST 30 DAYS**, on how many **days** did you use **chewing tobacco, snuff, or dip on school property**?

- 0 days 3 to 5 days 10 to 19 days All 30 days
 1 or 2 days 6 to 9 days 20 to 29 days

Questions About Alcohol Use

A9. How many drinks of **ALCOHOL** have you had in: (Drink = 1 glass of beer or wine, or 1 shot of hard liquor)

- a. The **LAST 24 hours?** None 1-2 3-5 6-9 10 or more
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- b. The **LAST 7 days?** None 1-2 3-5 6-9 10 or more

A10. On how many occasions (if any) have you had beer or wine (non-religious) or hard liquor to drink during the **PAST 30 DAYS**?

- 0 occasions 1-2 occasions 3-5 occasions 6-9 occasions 10 or more occasions

A11. During the **PAST 30 DAYS**, on how many **days** did you have at least one drink of alcohol?

- 0 days 3 to 5 days 10 to 19 days All 30 days
 1 or 2 days 6 to 9 days 20 to 29 days

Your participation in this survey is voluntary.

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A12. During the **PAST 30 DAYS**, on how many **days** did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- 0 days 2 days 6 to 9 days 20 or more days
 1 day 3 to 5 days 10 to 19 days

A13. During the **PAST 30 DAYS**, on how many **days** did you have at least one drink of alcohol **on school property**?

- 0 days 3 to 5 days 10 to 19 days All 30 days
 1 or 2 days 6 to 9 days 20 to 29 days

Questions About Marijuana Use

The next three questions ask about marijuana use. Marijuana is also called weed, pot, dope, or ganja.

A14. How many times did you use **MARIJUANA** or **HASHISH** in:

- a. The LAST 24 hours?** None 1-2 3-5 6-9 10-19 20 or more
b. The LAST 7 days? None 1-2 3-5 6-9 10-19 20 or more

A15. During the **PAST 30 DAYS**, how many times did you use marijuana?

- 0 times 1 or 2 times 3 to 9 times 10 to 19 times 20 to 39 times 40 or more times

A16. During the **PAST 30 DAYS**, how many times did you use marijuana **on school property**?

- 0 times 1 or 2 times 3 to 9 times 10 to 19 times 20 to 39 times 40 or more times

Questions About Other Drugs

The following questions ask about your experience with other drugs. When answering these questions, please **do not include** any drugs that were prescribed **to you** by a doctor or dentist.

A17. On how many occasions (if any) have you . . .

0 occasions 1-2 occasions 3-5 occasions 6-9 occasions 10 or more occasions

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high during the PAST 30 DAYS? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Used prescription drugs (without a doctor's orders) to get high during the PAST 30 DAYS? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Used stimulants (amphetamines, meth, crystal, speed, crank) during the PAST 30 DAYS? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Used cocaine or "crack" cocaine during the PAST 30 DAYS? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Used heroin or other opiates or narcotics during the PAST 30 DAYS? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Used Ecstasy or MDMA during the PAST 30 DAYS? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Used LSD or other hallucinogens or psychedelics during the PAST 30 DAYS? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

A18. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?

- 0 times 1 or 2 times 3 to 9 times 10 to 19 times 20 to 39 times 40 or more times

A19. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?

- 0 times 1 or 2 times 3 to 9 times 10 to 19 times 20 to 39 times 40 or more times

A20. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?

- 0 times 1 or 2 times 3 to 9 times 10 to 19 times 20 to 39 times 40 or more times

A21. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?

- 0 times 1 or 2 times 3 to 9 times 10 to 19 times 20 to 39 times 40 or more times

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A22. During your life, how many times have you used a needle to inject any **illegal** drug into your body?

- 0 times 1 time 2 or more times

Questions About Access to Drugs

A23. If you wanted to get some marijuana, how easy would it be for you to get some?

- Very easy Sort of easy Sort of hard Very hard

A24. If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?

- Very easy Sort of easy Sort of hard Very hard

Questions About Age of First Use and Future Intentions

A25. How old were you when you first . . .	Never have	8 or younger	9	10	11	12	13	14	15	16	17	18 or older
a. Smoked a whole 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"/>	<input type="radio"/>	<input type="radio"/>
b. Tried smokeless tobacco (chew, snuff, plug)?	<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"/>
c. Had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<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"/>
d. Got 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"/>	<input type="radio"/>	<input type="radio"/>
e. Tried marijuana or hashish?	<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"/>
f. Tried to sniff or inhale gases, sprays, or glue 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"/>	<input type="radio"/>	<input type="radio"/>

A26. Sometimes we don't know what we will do as adults, but we may have an idea. Please tell us how true these statements may be for you as an **adult**.

	NO!	no	yes	YES!
a. When I am an adult, I will smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. When I am an adult, I will drink beer, wine, or liquor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. When I am an adult, I will smoke marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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