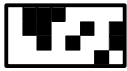




Draft

Questions About Tobacco Use

- A1. How many CIGARETTES have you smoked, even a puff, in: (S00a01)
- 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
- A2. During the PAST 30 DAYS, on how many days did you smoke cigarettes? (S00a02)
- 0 days 1 or 2 days 3 to 5 days 6 to 9 days 10 to 19 days 20 to 29 days All 30 days
- A3. During the PAST 30 DAYS, on the days you smoked, how many cigarettes did you smoke **per day**? (S00a03)
- I did not smoke cigarettes during the past 30 days 2 to 5 cigarettes per day More than 20 cigarettes per day
- Less than 1 cigarette per day 6 to 10 cigarettes per day
- 1 cigarette per day 11 to 20 cigarettes per day
- A4. How many times did you use CHEWING TOBACCO or snuff in: (S00a04)
- 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? (S00a05)
- 0 days 1 or 2 days 3 to 5 days 6 to 9 days 10 to 19 days 20 to 29 days All 30 days
- A6. During the PAST 30 DAYS, on how many days did you smoke **cigars, cigarillos, or little cigars**? (S00a06)
- 0 days 1 or 2 days 3 to 5 days 6 to 9 days 10 to 19 days 20 to 29 days All 30 days
- A7. During the PAST 30 DAYS, on how many days did you smoke cigarettes **on school property**? (S00a07)
- 0 days 1 or 2 days 3 to 5 days 6 to 9 days 10 to 19 days 20 to 29 days All 30 days
- A8. During the PAST 30 DAYS, on how many days did you use **chewing tobacco, snuff, or dip on school property**? (S00a08)
- 0 days 1 or 2 days 3 to 5 days 6 to 9 days 10 to 19 days 20 to 29 days All 30 days
- A9. Out of every 100 students at your school, how many do you think have smoked cigarettes in the last 30 days? (13 - S00a33)
- 0-10 21-30 41-50 61-70 81-90
- 11-20 31-40 51-60 71-80 91-100



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Questions About Alcohol Use

- A10. How many drinks of ALCOHOL have you had in: (Drink = 1 glass of beer or wine, or 1 shot of hard liquor) (S00a09)
- a. The last 24 hours? None 1-2 3-5 6-9 10 or more
- b. The last 7 days? None 1-2 3-5 6-9 10 or more
- A11. On how many occasions (if any) have you had beer or wine (non-religious) or hard liquor to drink during the PAST 30 DAYS? (S00a10)
- 0 occasions 1-2 occasions 3-5 occasions 6-9 occasions 10 or more occasions
- A12. During the PAST 30 DAYS, on how many days did you have at least one drink of alcohol? (S00a11)
- 0 days 1 or 2 days 3 to 5 days 6 to 9 days 10 to 19 days 20 to 29 days All 30 days
- A13. 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? (S00a12)
- 0 days 1 day 2 days 3 to 5 days 6 to 9 days 10 to 19 days 20 or more days
- A14. During the PAST 30 DAYS, on how many days did you have at least one drink of alcohol **on school property**? (S00a13)
- 0 days 1 or 2 days 3 to 5 days 6 to 9 days 10 to 19 days 20 to 29 days All 30 days

Questions About Marijuana Use

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

- A15. How many times did you use MARIJUANA or HASHISH in: (S00a14)
- 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
- A16. During the PAST 30 DAYS, how many times did you use marijuana? (S00a15)
- 0 times 1 or 2 times 3 to 9 times 10 to 19 times 20 to 39 times 40 or more times
- A17. During the PAST 30 DAYS, how many times did you use marijuana **on school property**? (S00a16)
- 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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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.

- | | 0 occasions | 1-2 occasions | 3-5 occasions | 6-9 occasions | 10 or more occasions |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| A18. On how many occasions (if any) have you . . . <small>(S00a17)</small> | | | | | |
| 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 order) 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"/> |
- A19. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase? (S00a18)
 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 **heroin** (also called smack, junk, or China White)? (S00a19)
 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 used **methamphetamines** (also called speed, crystal, crank, or ice)? (S00a20)
 0 times 1 or 2 times 3 to 9 times 10 to 19 times 20 to 39 times 40 or more times
- A22. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription? (S00a21)
 0 times 1 or 2 times 3 to 9 times 10 to 19 times 20 to 39 times 40 or more times
- A23. During your life, how many times have you used a needle to inject any **illegal** drug into your body? (S00a22)
 0 times 1 time 2 or more times

Questions About Access to Drugs

- A24. If you wanted to get some marijuana, how easy do you think it would be for you to get some? (S00a23)
 Very easy Sort of easy Sort of hard Very hard
- A25. If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy do you think it would be for you to get some? (S00a24)
 Very easy Sort of easy Sort of hard Very hard



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Questions About Age of First Use and Future Intentions

A26. How old were you when you first... (S00a25)

a. Smoked a whole cigarette?

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

b. Tried smokeless tobacco (chew, snuff, plug)?

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

c. Had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?

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

d. Got drunk?

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

e. Tried marijuana or hashish?

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

f. Tried to sniff or inhale gases, sprays, or glue in order to get high?

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

A27. 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: (S00a26)

| | 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"/> |

A28. During the LAST 12 MONTHS, how many times have you gambled (for example, bought lottery tickets or tabs, bet money on sports teams or card games, etc.)? (t3 - S00a32)

Never Once Twice 3-4 times 5 or more times