



1. Are you:

Male  Female

2. What grade are you in?

7  8  9  10  11  12

3. Do you live with both of your parents?

Yes  No

4. How old are you?

11 or younger  12  13  14  15  16  17  18  19+

5a. Are you Hispanic or Latino?

Yes  No

5b. What is your race? (DARKEN ONE BUBBLE ONLY)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Some other race
- More than one race

6. On average, what grades do you get? (DARKEN ONE BUBBLE ONLY)

Mostly A's  Mostly B's  Mostly C's  Mostly D's  Mostly F's

7. Do you have a job?

Yes  No

8. During the current school year, do you qualify for a free or reduced price school lunch?

Yes  
 No  
 Don't Know

9. Do you regularly participate in any of the following extra-curricular activities? (DARKEN ONE BUBBLE FOR EACH LINE: a-i.)

- |    | Yes <input type="radio"/> | No <input type="radio"/> |  |
|----|---------------------------|--------------------------|--|
| a. | <input type="radio"/>     | <input type="radio"/>    | School athletics (UIL, Varsity, Junior Varsity)  |
| b. | <input type="radio"/>     | <input type="radio"/>    | School band/orchestra  |
| c. | <input type="radio"/>     | <input type="radio"/>    | School choir   |
| d. | <input type="radio"/>     | <input type="radio"/>    | Drill team or cheerleading squad   |
| e. | <input type="radio"/>     | <input type="radio"/>    | Student government, newspaper, or yearbook   |
| f. | <input type="radio"/>     | <input type="radio"/>    | Academic clubs, societies, or competition groups (UIL, Language Club, Math Club, etc.) |
| g. | <input type="radio"/>     | <input type="radio"/>    | Other school clubs or student groups   |
| h. | <input type="radio"/>     | <input type="radio"/>    | Athletic teams OUTSIDE of school   |
| i. | <input type="radio"/>     | <input type="radio"/>    | Other clubs or groups OUTSIDE of school  |

10. How safe do you feel when you are:

(DARKEN ONE BUBBLE FOR EACH LINE: a-c.)	Very Safe <input type="radio"/>	Somewhat Safe <input type="radio"/>	Not Very Safe <input type="radio"/>	Not Safe At All <input type="radio"/>	Don't Know <input type="radio"/>
a. in your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. out in your neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next two questions ask about your parents. If you were raised by a foster parent, step-parent, grandparent, or someone else - please answer for those who have been the most involved in raising you.

11. What is the highest level of schooling completed by... (DARKEN ONE BUBBLE FOR EACH LINE: a-b.)

	Completed grade school or less <input type="radio"/>	Some high school <input type="radio"/>	Completed high school <input type="radio"/>	Some college <input type="radio"/>	Completed college <input type="radio"/>	Graduate or professional school after college <input type="radio"/>	Don't know or doesn't apply <input type="radio"/>
a. ...your FATHER?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...your MOTHER?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Do one or both of your parents usually attend school-sponsored open houses or PTA meetings?  Yes  No

13. How many of your FRIENDS would you say: (DARKEN ONE BUBBLE FOR EACH LINE: a-e.)

	None	A Few	Some	Most	All
a. Feel close to their parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Care about making good grades?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Wish they could drop out of school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Sometimes carry weapons like a knife or gun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Belong to a gang or are interested in becoming a gang member?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Below is a list of things some people sniff to get high. They are called INHALANTS.

14. How recently, if ever, have you sniffed, huffed, or inhaled the following INHALANTS for "kicks" or to get "high": (DARKEN ONE BUBBLE FOR EACH LINE: a-h.)

	Never heard of/ Never used it	Used at least once in the Past Month	Used at least once Since School Began in the Fall	Used at least once In Your Lifetime
a. Spray paint to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Whiteout, correction fluid, magic markers to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Computer dusting sprays to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Helium, butane, propane, whippets (nitrous oxide), refrigerants/Freon gas to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Glue to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Toluene/tolly, paint thinner, other solvents to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Gasoline, octane booster, carburetor cleaner to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Other aerosols/sprays (deodorant spray, Pam, hair spray, room spray, etc.) to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. How recently, if ever, have you used the following TOBACCO, ALCOHOL, and INHALANT products even one time: (DARKEN ONE BUBBLE FOR EACH LINE: a-h.)

	Never heard of/ Never used it	Used at least once in the Past Month	Used at least once Since School Began in the Fall	Used at least once In Your Lifetime
a. Cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Smokeless Tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Beer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Wine Coolers (hard lemonade, hard sodas, hard cider, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Wine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Liquor (vodka, rum, whiskey, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Inhalants (Whiteout, spray paint, glue, gas, etc.) to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Electronic Vapor Products (E-Cigarettes, E-Cigars, Vaping pens, Vape pipes, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. How recently, if ever, have you used the following DRUGS even one time: (DARKEN ONE BUBBLE FOR EACH LINE: a-l.)

	Never heard of/ Never used it	Used at least once in the Past Month	Used at least once Since School Began in the Fall	Used at least once In Your Lifetime
a. Marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cocaine (not crack)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Crack?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Blamaryl?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Hallucinogens (LSD, Mushrooms, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Synthetic Cathinones (Bath Salts, MDPV, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Steroids?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Ecstasy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Heroin (black tar, cheese, chiva, brown heroin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Methamphetamine (speed, crystal meth, ice, or crank)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Synthetic Marijuana (spice, K2)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Delta 8 (diet weed)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SERIAL #



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17. How recently, if ever, have you taken the following PRESCRIPTION DRUGS not prescribed to you or only for the experience or feeling it caused even one time: (DARKEN ONE BUBBLE FOR EACH LINE: a-e.)

Table with 5 columns: Question (a-e), Never heard of/Never used it, Used at least once in the Past Month, Used at least once Since School Began in the Fall, Used at least once In Your Lifetime.

18. How recently, if ever, have you taken the following OVER-THE-COUNTER DRUGS only for the experience or feeling it caused even one time:

Table with 5 columns: Question (a), Never heard of/Never used it, Used at least once in the Past Month, Used at least once Since School Began in the Fall, Used at least once In Your Lifetime.

19. IN THE PAST 30 DAYS, how many times, if any, have you used: (DARKEN ONE BUBBLE FOR EACH LINE: a-f.)

Table with 5 columns: Question (a-f), Never heard of/Not used it, 1-2 Times, 3-10 Times, 11+ Times.

21. How old were you when you first used: (DARKEN ONE BUBBLE FOR EACH LINE: a-m.)

Table with 15 columns: Question (a-m), Never used it, 8 or younger, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18 or older.

20. About how many of your close friends use: (DARKEN ONE BUBBLE FOR EACH LINE: a-d.)

Table with 5 columns: Question (a-d), Never heard of/None, A few, Some, Most, All.

**SERIAL #**



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22. If you wanted some, how difficult would it be to get:  
(DARKEN ONE BUBBLE FOR EACH LINE: a-m.)

	Never heard of it	Impossible	Very difficult	Somewhat difficult	Somewhat easy	Very easy
a. Tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Inhalants (Whiteout, spray paint, glue, gas, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Cocaine (not crack)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Crack?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Blamaryl?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Steroids?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Ecstasy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Heroin (black tar, cheese, chiva, brown heroin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Methamphetamine (speed, crystal meth, ice, or crank)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Synthetic Marijuana (spice, K2)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Delta 8 (diet weed)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. When you drink alcoholic beverages, how many drinks do you usually have AT ONE TIME, on average:  
(DARKEN ONE BUBBLE FOR EACH LINE: a-d.)

	Never drink this beverage	12 or more drinks	9 - 11 drinks	5 - 8 drinks	3 - 4 drinks	2 drinks	1 drink	Less than 1 drink
a. Beer?	<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. Wine Coolers (hard lemonade, hard sodas, hard cider etc.)?	<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. Wine?	<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. Liquor (vodka, rum, whiskey, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. IN THE PAST 30 DAYS, on how many days have you had 5 or more drinks of alcohol in a two-hour period?

	Never had 5 or more drinks in a two-hour period	Zero days	1 day	2 days	3 to 5 days	6 to 9 days	10 or more days
a. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. How often do you normally use:  
(DARKEN ONE BUBBLE FOR EACH LINE: a-m.)

	Never used it	Every day	Several times a week	Several times a month	About once a month	About once a year	Less than once a year
a. Tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Inhalants (Whiteout, spray paint, glue, gas, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Cocaine (not crack)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Crack?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Blamaryl?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Steroids?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Ecstasy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Heroin (black tar, cheese, chiva, brown heroin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Methamphetamine (speed, crystal meth, ice, or crank)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Synthetic Marijuana (spice, K2)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Delta 8 (diet weed)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. How often do you get alcoholic beverages from the following sources?  
(DARKEN ONE BUBBLE FOR EACH LINE: a-e.)

	Do Not Drink	Never	Seldom	Most of the time	Always
a. At home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. From friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. From a store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. At parties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Other source	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



32. SINCE SCHOOL BEGAN IN THE FALL, have you sought help, other than from family or friends, for problems in any way connected with your use (if any) of alcohol, marijuana, or other drugs? Yes  No

33. If you had a drug or alcohol problem and needed help, who would you go to? (DARKEN ONE BUBBLE FOR EACH LINE: a-i.)

	Yes	No
a. A counselor or program in school?	<input type="radio"/>	<input type="radio"/>
b. A school nurse?	<input type="radio"/>	<input type="radio"/>
c. Another adult in school (such as a teacher or coach)?	<input type="radio"/>	<input type="radio"/>
d. Your parents?	<input type="radio"/>	<input type="radio"/>
e. A medical doctor?	<input type="radio"/>	<input type="radio"/>
f. Your friends?	<input type="radio"/>	<input type="radio"/>
g. Another adult (such as a relative, clergyman, or other family friend)?	<input type="radio"/>	<input type="radio"/>
h. A counselor or program outside of school?	<input type="radio"/>	<input type="radio"/>
i. I wouldn't go to anyone.	<input type="radio"/>	<input type="radio"/>

34. SINCE SCHOOL BEGAN IN THE FALL, have you gotten any information on drugs or alcohol from the following SCHOOL sources? (DARKEN ONE BUBBLE FOR EACH LINE: a-h.)

	Yes	No
a. A school health class?	<input type="radio"/>	<input type="radio"/>
b. An assembly program at school?	<input type="radio"/>	<input type="radio"/>
c. A school guidance counselor?	<input type="radio"/>	<input type="radio"/>
d. A school nurse?	<input type="radio"/>	<input type="radio"/>
e. A science or social studies class?	<input type="radio"/>	<input type="radio"/>
f. A student group or club meeting at school?	<input type="radio"/>	<input type="radio"/>
g. An invited school guest?	<input type="radio"/>	<input type="radio"/>
h. Another source at school?	<input type="radio"/>	<input type="radio"/>

35. How do your parents feel about kids your age... (DARKEN ONE BUBBLE FOR EACH LINE: a-c.)

	Strongly Disapprove	Mildly Disapprove	Neither Approve nor Disapprove	Mildly Approve	Strongly Approve	Don't Know
a. using tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. using marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROOF

