



# KiP Kentucky Incentives for Prevention

## Student Survey

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Please mark the most accurate response(s) for each question. We hope that you will answer all questions, but if you find you cannot answer a question honestly, please leave it blank. In the cases where you have no experience, please mark the circle, "None," "Never Have," or "0." **Remember that your answers will be kept confidential and will never be connected to your name or class.**

- How old are you?**  
 10  11  12  13  14  15  16  17  18+
- What grade are you in?**  6  8  10  12
- Are you:**  Female  Male
- Are you Hispanic or Latino:**  Yes  No
- What is your race:** (Select one or more responses if necessary.)  
 American Indian or Alaska Native  Native Hawaiian or other Pacific Islander  
 Asian  White  
 Black or African American  Other

- Is anyone in your family (or someone close to you) currently serving on active duty or retired/separated from the Armed Forces, the Reserves, or the National Guard?**  
 Yes, only one person  
 Yes, more than one person  
 No  
 I don't know
- Do you participate in the free or reduced price lunch program?**  
 Yes  No

The next 8 questions ask about violence-related behaviors and problems you may have experienced at school or in your community.

8. How many times (if any) in the past year (12 months) have you...	Never	1-2 times	3-5 times	6-9 times	10-19 times	20-29 times	30-39 times	40+ 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"/>	<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"/>	<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"/>	<input type="radio"/>
d. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<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. been 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"/>
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"/>	<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"/>	<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"/>	<input type="radio"/>

9. When (if ever) did you first...	Never Have	10 or Younger	11	12	13	14	15	16	17 or older
a. get suspended 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"/>
b. get 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"/>
c. carry 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"/>
d. attack 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"/>

10. Do you think the following are problems at your school?	Yes	No
a. Vandalism, including graffiti	<input type="radio"/>	<input type="radio"/>
b. Gangs	<input type="radio"/>	<input type="radio"/>
c. Tobacco use	<input type="radio"/>	<input type="radio"/>
d. Alcohol use	<input type="radio"/>	<input type="radio"/>
e. Drug use	<input type="radio"/>	<input type="radio"/>
f. Fights between students of different racial and/or ethnic backgrounds	<input type="radio"/>	<input type="radio"/>
g. Selling (dealing) drugs	<input type="radio"/>	<input type="radio"/>
h. Carrying guns	<input type="radio"/>	<input type="radio"/>
i. Carrying other weapons	<input type="radio"/>	<input type="radio"/>

- How safe do you feel at school?**  
 Very safe  Safe  Unsafe  Very unsafe
- Are there particular places at school where you feel unsafe?**  
 Yes  No
- If Yes, where do you feel unsafe?** (Mark ALL that apply.)  
 Restrooms  Gym/Locker Rooms  Stairwells  
 Parking Lots  Hallways  School Bus

- Are there certain times of day when you feel these places are unsafe?** (Mark ALL that apply.)  
 Before School  During Lunch  Other  
 After School  Entire School Day

15. During the last school year...	Yes	No
a. did someone take money or things directly from you by using force, weapons, or threats at school?	<input type="radio"/>	<input type="radio"/>
b. did someone verbally threaten you at school?	<input type="radio"/>	<input type="radio"/>
c. did you have something stolen from your desk, locker, or other place at school?	<input type="radio"/>	<input type="radio"/>
d. did someone physically threaten, attack, or hurt you at school?	<input type="radio"/>	<input type="radio"/>
e. did someone make unwanted sexual advances or attempt to sexually assault you at school?	<input type="radio"/>	<input type="radio"/>
f. did a boyfriend or girlfriend physically hurt you (hit, push, pull your hair) on purpose?	<input type="radio"/>	<input type="radio"/>
g. did a boyfriend or girlfriend emotionally hurt you (threaten, make threatening phone calls/texts, call you names, harass you online) on purpose?	<input type="radio"/>	<input type="radio"/>

The next 4 questions ask about bullying. Bullying is when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when two students of about the same strength or power argue, fight, or tease each other in a friendly way. Bullying involves an imbalance of power and repeated incidents over time.

16. During the past year (12 months), have you ever been bullied on school property?  Yes  No
17. During the past year (12 months), have you ever been electronically bullied? (include being bullied through e-mail, chat rooms, instant messaging, websites, social networks, or texting.)  Yes  No
18. Does your school have a way to report bullying or harassment?  Yes  No
19. If your school does have a way to report bullying or harassment, is this reporting method effective? (if not applicable, please leave blank)  Yes  No

The next 2 questions ask about how you have been feeling during the past 30 days. For each question, please fill in the circle that best describes how often you had this feeling.

20. During the past 30 days, about how often did you feel... (Mark ONE CIRCLE for each line.)
- |   | All of the time       | Most of the time      | Some of the time      | A little of the time  | None of the time      |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. ...nervous?                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ...hopeless?                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. ...restless or fidgety?                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. ...so depressed that nothing could cheer you up? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. ...that everything was an effort?                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. ...worthless?                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

21. Have you ever cut or harmed yourself on purpose?  
 Yes  No

The next 3 questions ask about attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

22. During the past 12 months, did you ever seriously consider attempting suicide?  
 Yes  No
23. During the past 12 months, did you make a plan about how you would attempt suicide?  
 Yes  No
24. During the past 12 months, how many times did you actually attempt suicide?  
 None  1 times  2-3 times  4-5 times  6+ times

The next 8 questions ask about alcohol and tobacco use. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

25. When (if ever) did you first... (Mark ONE CIRCLE for each line.)
- |   | Never Have            | 10 or Younger         | 11                    | 12                    | 13                    | 14                    | 15                    | 16                    | 17 or older           |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. smoke a 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"/> |
| b. use smokeless tobacco (chew, snuff, dipping tobacco, 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"/> |
| c. have more than a sip or two of beer, wine or hard liquor (for ex., vodka, whiskey, gin, 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"/> | <input type="radio"/> |
| d. begin drinking alcoholic beverages regularly, that is, 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"/> |

26. On how many occasions (if any) have you had alcoholic beverages (beer, wine, or hard liquor) to drink—more than a few sips... (Mark ONE CIRCLE for each line.)
- |                              | 0                     | 1-2                   | 3-5                   | 6-9                   | 10-19                 | 20-39                 | 40+                   |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. ...in the past 12 months? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ...in the past 30 days?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

27. On how many occasions (if any) during the past 30 days have you been drunk or very high from drinking alcoholic beverages?
- |  | 0                     | 1-2                   | 3-5                   | 6-9                   | 10-19                 | 20-39                 | 40+                   |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

28. Think back over the last two weeks. How many times (if any) have you had five or more alcoholic drinks in a row?
- |  | None                  | 1 time                | 2 times               | 3-5 times             | 6-9 times             | 10+ times             |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

29. On how many occasions (if any) have you smoked cigarettes... (Mark ONE CIRCLE for each line.)
- |                              | 0                     | 1-2                   | 3-5                   | 6-9                   | 10-19                 | 20-39                 | 40+                   |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. ...in the past 12 months? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ...in the past 30 days?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

30. During the past 30 days, on the days you smoked (if at all), how many cigarettes did you smoke per day?
- |  | None                  | less than 1           | 1                     | 2-5                   | 6-10                  | 11-20                 | 20+                   |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

31. On how many occasions (if any) have you used smokeless tobacco... (Mark ONE CIRCLE for each line.)
- |                              | 0                     | 1-2                   | 3-5                   | 6-9                   | 10-19                 | 20-39                 | 40+                   |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. ...in the past 12 months? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ...in the past 30 days?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

32. During the past 30 days, which of the following tobacco products did you use on at least one day? (You can choose ONE ANSWER or MORE THAN ONE ANSWER.)
- Roll-your-own cigarettes
  - Smoking tobacco from a hookah or waterpipe
  - Snus (for ex., Camel or Marlboro Snus)
  - Dissolvable tobacco products (for ex., Ariva, Stonewall, Camel orbs, Camel sticks or Camel strips)
  - Electronic cigarettes or e-cigarettes (for ex., NJOY, V2, Bull Smoke, Halo)
  - Some other new tobacco product not listed here
  - I have not used any of the products listed above, or any new tobacco product

**33. When (if ever) did you first...**

- a. smoke marijuana?
- b. take a prescription drug (such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

Never	10 or	11	12	13	14	15	16	17 or
Have	Younger							older
<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"/>

**34. On how many occasions (if any) have you used marijuana...**

(Mark ONE CIRCLE for each line.)

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**35. On how many occasions (if any) have you used synthetic marijuana (also called K2 or Spice)...**

(Mark ONE CIRCLE for each line.)

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**36. On how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high...**

(Mark ONE CIRCLE for each line.)

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**37. On how many occasions (if any) have you used cocaine or crack...**

(Mark ONE CIRCLE for each line.)

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**38. On how many occasions (if any) have you taken narcotics or drugs that require a doctor's prescription, without a doctor telling you to take them...**

(Mark ONE CIRCLE for each line.)

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**39. On how many occasions (if any) have you taken painkillers (OxyContin, Percocet, Vicodin, Codeine) without a doctor's prescription...**

(Mark ONE CIRCLE for each line.)

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**40. On how many occasions (if any) have you used speed/uppers (Adderall, Ritalin) without a doctor's prescription...**

(Mark ONE CIRCLE for each line.)

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**41. On how many occasions (if any) have you used tranquilizers (Valium, Xanax, Librium, Ativan, etc.) without a doctor telling you to do so...**

(Mark ONE CIRCLE for each line.)

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**42. On how many occasions (if any) have you used methamphetamines ("meth," "crystal meth," "ice," "crank")...**

(Mark ONE CIRCLE for each line.)

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**43. On how many occasions (if any) have you used heroin ("smack," "junk," or "China White")...**

(Mark ONE CIRCLE for each line.)

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**44. On how many occasions (if any) have you taken over-the-counter drugs (stay-awake pills, cough syrup) in order to get high...**

(Mark ONE CIRCLE for each line.)

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**45. On how many occasions (if any) have you used ecstasy ("MDMA," "E," "Molly," "rolls," "beans")...**

(Mark ONE CIRCLE for each line.)

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**46. On how many occasions (if any) have you used Zycopan...**

(Mark ONE CIRCLE for each line.)

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

None	1-2 times	3-9 times	10-19 times	20-39 times	40+ times
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**48. In the past 12 months, has your drinking and/or drug use caused any of the following problems? (If you never drank alcohol or used drugs, mark "No" for each item.)**

	Yes	No
a. Got stopped by the police for drunk driving or disorderly conduct	<input type="radio"/>	<input type="radio"/>
b. Got in trouble at school	<input type="radio"/>	<input type="radio"/>
c. Hurt or injured myself	<input type="radio"/>	<input type="radio"/>
d. Got into fights (verbal or physical) with other kids	<input type="radio"/>	<input type="radio"/>
e. Got into fights with my parents	<input type="radio"/>	<input type="radio"/>
f. Committed illegal acts (for ex., theft, breaking and entering, vandalism)	<input type="radio"/>	<input type="radio"/>
g. Could not recall what I did	<input type="radio"/>	<input type="radio"/>
h. Pressured someone else to do something sexual against his/her will	<input type="radio"/>	<input type="radio"/>
i. Was pressured by someone to do something sexual against my will	<input type="radio"/>	<input type="radio"/>
j. Thought I had a drinking or drug problem	<input type="radio"/>	<input type="radio"/>
k. Was involved in a car accident	<input type="radio"/>	<input type="radio"/>

The next 7 questions ask about the neighborhood and community where you live.

**49. If you wanted to get some beer, wine, or hard liquor (for ex., vodka, whiskey, or gin), how easy would it be for you to get some?**

Very hard     Sort of hard     Sort of easy     Very easy

**50. If you wanted to get some cigarettes, how easy would it be for you to get some?**

Very hard     Sort of hard     Sort of easy     Very easy

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

Very hard     Sort of hard     Sort of easy     Very easy

**52. If you wanted to get some cocaine, how easy would it be for you to get some?**

- Very hard     Sort of hard     Sort of easy     Very easy

**53. If you have ever obtained prescription drugs without a doctor's prescription issued to you, how did you get them?**  
(Mark ALL that apply. If not applicable, however, please leave blank.)

- Wrote fake prescription  
 Stole from doctor's office, clinic, hospital, or pharmacy  
 From friend or relative for free  
 Bought from friend or relative  
 Took from friend or relative without asking  
 Bought from drug dealer or other stranger  
 Bought on the internet  
 Some other way

**54. If you drink, do you primarily get alcohol from...**  
(Mark ALL that apply.)

- I do not drink     brother/sister     other relatives  
 convenience stores     friends     other  
 parents     strangers

**55. Where do you drink?** (Mark ALL that apply.)

- I do not drink     parties     cars  
 school     friends' homes     parks/fields  
 home     bars     other

The next 5 questions ask about values and beliefs.

**56. How wrong do you think it is for someone your age to...**  
(Mark ONE CIRCLE for each line.)

- |   | Very Wrong            | Wrong                 | A Little Bit Wrong    | Not Wrong at All      |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. drink beer, wine, or hard liquor (for ex., vodka, whiskey, gin, etc.) regularly?   | <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?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. use cocaine?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. use methamphetamines ("meth," "crystal meth," "ice," "crank")?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. use inhalants?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. take a prescription drug (such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**57. How wrong do your parents feel it would be for you to...**  
(Mark ONE CIRCLE for each line.)

- |   | Very Wrong            | Wrong                 | A Little Bit Wrong    | Not Wrong at All      |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. have one or two drinks of an alcoholic beverage nearly every day?  | <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?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. use cocaine?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. use methamphetamines ("meth," "crystal meth," "ice," "crank")?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. use inhalants?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. take a prescription drug (such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**58. How wrong do your friends feel it would be for you to...**  
(Mark ONE CIRCLE for each line.)

- |   | Very Wrong            | Wrong                 | A Little Bit Wrong    | Not Wrong at All      |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. ...have one or two drinks of an alcoholic beverage nearly every day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ...smoke tobacco?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. ...smoke marijuana?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. ...use prescription drugs not prescribed to you?                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**59. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many (if any) of your four best friends have...** (Mark ONE CIRCLE for each line.)

- |  | None                  | 1                     | 2                     | 3                     | 4                     |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. smoked cigarettes?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. tried beer, wine, or hard liquor (for ex., vodka, whiskey, gin, etc.) when their parents didn't know about it?                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. used marijuana?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. used cocaine?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. used methamphetamines ("meth," "crystal meth," "ice," "crank")?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. used inhalants, that is, 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"/> |
| g. taken a prescription drug (such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**60. How much do you think people risk harming themselves (physically or in other ways) if they...** (Mark ONE CIRCLE for each line.)

- |   | No Risk               | Slight Risk           | Moderate Risk         | Great Risk            |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. smoke one or more packs of cigarettes a day?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. try marijuana once or twice?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. smoke marijuana once or twice a week?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. have five or more drinks of an alcoholic beverage once or twice a week?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. take a prescription drug (such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. have five or more alcoholic drinks in a row?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. try heroin once or twice?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

The last 2 questions are about gambling.

**61. On how many occasions (if any) have you gambled (bet) for money or possessions...** (Mark ONE CIRCLE for each line.)

- |                              | 0                     | 1-2                   | 3-5                   | 6-9                   | 10-19                 | 20-39                 | 40+                   |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. ...in your lifetime?      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ...in the past 12 months? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. ...in the past 30 days?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**62. Has the money or time you spent on gambling led to financial problems or problems in your family, work, school, or personal life?**  
 I never gamble     Yes     No

**Congratulations! You have finished the survey.  
Thank you for your participation.**