

◆ Module A ◆



## High School Questionnaire

2006-07

- This is a survey about health-related behaviors, risks, and attitudes. It includes questions about diet and physical activity; use of alcohol, tobacco, and other drugs; and harassment, safety and violence.
- You do not have to answer these questions, but we would like to know whether or not you have done or experienced any of these things.
- **This survey is anonymous.** Please do not write your name on this form or on the answer sheets or identify yourself in any other way. No one will be able to identify that you provided this information.
- Please mark all of your answers on the answer sheet. Do not write on the questionnaire. Mark only one answer unless told to “*Mark All That Apply.*”
- This survey asks about things you may have done during different periods of time, such as during your **lifetime** (for example, did you ever do something?), and the past **12 months**, or **30 days**. Each is asked for a specific reason and provides different information. Please pay careful attention to these time periods and answer all questions.

*Thank you for taking this survey!*

◆ Module A ◆

**Begin by writing your school's name at the top of the answer sheet.**

A1. Fill in the bubble for the letter "H."

A2. Fill in the bubble for the number "1."

**Next, we would like some background information about you.**

A3. How old are you?

- |                            |                          |
|----------------------------|--------------------------|
| A) 10 years old or younger | F) 15 years old          |
| B) 11 years old            | G) 16 years old          |
| C) 12 years old            | H) 17 years old          |
| D) 13 years old            | I) 18 years old or older |
| E) 14 years old            |                          |

A4. What is your sex?

- |         |           |
|---------|-----------|
| A) Male | B) Female |
|---------|-----------|

A5. What grade are you in?

- |               |                |
|---------------|----------------|
| A) 6th grade  | F) 11th grade  |
| B) 7th grade  | G) 12th grade  |
| C) 8th grade  | H) Other grade |
| D) 9th grade  | I) Ungraded    |
| E) 10th grade |                |

A6. How do you describe yourself? (*Mark All That Apply.*)

- |   |                                      |
|---|--------------------------------------|
| A) American Indian or Alaska Native         | E) Hispanic or Latino/Latina         |
| B) Native Hawaiian or Pacific Islander      | F) White or Caucasian (non-Hispanic) |
| C) Asian or Asian American                  | G) Other                             |
| D) Black or African American (non-Hispanic) |                                      |

◆ Module A ◆

- A7. If you are **Asian or Pacific Islander**, which groups best describe you? (*Mark All That Apply*).  
 If you are **not** of Asian/Pacific Islander background, mark "A. Does not apply."  
 A) Does not apply; I am not Asian or Pacific Islander      G) Korean  
 B) Asian Indian      H) Laotian  
 C) Cambodian      I) Vietnamese  
 D) Chinese      J) Native Hawaiian, Guamanian, Samoan, or other Pacific Islander  
 E) Filipino      K) Other Asian  
 F) Japanese
- A8. If you are **Hispanic** or Latino/Latina, which groups best describe you? (*Mark All That Apply*).  
 If you are not of Hispanic background, mark "A. Does not apply."  
 A) Does not apply; I am not Hispanic or Latino/Latina      D) Cuban  
 B) Central American      E) Mexican  
 C) South American      F) Puerto Rican  
 G) Other Hispanic
- A9. During the past **12 months**, how many times have you moved (changed where you live)?  
 A) 0 times  
 B) 1 time  
 C) 2 or more

**The next questions deal with your physical health and eating habits.**

On how many of the past **7 days** did you...

		Number of Days							
		0	1	2	3	4	5	6	7
A10.	Exercise or do a physical activity for <b>at least 20 minutes</b> that made you <b>sweat and breathe hard</b> ? (For example, basketball, soccer, running, swimming laps, fast bicycling, fast dancing or similar aerobic activities.)	A	B	C	D	E	F	G	H
A11.	Participate in a physical activity for at least <b>30 minutes</b> that did <b>not</b> make you sweat and breathe hard? (For example, fast walking, slow bicycling, shooting baskets, skating, raking leaves, or mopping floors.)	A	B	C	D	E	F	G	H
A12.	Do exercises <b>to strengthen or tone your muscles</b> ? (For example, push-ups, sit-ups, or weight lifting.)	A	B	C	D	E	F	G	H

◆ Module A ◆

During the past **24 hours (yesterday)**, how many times did you...

		Number of Times					
		0	1	2	3	4	5 or more
A13.	Drink <b>milk</b> or eat <b>yogurt</b> ? (In any form, including in cereal.)	A	B	C	D	E	F
A14.	Drink <b>soda pop</b> ?	A	B	C	D	E	F
A15.	Drink <b>100% fruit juices</b> , such as orange, apple or grape? (Do not count punch, Kool-Aid, sports drinks, and fruit-flavored drinks.)	A	B	C	D	E	F
A16.	Eat french fries, potato chips, or other <b>fried potatoes</b> ?	A	B	C	D	E	F
A17.	Eat <b>fruit</b> ? (Do not count fruit juice.)	A	B	C	D	E	F
A18.	Eat <b>vegetables</b> ? (Include salads and nonfried potatoes.)	A	B	C	D	E	F

A19. Did you eat breakfast **today**?

- A) No
- B) Yes

A20. Has a doctor **ever** told you or your parent/guardian that you have asthma?

- A) No
- B) Yes
- C) Don't know

**The next questions ask about use of alcohol, tobacco, marijuana, and other drugs without a doctor's orders (e.g., a prescription for medical reasons).**

**Keep the following definitions in mind**

- **One drink of alcohol** means drinking one regular size can/bottle of beer or wine cooler, one glass of wine, one mixed drink, or one shot glass of liquor. Questions about alcohol do not include drinking a few sips of wine for religious purposes.
- **Drug** means any substance you use to get "high."

◆ Module A ◆

During your **life**, how many times have you used or tried...

	<b>0 times</b>	<b>1 time</b>	<b>2 to 3 times</b>	<b>4 or more</b>
A21. A cigarette, even <b>one or two puffs</b> ?	A	B	C	D
A22. <b>A whole cigarette</b> ?	A	B	C	D
A23. <b>Smokeless tobacco</b> (dip, chew or snuff such as Redman, Skoal, or Beechnut)?	A	B	C	D
A24. <b>One full drink of alcohol</b> (such as a can of beer, glass of wine, wine cooler, or shot of liquor)?	A	B	C	D
A25. <b>Marijuana</b> (pot, weed, grass, hash, bud)?	A	B	C	D
A26. <b>Inhalants</b> (things you sniff, huff, or breathe to get high such as glue, paint, aerosol sprays, gasoline, poppers, gases)?	A	B	C	D
A27. <b>Cocaine</b> (any form—coke, crack, rock, base, snort)?	A	B	C	D
A28. <b>Methamphetamine</b> or any amphetamines (meth, speed, crystal, crank, ice, bennies, black beauties)?	A	B	C	D
A29. <b>Derbisol</b> (DB, derbs, or dirt)?	A	B	C	D
A30. <b>LSD or other psychedelics</b> (acid, mescaline, peyote, mushrooms)?	A	B	C	D
A31. <b>Ecstasy</b> (E, X, EXTc, MDMA)?	A	B	C	D
A32. <b>Prescription painkillers</b> (Vicodin, OxyContin, Percodan)?	A	B	C	D
A33. <b>Heroin</b> (smack, junk, China white, black tar)?	A	B	C	D
A34. <b>Any other illegal drug</b> (such as PCP, downers, barbs, other pills not prescribed by a doctor)?	A	B	C	D

During your **life**, how many times have you been...

	<b>0 times</b>	<b>1 to 2 times</b>	<b>3 to 6 times</b>	<b>7 or more</b>
A35. Very drunk or sick after drinking <b>alcohol</b> ?	A	B	C	D
A36. High (loaded, stoned, or wasted) from using <b>drugs</b> ?	A	B	C	D
A37. Drunk on alcohol or high on drugs <b>on school property</b> ?	A	B	C	D

◆ Module A ◆

About how old were you the **first time** you did any of these things?

		Years of Age									
		Never	10 or under	11	12	13	14	15	16	17	18 or over
A38.	Had a <b>full drink of alcohol</b>	A	B	C	D	E	F	G	H	I	J
A39.	Smoked part or all of a <b>cigarette</b>	A	B	C	D	E	F	G	H	I	J
A40.	Used <b>smokeless tobacco</b> or other tobacco products	A	B	C	D	E	F	G	H	I	J
A41.	Used <b>marijuana</b> or hashish	A	B	C	D	E	F	G	H	I	J
A42.	Used any <b>other illegal drug</b>	A	B	C	D	E	F	G	H	I	J

During the past **30 days**, on how many days did you use...

		0 days	1 - 2 days	3 - 9 days	10 - 19 days	20 - 30 days
A43.	<b>Cigarettes</b>	A	B	C	D	E
A44.	<b>Smokeless tobacco</b> (dip, chew or snuff)?	A	B	C	D	E
A45.	At least <b>one drink of alcohol</b> ?	A	B	C	D	E
A46.	<b>Five or more drinks</b> of alcohol in a row, that is, within a couple of hours?	A	B	C	D	E
A47.	<b>Marijuana</b> (pot, weed, grass, hash, bud)?	A	B	C	D	E
A48.	<b>Inhalants</b> (things you sniff, huff, or breathe to get high such as glue, paint, aerosol sprays, gasoline, poppers, gases)?	A	B	C	D	E
A49.	<b>Cocaine</b> (any form—coke, crack, rock, base, snort)?	A	B	C	D	E
A50.	<b>Methamphetamine or any amphetamines</b> (meth, speed, crystal, crank, ice, bennies, black beauties)?	A	B	C	D	E
A51.	<b>LSD or other psychedelics</b> (acid, mescaline, peyote, mushrooms)?	A	B	C	D	E
A52.	<b>Any other drug</b> ?	A	B	C	D	E

During the past **12 months**...

		No	Yes
A53.	Did you <b>drive a vehicle</b> while you were under the influence of <b>alcohol</b> only?	A	B
A54.	Have you <b>talked</b> with at least one of your <b>parents</b> [or guardians] about the dangers of tobacco, alcohol, or drug use?	A	B
A55.	Heard, read or watched any <b>messages</b> about not using alcohol, tobacco or drugs?	A	B

◆ Module A ◆

During the **past 30 days**, on how many days on **school property** did you...

	<b>0 days</b>	<b>1 - 2 days</b>	<b>3 - 9 days</b>	<b>10 - 19 days</b>	<b>20 - 30 days</b>
A56. Smoke cigarettes?	A	B	C	D	E
A57. Have at least one drink of alcohol?	A	B	C	D	E
A58. Smoke marijuana?	A	B	C	D	E

A59. How do you like to drink alcohol?

- |                               |                             |
|-------------------------------|-----------------------------|
| A) I don't drink alcohol      | D) Enough to feel it a lot  |
| B) Just a sip or two          | E) Until I get really drunk |
| C) Enough to feel it a little |                             |

A60. If you use marijuana or other drugs, how high (stoned, faded, wasted, trashed) do you usually get?

- |                      |                    |
|----------------------|--------------------|
| A) I don't use drugs | D) Moderately high |
| B) Not high at all   | E) Very high       |
| C) A little high     |                    |

How harmful do you think it is to use the following substances **frequently** (daily or almost daily)?

	<b>Extremely harmful</b>	<b>Harmful</b>	<b>Somewhat harmful</b>	<b>Mainly harmless</b>	<b>Harmless</b>
A61. Cigarettes	A	B	C	D	E
A62. Alcohol	A	B	C	D	E
A63. Marijuana	A	B	C	D	E

How difficult is it for students **in your grade** to get any of the following substances if they really want them?

	<b>Very difficult</b>	<b>Fairly difficult</b>	<b>Fairly easy</b>	<b>Very easy</b>	<b>Don't know</b>
A64. Cigarettes	A	B	C	D	E
A65. Alcohol	A	B	C	D	E
A66. Marijuana	A	B	C	D	E

◆ Module A ◆

Think about a group of 100 students (about three classrooms) **in your grade**.

About how many students have done the following?

		Number of Students										
		0 (None)	10	20	30	40	50 (Half)	60	70	80	90	100 (All)
A67.	Smoke cigarettes at least once a month?	A	B	C	D	E	F	G	H	I	J	K
A68.	Ever tried marijuana?	A	B	C	D	E	F	G	H	I	J	K

How much would your friends disapprove of you for using...

		A lot	Some	Not much	Not at all
A69.	Cigarettes?	A	B	C	D
A70.	Alcohol?	A	B	C	D
A71.	Marijuana?	A	B	C	D

A72. During your **life**, how many times have you ever driven a car when you had been drinking alcohol, or been in a car driven by a friend when he or she had been drinking?

- |    |         |    |                 |
|----|---------|----|-----------------|
| A) | Never   | D) | 3 to 6 times    |
| B) | 1 time  | E) | 7 or more times |
| C) | 2 times |    |                 |

A73. Has using alcohol, marijuana, or other drugs ever caused you to have any of the following problems?

*(Mark All That Apply.)*

- |    |   |    |   |
|----|---|----|---|
| A) | Does not apply; I never used alcohol or drugs         | G) | Fight with other kids                                 |
| B) | Have problems with emotions, nerves, or mental health | H) | Damage a friendship                                   |
| C) | Get into trouble or have problems with the police     | I) | Physically hurt or injure yourself                    |
| D) | Have money problems                                   | J) | Have unwanted or unprotected sex                      |
| E) | Get into trouble in school                            | K) | Forget what happened or pass out                      |
| F) | Have problems with schoolwork                         | L) | Have any other problems                               |
|    |   | M) | I've used alcohol or drugs but never had any problems |

◆ Module A ◆

A74. If you use alcohol, marijuana, or another drug, have you had any of the following experiences?

*(Mark All That Apply.)*

- |  |  |
|--|--|
| A) Does not apply; have not used alcohol or drugs  | G) Didn't like the way you felt when you were not high or drunk            |
| B) Found you had to increase how much you use to have the same effect as before  | H) Thought about reducing (cutting down) or stopping use                   |
| C) Frequently spent a lot of time getting, using, or being "hung over" from using alcohol or other drugs   | I) Told yourself you were not going to use but found yourself using anyway |
| D) Used alcohol or drugs a lot more than you intended  | J) Spoke with someone about reducing or stopping use                       |
| E) Used alcohol or drugs when you were alone (by yourself)   | K) Attended counseling, a program, or group to help you reduce or stop use |
| F) Your use of alcohol or drugs often kept you from doing a normal activity, like going to school, working, or doing recreational activities or hobbies (sports, music, art, etc.) | L) I use alcohol or drugs but have not experienced any of these things     |

**Next are questions about violence, safety, harassment, and bullying.**

During the past **12 months**, how many times on school property have you...

<b>Happened on School Property</b>		<b>0 times</b>	<b>1 time</b>	<b>2 to 3 times</b>	<b>4 or more</b>
A75.	Been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	B	C	D
A76.	Been afraid of being beaten up?	A	B	C	D
A77.	Been in a physical fight?	A	B	C	D
A78.	Had mean rumors or lies spread about you?	A	B	C	D
A79.	Had sexual jokes, comments, or gestures made to you?	A	B	C	D
A80.	Been made fun of because of your looks or the way you talk?	A	B	C	D
A81.	Had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
A82.	Been offered, sold, or given an illegal drug?	A	B	C	D
A83.	Damaged school property on purpose?	A	B	C	D
A84.	Carried a gun?	A	B	C	D
A85.	Carried any other weapon, such as a knife or club?	A	B	C	D
A86.	Been threatened or injured with a weapon (gun, knife, club, etc.)?	A	B	C	D
A87.	Seen someone carrying a gun, knife, or other weapon?	A	B	C	D

◆ Module A ◆

During the past **12 months**, how many times on school property were you harassed or bullied for any of the following reasons?

(You were **bullied** if you were shoved, hit, threatened, called mean names, teased in a way you didn't like, or had other unpleasant things done to you. It is **not bullying** when two students of about the same strength quarrel or fight.)

	<b>0 times</b>	<b>1 time</b>	<b>2 to 3 times</b>	<b>4 or more</b>
A88. Your race, ethnicity, or national origin	A	B	C	D
A89. Your religion	A	B	C	D
A90. Your gender (being male or female)	A	B	C	D
A91. Because you are gay or lesbian or someone thought you were	A	B	C	D
A92. A physical or mental disability	A	B	C	D
A93. Any other reason	A	B	C	D

A94. How much would your friends disapprove of **you** for carrying a weapon to school?

- |          |               |
|----------|---------------|
| A) A lot | C) Not much   |
| B) Some  | D) Not at all |

A95. How safe do you feel when you are **at school**?

- |                           |                |
|---------------------------|----------------|
| A) Very safe              | D) Unsafe      |
| B) Safe                   | E) Very unsafe |
| C) Neither safe or unsafe |                |

A96. Do you consider yourself a **member of a gang**?

- A) No  
B) Yes

A97. During the past **12 months**, did your boyfriend or girlfriend ever, hit slap, or physically hurt you on purpose?

- A) Does not apply; I didn't have a boyfriend or girlfriend during the past 12 months  
B) No  
C) Yes

◆ Module A ◆

- A98. During the past **12 months**, did you ever feel so sad or hopeless almost everyday for **two weeks or more** that you stopped doing some usual activities?
- A) No
  - B) Yes
- A99. During the past **12 months**, how would you describe the grades you mostly received in school?
- A) Mostly A's
  - B) A's and B's
  - C) Mostly B's
  - D) B's and C's
  - E) Mostly C's
  - F) C's and D's
  - G) Mostly D's
  - H) Mostly F's
- A100. During the past **12 months**, about how many times did you **skip school or cut classes**?
- A) 0 times
  - B) 1-2 times
  - C) A few times
  - D) Once a month
  - E) Once a week
  - F) More than once a week
- A101. How many questions in this survey did you answer **honestly**?
- A) All of them
  - B) Most of them
  - C) Only some of them
  - D) Hardly any

**The next questions ask for your height and weight.**

# ◆ Module A ◆

How **tall** are you without your shoes on?

*Write your height in feet and inches in the answer-form boxes and fill in the bubbles with the matching numbers.*

For example:

If you are **4 feet 9 inches** tall, you would answer the question as follows:

Feet	Inches
4	9
(2)	(0)
(3)	(1)
(4)	(2)
(5)	(3)
(6)	(4)
(7)	(5)
	(6)
	(7)
	(8)
	(9)
	(10)
	(11)

If you are **5 feet 0 inches** tall, you would answer the question as follows:

Feet	Inches
5	0
(2)	(0)
(3)	(1)
(4)	(2)
(5)	(3)
(6)	(4)
(7)	(5)
	(6)
	(7)
	(8)
	(9)
	(10)
	(11)

How much do you **weigh** without your shoes on?

*Write your weight in the answer-form boxes and fill in the bubbles with the matching numbers.*

For example:

If you weigh **87 pounds**, you would answer the question as follows:

Weight		
0	8	7
(0)	(0)	(0)
(1)	(1)	(1)
(2)	(2)	(2)
(3)	(3)	(3)
(4)	(4)	(4)
(5)	(5)	(5)
(6)	(6)	(6)
(7)	(7)	(7)
(8)	(8)	(8)
(9)	(9)	(9)

If you weigh **102 pounds**, you would answer the question as follows:

Weight		
1	0	2
(0)	(0)	(0)
(1)	(1)	(1)
(2)	(2)	(2)
(3)	(3)	(3)
(4)	(4)	(4)
(5)	(5)	(5)
(6)	(6)	(6)
(7)	(7)	(7)
(8)	(8)	(8)
(9)	(9)	(9)

Thank you for taking the survey.

# California Healthy Kids Survey

## ▼ Section B ▼

**Please mark on your answer sheets how you feel about each of the following statements.**

How strongly do you agree or disagree with the following statements about your *school*?

---

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Disagree Nor Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
B1.	I feel close to people at this school.	A	B	C	D	E
B2.	I am happy to be at this school.	A	B	C	D	E
B3.	I feel like I am part of this school.	A	B	C	D	E
B4.	The teachers at this school treat students fairly.	A	B	C	D	E
B5.	I feel safe in my school.	A	B	C	D	E

---

**Next, mark how TRUE you feel the next statements are about your SCHOOL and things you might do there.**

At my school, there is a teacher or some other adult...

---

		<b>Not at All True</b>	<b>A Little True</b>	<b>Pretty Much True</b>	<b>Very Much True</b>
B6.	Who really cares about me.	A	B	C	D
B7.	Who tells me when I do a good job.	A	B	C	D
B8.	Who notices when I'm not there.	A	B	C	D
B9.	Who always wants me to do my best.	A	B	C	D
B10.	Who listens to me when I have something to say.	A	B	C	D
B11.	Who believes that I will be a success.	A	B	C	D

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## ▼ Section B ▼

At school...

		<b>Not at All True</b>	<b>A Little True</b>	<b>Pretty Much True</b>	<b>Very Much True</b>
B12.	I do interesting activities.	A	B	C	D
B13.	I help decide things like class activities or rules.	A	B	C	D
B14.	I do things that make a difference.	A	B	C	D

**The next statements are about what might occur *outside your school or home*, such as in your **NEIGHBORHOOD, COMMUNITY**, or with an **ADULT** other than your parents or guardian.**

Outside of my home and school, there is an adult...

		<b>Not at All True</b>	<b>A Little True</b>	<b>Pretty Much True</b>	<b>Very Much True</b>
B15.	Who really cares about me.	A	B	C	D
B16.	Who tells me when I do a good job.	A	B	C	D
B17.	Who notices when I am upset about something.	A	B	C	D
B18.	Who believes that I will be a success.	A	B	C	D
B19.	Who always wants me to do my best.	A	B	C	D
B20.	Whom I trust.	A	B	C	D

Outside of my home and school, I do these things...

		<b>Not at All True</b>	<b>A Little True</b>	<b>Pretty Much True</b>	<b>Very Much True</b>
B21.	I am part of clubs, sports teams, church/temple, or other group activities.	A	B	C	D
B22.	I am involved in music, art, literature, sports or a hobby.	A	B	C	D
B23.	I help other people.	A	B	C	D



*Find item  
G1 on your  
answer sheet!*

How much would your parent(s)/guardian(s) disapprove of you using ...?

		A lot	Some	Not Much	Not at all
G1.	... Tobacco?	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
G2.	... Alcohol?	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
G3.	... Marijuana?	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>

During the past 12 months, did you ...

		No	Yes	Not Sure
G4.	... receive information on alcohol, tobacco, or drugs in a class such as health, science, or physical education?	<b>A</b>	<b>B</b>	<b>C</b>
G5.	... participate in a sober or drug-free event? <i>For example: post-prom party, dance, Free 4 the Weekend...</i>	<b>A</b>	<b>B</b>	<b>C</b>
G6.	... participate in clubs or prevention activities that promote alcohol, tobacco, or drug-free lifestyles? <i>For example: Friday Night Live, Red Ribbon Week...</i>	<b>A</b>	<b>B</b>	<b>C</b>
G7.	... participate in a support group at school or in the community that addressed alcohol, tobacco, or drug use?	<b>A</b>	<b>B</b>	<b>C</b>
G8.	... participate in a mediation session or have training in how to resolve conflict, reduce violence, or prevent bullying?	<b>A</b>	<b>B</b>	<b>C</b>
G9.	... participate in activities that promote respect, diversity, and understanding for others?	<b>A</b>	<b>B</b>	<b>C</b>

Did the activities in the previous question, that you participated in, help you...?

	No	Yes
G10. ... avoid or reduce use of alcohol, tobacco, or drugs?	A	B
G11. ... resist pressure from friends to use alcohol, tobacco, or drugs?	A	B
G12. ... learn that alcohol, tobacco, or drugs can be harmful to my health?	A	B
G13. ... learn respect and tolerance and/or avoid and reduce violence, fighting, and bullying?	A	B
G14. ... talk with my parents about my alcohol or drug use?	A	B
G15. I decided not to use alcohol, tobacco or drugs before participating in these activities.	A	B

G16. How do *most* students, at your school, who drink alcohol, get it?

*(Mark All That Apply.)*

- |  |                                 |
|--|---------------------------------|
| A) At school                           | G) Buy it themselves at a store |
| B) At parties or events outside school | (convenience store, liquor      |
| C) At their own home                   | store, grocery, mini mart)      |
| D) At friends' home                    | H) Other                        |
| E) From friends or another teenager    | I) Don't know                   |
| F) Get adults to buy it for them       |                                 |

During the past 12 months, have you done any of the following, even if only once?

	No	Yes
G17. Drink alcohol at home	A	B
G18. Drink alcohol when you are by yourself	A	B
G19. Drink alcohol with others in a limousine	A	B
G20. Drink alcohol with others while hanging out in cars or at parking lots	A	B

		No	Yes
G21.	Drink alcohol or use drugs with others in a motel room	A	B
G22.	Use a fake ID (identification card)	A	B
G23	Use steroid pills or shots without a doctor's orders	A	B

During the past 12 months, have you used these substances without a doctor's orders?  
*(For example, taken more than prescribed, taken some that were not yours, or used the drug to get high or loaded.)*

		No	Yes
G24.	Anti-depressants or tranquilizers (For example, Prozac, Valium...)?	A	B
G25.	ADHD medication (For example, Ritalin, Adderol...)?	A	B

During the past 12 months, have you misused any of the following kinds of over-the-counter products?

*(For example, taken more than a usual dose or amount, or used the product to get high or loaded.)*

		No	Yes
G26.	Antihistamines (for example, Sudafed, Benadryl...)?	A	B
G27.	Cold or cough medication (for example, Nyquil, Robitussin...)?	A	B
G28.	High-caffeine/keep alert products to get high or loaded (for example, Red Bull, JOLT, No DOZE...)?	A	B



On your answer sheet ... leave **the rest of Section G** blank.

You have finished the survey.

We appreciate your input and efforts to help make our school a safe place to learn.