

PPAAUS 2006

PRIMARY PREVENTION AWARENESS, ATTITUDE, AND USE SURVEY

A Survey About You

**Always read ALL the answer choices before you pick your answer
or answers.**

Principal Funders:



U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, grant #H79 SP11684-01

1. I AM A: Male Female

2. I AM IN GRADE: 6 7 8 9 10 11 12

3. MY OVERALL GRADE AVERAGE IS: Excellent Very Good Good Average Below Average Poor

4. HOW DO YOU DESCRIBE YOURSELF? (You may choose more than one answer)

Native American or Alaskan Native Asian Black or African American Hispanic or Latino/a

White Multi-Racial Other

5. ENGLISH IS A SECOND LANGUAGE FOR ME. Yes No

6. WHICH OF THE FOLLOWING COMES CLOSEST TO DESCRIBING THE HOME IN WHICH YOU LIVE MOST OF THE TIME?

- Live with two parents - natural or adoptive
- Live with parents - joint custody
- Live with two parents - one a stepparent
- Live with one parent - mother
- Live with one parent - father
- Live with grandparent(s)
- Live with other family member or relative
- Other

	Never	Sometimes	Often	Always
7. MY PARENTS SHOW INTEREST IN MY SCHOOL WORK.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. WHEN I DO SOMETHING, I THINK HOW MY FAMILY WOULD BE HURT OR ANGRY IF I WERE CAUGHT USING ALCOHOL, TOBACCO OR OTHER DRUGS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. WHEN I DO SOMETHING, I AM INFLUENCED BY STRONG FAMILY VALUES AGAINST THE USE OF ALCOHOL, TOBACCO OR OTHER DRUGS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WOULD YOU BE WILLING TO USE ANY OF THE FOLLOWING LISTED BELOW?

	I would never use it	I probably wouldn't use it	I'm not sure whether or not I would use it	I would like to try it or would like to use it	I would use it any chance I got
10. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Alcohol (beer, wine, coolers, "hard" liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Marijuana (grass, weed)-	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Steroids (roids, juice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Performance enhancers (ephedra, glutamine, creatine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Someone else's prescription drugs to get high (ritalin, oxycontin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Over the counter drugs to get high (cough & cold medicine, DXM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Designer or club drugs (ecstasy, XTC, Special K, GHB)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Chewing tobacco (snuff, dip, rub, spit)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Cocaine or Crack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Hallucinogens (acid, LSD, shrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Inhalant (huffing, glading, dusting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Speed, methamphetamine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Other tobacco products, cigar-like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HOW OFTEN, IF AT ALL, DO YOU USE THE FOLLOWING?

	Never used	Used before, but not in past year	Used about once or twice a year	Use about once or twice a month	Use about once or twice a week	Use about every day
25. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Alcohol (beer, wine, wine coolers, "hard" liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Marijuana (grass, weed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Steroids (roids, juice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Dactyls (rubes, warehouses, little feet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Performance enhancers (ephedra, glutamine, creatine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Someone else's prescription drugs to get high (ritalin, oxycontin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Over the counter drugs to get high (cough and cold medicine, DXM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Designer or club drugs (ecstasy, XTC, special K, GHB)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Chewing tobacco (snuff, dip, rub, spit)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Cocaine or Crack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Hallucinogens (acid, LSD, shrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Inhalants (huffing, glading, dusting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Speed, methamphetamine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Other tobacco products, cigar-like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF YOU USE ALCOHOL, CIGARETTES OR MARIJUANA, MARK THE AGE AT WHICH YOU STARTED USING IT - OTHERWISE MARK "NEVER USED IT".

	Never Used	8 or younger	9	10	11	12	13	14	15	16	17	18
41. Alcohol	<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"/>
42. Cigarettes	<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"/>
43. Marijuana	<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"/>

HOW MANY STUDENTS AT YOUR SCHOOL DO YOU THINK USE THE FOLLOWING DRUGS ONCE OR TWICE A MONTH OR MORE OFTEN?

	None	25%	50%	75%	All
44. Alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF YOU USE ALCOHOL, TOBACCO, MARIJUANA OR OTHER DRUGS, WHERE DO YOU GET THEM?

You may choose more than one answer.

	Don't Use	Family	Friends	Store (Bought)
47. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF YOU USE ALCOHOL, CIGARETTES, MARIJUANA OR OTHER DRUGS, WHERE DO YOU USE THEM?

You may choose more than one answer.

	Don't Use	In School	At Parties	At Home	At Work
50. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF YOU USE ALCOHOL, CIGARETTES, MARIJUANA OR OTHER DRUGS, WHEN DO YOU USE THEM?

You may choose more than one answer.

	Don't Use	Before School	During School	After School	Week Nights	Week-ends
53. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?

- | | | |
|----------------------------------|---|---|
| 56. <input type="radio"/> 0 days | 59. <input type="radio"/> 3 to 5 days | 62. <input type="radio"/> 20 or more days |
| 57. <input type="radio"/> 1 day | 60. <input type="radio"/> 6 to 9 days | 63. <input type="radio"/> |
| 58. <input type="radio"/> 2 days | 61. <input type="radio"/> 10 to 19 days | 64. <input type="radio"/> |

HOW DO YOU FEEL ABOUT YOUR SCHOOL?

	Strongly Agree	Agree	Disagree	Strongly Disagree
65. Teachers in this school enforce school rules fairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. Teachers in this school treat students with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. Teachers at this school have high expectations for their students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. I feel that I can talk to the teachers in this school about things that are bothering me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. Students at this school really care about each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. Students in this school treat each other with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. Students in this school treat teachers with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. I have a good relationship with an adult in my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. Staff, students and parents work together to solve problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. My school does a good job of assisting students who need help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. The school is run in an orderly manner that helps learning to take place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DURING THE PAST YEAR AT SCHOOL, HOW OFTEN HAVE YOU...

	Never	Once	2-3 times	4 or more times
76. told lies or spread false rumors about someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. pushed others around to make them afraid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. left someone out of a group or activity to hurt them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WHAT DO YOU USUALLY DO WHEN...

you hear another student being called mean or hurtful names? You may choose more than one response.

- 79. Ask the person to stop
- 80. Report it to an adult
- 81. Not sure what to do
- 82. Nothing-
- 83. Laugh
- 84. Join In-

you see someone being physically bullied (hit, shoved around, etc)? You may choose more than one response.

- 85. Ask the person to stop
- 86. Report it to an adult
- 87. Not sure what to do
- 88. Nothing-
- 89. Watch
- 90. Join in

someone is spreading mean rumors or gossip? You may choose more than one response.

- 91. Ask the person to stop
- 92. Report it to an adult
- 93. Not sure what to do
- 94. Nothing-
- 95. Listen
- 96. Join in

DURING THE PAST YEAR AT SCHOOL, HOW OFTEN...

	Never	Once	2-3 times	4 or more times
97. has someone taken money or things directly from you using force, a weapon or threats?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. have other students spread lies or false rumors about you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. has someone physically bullied you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100. has someone verbally bullied you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101. has someone left you out of a group or activity to hurt you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102. have you feared for your physical safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HOW DO YOU SPEND YOUR TIME OUT OF SCHOOL?

	Never	Before but not in the past year	A few times a year	About once or twice a month	About once or twice a week	Almost every day
103. Volunteer or community service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. Social activities with friends like going to movies, on a date, to a concert, to a party.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. Educational activities like doing homework, school projects, research or reading books.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. Physical activities and community sports like jogging, swimming, baseball, soccer, dance class, or exercise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. Religious activities like going to church/synagogue/mosque meetings or services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. Work as a paid employee like at a restaurant, store, or other business.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109. Video or computer games like Play Station Xbox, Game Cube, Internet or others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. Family activities like movies, dinner, TV, games or shopping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. Community activities like scouts, camps, after school programs or holiday celebrations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DURING THE <u>PAST YEAR</u>, HOW OFTEN HAVE YOU...	Never	Once	Twice	Three times	Four to ten times	More than ten times
112. skipped class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. skipped school without permission (truant, hookie)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. cheated on a class test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. sold drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. vandalized property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. had enough to drink to feel drunk or very high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. ridden in a car when the driver was or had been drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. ridden in a car when the driver was or had been smoking pot?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. driven a car while drinking or after drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O I don't drive						
112. driven a car while smoking or after smoking pot?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O I don't drive						
113. been a designated driver?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O I don't drive						
114. been called names, disrespected, physically threatened, made to feel afraid online (chat rooms, blogs, IM)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HOW MUCH DO YOU THINK PEOPLE RISK HARMING THEMSELVES (PHYSICALLY OR OTHER WAYS) IF THEY...	No risk	Slight risk	Moderate risk	Great risk	Can't say/unfamiliar
115. Smoke one or more packs of cigarettes per day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. Try marijuana once or twice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. Smoke marijuana occasionally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. Smoke marijuana regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. Take one or two drinks nearly every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
121. Take four or five drinks nearly every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. Have five or more drinks once or twice each weekend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IN THE PAST 12 MONTHS, DID YOU PARTICIPATE IN ANY OF THE FOLLOWING SCHOOL PROGRAMS?

	Yes	No				
123. Performing arts (band, orchestra, choir, theater)	<input type="radio"/>	<input type="radio"/>				
124. Other activities (newspaper, yearbook, clubs)	<input type="radio"/>	<input type="radio"/>				
125. Career Center or Vocational	<input type="radio"/>	<input type="radio"/>				
126. Athletics: In how many sports did you participate?	<input type="radio"/> None	<input type="radio"/> One	<input type="radio"/> Two	<input type="radio"/> Three or more		
127. Athletics: At what level did you participate (Fill in all circles that apply)?						
O Did NOT participate	<input type="radio"/>	<input type="radio"/> Grades 7 & 8		<input type="radio"/> Junior varsity/Reserve		
O Freshman Team	<input type="radio"/>	<input type="radio"/> Varsity				

HAVE YOU PARTICIPATED IN THE FOLLOWING SCHOOL PROGRAMS? (Fill in all the circles that apply)

	Did NOT participate	In elementary school	In middle school	In high school
128. Drug-Free Leadership/Camps/Retreats (Youth to Youth, Teen Institute)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
129. D.A.R.E.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
130. Drug-Free Clubs/Activities (Youth to Youth, Teen Institute)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
131. Violence Prevention (Conflict resolution, peer mediation, Second Step)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
132. Winners' Choice Camp (when you were in 7th grade)		-	<input type="radio"/>	-
133. After School (mentoring, tutoring)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-

BY WHOM HAVE YOU BEEN TAUGHT... (Fill in all the circles that apply)

	DARE Officer	Health teacher	Guidance Counselor	Parent/Guardian	Other
134. about the effects of using alcohol, tobacco, other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
135. decision-making skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
136. how to stand up for what you believe?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137. how to refuse offers to use drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
138. how to deal with stress?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
139. how to make friends and get along with people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
140. how to appreciate people different from yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WHAT MESSAGE DO YOU GET ABOUT THE USE OF ALCOHOL?

	It's NOT OK to use	Mixed Message	It's OK to use	No Message Given
141. from your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
142. from your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
143. from teachers at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
144. from athletic team coaches at school? <input type="radio"/> Don't Participate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
145. from club advisors at school? <input type="radio"/> Don't Participate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
146. from TV, radio, movies, magazines, music or the Internet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WHAT MESSAGE DO YOU GET ABOUT THE USE OF TOBACCO?

	It's NOT OK to use	Mixed Message	It's OK to use	No Message Given
147. from your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
148. from your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
149. from teachers at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
150. from athletic team coaches at school? <input type="radio"/> Don't Participate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
151. from club advisors at school? <input type="radio"/> Don't Participate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
152. from TV, radio, movies, magazines, music or the Internet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WHAT MESSAGE DO YOU GET ABOUT THE USE OF MARIJUANA?

		It's NOT OK to use	Mixed Message	It's OK to use	No Message Given
153. from your parents?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
154. from your friends?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
155. from teachers at school?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
156. from athletic team coaches at school?	<input type="radio"/> Don't Participate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
157. from club advisors at school?	<input type="radio"/> Don't Participate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
158. from TV, radio, movies, magazines, music or the Internet?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FILL IN THE CIRCLE THAT COMES CLOSEST TO DESCRIBING HOW OFTEN YOU FEEL...

	Most of the time	Some of the time	Almost never
159. happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
160. depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
161. angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
162. nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
163. good about my school work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
164. worried about doing well in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

165. DID THE PERSON GIVING YOU THIS SURVEY MAKE YOU FEEL SURE THAT YOUR ANSWERS WOULD NOT BE SEEN BY ANYONE AT YOUR SCHOOL?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Sure
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When you have completed the survey, turn the booklet over so the cover is facing up on your desk. Someone from your class will collect all surveys.

THANK YOU FOR YOUR HELP!

*The Safe and Drug-Free Schools Consortium of the Center for Learning Partnerships
The Educational Council*