



## High School Questionnaire

This is a survey about school and health-related behaviors, experiences, and attitudes. It includes questions about use of alcohol, tobacco, and other drugs; bullying and violence; and what you do at school and how you feel about it. **You will be able to answer** whether or not you have done or experienced any of these things.

**You do not have to answer these questions**, but your answers will be very helpful in improving school and health programs.

**Please do not write your name on this form or on the answer sheets. Do not identify yourself in any other way.**

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?), or the past **12 months**, or **30 days**. Each provides different information. Please pay careful attention to these time periods.

**Thank you for taking this survey!**

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

**B1. How old are you?**

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

**B2. What is your sex?**

- A) Male                      B) Female

**B3. What grade are you in?**

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

**B4. Are you of Hispanic or Latino origin?**

- A) No                      B) Yes

**B5. What is your race?**

- |                                     |  |
|-------------------------------------|--|
| A) American Indian or Alaska Native | D) Native Hawaiian or Pacific Islander |
| B) Asian                            | E) White                               |
| C) Black or African American        | F) Mixed (two or more races)           |

**B6. 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 | E) Filipino | I) Laotian  |
| B) Asian Indian                                       | F) Hmong    | J) Vietnamese   |
| C) Cambodian  | G) Japanese | K) Native Hawaiian, Guamanian, Samoan, Tahitian or other Pacific Islander |
| D) Chinese  | H) Korean   | L) Other Asian  |

**B7. This school year, have you participated in UCSD Project Options during the lunch period (group discussion or survey only); which of the following format(s) have you gone to?**

*(Mark All That Apply)*

- |                          |                                    |
|--------------------------|------------------------------------|
| A) No, not this year     | C) Yes, I just filled out a survey |
| B) Yes, Group Discussion |                                    |

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

**Keep the following definitions in mind**

- **One drink of ALCOHOL**, or alcoholic drink (beverage), means 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, including pills and medications, used to get "high" ("loaded", "stoned", or "wasted") other than alcohol or tobacco.

*During your life, how many times have you used or tried the following substances without a doctor's order?*

	0 times	1 time	2 times	3 times	4-6 times	7-10 times	11-50 times	51-100 times	Over 100 times
<b>B8. A whole cigarette</b>	A	B	C	D	E	F	G	H	I
<b>B9. Smokeless tobacco</b> (dip, chew or snuff such as Redman™, Skoal™, or Beechnut™)	A	B	C	D	E	F	G	H	I
<b>B10. Hookah</b> (waterpipe, nargilla, hubble-bubble)	A	B	C	D	E	F	G	H	I
<b>B11. Electronic Cigarettes</b> (e-cigarettes, Safe-Cig, Green Smoke, Blu, NJOY)	A	B	C	D	E	F	G	H	I
<b>B12. 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	E	F	G	H	I
<b>B13. Marijuana</b> (pot, weed, grass, hash, bud)	A	B	C	D	E	F	G	H	I
<b>B14. 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	F	G	H	I
<b>B15. Cocaine</b> (any form—coke, crack, rock, base, snort)	A	B	C	D	E	F	G	H	I
<b>B16. Methamphetamine or any amphetamines</b> (meth, speed, crystal, crank, ice)	A	B	C	D	E	F	G	H	I
<b>B17. Derbisol</b> (DB, derbs, or dirt)	A	B	C	D	E	F	G	H	I
<b>B18. LSD or other psychedelics</b> (acid, mescaline, peyote, mushrooms, salvia)	A	B	C	D	E	F	G	H	I
<b>B19. Ecstasy</b> (E, X, EXTTC, MDMA)	A	B	C	D	E	F	G	H	I
<b>B20. Heroin</b> (smack, junk, China white, black tar)	A	B	C	D	E	F	G	H	I
<b>B21. Any other illegal drug or pill to get "high"</b>	A	B	C	D	E	F	G	H	I

*During your life, how many times have you used or tried the following pills or medications without a doctor's order (to get "high" or "stoned")?*

	0 times	1 time	2 times	3 times	4-6 times	7-10 times	11-50 times	51-100 times	Over 100 times
<b>B22. Prescription pain killers</b> (Vicodin™, OxyContin™, Percodan™, Lortab™)?	A	B	C	D	E	F	G	H	I
<b>B23. Barbiturates</b> (Seconal™, Nembutol™, Amital™, reds, yellow jackets)	A	B	C	D	E	F	G	H	I
<b>B24. Tranquilizers or sedatives</b> (tranks, libs, Xanax™, Valium™, Ativan™, Librium™, Klonopin™, benzodiazepine, benzos)	A	B	C	D	E	F	G	H	I
<b>B25. Cold/Cough Medicines</b> (Triple-C's, Coricidin Cough, Sudafed, TheraFlu, Tylenol Cough)	A	B	C	D	E	F	G	H	I
<b>B26. Diet Pills</b> (Didrex, Dexedrine, Zinadrine, Skittles, M&M's)	A	B	C	D	E	F	G	H	I
<b>B27. Ritalin™ or Adderall™</b> (JIF, R-ball, Skippy, the smart drug)	A	B	C	D	E	F	G	H	I

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

	0 times	1 time	2 times	3 times	4-6 times	7-10 times	11-50 times	51-100 times	Over 100 times
<b>B28. very drunk or sick after drinking alcohol?</b>	A	B	C	D	E	F	G	H	I
<b>B29. "high" (loaded, stoned, or wasted) from using drugs?</b>	A	B	C	D	E	F	G	H	I
<b>B30. drunk on alcohol or "high" on drugs on school property?</b>	A	B	C	D	E	F	G	H	I

*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
<b>B31. Had a drink of an alcoholic beverage (other than a sip or two)</b>	A	B	C	D	E	F	G	H	I	J
<b>B32. Smoked part or all of a cigarette</b>	A	B	C	D	E	F	G	H	I	J
<b>B33. Used smokeless tobacco or other tobacco products</b>	A	B	C	D	E	F	G	H	I	J
<b>B34. Used marijuana or hashish</b>	A	B	C	D	E	F	G	H	I	J
<b>B35. Used any other illegal drug, or pill to get "high"</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 day	2 days	3 - 9 Days	10 - 19 days	20 - 30 days
<b>B36. cigarettes?</b>	A	B	C	D	E	F
<b>B37. smokeless tobacco</b> (dip, chew or snuff)?	A	B	C	D	E	F
<b>B38. hookah</b> (waterpipe, nargilla, hubble-bubble)?	A	B	C	D	E	F
<b>B39. electronic cigarettes</b> (e-cigarettes, Safe-Cig, Green Smoke, Blu, NJOY)	A	B	C	D	E	F
<b>B40. at least one energy drink with alcohol</b> (Red Bull™/Vodka, Sparks™, Tilt™, Rockstar 21™, etc.)?	A	B	C	D	E	F
<b>B41. marijuana</b> (pot, weed, grass, hash, bud)?	A	B	C	D	E	F
<b>B42. inhalants</b> (things you sniff, huff, or breathe to get “high”)?	A	B	C	D	E	F
<b>B43. cocaine</b> (any form, coke, crack, rock, base, snort)?	A	B	C	D	E	F
<b>B44. methamphetamine or any amphetamines</b> (meth, speed, crystal, crank, ice)?	A	B	C	D	E	F
<b>B45. LSD or other psychedelics</b> (acid, mescaline, peyote, mushrooms, salvia)?	A	B	C	D	E	F
<b>B46. ecstasy</b> (E, X, EXTC, MDMA)?	A	B	C	D	E	F
<b>B47. any other illegal drug or pill to get “high”?</b>	A	B	C	D	E	F
<b>B48. two or more drugs at the same time</b> (for example, alcohol with marijuana, ecstasy with mushrooms)?	A	B	C	D	E	F

**For items B49 –B54 please write the number in the box on your answer sheet**

**During the past 30 days... (if you did not drink in the past 30 days, answer 00)**

- 
- B49. on how many days did you have at least one drink of alcohol?**
- B50. on the days you drank, on average, how many drinks did you have?**
- B51. on how many days did you have five or more drinks of alcohol in a row, that is, within a couple of hours?**
- B52. what is the largest number of drinks you had on any day?**
- B53. how many times have you thought about or wanted to cut down or stop drinking alcohol?**
- B54. how many times have you tried to cut down or stop drinking alcohol?**
- 

*Thinking of all the times you drink, how often would you say that you drink for each of the following reasons?*

	Almost Never/Never	Some of the time	Half of the time	Most of the time	Almost Always
<b>B55. Because it improves parties and celebrations</b>	A	B	C	D	E
<b>B56. To forget about your problems</b>	A	B	C	D	E
<b>B57. Because it gives you a pleasant feeling</b>	A	B	C	D	E
<b>B58. To be liked</b>	A	B	C	D	E
<b>B59. So you won't feel left out</b>	A	B	C	D	E

**B60. Are you personally aware of students who are using illegal or prescription drugs on your school's campus?**

- A) Yes                                      B) No                                      C) Don't have any information

**B61. Is it easy to purchase or obtain illegal or prescription drugs on your school's campus?**

- A) Yes                                      B) No                                      C) Don't have any information

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

	0 days	1 Day	2 days	3 - 9 Days	10 - 19 days	20 - 30 days
<b>B62. smoke cigarettes?</b>	A	B	C	D	E	F
<b>B63. have at least one drink of alcohol?</b>	A	B	C	D	E	F
<b>B64. smoke marijuana?</b>	A	B	C	D	E	F
<b>B65. use any other illegal drug or pill to get "high"?</b>	A	B	C	D	E	F

**B66. How do you like to drink alcohol?**

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

**B67. If you use marijuana or other drugs, how "high" (stoned, faded, wasted, trashed) do you usually like to get?**

- A) I don't use drugs                      C) A little high                      E) Really high or wasted  
B) Not high at all                      D) Moderately high

**B68. Will you try to cut down or stop drinking alcohol in the next month?**

- A) Definitely not                      C) Not sure                      E) Definitely will  
B) Probably not                      D) Probably will                      F) Not applicable

**B69. Next month I will...**

- A) Definitely not drink                      C) Not sure                      E) Definitely will drink  
B) Probably not drink                      D) Probably will drink

*How would each of these change if you cut down or stopped drinking alcohol?*

*(If you don't drink, or cut down or stopped drinking, what would happen?)*

	A lot worse	Worse	No difference	Better	A lot better
<b>B70. The future would be....</b>	A	B	C	D	E
<b>B71. Fitting in with others would be....</b>	A	B	C	D	E
<b>B72. My self respect would be...</b>	A	B	C	D	E
<b>B73. Getting dates would be...</b>	A	B	C	D	E

*Do you agree or disagree?*

	Disagree strongly	Disagree somewhat	Uncertain	Agree somewhat	Agree strongly
<b>B74.</b> Parties are not as much fun if people <b>ARE</b> drinking alcohol.	A	B	C	D	E
<b>B75.</b> People act like better friends after a few drinks of alcohol.	A	B	C	D	E
<b>B76.</b> Alcohol makes people more relaxed and less tense.	A	B	C	D	E
<b>B77.</b> A person can do things better after a few drinks of alcohol	A	B	C	D	E
<b>B78.</b> Drinking alcohol is OK because it allows people to join in with others who are having fun.	A	B	C	D	E
<b>B79.</b> People understand things better when they are drinking alcohol	A	B	C	D	E
<b>B80.</b> People can control their anger better when they are better	A	B	C	D	E

*The following reasons for not drinking alcohol in some situations or for not drinking at all.*

*How important is each statement to you personally as a reason for **not** drinking?*

	Not at all important	Slightly Important	Moderately Important	Very Important	Extremely Important
<b>B81.</b> Alcohol may affect my studies	A	B	C	D	E
<b>B82.</b> My family disapproves of drinking	A	B	C	D	E
<b>B83.</b> Drinking alcohol is against my spiritual or religious beliefs	A	B	C	D	E
<b>B84.</b> My doctor told me not to drink alcohol	A	B	C	D	E
<b>B85.</b> I do not like the taste or smell of alcohol	A	B	C	D	E

*During the past month, how many times have you had any of the following happen to you because of drinking alcohol?*

	Number of times									
	0	1	2	3	4	5	6	7	8	9 or more
B86. While drinking couldn't remember what happened, felt nauseous, threw up, or passed out?	A	B	C	D	E	F	G	H	I	J
B87. BECAUSE OF ALCOHOL: Didn't get homework done, didn't study for something you should have, got poorer grades on homework or a test, or missed part or all of a school day?	A	B	C	D	E	F	G	H	I	J
B88. BECAUSE OF ALCOHOL: Had a problem or argument with a friend or hurt your relationship with your girlfriend or boyfriend?	A	B	C	D	E	F	G	H	I	J
B89. BECAUSE OF ALCOHOL: Did something you wouldn't usually do?	A	B	C	D	E	F	G	H	I	J
B90. BECAUSE OF ALCOHOL: Did something illegal or got in trouble with the police while drinking?	A	B	C	D	E	F	G	H	I	J
B91. BECAUSE OF ALCOHOL: Got in trouble at school or at a school event?	A	B	C	D	E	F	G	H	I	J
B92. Driven after drinking...	A	B	C	D	E	F	G	H	I	J
B93. Ridden in a car with a driver who had been drinking...	A	B	C	D	E	F	G	H	I	J

*How much do people risk harming themselves physically and in other ways when they do the following?*

	How Much Risk or Harm			
	Great	Moderate	Slight	None
B94. Smoke cigarettes occasionally	A	B	C	D
B95. Smoke 1-2 packs of cigarettes each day	A	B	C	D
B96. Drink alcohol occasionally	A	B	C	D
B97. Have five or more drinks of an alcoholic beverage once or twice a week	A	B	C	D
B98. Smoke marijuana occasionally	A	B	C	D
B99. Smoke marijuana once or twice a week	A	B	C	D

*Last month, did you have any physical, school, relationship, legal, or social problems because of...*

	Yes	No
B100. Cigarettes?	A	B
B101. Marijuana?	A	B
B102. Other Drugs?	A	B



**B103. Have you been to another student’s home from your school where alcohol was being served to underage students and a parent was present who knew about the teen drinking?**

- A)** Yes
- B)** No

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

	Very difficult	Fairly difficult	Fairly easy	Very easy	Don't know
<b>B104. Cigarettes</b>	A	B	C	D	E
<b>B105. Alcohol</b>	A	B	C	D	E
<b>B106. Marijuana</b>	A	B	C	D	E

*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)	1-9	10	20	30	40	50 (Half)	60	70	80	90	100 (All)
<b>B107. Smoke cigarettes at least once a month</b>	A	B	C	D	E	F	G	H	I	J	K	L
<b>B108. Ever tried marijuana</b>	A	B	C	D	E	F	G	H	I	J	K	L
<b>B109. Drank alcohol last month</b>	A	B	C	D	E	F	G	H	I	J	K	L

**B110. When students in your grade drink alcohol, on average, how many drinks do you think they have? (# of drinks)**

**B111. How many days, on average, do you think students in your grade drank alcohol last month? (00 - 30 days)**

**B112. 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
- B)** Have problems with emotions, nerves, or mental health
- C)** Get into trouble or have problems with the police
- D)** Have money problems
- E)** Miss school
- F)** Have problems with schoolwork
- G)** Fight with other kids
- H)** Damage a friendship
- I)** Physically hurt or injure yourself
- J)** Have unwanted or unprotected sex
- K)** Forget what happened or pass out
- L)** Have any other problems
- M)** I’ve used alcohol or drugs but never had any problems

	Neither Approve Nor Disapprove	Somewhat Disapprove	Strongly Disapprove
<b>B113. How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?</b>	A	B	C

*How do you feel about someone your age doing the following?*

	Neither Approve Nor Disapprove	Somewhat Disapprove	Strongly Disapprove
<b>B114. Smoking one or more packs of cigarettes a day</b>	A	B	C
<b>B115. Having one or two drinks of any alcoholic beverage nearly every day</b>	A	B	C
<b>B116. Trying marijuana or hashish once or twice</b>	A	B	C
<b>B117. Using marijuana once a month or more</b>	A	B	C
<b>B118. Carrying a weapon to school</b>	A	B	C

*After each item below, please circle the letter that best applies to you*

	Never	Sometimes	Frequently	Always
<b>B119. I usually make up my mind through careful reasoning</b>	A	B	C	D
<b>B120. Once I start a project, I almost always finish it</b>	A	B	C	D
<b>B121. When rejected say things I will later regret</b>	A	B	C	D
<b>B122. When I am very happy, I feel like it is okay to give into cravings and overindulge</b>	A	B	C	D
<b>B123. Welcome new experiences even if frightening</b>	A	B	C	D

**B124. If you use alcohol, marijuana, or another drug, have you had any of the following experiences?**

*(Mark All That Apply)*

- |   |   |
|---|---|
| <b>A)</b> Does not apply; I have not used alcohol or drugs  | <b>G)</b> Often didn't feel OK unless you had something to drink or used a drug   |
| <b>B)</b> Found you had to increase how much you use to have the same effect as before  | <b>H)</b> Thought about reducing (cutting down) or stopping use                   |
| <b>C)</b> Frequently spent a lot of time getting, using, or being hung over from using alcohol or other drugs   | <b>I)</b> Told yourself you were not going to use but found yourself using anyway |
| <b>D)</b> Used alcohol or drugs a lot more than you intended  | <b>J)</b> Spoke with someone about reducing or stopping use                       |
| <b>E)</b> Used alcohol or drugs when you were alone (by yourself)   | <b>K)</b> Attended counseling, a program, or group to help you reduce or stop use |
| <b>F)</b> 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.) | <b>L)</b> I use alcohol or drugs but have not experienced any of these things     |

**B125. Do you consider yourself a member of a gang?**

- A) No
- B) Yes

**B126. 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

**B127. 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

**B128. During the past 12 months, did you ever seriously consider attempting suicide?**

- A) No
- B) Yes

**B129. 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

**B130. 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

**B131. During the past 12 months, how many times did other students spread mean rumors or lies about you on the internet (i.e. Facebook™, MySpace™, email, instant message)?**

- A) 0 times (never)
- B) 1 time
- C) 2-3 times
- D) 4 or more times

*During the past **12 months**, how often have you bet/gambled, even casually, for money or valuables in the following ways?*

	Not At All	Less than once a month	1 to 3 times a month	Once a week or more
<b>B132. Card or dice games (such as poker, blackjack, or craps)</b>	A	B	C	D
<b>B133. Personal skill games (such as pool, darts, or video games)</b>	A	B	C	D
<b>B134. Betting on sports</b>	A	B	C	D
<b>B135. Lottery (scratch cards or numbers)</b>	A	B	C	D
<b>B136. Bet or gambled in any other way</b>	A	B	C	D

- B137. Considering only your own “feeling best” rhythm, at what time would you get up if you were entirely free to plan your day?**
- A) 5AM–6AM                      D) 8AM-9AM                      F) 10AM-11AM  
 B) 6AM–7AM                      E) 9AM-10AM                      G) 11AM-12PM  
 C) 7AM-8AM
- B138. Considering only your own “feeling best” rhythm, at what time would you go to bed if you were entirely free to plan your evening?**
- A) 8PM–9PM                      D) 11PM-12AM                      F) 1AM-2AM  
 B) 9PM–10PM                      E) 12AM-1AM                      G) 2AM-3AM  
 C) 10PM-11PM
- B139. How many hours of sleep do you get on the weekdays?**
- A) 5-6                                  C) 7-8                                  E) 9-10  
 B) 6-7                                  D) 8-9                                  F) 10-11
- B140. How many hours of sleep do you get on the weekends?**
- A) 5-6                                  C) 7-8                                  E) 9-10  
 B) 6-7                                  D) 8-9                                  F) 10-11
- B141. 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