

Fam ID:  U  X    Resp:  Son  Daughter Int ID:

Date   /   /     Wave:  7 QM:

In our effort to gather accurate information about young adults and design the best programs and services for the community, we are asking detailed questions about areas that may be sensitive or personal. This questionnaire asks about your experiences with tobacco, alcohol, drugs and sex. We take many precautions to protect your privacy and keep your information confidential so that you can feel comfortable answering these questions honestly. We appreciate your effort and contribution.

**Section A**

This section asks detailed questions about your tobacco, alcohol and drug use.  
All information you give is kept private.

**Questions about TOBACCO**

1. Have you ever smoked cigarettes or chewed tobacco?  No  Yes  
*(If "No," skip to #15)*

2a. Did your mom (or caregiver) know?  No  Yes

<b>If "Yes" to #2a:</b>	b. Did your mom (or caregiver) care?	<input type="radio"/> No <input type="radio"/> Yes
	c. Did your mom (or caregiver) give you a consequence or discipline you for using tobacco?	<input type="radio"/> No <input type="radio"/> Yes

<b>If "No" to #2a:</b>	d. Would your mom (or caregiver) have cared if she had known?	<input type="radio"/> No <input type="radio"/> Yes
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3a. Did your dad (or caregiver) know?  No  Yes

<b>If "Yes" to #3a:</b>	b. Did your dad (or caregiver) care?	<input type="radio"/> No <input type="radio"/> Yes
	c. Did your dad (or caregiver) give you a consequence or discipline you for using tobacco?	<input type="radio"/> No <input type="radio"/> Yes

<b>If "No" to #3a:</b>	d. Would your dad (or caregiver) have cared if he had known?	<input type="radio"/> No <input type="radio"/> Yes
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4a. At what age did you first try tobacco?   years old

b. What was the situation when you first tried tobacco (*where were you. . .who were you with. . .what were you doing?*)

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5. When was the last time you used tobacco? (month/year)   /

6. How often have you used tobacco in the last 3 months?

Never → If "Never" AND you have used tobacco *less than twice* in your lifetime, **skip to #15**  
→ If "Never" AND you have used tobacco *twice or more* in your lifetime, **skip to #11**  
 Once or twice → If "Once or twice" **skip to #8a**  
 Once a month  
 Once every 2-3 weeks  
 Once a week  
 2-3 times a week  
 Once a day  
 2-3 times a day (or more)

7. **ANSWER ONLY IF:** you have used tobacco more than twice in the last 3 months.

How would you describe your pattern of use in the last 3 months (*for example did you use tobacco only on the weekends, daily, or a lot in one week and then not at all for awhile*)?

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\_\_\_\_\_

\_\_\_\_\_

8a. How much did you smoke in the last three months?

Didn't smoke  
 Less than 1 cigarette per week  
 1-5 cigarettes per week  
 More than 5 cigarettes, but less than a pack per week  
 1 pack of cigarettes per week  
 More than 1 pack of cigarettes per week

b. What is the total # of cigarettes you've smoked in the last 3 months (*there are 20 cigarettes in a pack*)?

*If you didn't smoke, record 0000.*



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9a. How much tobacco did you chew in the last three months?

- Didn't chew
- Less than 1 dip per week
- 1-5 chews per week
- More than 5 dips of chew per week, but less than a can of chew per week
- 1 can of chew per week
- More than 1 can of chew per week

b. What is the total # of dips you've chewed in the last 3 months?

*If you didn't chew, record 0000.*

10. There are many ways teens get tobacco when they want some. Look through the choices and check all the ways that you got tobacco in the last 3 months (mark all that apply).

- |   |  |                                |
|---|--|--------------------------------|
| <input type="checkbox"/> Asked parent(s)        | <input type="checkbox"/> Asked sibling(s) to buy | <b>Mark boxes like this: ■</b> |
| <input type="checkbox"/> Asked sibling(s)       | <input type="checkbox"/> Asked friend(s) to buy  |                                |
| <input type="checkbox"/> Asked friend(s)        | <input type="checkbox"/> Bought it               |                                |
| <input type="checkbox"/> Shared with parent(s)  | <input type="checkbox"/> Took from parent(s)     |                                |
| <input type="checkbox"/> Shared with sibling(s) | <input type="checkbox"/> Took from sibling(s)    |                                |
| <input type="checkbox"/> Shared with friend(s)  | <input type="checkbox"/> Took from friend(s)     |                                |
| <input type="checkbox"/> Given by parent(s)     | <input type="checkbox"/> Took from store         |                                |
| <input type="checkbox"/> Given by sibling(s)    | <input type="checkbox"/> Other (specify): _____  |                                |
| <input type="checkbox"/> Given by friend(s)     | _____  |                                |
| <input type="checkbox"/> Asked adult(s) to buy  | _____  |                                |

**General questions about TOBACCO**

*For these next questions, think about all the times that you've used tobacco, **NOT JUST IN THE LAST 3 MONTHS.***  
**ANSWER 11-14 ONLY IF:** you have used tobacco twice or more in your life.

11. Have you ever tried to stop using tobacco and found you could not?	<input type="radio"/> No <input type="radio"/> Yes
12. Have you ever used tobacco with your friends?	<input type="radio"/> No <input type="radio"/> Yes
13. Have your ever used tobacco with or around your parent/s?	<input type="radio"/> No <input type="radio"/> Yes
14. Have you ever used tobacco around family members other than your parent/s, for example, brothers or sisters?	<input type="radio"/> No <input type="radio"/> Yes
15. Have your parent/s ever used tobacco around you?	<input type="radio"/> No <input type="radio"/> Yes
16. Do you think you might ever use tobacco in the future?	<input type="radio"/> No <input type="radio"/> Yes



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**Questions about BEER**

17. Have you ever drank beer?  No  Yes  
(If "No," skip to # 26)

18 a. Did your mom (or caregiver) know?  No  Yes

<b>If "Yes" to #18a:</b>	b. Did your mom (or caregiver) care? <input type="radio"/> No <input type="radio"/> Yes
	c. Did your mom (or caregiver) give you a consequence or discipline you for drinking beer? <input type="radio"/> No <input type="radio"/> Yes

<b>If "No" to #18a:</b>	d. Would your mom (or caregiver) have cared if she had known? <input type="radio"/> No <input type="radio"/> Yes
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19a. Did your dad (or caregiver) know?  No  Yes

<b>If "Yes" to #19a:</b>	b. Did your dad (or caregiver) care? <input type="radio"/> No <input type="radio"/> Yes
	c. Did your dad (or caregiver) give you a consequence or discipline you for drinking beer? <input type="radio"/> No <input type="radio"/> Yes

<b>If "No" to #19a:</b>	d. Would your dad (or caregiver) have cared if he had known? <input type="radio"/> No <input type="radio"/> Yes
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20a. At what age did you first try beer?   years old

b. What was the situation when you first tried beer (where were you . . . who were you with. . . what were you doing)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. When was the last time you drank beer? (month/year)   /

22. How often did you drink beer in the last 3 months?

<input type="radio"/> Never (skip to #26)	<input type="radio"/> Once a week
<input type="radio"/> Once or twice (skip to #24a)	<input type="radio"/> 2-3 times a week
<input type="radio"/> Once a month	<input type="radio"/> Once a day
<input type="radio"/> Once every 2-3 weeks	<input type="radio"/> 2-3 times a day (or more)



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23. **ANSWER ONLY IF:** you have drank beer more than twice in the last 3 months.  
 How would you describe your pattern of use in the last 3 months (*for example did you drink beer only on the weekends, daily, or a lot in one week and then not at all for awhile*)?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

24a. When you drank beer in the last 3 months, how much did you usually drink?

- Less than one can
- One can (12 or 16 oz.)
- Two cans or 22 oz. bottle
- Three cans or 40 oz. bottle
- Four to five cans
- Six-pack or more . . .If more than six cans, how many?

b. What is the total number of beers you've had in the last 3 months?  
    (If less than 1 beer, for example "a few sips," then round up to 1, record as 0001).

25. There are many ways teens get beer when they want some. Look through the choices and check all the ways that you got beer in the last three months (mark all that apply).

<input type="checkbox"/> Asked parent(s)	<input type="checkbox"/> Asked sibling(s) to buy	<b>Mark boxes like this: ■</b>
<input type="checkbox"/> Asked sibling(s)	<input type="checkbox"/> Asked friend(s) to buy	
<input type="checkbox"/> Asked friend(s)	<input type="checkbox"/> Bought it	
<input type="checkbox"/> Shared with parent(s)	<input type="checkbox"/> Took from parent(s)	
<input type="checkbox"/> Shared with sibling(s)	<input type="checkbox"/> Took from sibling(s)	
<input type="checkbox"/> Shared with friend(s)	<input type="checkbox"/> Took from friend(s)	
<input type="checkbox"/> Given by parent(s)	<input type="checkbox"/> Took from store	
<input type="checkbox"/> Given by sibling(s)	<input type="checkbox"/> Other (specify): _____	
<input type="checkbox"/> Given by friend(s)	_____	
<input type="checkbox"/> Asked adult(s) to buy	_____	



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**Questions about WINE/WINE COOLERS**

26. Have you ever drank wine (when it was not part of a religious practice) or wine coolers?  No  Yes  
*(If "No", skip to #35)*

27a. Did your mom (or caregiver) know?  No  Yes

<b>If "Yes" to #27a:</b>	b. Did your mom (or caregiver) care?	<input type="radio"/> No <input type="radio"/> Yes
	c. Did your mom (or caregiver) give you a consequence or discipline you for drinking wine or wine coolers?	<input type="radio"/> No <input type="radio"/> Yes

<b>If "No" to #27a:</b>	d. Would your mom (or caregiver) have cared if she had known?	<input type="radio"/> No <input type="radio"/> Yes
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28a. Did your dad (or caregiver) know?  No  Yes

<b>If "Yes" to #28a:</b>	b. Did your dad (or caregiver) care?	<input type="radio"/> No <input type="radio"/> Yes
	c. Did your dad (or caregiver) give you a consequence or discipline you for drinking wine or wine coolers?	<input type="radio"/> No <input type="radio"/> Yes

<b>If "No" to #28a:</b>	d. Would your dad (or caregiver) have cared if he had known?	<input type="radio"/> No <input type="radio"/> Yes
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29 a. At what age did you first try wine or wine coolers?   years old

b. What was the situation when you first tried wine or wine coolers (*where were you . . .who were you with . . .what were you doing*)?

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\_\_\_\_\_

30. When was the last time you drank wine or wine coolers? (month/year)   /

31. How often did you drink wine or wine coolers in the last 3 months?

<input type="radio"/> Never ( <i>If "Never," skip to #35</i> )	<input type="radio"/> Once a week
<input type="radio"/> Once or twice ( <i>If "Once or twice," skip to #33a</i> )	<input type="radio"/> 2-3 times a week
<input type="radio"/> Once a month	<input type="radio"/> Once a day
<input type="radio"/> Once every 2-3 weeks	<input type="radio"/> 2-3 times a day (or more)



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32. **ANSWER ONLY IF:** you drank wine or wine coolers more than twice in the last 3 months.  
 How would you describe your pattern of use in the last 3 months (*for example did you drink wine/wine coolers only on the weekends, daily, or a lot in one week and then not at all for awhile*)?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

33a. When you drank wine or wine coolers in the last 3 months, how much did you usually drink?

- Less than one glass
- One glass
- Two glasses
- Three glasses
- Four to five glasses
- Six glasses or more . . .If more than six glasses, how many?

b. What is the total # of glasses of wine or bottles of wine coolers you've had in the last 3 months?  
    (If less than 1 glass, for example "a few sips," then round up to 1, record as 0001)

34. There are many ways teens get wine or wine coolers when they want some. Look through the choices and check all the ways that you got wine or wine coolers in the last 3 months (mark all that apply).

<input type="checkbox"/> Asked parent(s)	<input type="checkbox"/> Asked sibling(s) to buy	<b>Mark boxes like this: ■</b>
<input type="checkbox"/> Asked sibling(s)	<input type="checkbox"/> Asked friend(s) to buy	
<input type="checkbox"/> Asked friend(s)	<input type="checkbox"/> Bought it	
<input type="checkbox"/> Shared with parent(s)	<input type="checkbox"/> Took from parent(s)	
<input type="checkbox"/> Shared with sibling(s)	<input type="checkbox"/> Took from sibling(s)	
<input type="checkbox"/> Shared with friend(s)	<input type="checkbox"/> Took from friend(s)	
<input type="checkbox"/> Given by parent(s)	<input type="checkbox"/> Took from store	
<input type="checkbox"/> Given by sibling(s)	<input type="checkbox"/> Other (specify): _____	
<input type="checkbox"/> Given by friend(s)	_____	
<input type="checkbox"/> Asked adult(s) to buy	_____	



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**Questions about HARD LIQUOR**

35. Have you ever drank hard liquor, such as: whiskey, vodka, rum, gin, or scotch?  No  Yes  
*If "No," BUT you have had more than a few sips of any kind of alcohol in your lifetime, skip to #44.*  
*If "No," AND you have not had more than a few sips of any kind of alcohol in your lifetime, skip to #60.*

36 a. Did your mom (or caregiver) know?  No  Yes

If "Yes" to #36a:	b. Did your mom (or caregiver) care?	<input type="radio"/> No <input type="radio"/> Yes
	c. Did your mom (or caregiver) give you a consequence or discipline you for drinking hard liquor?	<input type="radio"/> No <input type="radio"/> Yes

If "No" to #36a:	d. Would your mom (or caregiver) have cared if she had known?	<input type="radio"/> No <input type="radio"/> Yes
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37 a. Did your dad (or caregiver) know?  No  Yes

If "Yes" to #37a:	b. Did your dad (or caregiver) care?	<input type="radio"/> No <input type="radio"/> Yes
	c. Did your dad (or caregiver) give you a consequence or discipline you for drinking hard liquor?	<input type="radio"/> No <input type="radio"/> Yes

If "No" to #37a:	d. Would your dad (or caregiver) have cared if he had known?	<input type="radio"/> No <input type="radio"/> Yes
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38 a. At what age did you first try hard liquor?   years old  
 b. What was the situation when you first tried hard liquor (*where were you . . .who were you with . . .what were you doing*)?  
 \_\_\_\_\_  
 \_\_\_\_\_

39. When was the last time you drank hard liquor? (month/year)   /

40. How often did you drink hard liquor in the last 3 months?

<input type="radio"/> Never	→	<i>If "Never" in the last 3 months, BUT you have had more than a few sips of any kind of alcohol in your lifetime, skip to #44.</i>
<input type="radio"/> Once or twice	→	<i>If "Never" in the last 3 months, AND you have not had more than a few sips of any kind of alcohol in your lifetime, skip to #60.</i>
<input type="radio"/> Once a month		
<input type="radio"/> Once every 2-3 weeks		
<input type="radio"/> Once a week		
<input type="radio"/> 2-3 times a week		
<input type="radio"/> Once a day		
<input type="radio"/> 2-3 times a day (or more)		



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41. **ANSWER ONLY IF:** you have drank hard liquor more than twice in the last 3 months.  
 How would you describe your pattern of use in the last 3 months (*for example did you drink hard liquor only on the weekends, daily, or a lot in one week and then not at all for awhile*)?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

42a. When you drank hard liquor in the last 3 months, how much did you usually drink?

- Less than one drink
- One drink
- Two drinks
- Three drinks
- Four to five drinks
- Six drinks or more

b. What is the total # of drinks with hard liquor you've had in the last 3 months?

(If less than 1 drink, e.g., "a few sips," then round up to 1, record as 0001)

43. There are many ways teens get hard liquor when they want some. Look through the choices and check all the ways that you got hard liquor in the last 3 months (mark all that apply).

<input type="checkbox"/> Asked parent(s)	<input type="checkbox"/> Asked sibling(s) to buy	<b>Mark boxes like this: ■</b>
<input type="checkbox"/> Asked sibling(s)	<input type="checkbox"/> Asked friend(s) to buy	
<input type="checkbox"/> Asked friend(s)	<input type="checkbox"/> Bought it	
<input type="checkbox"/> Shared with parent(s)	<input type="checkbox"/> Took from parent(s)	
<input type="checkbox"/> Shared with sibling(s)	<input type="checkbox"/> Took from sibling(s)	
<input type="checkbox"/> Shared with friend(s)	<input type="checkbox"/> Took from friend(s)	
<input type="checkbox"/> Given by parent(s)	<input type="checkbox"/> Took from store	
<input type="checkbox"/> Given by sibling(s)	<input type="checkbox"/> Other (specify): _____	
<input type="checkbox"/> Given by friend(s)	_____	
<input type="checkbox"/> Asked adult(s) to buy	_____	



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**General questions about ALCOHOL**

*These next questions are about your use of all kinds of alcohol. Think about all the times you've used alcohol, **NOT JUST IN THE LAST 3 MONTHS**. Some of these questions may not apply, but we have to ask them anyway.*

**ANSWER # 44-59 ONLY IF:** you have ever drank more than a few sips of alcohol

44. How many times have you had five drinks in a row?		<input type="radio"/> Never	<input type="radio"/> Once	<input type="radio"/> Twice	<input type="radio"/> More than twice
45. How many times have you had three to four drinks in a row?		<input type="radio"/> Never	<input type="radio"/> Once	<input type="radio"/> Twice	<input type="radio"/> More than twice
46. When you drank, did you usually get high or buzzed on alcohol?		<input type="radio"/> No	<input type="radio"/> Yes	<i>(If "No," skip to #49)</i>	
If "Yes" to #46:	47. How high or buzzed did you get?	<input type="radio"/> A little	<input type="radio"/> Quite a bit	<input type="radio"/> Very much	
	48. Have you found that you can't get as high or buzzed on alcohol as you used to?	<input type="radio"/> No	<input type="radio"/> Yes		
49. Have you ever tried to stop using alcohol and found you couldn't stop?		<input type="radio"/> No	<input type="radio"/> Yes		
50. Have you ever been drunk?		<input type="radio"/> No	<input type="radio"/> Yes	<i>(If "No," skip to #53)</i>	
If "Yes" to #50:	51. Have you ever gone to school when you were drunk?	<input type="radio"/> No	<input type="radio"/> Yes		
	52. Have you ever been drunk in a public place?	<input type="radio"/> No	<input type="radio"/> Yes		
53. Have you ever had any problems related to school, such as not doing homework or forgetting things because of alcohol?		<input type="radio"/> No	<input type="radio"/> Yes		
54. Have you ever passed out from drinking?		<input type="radio"/> No	<input type="radio"/> Yes		
55. Have you ever thrown up from drinking?		<input type="radio"/> No	<input type="radio"/> Yes		
56. Have you ever lost things or broken things when drinking?		<input type="radio"/> No	<input type="radio"/> Yes		
57. Have you ever drank with your friends?		<input type="radio"/> No	<input type="radio"/> Yes		
58. Have you ever drank with or around your parent/s?		<input type="radio"/> No	<input type="radio"/> Yes		
59. Have you ever drank with family members other than your parent/s, for example, brothers or sisters?		<input type="radio"/> No	<input type="radio"/> Yes		
60. Have your parent/s ever drank alcohol around you?		<input type="radio"/> No	<input type="radio"/> Yes		
61. Do you think you might drink alcohol in the future?		<input type="radio"/> No	<input type="radio"/> Yes		



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**Questions about MARIJUANA**

62. Have you ever used marijuana (*pot, weed, etc.*)?  No  Yes  
(If "No," skip to #83)

63a. Did your mom (or caregiver) know?  No  Yes

If "Yes" to #63a:	b. Did your mom (or caregiver) care?	<input type="radio"/> No <input type="radio"/> Yes
	c. Did your mom (or caregiver) give you a consequence or discipline you for using marijuana?	<input type="radio"/> No <input type="radio"/> Yes

If "No" to #63a:	d. Would your mom (or caregiver) have cared if she had known?	<input type="radio"/> No <input type="radio"/> Yes
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64a. Did your dad (or caregiver) know?  No  Yes

If "Yes" to #64a:	b. Did your dad (or caregiver) care?	<input type="radio"/> No <input type="radio"/> Yes
	c. Did your dad (or caregiver) give you a consequence or discipline you for using marijuana?	<input type="radio"/> No <input type="radio"/> Yes

If "No" to #64a:	d. Would your dad (or caregiver) have cared if he had known?	<input type="radio"/> No <input type="radio"/> Yes
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65a. At what age did you first try marijuana?   years old

b. What was the situation when you first tried marijuana (*where were you . . .who were you with . . .what were you doing*)?

\_\_\_\_\_

\_\_\_\_\_

66. When was the last time you smoked marijuana? (month/year)   /

67. How often did you use marijuana in the last 3 months?

Never  $\rightarrow$  *If "Never" in the last 3 months, BUT you have used marijuana twice or more in your lifetime, skip to # 75.*

Once or twice  $\rightarrow$  *If "Never" in the last 3 months, AND you have used marijuana less than twice in your lifetime, skip to # 83.*

Once a month

Once every 2-3 weeks

Once a week

2-3 times a week

Once a day

2-3 times a day (or more)



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68. **ANSWER ONLY IF:** you have used marijuana more than twice in the last 3 months.  
 How would you describe your pattern of use in the last 3 months (*for example did you use marijuana only on the weekends, daily, or a lot in one week and then not at all for awhile*)?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

69a. When using marijuana, how much did you usually smoke?

- 1-2 hits
- A few hits
- Half a bowl or joint
- 1 bowl or joint
- 2 bowls or joints
- More than 2 bowls or joints
- Other (specify): \_\_\_\_\_

b. What is the total # of bowls or joints of marijuana you've had in the last 3 months?

(If less than 1 joint or bowl, for example, "a few hits," then round up to 1, record as 0001)

70. There are many ways teens get marijuana when they want some. Look through the choices and check all the ways that you got marijuana in the last 3 months (mark all that apply).

<input type="checkbox"/> Asked parent(s)	<input type="checkbox"/> Asked sibling(s) to buy	<b>Mark boxes like this: ■</b>
<input type="checkbox"/> Asked sibling(s)	<input type="checkbox"/> Asked friend(s) to buy	
<input type="checkbox"/> Asked friend(s)	<input type="checkbox"/> Bought it	
<input type="checkbox"/> Shared with parent(s)	<input type="checkbox"/> Took from parent(s)	
<input type="checkbox"/> Shared with sibling(s)	<input type="checkbox"/> Took from sibling(s)	
<input type="checkbox"/> Shared with friend(s)	<input type="checkbox"/> Took from friend(s)	
<input type="checkbox"/> Given by parent(s)	<input type="checkbox"/> Other (specify): _____	
<input type="checkbox"/> Given by sibling(s)	_____	
<input type="checkbox"/> Given by friend(s)	_____	
<input type="checkbox"/> Asked adult(s) to buy	_____	



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	Never or almost never	Occasionally	About 1/2 the time	Often
71. When you smoked marijuana, how often was it with your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. How often was it with or around your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. How often did you smoke marijuana with or around family members other than your parents, for example, brothers or sisters?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. How often did your parents smoke marijuana around you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**General questions about MARIJUANA**

*For these next questions, think of all the times you've used marijuana, **NOT JUST IN THE LAST 3 MONTHS.***

**ANSWER # 75-82 ONLY IF:** you have used marijuana twice or more

75. When you used marijuana, how high did you get?	<input type="radio"/> A little	<input type="radio"/> Quite a bit	<input type="radio"/> Very much
76. Have you ever tried to stop using marijuana and found you could not?	<input type="radio"/> No	<input type="radio"/> Yes	
77. Have you found that you can't get as high on marijuana as you used to?	<input type="radio"/> No	<input type="radio"/> Yes	
78. Have you ever gone to school when you were high on marijuana?	<input type="radio"/> No	<input type="radio"/> Yes	
79. Have you ever had any problems related to school, such as not doing homework or forgetting things because of marijuana?	<input type="radio"/> No	<input type="radio"/> Yes	
80. Have you ever smoked marijuana with your friends?	<input type="radio"/> No	<input type="radio"/> Yes	
81. Have you ever smoked marijuana with or around your parents?	<input type="radio"/> No	<input type="radio"/> Yes	
82. Have you ever smoked marijuana with or around family members, other than your parents (for example, brothers or sisters)?	<input type="radio"/> No	<input type="radio"/> Yes	
83. Have your parents ever smoked marijuana around you?	<input type="radio"/> No	<input type="radio"/> Yes	
84. Do you think you might smoke marijuana in the future?	<input type="radio"/> No	<input type="radio"/> Yes	



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**Questions about OTHER DRUGS**

85. Have you ever tried any other kind of drugs or anything else to get high or buzzed?  No  Yes  
(If "No", skip to #102)

86a. Did your mom, (or caregiver) know?  No  Yes

<b>If "Yes" to #86a:</b>	b. Did your mom (or caregiver) care?	<input type="radio"/> No <input type="radio"/> Yes
	c. Did your mom (or caregiver) give you a consequence or discipline you for using other drugs?	<input type="radio"/> No <input type="radio"/> Yes

<b>If "No" to #86a:</b>	d. Would your mom (or caregiver) have cared if she had known?	<input type="radio"/> No <input type="radio"/> Yes
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87a. Did your dad (or caregiver) know?  No  Yes

<b>If "Yes" to #87a:</b>	b. Did your dad (or caregiver) care?	<input type="radio"/> No <input type="radio"/> Yes
	c. Did your dad (or caregiver) give you a consequence or discipline you for using other drugs?	<input type="radio"/> No <input type="radio"/> Yes

<b>If "No" to #87a:</b>	d. Would your dad (or caregiver) have cared if he had known?	<input type="radio"/> No <input type="radio"/> Yes
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88. Did you try (mark all that apply):

<input type="checkbox"/> Cocaine or crack	<input type="checkbox"/> Heroin	<input type="checkbox"/> Ecstasy	<input type="checkbox"/> Prescription medication
<input type="checkbox"/> Speed or Meth	<input type="checkbox"/> Angel Dust or PCP	<input type="checkbox"/> Gasoline	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Acid or LSD	<input type="checkbox"/> Morphine	<input type="checkbox"/> Other inhalants	_____
<input type="checkbox"/> Mushrooms	<input type="checkbox"/> Glue	<input type="checkbox"/> Over-the-counter medication	_____

89a. At what age did you first try any of these drugs (fill in boxes)?   years old

b. What was the situation when you first tried these drugs (where were you . . .who were you with . . .what were you doing)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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90. When was the last time you used one of these drugs? (month/year)   /

91. How often did you use these drugs in the last 3 months?  
 Never *If "Never" in the last 3 months, BUT you have used other drugs twice or more in your lifetime, skip to # 94.*  
 Once or twice *If "Never" in the last 3 months, AND you have used other drugs less than twice in your lifetime, skip to # 102.*  
 Once a month *If "Once or twice," skip to #93.*  
 Once every 2-3 weeks  
 Once a week  
 2-3 times a week  
 Once a day  
 2-3 times a day (or more)

92. ANSWER ONLY IF: you have used these drugs more than twice in the last 3 months.  
 How would you describe your pattern of use in the last 3 months (for example did you use drugs only on the weekends, daily, or a lot in one week and then not at all for awhile)?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

93. There are many ways teens get other drugs when they want some. Look through the choices and check all the ways that you got other drugs in the last 3 months (mark all that apply).

<input type="checkbox"/> Asked parent(s)	<input type="checkbox"/> Asked sibling(s) to buy	<b>Mark boxes like this: ■</b>
<input type="checkbox"/> Asked sibling(s)	<input type="checkbox"/> Asked friend(s) to buy	
<input type="checkbox"/> Asked friend(s)	<input type="checkbox"/> Bought it	
<input type="checkbox"/> Shared with parent(s)	<input type="checkbox"/> Took from parent(s)	
<input type="checkbox"/> Shared with sibling(s)	<input type="checkbox"/> Took from sibling(s)	
<input type="checkbox"/> Shared with friend(s)	<input type="checkbox"/> Took from friend(s)	
<input type="checkbox"/> Given by parent(s)	<input type="checkbox"/> Took from store	
<input type="checkbox"/> Given by sibling(s)	<input type="checkbox"/> Other (specify): _____	
<input type="checkbox"/> Given by friend(s)	_____	
<input type="checkbox"/> Asked adult(s) to buy	_____	



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### **General questions about OTHER DRUGS**

*For these next questions, think of all the times you've used drugs other than tobacco, alcohol or marijuana, **NOT JUST IN THE LAST 3 MONTHS.***

**ANSWER # 94-101 ONLY IF:** you have used "other drugs" twice or more

94. When you used any of the other drugs, how high did you get?  A little  Quite a bit  Very much

95. Have you ever tried to stop using any of those drugs and found you could not?  No  Yes

96. Have you found that you can't get as high on any of those drugs as you used to?  No  Yes

97. Have you ever gone to school when you were high on any of those drugs?  No  Yes

98. Have you ever had any problems related to school, such as not doing homework or forgetting things, because of any of those drugs?  No  Yes

99. Have you ever used any of those drugs with your friends?  No  Yes

100. Have you ever used those other drugs with or around your parents?  No  Yes

101. Have you ever used them with or around family members other than your parents (for example, brothers or sisters)?  No  Yes

102. Have your parents ever used any other types of drugs around you?  No  Yes

103. Do you think you might try any other types of drugs in the future?  No  Yes

### **Section B**

*These next questions, think of friends you have spent time with in the last 3 months and give your best guess for each question.*

#### **In the last 3 months:**

1. Did any of your friends smoke cigarettes or chew tobacco?  No  Yes

2. Did any of them drink alcohol?  No  Yes  
(If "No," skip to #6)

3. Did they drink (mark all that apply):  Beer?  Wine or wine coolers?  Hard liquor?

4. Did they drink to get drunk?  No  Yes



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5. How often did your friends usually drink in the last 3 months?

- Never
- Once or twice
- Once a month
- Once every 2-3 weeks
- Once a week
- 2-3 times a week
- Once a day
- 2-3 times a day (or more)

6. Did any of your friends smoke marijuana?

- No  Yes  
*(If "No," skip to #8)*

7. How often did your friends smoke marijuana in the last 3 months?

- Never
- Once or twice
- Once a month
- Once every 2-3 weeks
- Once a week
- 2-3 times a week
- Once a day
- 2-3 times a day (or more)

8. Did any of your friends use other drugs?

- No  Yes  
*(If "No," skip to #11)*

9. Did they use any of these drugs to get high *(mark all that apply)*?

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Cocaine or crack | <input type="checkbox"/> Heroin            | <input type="checkbox"/> Ecstasy                     | <input type="checkbox"/> Prescription medication |
| <input type="checkbox"/> Speed or Meth    | <input type="checkbox"/> Angel Dust or PCP | <input type="checkbox"/> Gasoline                    | <input type="checkbox"/> Other (specify):        |
| <input type="checkbox"/> Acid or LSD      | <input type="checkbox"/> Morphine          | <input type="checkbox"/> Other inhalants             | _____  |
| <input type="checkbox"/> Mushrooms        | <input type="checkbox"/> Glue              | <input type="checkbox"/> Over-the-counter medication | _____  |

10. How often did your friends use any of these drugs in the last 3 months?

- Never
- Once or twice
- Once a month
- Once every 2-3 weeks
- Once a week
- 2-3 times a week
- Once a day
- 2-3 times a day (or more)



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	Never	Sometimes	Often
11. How often would you be able to get alcohol for your friends if they wanted some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. How often would you be able to get marijuana for your friends if they wanted some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Section C**

- ▶ These next questions are about your siblings. If you don't have any brothers or sisters (or step-brothers, -sisters) or if you do but they are younger than 9 years old, skip to **Section D (on the next page)**.
- ▶ If you have siblings, these questions are about those who are older than 9, even those who have already moved out of the home.

1. How many of your siblings do you see at least once a month?	a. <input type="text"/> <input type="text"/> # brothers	b. <input type="text"/> <input type="text"/> # sisters
2. How many of your brothers or sisters smoke cigarettes or chew tobacco (If "0," skip to # 4)?	a. <input type="text"/> <input type="text"/> # brothers	b. <input type="text"/> <input type="text"/> # sisters
3. Do any of them use tobacco every day or several times a week?	<input type="radio"/> No <input type="radio"/> Yes	
4. How many of your brothers or sisters drink beer, wine, or wine coolers?	a. <input type="text"/> <input type="text"/> # brothers	b. <input type="text"/> <input type="text"/> # sisters
5. How many of your brothers or sisters drink hard liquor? (If "0" to 4 and 5, skip to # 7)	a. <input type="text"/> <input type="text"/> # brothers	b. <input type="text"/> <input type="text"/> # sisters
6. Do any of your brothers or sisters use alcohol every day or several times a week?	<input type="radio"/> No <input type="radio"/> Yes	
7. How many of your brothers or sisters use marijuana? (If "0," skip to #9)	a. <input type="text"/> <input type="text"/> # brothers	b. <input type="text"/> <input type="text"/> # sisters
8. Do any of your brothers or sisters use marijuana every day or several times a week?	<input type="radio"/> No <input type="radio"/> Yes	
9. How many of your brothers or sisters use other drugs? (If "0," skip to Section D)	a. <input type="text"/> <input type="text"/> # brothers	b. <input type="text"/> <input type="text"/> # sisters
10. Do any of your brothers or sisters use cocaine or heroin every day or several times a week?	<input type="radio"/> No <input type="radio"/> Yes	
11. Do any of your brothers or sisters use other hard drugs every day or several times a week?	<input type="radio"/> No <input type="radio"/> Yes	



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**Section D**

*This next section asks questions about sexual behavior. Young adults vary in their sexual experience and getting accurate information about this area is important for planning effective education and useful programs.*

*Remember that we take extensive measures to protect your confidentiality in order for you to feel comfortable answering these questions honestly. We realize this is sensitive and personal information and appreciate your effort and contribution.*

1. Please pick which answer fits you best.

Married  Date occasionally (less than once a month)

Living together  Don't date, but have 'gone with' someone

Date the same person regularly  Don't date, but hang around with a group

Date very often (at least once a week)  Don't date and don't hang out with a group

Date quite often (one or more times a month)

2a. Have you ever kissed someone of the opposite sex (other than a relative)?

No  Yes (If "No," skip to #3a)

2b. How old were you the first time you kissed someone of the opposite sex?   years old

3a. Have you ever had any sexual experience, not including intercourse, with someone of the opposite sex?

No  Yes (If "No," skip to #4a)

3b. How old were you the first time?   years old

4a. Have you ever had intercourse with someone of the opposite sex?

No  Yes (If "No," skip to #7a)

4b. How old were you the first time?   years old

4c. When was the last time you had intercourse with someone of the opposite sex? (month/year)   /



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4d. How many times in the last year have you had intercourse with someone of the opposite sex?  
    
 ▶ If "0," skip to #6a      ▶ If "1," skip to #4f      ▶ If "more than 1," continue to next question

4e. Altogether during the past year, how many different people of the opposite sex have you had as sexual partners?

4f. In the LAST YEAR how many people of the opposite sex have you had sex with who were also having sexual intercourse with other people?  
 0    1    2    3    4    5-10    11-20    21-40    41 or more    Don't know

4g. How many TIMES in the LAST YEAR have you had sexual intercourse with a person of the opposite sex who you know has ever injected themselves with drugs?  
 0    1    2    3    4    5-10    11-20    21-40    41 or more    Don't know

4h. In the LAST YEAR how many times have you had intercourse with a person of the opposite sex who you didn't know very well?  
 0    1    2    3    4    5-10    11-20    21-40    41 or more

5a. When you had sex, did you or your partner use any kind of contraceptive?  No  Yes (If "No," skip to #6a)

5b. When you have sex, how often do you or your partner use any kind of contraceptive?  
 Never    Sometimes    About half the time    Most times    Every time  
 (If "Never," skip to #6a)

5c. Which ones (mark all that apply)?  
 Condoms    Rhythm    IUD    Sponges  
 Creams, foams    Pills    Diaphragm    Other (specify): \_\_\_\_\_

5d. When you have sex, how often do you/does your partner wear a condom?  
 Never    Sometimes    About half the time    Most times    Every time



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6a. Have you ever been or gotten someone pregnant?  No  Yes (If "No," skip to #7a)

6b. How many times?

6c. How did that turn out (*first pregnancy*)?

Miscarriage  Birth: mother kept child  Currently Pregnant: due \_\_\_\_\_  
 Abortion  Birth: father kept child  Birth: Other (specify) \_\_\_\_\_  
 Birth: child adopted  Birth: both kept child \_\_\_\_\_

▶ i. Are you still seeing the person?  Married  Live together  Still seeing her/him  No  
 ▶ ii. Do you still see the child (or children)?  Yes  No  Not applicable

6d. How did that turn out (*second pregnancy*)?

Miscarriage  Birth: mother kept child  Currently Pregnant: due \_\_\_\_\_  
 Abortion  Birth: father kept child  Birth: Other (specify) \_\_\_\_\_  
 Birth: child adopted  Birth: both kept child \_\_\_\_\_

▶ i. Are you still seeing the person?  Married  Live together  Still seeing her/him  No  
 ▶ ii. Do you still see the child (or children)?  Yes  No  Not applicable

6e. How did that turn out (*third pregnancy*)?

Miscarriage  Birth: mother kept child  Currently Pregnant: due \_\_\_\_\_  
 Abortion  Birth: father kept child  Birth: Other (specify) \_\_\_\_\_  
 Birth: child adopted  Birth: both kept child \_\_\_\_\_

▶ i. Are you still seeing the person?  Married  Live together  Still seeing her/him  No  
 ▶ ii. Do you still see the child (or children)?  Yes  No  Not applicable



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7a. Have you ever kissed someone of the same sex (*other than a relative*)?  
 No  Yes (*If "No," skip to #8a*)

7b. How old were you the first time you kissed someone of the same sex?   years old

8a. Have you ever had a sexual experience, other than kissing, with someone of the same sex?  
 No  Yes (*If "No," skip to #11*)

8b. How old were you the first time you had a sexual experience with someone of the same sex?   years old

8c. When was the last time you had a sexual experience with someone of the same sex? (*month/year*)   /

8d. How many times in the last year have you had a sexual experience with someone of the same sex?  
    
 ▶ *If "0," skip to #9*      ▶ *If "1," skip to #8f*      ▶ *If "more than 1," continue to next question*

8e. Altogether during the past year, how many different people of the same sex have you had as sexual partners?

8f. In the LAST YEAR how many people of the same sex have you had a sexual experience with who were also having sexual intercourse with other people?  
 0  1  2  3  4  5-10  11-20  21-40  41 or more  Don't know

8g. How many TIMES in the LAST YEAR have you had a sexual experience with a person of the same sex who you know has ever injected themselves with drugs?  
 0  1  2  3  4  5-10  11-20  21-40  41 or more  Don't know

8h. In the LAST YEAR how many times have you had a sexual experience with a person of the same sex who you didn't know very well?  
 0  1  2  3  4  5-10  11-20  21-40  41 or more



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9. (Males only) When you have sex with someone of the same sex, how often do you wear a condom?  
 Never  Sometimes  About half the time  Most times  Every time

10. (Males only) When you have sex with someone of the same sex, how often does your partner wear a condom?  
 Never  Sometimes  About half the time  Most times  Every time

11. When someone says no to sexual touching or sexual intercourse, how often do you think they mean it?

Almost always or always	Often	About 1/2 the time	Occasionally	Never or almost never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. When you are with someone how often do you try to go further after they have said no?

Almost always or always	Often	About 1/2 the time	Occasionally	Never or almost never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. How often in the LAST YEAR have you offered someone alcohol in the hope that they will relax and go further with you?

Never	Occasionally	Half the time	Often	Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. How often in the LAST YEAR have you offered someone marijuana or drugs in the hope that they would relax and go further with you?

Never	Occasionally	Half the time	Often	Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. How often has someone you were with wanted to go further or do more than you felt you wanted to?

Very often	Often	About 1/2 the time	Occasionally	Never or almost never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. How many times have you been forced to perform a sex act against your will?



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***If you have not had any sexual experiences, skip to the next questionnaire.***

17. How many times have you contracted or been diagnosed with a sexually transmitted disease such as gonorrhea (clap), syphilis, herpes, chlamydia or AIDS/HIV?

- 0   
  1   
  2   
  3   
  4   
  5   
  6-10   
  11 or more

18. Generally, in the LAST YEAR, how often have you drunk alcohol before or during sexual activities?

- |  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| No sexual activity<br>in the last year | Never                 | Occasionally          | Half the time         | Often                 | Always                |
| <input type="radio"/>                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

19. Generally, in the LAST YEAR how often have you used marijuana or drugs (other than alcohol) before or during sexual activities?

- |  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| No sexual activity<br>in the last year | Never                 | Occasionally          | Half the time         | Often                 | Always                |
| <input type="radio"/>                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

