Alcohol & Other Drugs Module

SUPPLEMENT 1

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

<table>
<thead>
<tr>
<th>Years of Age</th>
<th>Never</th>
<th>10 or Under</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18 or Over</th>
</tr>
</thead>
<tbody>
<tr>
<td>X1. A drink of an alcoholic beverage (other than a sip or two)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
<td>H</td>
<td>I</td>
<td>J</td>
</tr>
<tr>
<td>X2. Part or all of a cigarette</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
<td>H</td>
<td>I</td>
<td>J</td>
</tr>
<tr>
<td>X3. A vape product such as an e-cigarette (JUUL), vape pen, or mod</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
<td>H</td>
<td>I</td>
<td>J</td>
</tr>
<tr>
<td>X4. Marijuana (smoke, vape, eat, or drink)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
<td>H</td>
<td>I</td>
<td>J</td>
</tr>
<tr>
<td>X5. Any other illegal drug or pill to get “high”</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
<td>H</td>
<td>I</td>
<td>J</td>
</tr>
</tbody>
</table>

X6. If you drink alcohol, how much do you usually drink?
   A) I don’t drink alcohol
   B) Just enough to feel it a little
   C) Enough to feel it moderately
   D) Until I feel it a lot or get really drunk

X7. 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
   B) Just enough to feel a little high
   C) Enough to feel it moderately
   D) Until I feel it a lot or get really high

X8. Have you used alcoholic beverages, marijuana, or other drugs in the past 12 months for any of the following reasons? (Mark All That Apply.)
   A) Does not apply, I haven’t used alcohol, marijuana, or other drugs in the past 12 months.
   B) To experiment (try using)
   C) To get high
   D) To have a good time with friends
   E) To fit in with a group you like
   F) Because of boredom
   G) To relax
   H) To get away from problems
   I) Because of anger or frustration
   J) To get through the day
   K) Because it made you feel better
   L) To seek deeper insights and understanding
   M) None of the above
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X9. 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’ve 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 others
H) Damage a friendship
I) Physically hurt or injure yourself
J) Have unwanted or unprotected sex
K) Forget what happened or pass out
L) Been suspended from school
M) I’ve used alcohol or drugs but never had any of these problems

X10. If you use alcohol, marijuana, or another drug, have you had any of the following experiences? (Mark All That Apply.)

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

X11. Have you ever felt that you needed help (such as counseling or treatment) for your alcohol or other drug use?

A) No, I never used alcohol or other drugs
B) No, but I do use alcohol or other drugs
C) Yes, I have felt that I needed help

X12. In your opinion, how likely is it that a student could find help at your school from a counselor, teacher, or other adult to stop or reduce using alcohol or other drugs?

A) Very likely
B) Likely
C) Not likely
D) Don’t know
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X13. In your opinion, how likely is it that a student will be suspended, expelled, or transferred if caught on school property using or possessing alcohol or other drugs?
   A) Very likely
   B) Likely
   C) Not likely
   D) Don’t know

X14. How do most students at your school who drink alcohol usually get it? (Mark All That Apply.)
   A) At school
   B) At parties
   C) At concerts or other social events
   D) At their own home
   E) From adults at friends’ homes
   F) From friends or another teenager
   G) Get adults to buy it for them
   H) Buy it themselves from a store
   I) At bars, clubs, or gambling casinos
   J) Other
   K) Don’t know

X15. How do most kids at your school who use marijuana usually get it? (Mark All That Apply.)
   A) At school
   B) At parties
   C) At concerts or other social events
   D) At their own home
   E) From an adult acquaintance
   F) From friends or another teenager
   G) Buy it at a marijuana dispensary
   H) At bars or clubs
   I) Other
   J) Don’t know

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

<table>
<thead>
<tr>
<th></th>
<th>Neither Approve Nor Disapprove</th>
<th>Somewhat Disapprove</th>
<th>Strongly Disapprove</th>
</tr>
</thead>
<tbody>
<tr>
<td>X16. Having one or two drinks of any alcoholic beverage nearly every day</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>X17. Trying marijuana once or twice</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>X18. Using marijuana once a month or more regularly</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
</tbody>
</table>

X19. During the past 12 months, have you talked with at least one of your parents or guardians about the dangers of alcohol or drug use?
   A) No
   B) Yes

X20. During the past 12 months, have you heard, read, or watched any messages about not using alcohol or drugs?
   A) No
   B) Yes
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How wrong do your parents or guardians feel it would be for you to do the following?

<table>
<thead>
<tr>
<th>X21.</th>
<th>Take one or two drinks of alcohol nearly every day</th>
<th>Very Wrong</th>
<th>Wrong</th>
<th>A Little Wrong</th>
<th>Not at All Wrong</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X22.</td>
<td>Smoke tobacco</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>X23.</td>
<td>Use vape products such as e-cigarettes (JUUL), vape pens, or mods</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>X24.</td>
<td>Use marijuana (smoke, vape, eat, or drink)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>X25.</td>
<td>Use prescription drugs to get high or for reasons other than prescribed</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

How wrong would your close friends feel it would be if you did the following?

<table>
<thead>
<tr>
<th>X26.</th>
<th>Take one or two drinks of alcohol nearly every day</th>
<th>Very Wrong</th>
<th>Wrong</th>
<th>A Little Wrong</th>
<th>Not at All Wrong</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X27.</td>
<td>Smoke tobacco</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>X28.</td>
<td>Use vape products such as e-cigarettes (JUUL), vape pens, or mods</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>X29.</td>
<td>Use marijuana (smoke, vape, eat, or drink)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>X30.</td>
<td>Use prescription drugs to get high or for reasons other than prescribed</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

X31. Have you ever used a vaping device or e-cigarette to consume any of the following? *(Mark All That Apply.)*

A) I’ve never used a vaping device or e-cigarette
B) Nicotine or tobacco substitute
C) Marijuana or THC
D) Amphetamines, cocaine, or heroin
E) A flavored product without nicotine, alcohol, or other drug
F) Any other product or substance
G) I was not sure what was in the vaping device or e-cigarette