

## Alcohol &amp; Other Drugs Module

## SUPPLEMENT 1

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

		<u>Years of Age</u>									
		<u>Never</u>	<u>10 or Under</u>	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18 or Over</u>
X1.	<b>A drink of an alcoholic beverage (other than a sip or two)</b>	A	B	C	D	E	F	G	H	I	J
X2.	<b>Part or all of a cigarette</b>	A	B	C	D	E	F	G	H	I	J
X3.	<b>A vape product such as an e-cigarette (JUUL), vape pen, or mod</b>	A	B	C	D	E	F	G	H	I	J
X4.	<b>Marijuana (smoke, vape, eat, or drink)</b>	A	B	C	D	E	F	G	H	I	J
X5.	<b>Any other illegal drug or pill to get “high”</b>	A	B	C	D	E	F	G	H	I	J
X6.	<b>If you drink alcohol, how much do you usually drink?</b>										
	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.	<b>If you use marijuana or other drugs, how “high” (stoned, faded, wasted, trashed) do you usually like to get?</b>										
	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.	<b>Have you used <u>alcoholic beverages, marijuana, or other drugs</u> in the <u>past 12 months</u> for any of the following reasons? (Mark All That Apply.)</b>										
	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      | G) Fight with others  |
| B) Have problems with emotions, nerves, or mental health | H) Damage a friendship  |
| C) Get into trouble or have problems with the police     | I) Physically hurt or injure yourself                             |
| D) Have money problems                                   | J) Have unwanted or unprotected sex                               |
| E) Miss school   | K) Forget what happened or pass out                               |
| F) Have problems with schoolwork                         | 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  | G) You didn't feel OK unless you had something to drink or used a drug     |
| B) Found you had to increase how much you use to have the same effect as before  | H) Thought about reducing (cutting down) or stopping use                   |
| C) Frequently spent a lot of time getting, using, or being hung over from using alcohol or other drugs   | I) Told yourself you were not going to use but found yourself using anyway |
| D) Used alcohol or drugs a lot more than you intended  | J) Spoke with someone about reducing or stopping use                       |
| E) Used alcohol or drugs when you were alone (by yourself)   | K) Attended counseling, a program, or group to help you reduce or stop use |
| F) Your use of alcohol or drugs often kept you from doing a normal activity, like going to school, working, or doing recreational activities or hobbies (sports, music, art, etc.) | L) I use alcohol or drugs but have not experienced any of these things     |
- 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?**

	Neither Approve Nor Disapprove	Somewhat Disapprove	Strongly Disapprove
<b>X16. Having one or two drinks of any alcoholic beverage nearly every day</b>	A	B	C
<b>X17. Trying marijuana once or twice</b>	A	B	C
<b>X18. Using marijuana <u>once a month or more regularly</u></b>	A	B	C
<b>X19. During the past <u>12 months</u>, have you talked with at least one of your parents or guardians about the dangers of alcohol or drug use?</b>			
A) No			
B) Yes			
<b>X20. During the past <u>12 months</u>, have you heard, read, or watched any messages about not using alcohol or drugs?</b>			
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?*

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

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

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

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