APPENDIX: INSTRUMENT
Indiana Prevention Resource Center

ALCOHOL, TOBACCO, AND OTHER DRUG USE SURVEY

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Questions #17 - 18 used with permission from the Minnesota Department of Education.

This survey is funded, in part, by a contract with the Indiana Family and Social Services Administration, Division of Mental Health and Addiction, HHS/SAMHSA, CSAP, SAPT Block Grant, and Indiana Gambler's Assistance Fund.

PRIVACY STATEMENT

This survey is completely confidential. Complete the survey in private and deposit your completed survey in the privacy envelope, as instructed by your teacher or supervisor. Do not place your name or any identifying marks on the survey form or envelope. There is no way for anyone to identify your individual responses. The survey envelopes will not be opened until they are received at the statewide processing center.

YOUR PARTICIPATION IS VOLUNTARY

Your participation in this survey is voluntary. If you do not wish to answer a question, just leave it blank. If you do not wish to participate in this survey, you may:
• Return the entire survey form blank.
• Answer questions with random answers and then answer "not truthfully at all" to the last question. Your form will be discarded and no one will know that you did not participate.
• Inform your teacher or supervisor that you choose not to participate in the survey.

You will not be penalized in any way for deciding not to participate in this survey. We do value your participation; however, accurate results are dependent upon getting as many students as possible to volunteer to participate in this confidential survey. The results are used by many state and federal agencies to evaluate the effectiveness of drug programs in your community. Your help is important to this effort.

Thank you for your assistance.

SCHOOL CODE

Please enter the unique ten-digit school code provided by your teacher or supervisor.

PLEASE DO NOT WRITE IN THIS AREA

SERIAL
**PERSONAL AND FAMILY INFORMATION**

1. **SEX:**
   - Male
   - Female

2. **ETHNICITY:**
   - Hispanic
   - Non-Hispanic

3. **RACE:**
   - White
   - Black or African-American
   - Asian
   - Native Hawaiian/Pacific Islander
   - American Indian/Alaskan Native
   - More than one race

4. **GRADE:**
   - 6th
   - 7th
   - 8th
   - 9th
   - 10th
   - 11th

5. **AGE:**
   - 10 years old or less
   - 11 years old
   - 12 years old
   - 13 years old
   - 14 years old
   - 15 years old
   - 16 years old
   - 17 years old
   - 18 years or older

6. **Do you live with...**
   - Both parents
   - Mother only
   - Father only
   - Mother & stepfather
   - Father & stepmother
   - Other

7. **In the last 10 years, has either of your parents served in the military, such as the Army, Navy, or Air Force?**
   - Yes
   - No

   If YES, in the last 10 years, did your parent serve in a combat or war zone, such as in Iraq, Afghanistan, or Africa?
   - Yes
   - No

8. **During anytime in your life, has either of your parents served time in jail or prison?**
   - Yes
   - No

**USE OF ALCOHOL AND OTHER DRUGS**

9. **Have you ever used...?**

<table>
<thead>
<tr>
<th>Drug</th>
<th>NEVER</th>
<th>1-5 TIMES</th>
<th>6-19 TIMES</th>
<th>20-39 TIMES</th>
<th>40 TIMES OR MORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes</td>
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<tr>
<td>Smokeless tobacco (chew, snuff, etc.)</td>
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<tr>
<td>Cigars</td>
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<td>Marijuana (pot, hash, weed)</td>
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<td>Synthetic marijuana (K2, Spice)</td>
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<tr>
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<tr>
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</tbody>
</table>
## USE OF ALCOHOL AND OTHER DRUGS

### 10. How many times in the last month (30 days) have you used...?

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Never</th>
<th>1-5 Times</th>
<th>6-19 Times</th>
<th>20-39 Times</th>
<th>40 Times or More</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
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</tbody>
</table>

### 11. At what age did you first use...?

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>10 or Younger</th>
<th>11-12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17 or Older</th>
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<tbody>
<tr>
<td>Cigarettes</td>
<td>☐</td>
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</tbody>
</table>

### 12. How many times in the last two weeks have you had 5 or more for males / 4 or more for females alcoholic drinks (beer, wine, liquor) at a sitting?

- ☐ None
- ☐ Once
- ☐ Twice
- ☐ 3 to 5 times
- ☐ 6 to 9 times
- ☐ 10 or more times

### 13. How easy would it be for you to get...

- Cigarettes?
- Beer, wine or liquor (for example, vodka, whiskey or gin)?
- Marijuana?
- A drug like cocaine, LSD or amphetamines?

---

**PLEASE DO NOT WRITE IN THIS AREA**
### ALCOHOL & PRESCRIPTION DRUG ABUSE

14. During the past month (30 days), how did you USUALLY get your alcohol and/or prescription drugs?

<table>
<thead>
<tr>
<th>ALCOHOL</th>
<th>PRESCRIPTION DRUGS TO GET HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>I did not drink alcohol during the past month (30 days).</td>
<td>I did not abuse prescription drugs during the past month (30 days).</td>
</tr>
<tr>
<td>I bought it at a restaurant, bar, or club.</td>
<td>It was prescribed to me.</td>
</tr>
<tr>
<td>I bought it at a public event (concert, sporting event).</td>
<td>I bought it from a stranger.</td>
</tr>
<tr>
<td>I gave someone else money to buy it for me.</td>
<td>I bought it from a friend.</td>
</tr>
<tr>
<td>I bought it at a store (liquor store, convenience store, supermarket, gas station).</td>
<td>I stole it from a friend or family member.</td>
</tr>
<tr>
<td>A person 21 years old or older gave it to me.</td>
<td>Someone gave it to me.</td>
</tr>
<tr>
<td>I took it from a store.</td>
<td>I took it from a store.</td>
</tr>
<tr>
<td>I got it from a family member.</td>
<td>I got it from a family member.</td>
</tr>
<tr>
<td>I got it some other way.</td>
<td>I got it some other way.</td>
</tr>
</tbody>
</table>

### MENTAL HEALTH

15. Please answer the following questions:

- During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities? YES NO
- During the past 12 months, did you ever seriously consider attempting suicide? YES NO
- During the past 12 months, did you make a plan about how you would attempt suicide? YES NO

During the past 12 months, how many times did you actually attempt suicide?

- Never
- Once
- 2 - 3 times
- 4 - 5 times
- 6 or more times

Did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

- Yes
- No

### CONSEQUENCES OF USE

16. How many times have you experienced the following due to your drinking or drug use during the past year?

<table>
<thead>
<tr>
<th>Consequence</th>
<th>NEVER</th>
<th>ONCE</th>
<th>TWICE</th>
<th>3-5 TIMES</th>
<th>6-10 TIMES</th>
<th>11 TIMES OR MORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had a hangover</td>
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<tr>
<td>Got nauseated or vomited</td>
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<tr>
<td>Had memory loss</td>
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<tr>
<td>Performed poorly on a test or project</td>
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<tr>
<td>Missed school</td>
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<tr>
<td>Got into a fight or argument</td>
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<tr>
<td>Damaged property, pulled fire alarms, etc.</td>
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</tr>
</tbody>
</table>
BELIEFS AND PERCEPTIONS

19. How much do you think people risk harming themselves (physically or in other ways) if they...

- Smoke one or more packs of cigarettes per day
- Try marijuana once or twice
- Smoke marijuana once or twice per week
- Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day
- Have five or more drinks of an alcoholic beverage once or twice a week
- Use prescription drugs not prescribed to them

20. How wrong do your friends feel it would be for you to...

- Smoke tobacco
- Try marijuana once or twice
- Smoke marijuana
- Have one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day
- Have five or more drinks of an alcoholic beverage once or twice a week
- Use prescription drugs not prescribed to you

21. How wrong do your parents feel it would be for you to...

- Have one or two drinks of an alcoholic beverage nearly every day
- Drink beer, wine or hard liquor (vodka, whiskey, or gin) regularly (at least once or twice a month)?
- Smoke cigarettes?
- Smoke marijuana?
- Use prescription drugs not prescribed to you
- Steal something worth more than $5?
- Draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)?
- Pick a fight with someone?
FAMILY & FRIENDS

22. The next few questions ask about your family and friends.

Mark the Big "YES!" if you think the statement is definitely true for you.
Mark the little "yes" if you think the statement is mostly true for you.
Mark the little "no" if you think the statement is mostly not true for you.
Mark the Big "NO!" if you think the statement is definitely not true for you.

The rules in my family are clear.

My parents ask if I've gotten my homework done.
When I am not at home, one of my parents knows where I am and who I am with.
My family has clear rules about alcohol and drug use.
We argue about the same things in my family over and over.
People in my family have serious arguments.
People in my family often insult or yell at each other.

No
Yes

No!

My parents ask me what I think before most family decisions affecting me are made.
If I had a personal problem, I could ask my mom or dad for help.
My parents give me lots of chances to do fun things with them.
Would your parents know if you did not come home on time?
If you drank some beer or wine or hard liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?
If you carried a handgun without your parents' permission, would you be caught by your parents?
If you skipped school would you be caught by your parents?
Do you enjoy spending time with your mother?
Do you enjoy spending time with your father?

Never or Almost Never
Sometimes
Often
All the time

My parents notice when I am doing a good job and let me know about it.

How often do your parents tell you they're proud of you for something you've done?

23. Think of your four best friends (the friends you feel closest to).
In the past year (12 months), how many of your best friends have......

None of my friends
1 of my friends
2 of my friends
3 of my friends
4 of my friends

Been suspended from school?
Carried a handgun?
Sold illegal drugs?
Stolen or tried to steal a motor vehicle such as a car or motorcycle?
Been arrested?
Dropped out of school?
Been members of a gang?
Participated in clubs, organizations, or activities at school?
Made a commitment to stay drug-free?

Regularly attended religious services?

 Tried to do well in school?
24. What are the chances you would be seen as cool if you....

<table>
<thead>
<tr>
<th>Activity</th>
<th>No OR Very Little Chance</th>
<th>Little Chance</th>
<th>Some Chance</th>
<th>Pretty Good Chance</th>
<th>Very Good Chance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoked cigarettes?</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Began drinking alcoholic beverages regularly,</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>that is, at least once or twice a month?</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Smoked marijuana?</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Carried a handgun?</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

25. During the LAST FOUR WEEKS how many whole days of school have you missed because you skipped or "cut" school?

- None
- 1
- 2
- 3
- 4-5
- 6-10
- 11 or more

26. How often do you feel that the schoolwork you are assigned is meaningful and important?

- Almost always
- Often
- Sometimes
- Seldom
- Never

27. How interesting are most of your courses to you?

- Very interesting and stimulating
- Quite interesting
- Fairly interesting
- Slightly dull
- Very dull

28. How important do you think the things you are learning in school are going to be for you later in life?

- Very important
- Quite important
- Fairly important
- Slightly important
- Not at all important

29. What grades do you generally get in school?

- Mostly A’s
- Mostly B’s
- Mostly C’s
- Mostly D’s
- Mostly F’s

30. Now thinking back over the past year in school, how often did you....

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Often</th>
<th>A LOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enjoy being in school?</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hate being in school?</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Try to do your best work in school?</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

31. Please answer the following questions:

- Yes!
- Yes
- No
- NO!

- In my school, students have lots of chances to help decide things like class activities and rules.
- Teachers ask me to work on special classroom projects.
- My teacher(s) notices when I am doing a good job and lets me know about it.
- There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.
- There are lots of chances for students in my school to talk with a teacher one-on-one.
- I feel safe at my school.
- The school lets my parents know when I have done something well.
- My teachers praise me when I work hard in school.
- I have lots of chances to be part of class discussions or activities.
- Are your school grades better than the grades of most students in your class?
### INDIVIDUAL PERCEPTIONS

32. How wrong do you think it is for SOMEONE YOUR AGE to......?

<table>
<thead>
<tr>
<th>Action</th>
<th>Very Wrong</th>
<th>Wrong</th>
<th>A Little Bit Wrong</th>
<th>Not Wrong At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take a handgun to school</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steal something worth more than $5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attack someone with the idea of seriously hurting them</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pick a fight with someone</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stay away from school all day when their parents think they are at school</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drink beer, wine or hard liquor (for example vodka, whiskey, or gin) regularly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoke cigarettes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoke marijuana</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use LSD, cocaine, amphetamines or another illegal drug</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

33. Please answer the following questions.

- I like to see how much I can get away with.
- I ignore rules that get in my way.
- I do the opposite of what people tell me, just to get them mad.

### COMMUNITY

34. These questions ask about the neighborhood and community where you live.

- If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, would he or she be caught by the police?
- If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?
- If a kid carried a handgun in your neighborhood, would he or she be caught by the police?
- If a kid smoked a cigarette in your neighborhood, would he or she be caught by the police?

35. How wrong would most adults (over 21) in your neighborhood think it is for kids your age......?

- To use marijuana?
- To drink alcohol?
- To smoke cigarettes?

36. Please answer the following questions.

- My neighbors notice when I am doing a good job and let me know.
- There are people in my neighborhood who are proud of me when I do something well.
- There are people in my neighborhood who encourage me to do my best.

### HONESTY

37. How truthfully have you answered these questions?

- Not truthfully at all
- Somewhat truthfully
- Completely truthfully

PLEASE DO NOT WRITE IN THIS AREA