

2015 New Hampshire Youth Risk Behavior Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.



Directions

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: A B C
- If you change your answer, erase your old answer completely.

1. How old are you?

- A 12 years old or younger
- B 13 years old
- C 14 years old
- D 15 years old
- E 16 years old
- F 17 years old
- G 18 years old or older

2. What is your sex?

- A Female
- B Male

3. In what grade are you?

- A 9th grade
- B 10th grade
- C 11th grade
- D 12th grade
- E Ungraded or other grade

4. Are you Hispanic or Latino?

- A Yes
- B No

5. What is your race? (Select one or more responses.)

- A American Indian or Alaska Native
- B Asian
- C Black or African American
- D Native Hawaiian or Other Pacific Islander
- E White

6. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Example

Height	
Feet	Inches
5	7
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input checked="" type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input checked="" type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

Your Height

Height	
Feet	Inches
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

7. How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example

Weight		
Pounds		
1	5	2
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input checked="" type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input checked="" type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9

Your Weight

Weight		
Pounds		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9

8. During the past 12 months, how would you describe your grades in school?

- A Mostly A's
- B Mostly B's
- C Mostly C's
- D Mostly D's
- E Mostly F's
- F None of these grades
- G Not sure



The next 6 questions ask about safety.

9. **When you rode a bicycle** during the past 12 months, how often did you wear a helmet?
- A I did not ride a bicycle during the past 12 months
 - B Never wore a helmet
 - C Rarely wore a helmet
 - D Sometimes wore a helmet
 - E Most of the time wore a helmet
 - F Always wore a helmet
10. How often do you wear a seat belt when **driving** a car?
- A I do not drive a car
 - B Never
 - C Rarely
 - D Sometimes
 - E Most of the time
 - F Always
11. How often do you wear a seat belt when **riding** in a car driven by someone else?
- A Never
 - B Rarely
 - C Sometimes
 - D Most of the time
 - E Always
12. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?
- A 0 times
 - B 1 time
 - C 2 or 3 times
 - D 4 or 5 times
 - E 6 or more times
13. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
- A I did not drive a car or other vehicle during the past 30 days
 - B 0 times
 - C 1 time
 - D 2 or 3 times
 - E 4 or 5 times
 - F 6 or more times

14. During the past 30 days, on how many days did you **text or e-mail** while **driving** a car or other vehicle?
- A I did not drive a car or other vehicle during the past 30 days
 - B 0 days
 - C 1 or 2 days
 - D 3 to 5 days
 - E 6 to 9 days
 - F 10 to 19 days
 - G 20 to 29 days
 - H All 30 days

The next 8 questions ask about violence-related behaviors.

15. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
- A 0 days
 - B 1 day
 - C 2 or 3 days
 - D 4 or 5 days
 - E 6 or more days
16. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?
- A 0 times
 - B 1 time
 - C 2 or 3 times
 - D 4 or 5 times
 - E 6 or more times
17. During the past 12 months, how many times were you in a physical fight **on school property**?
- A 0 times
 - B 1 time
 - C 2 or 3 times
 - D 4 or 5 times
 - E 6 or 7 times
 - F 8 or 9 times
 - G 10 or 11 times
 - H 12 or more times
18. Have you ever been physically forced to have sexual intercourse when you did not want to?

- A Yes
- B No



19. During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)

- A I did not date or go out with anyone during the past 12 months
- B 0 times
- C 1 time
- D 2 or 3 times
- E 4 or 5 times
- F 6 or more times

20. During the past 12 months, how many times have you experienced an unwanted sexual advance because of another student's drinking?

- A I did not experience an unwanted sexual advance during the past 12 months
- B 0 times
- C 1 time
- D 2 or 3 times
- E 4 or 5 times
- F 6 or more times

21. During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)

- A I did not date or go out with anyone during the past 12 months
- B 0 times
- C 1 time
- D 2 or 3 times
- E 4 or 5 times
- F 6 or more times

22. Have you ever seen or heard adults in your home slap, hit, kick, punch, or hurt each other?

- A Yes
- B No

The next 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

23. During the past 12 months, have you ever been bullied **on school property**?

- A Yes
- B No

24. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)

- A Yes
- B No

The next question asks about hurting yourself on purpose.

25. During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?

- A 0 times
- B 1 time
- C 2 or 3 times
- D 4 or 5 times
- E 6 or more times

The next 4 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

26. 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?

- A Yes
- B No

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

- A Yes
- B No



28. During the past 12 months, how many times did you actually attempt suicide?
- (A) 0 times
 - (B) 1 time
 - (C) 2 or 3 times
 - (D) 4 or 5 times
 - (E) 6 or more times
29. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
- (A) **I did not attempt suicide** during the past 12 months
 - (B) Yes
 - (C) No

The next 7 questions ask about tobacco use.

30. How old were you when you smoked a whole cigarette for the first time?
- (A) I have never smoked a whole cigarette
 - (B) 8 years old or younger
 - (C) 9 or 10 years old
 - (D) 11 or 12 years old
 - (E) 13 or 14 years old
 - (F) 15 or 16 years old
 - (G) 17 years old or older
31. During the past 30 days, on how many days did you smoke cigarettes?
- (A) 0 days
 - (B) 1 or 2 days
 - (C) 3 to 5 days
 - (D) 6 to 9 days
 - (E) 10 to 19 days
 - (F) 20 to 29 days
 - (G) All 30 days
32. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?
- (A) I did not smoke cigarettes during the past 30 days
 - (B) Less than 1 cigarette per day
 - (C) 1 cigarette per day
 - (D) 2 to 5 cigarettes per day
 - (E) 6 to 10 cigarettes per day
 - (F) 11 to 20 cigarettes per day
 - (G) More than 20 cigarettes per day

33. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)
- (A) I did not smoke cigarettes during the past 30 days
 - (B) I bought them in a store such as a convenience store, supermarket, discount store, or gas station
 - (C) I got them on the Internet
 - (D) I gave someone else money to buy them for me
 - (E) I borrowed (or bummed) them from someone else
 - (F) A person 18 years old or older gave them to me
 - (G) I took them from a store or family member
 - (H) I got them some other way
34. During the past 12 months, did you ever try **to quit** smoking cigarettes?
- (A) I did not smoke during the past 12 months
 - (B) Yes
 - (C) No
35. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?
- (A) 0 days
 - (B) 1 or 2 days
 - (C) 3 to 5 days
 - (D) 6 to 9 days
 - (E) 10 to 19 days
 - (F) 20 to 29 days
 - (G) All 30 days
36. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
- (A) 0 days
 - (B) 1 or 2 days
 - (C) 3 to 5 days
 - (D) 6 to 9 days
 - (E) 10 to 19 days
 - (F) 20 to 29 days
 - (G) All 30 days



The next question asks about electronic vapor products, such as blu, NJOY, or Starbuzz. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

37. During the past 30 days, on how many days did you use an electronic vapor product?

- Ⓐ 0 days
- Ⓑ 1 or 2 days
- Ⓒ 3 to 5 days
- Ⓓ 6 to 9 days
- Ⓔ 10 to 19 days
- Ⓕ 20 to 29 days
- Ⓖ All 30 days

The next 4 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

38. How old were you when you had your first drink of alcohol other than a few sips?

- Ⓐ I have never had a drink of alcohol other than a few sips
- Ⓑ 8 years old or younger
- Ⓒ 9 or 10 years old
- Ⓓ 11 or 12 years old
- Ⓔ 13 or 14 years old
- Ⓕ 15 or 16 years old
- Ⓖ 17 years old or older

39. During the past 30 days, on how many days did you have at least one drink of alcohol?

- Ⓐ 0 days
- Ⓑ 1 or 2 days
- Ⓒ 3 to 5 days
- Ⓓ 6 to 9 days
- Ⓔ 10 to 19 days
- Ⓕ 20 to 29 days
- Ⓖ All 30 days

40. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- Ⓐ 0 days
- Ⓑ 1 day
- Ⓒ 2 days
- Ⓓ 3 to 5 days
- Ⓔ 6 to 9 days
- Ⓕ 10 to 19 days
- Ⓖ 20 or more days

41. During the past 30 days, how did you **usually** get the alcohol you drank?

- Ⓐ I did not drink alcohol during the past 30 days
- Ⓑ I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
- Ⓒ I bought it at a restaurant, bar, or club
- Ⓓ I bought it at a public event such as a concert or sporting event
- Ⓔ I gave someone else money to buy it for me
- Ⓕ Someone gave it to me
- Ⓖ I took it from a store or family member
- Ⓗ I got it some other way

The next 3 questions ask about marijuana use. Marijuana also is called grass or pot.

42. How old were you when you tried marijuana for the first time?

- Ⓐ I have never tried marijuana
- Ⓑ 8 years old or younger
- Ⓒ 9 or 10 years old
- Ⓓ 11 or 12 years old
- Ⓔ 13 or 14 years old
- Ⓕ 15 or 16 years old
- Ⓖ 17 years old or older

43. During the past 30 days, how many times did you use marijuana?

- Ⓐ 0 times
- Ⓑ 1 or 2 times
- Ⓒ 3 to 9 times
- Ⓓ 10 to 19 times
- Ⓔ 20 to 39 times
- Ⓕ 40 or more times



44. During your life, have you ever come to school high on marijuana?

- A Yes
- B No

The next 9 questions ask about other drugs.

45. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?

- A 0 times
- B 1 or 2 times
- C 3 to 9 times
- D 10 to 19 times
- E 20 to 39 times
- F 40 or more times

46. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

- A 0 times
- B 1 or 2 times
- C 3 to 9 times
- D 10 to 19 times
- E 20 to 39 times
- F 40 or more times

47. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?

- A 0 times
- B 1 or 2 times
- C 3 to 9 times
- D 10 to 19 times
- E 20 to 39 times
- F 40 or more times

48. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?

- A 0 times
- B 1 or 2 times
- C 3 to 9 times
- D 10 to 19 times
- E 20 to 39 times
- F 40 or more times

49. During your life, how many times have you used **ecstasy** (also called MDMA)?

- A 0 times
- B 1 or 2 times
- C 3 to 9 times
- D 10 to 19 times
- E 20 to 39 times
- F 40 or more times

50. During your life, how many times have you used **synthetic marijuana** (also called K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks)?

- A 0 times
- B 1 or 2 times
- C 3 to 9 times
- D 10 to 19 times
- E 20 to 39 times
- F 40 or more times

51. During your life, how many times have you taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

- A 0 times
- B 1 or 2 times
- C 3 to 9 times
- D 10 to 19 times
- E 20 to 39 times
- F 40 or more times

52. During the past 30 days, how many times did you take a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

- A 0 times
- B 1 or 2 times
- C 3 to 9 times
- D 10 to 19 times
- E 20 to 39 times
- F 40 or more times

53. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?

- A Yes
- B No

The next 6 questions ask about sexual behavior.

54. Have you ever had sexual intercourse?
- A Yes
 - B No
55. How old were you when you had sexual intercourse for the first time?
- A I have never had sexual intercourse
 - B 11 years old or younger
 - C 12 years old
 - D 13 years old
 - E 14 years old
 - F 15 years old
 - G 16 years old
 - H 17 years old or older
56. During the past 3 months, with how many people did you have sexual intercourse?
- A I have never had sexual intercourse
 - B I have had sexual intercourse, but not during the past 3 months
 - C 1 person
 - D 2 people
 - E 3 people
 - F 4 people
 - G 5 people
 - H 6 or more people
57. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
- A I have never had sexual intercourse
 - B Yes
 - C No
58. The **last time** you had sexual intercourse, did you or your partner use a condom?
- A I have never had sexual intercourse
 - B Yes
 - C No

59. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
- A I have never had sexual intercourse
 - B No method was used to prevent pregnancy
 - C Birth control pills
 - D Condoms
 - E An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
 - F A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth-control ring (such as NuvaRing)
 - G Withdrawal or some other method
 - H Not sure

The next 2 questions ask about body weight.

60. Which of the following are you trying to do about your weight?
- A Lose weight
 - B Gain weight
 - C Stay the same weight
 - D I am **not trying to do anything** about my weight
61. During the past 30 days, did you **eat less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?
- A Yes
 - B No

The next question asks about the soda you drank during the past 7 days.

62. During the past 7 days, how many times did you drink a **can, bottle, or glass of soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** count diet soda or diet pop.)
- A I did not drink soda or pop during the past 7 days
 - B 1 to 3 times during the past 7 days
 - C 4 to 6 times during the past 7 days
 - D 1 time per day
 - E 2 times per day
 - F 3 times per day
 - G 4 or more times per day

The next 4 questions ask about physical activity.

63. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)
- A 0 days
 - B 1 day
 - C 2 days
 - D 3 days
 - E 4 days
 - F 5 days
 - G 6 days
 - H 7 days
64. On an average school day, how many hours do you watch TV?
- A I do not watch TV on an average school day
 - B Less than 1 hour per day
 - C 1 hour per day
 - D 2 hours per day
 - E 3 hours per day
 - F 4 hours per day
 - G 5 or more hours per day
65. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook, or other social networking tools, and the Internet.)
- A I do not play video or computer games or use a computer for something that is not school work
 - B Less than 1 hour per day
 - C 1 hour per day
 - D 2 hours per day
 - E 3 hours per day
 - F 4 hours per day
 - G 5 or more hours per day
66. During this school year, in how many seasons (fall, winter, spring) will you play on any of your school's sports teams?
- A 0 seasons
 - B 1 season
 - C 2 seasons
 - D 3 seasons

The next 5 questions ask about other health related behaviors

67. During the past 12 months, how many times did you use an indoor tanning device such as a sunlamp, sunbed, or tanning booth? (Do **not** count getting a spray-on tan.)
- A 0 times
 - B 1 or 2 times
 - C 3 to 9 times
 - D 10 to 19 times
 - E 20 to 39 times
 - F 40 times or more
68. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?
- A During the past 12 months
 - B Between 12 and 24 months ago
 - C More than 24 months ago
 - D Never
 - E Not sure
69. When was the last time you saw a doctor or a nurse for a check-up or physical exam when you were not sick or injured?
- A During the past 12 months
 - B Between 12 and 24 months ago
 - C More than 24 months ago
 - D Never
 - E Not sure
70. Has a doctor or nurse ever told you that you have asthma?
- A Yes
 - B No
 - C Not sure
71. On an average school night, how many hours of sleep do you get?
- A 4 or less hours
 - B 5 hours
 - C 6 hours
 - D 7 hours
 - E 8 hours
 - F 9 hours
 - G 10 or more hours

The next 10 questions ask about your family, your community, and your activities.

72. Do you have someone in your family (a parent, brother, or sister) who is currently in the military (Air Force, Army, Marines, National Guard, Navy, or Reserves)?

- A Yes
- B No

73. During the past 12 months, have either of your parents or other adults in your family been in jail or in prison?

- A Yes
- B No
- C Not sure

74. Do you agree or disagree that your parents or other adults in your family have clear rules and consequences for your behavior?

- A Strongly agree
- B Agree
- C Not sure
- D Disagree
- E Strongly disagree

75. How often did you go hungry because there was not enough food in your home?

- A Never
- B Rarely
- C Sometimes
- D Most of the time
- E Always

76. Have you ever lived with anyone who had a problem with alcohol or drugs?

- A Yes
- B No
- C Not sure

77. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use?

- A Yes
- B No
- C Not sure

78. During the past 12 months, do you recall hearing, reading or seeing a public message about avoiding alcohol or other illegal drugs?

- A Yes
- B No
- C Not sure

79. When you feel sad, empty, hopeless, angry, or anxious, with whom would you most likely talk about it?

- A I do not feel sad, empty, hopeless, angry, or anxious
- B Parent or other adult family member
- C Teacher or other adult in this school
- D Other adult
- E Friend
- F Sibling
- G Not sure

80. During the past 30 days, how many times did you perform any organized community service as a non-paid volunteer, such as serving meals to the elderly, picking up litter, helping out at a hospital, or building homes for the poor?

- A 0 times
- B 1 time
- C 2 or 3 times
- D 4 or 5 times
- E 6 or more times

81. During an average week when you are in school, how many total hours do you participate in activities run by community groups? (Count time spent on activities run by 4-H, Boys and Girls Club, YMCA, sports clubs, or church groups.)

- A 0 hours
- B 1 to 4 hours
- C 5 to 9 hours
- D 10 to 19 hours
- E 20 or more hours

The next 5 questions ask about the perceived harm from cigarettes, alcohol, and other drug use.

82. 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?
- A No risk
 - B Slight risk
 - C Moderate risk
 - D Great risk
83. How much do you think people risk harming themselves (physically or in other ways) if they have one or two drinks of alcohol nearly every day?
- A No risk
 - B Slight risk
 - C Moderate risk
 - D Great risk
84. How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks of alcohol (beer, wine, or liquor) once or twice a week?
- A No risk
 - B Slight risk
 - C Moderate risk
 - D Great risk
85. How much do you think people risk harming themselves (physically or in other ways) if they use marijuana once or twice a week?
- A No risk
 - B Slight risk
 - C Moderate risk
 - D Great risk
86. How much do you think people risk harming themselves (physically or in other ways) if they take a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
- A No risk
 - B Slight risk
 - C Moderate risk
 - D Great risk

The next 9 questions ask about attitudes towards cigarettes, alcohol and other drug use.

87. How wrong do **your friends** feel it would **be for you** to smoke tobacco?
- A Very wrong
 - B Wrong
 - C A little bit wrong
 - D Not at all wrong
 - E Not sure
88. How wrong do **your friends** feel it would **be for you** to have one or two drinks of an alcoholic beverage (beer wine, or liquor) nearly every day?
- A Very wrong
 - B Wrong
 - C A little bit wrong
 - D Not at all wrong
 - E Not sure
89. How wrong do **your friends** feel it would **be for you** to smoke marijuana?
- A Very wrong
 - B Wrong
 - C A little bit wrong
 - D Not at all wrong
 - E Not sure
90. How wrong do **your friends** feel it would **be for you** to take a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
- A Very wrong
 - B Wrong
 - C A little bit wrong
 - D Not at all wrong
 - E Not sure
91. How wrong do your parents feel it would be for you to smoke tobacco?
- A Very wrong
 - B Wrong
 - C A little bit wrong
 - D Not at all wrong
 - E Not sure

92. How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage (beer, wine, or liquor) nearly every day?

- A Very wrong
- B Wrong
- C A little bit wrong
- D Not at all wrong
- E Not sure

93. How wrong do your parents feel it would be for you to smoke marijuana?

- A Very wrong
- B Wrong
- C A little bit wrong
- D Not at all wrong
- E Not sure

94. How wrong do your parents feel it would be for you to take a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

- A Very wrong
- B Wrong
- C A little bit wrong
- D Not at all wrong
- E Not sure

95. How do you feel about someone your age having one or two drinks of alcohol (beer, wine, or liquor) nearly every day?

- A Strongly approve
- B Approve
- C Neither approve nor disapprove
- D Disapprove
- E Strongly disapprove

The next 4 questions ask about availability of cigarettes, alcohol, and other drug use.

96. If you wanted to get some cigarettes, how hard or easy would it be for you to get some?

- A Very hard
- B Sort of hard
- C Sort of easy
- D Very easy

97. If you wanted to get some alcohol (beer, wine, or liquor) how hard or easy would it be for you to get some?

- A Very hard
- B Sort of hard
- C Sort of easy
- D Very easy

98. If you wanted to get some marijuana, how hard or easy would it be for you to get some?

- A Very hard
- B Sort of hard
- C Sort of easy
- D Very easy

99. If you wanted to get a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription, how hard or easy would it be for you to get some?

- A Very hard
- B Sort of hard
- C Sort of easy
- D Very easy

**This is the end of the survey.
Thank you very much for your help.**