



Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale



University of Toronto

2011 *STUDENT SURVEY*

THIS IS NOT A TEST. Some of these questions are to find out what students, like yourself, know about alcohol and other drugs (for example, tobacco, cannabis, cocaine, and medical drugs), and how you feel about alcohol and other drugs. This survey also asks about other aspects of your health, and your family and school experiences. **There is no assumption that students who answer the questionnaire have ever used alcohol or other drugs or have any other kinds of problems.**

Do NOT put your name on this survey. The information you give will be kept completely secret and confidential. Therefore, we ask you to be completely honest and accurate when you answer the questions. If you do not want to answer a question, leave it blank. Also, you may withdraw from the survey at any time.

THANK YOU VERY MUCH FOR YOUR HELP.

A

INSTRUCTIONS FOR COMPLETING THIS QUESTIONNAIRE

Most questions are followed by a list of answers. Please choose the answer that is right for you and indicate your choice in one of the boxes to the left.

FOR EXAMPLE:

Which of the following is your favourite subject at school (Choose one).

- 1 Math
- 2 English or Language Arts
- 3 Science
- 4 French
- 5 Gym
- 6 Another subject

BEFORE STARTING TO ANSWER THIS SURVEY, PLEASE INDICATE THE CURRENT TIME.

___ ___ : ___ ___ (For example, 10:05)

LONGITUDINAL ONTARIO SCHOOL DRUG USE AND HEALTH SURVEY

LOGIN QUESTIONS

These questions will **not** tell us who you are, but they will **allow you to log in** if you choose to participate in more surveys in the future.

A1. How many letters are in your last name? _____

A2. How many older brothers do you have (including older stepbrothers)?

- 0 No brothers older than me
- 1 1 older brother
- 2 2 older brothers
- 3 3 older brothers
- 4 4 older brothers
- 5 5 older brothers
- 6 6 older brothers
- 7 7 older brothers
- 8 8 older brothers
- 9 9 or more older brothers

A3. How many older sisters do you have (including older stepsisters)?

- 0 No sisters older than me
- 1 1 older sister
- 2 2 older sisters
- 3 3 older sisters
- 4 4 older sisters
- 5 5 older sisters
- 6 6 older sisters
- 7 7 older sisters
- 8 8 older sisters
- 9 9 or more older sisters

A4. Have you ever had a dog? Yes No

A5. Have you ever had a cat? Yes No

A6. On which day of the month were you born? _____

(For example, if you were born on March 27th, write 27 on the line above).

The first few questions are about your background and school life.

B1. How old are you?

- 10 10 years old or younger
- 11 11 years
- 12 12 years
- 13 13 years
- 14 14 years
- 15 15 years
- 16 16 years old or older

B2. What grade are you in?

- 07 Grade 7
- 08 Grade 8

B3. Are you male or female?

- 1 Male
- 2 Female

B4. Not everyone lives with both parents in one home. Some people spend part of their time in one home, and the other part of their time in another home.

Please choose one of the following statements that best describes your living situation.

- 1 I live in one home only
- 2 I split my time between 2 or more homes

B5. Who lives with you in your main home? (Please CHECK ALL THAT APPLY.)

- 1 Natural mother
- 1 Stepmother
- 1 Adoptive mother
- 1 Natural father
- 1 Stepfather
- 1 Adoptive father
- 1 Grandparent(s)
- 1 Other adult relative(s)
- 1 Foster parent(s)
- 1 Brother(s)/stepbrother(s)
- 1 Sister(s)/stepsister(s)
- 1 Others
- 1 I live alone

B6. How long have you lived in Canada?

- 1 All of my life
- 2 Less than 1 year
- 3 1 to 2 years
- 4 3 to 5 years
- 5 6 or more years

B7. Which of the following best describes your background? (You may choose more than one category) Are you....?

- 1 **White** (for example, British, French, Italian, Portuguese, Ukrainian, Russian, or Israeli)
- 1 **Chinese**
- 1 **South Asian** (for example, East Indian, Pakistani, Sri Lankan)
- 1 **Black** (for example, African, Caribbean)
- 1 **Aboriginal/First Nations**
- 1 **Filipino**
- 1 **Latin American, Central American, or South American** (for example, Mexican, Brazilian)
- 1 **Southeast Asian** (for example, Vietnamese, Cambodian, Malaysian, Laotian)
- 1 **West Asian or Arab** (for example, Egyptian, Saudi Arabian, Syrian, Iranian, Lebanese, Afghani)
- 1 **Korean**
- 1 **Japanese**
- 8 Not sure

B8. The next few questions are about your parents. By 'parents' we mean whoever you consider your parents to be. They could be your natural parents, adoptive parents, foster parents or stepparents. Were your parents born in Canada?

- 1 Both parents were born in Canada
- 2 One parent was born in Canada
- 3 Neither parent was born in Canada

B9. What is the highest level of education your mother completed? (If you have two mothers, think about the mother you feel closest to.)

- 1 Graduated university
- 2 Attended university
- 3 Graduated college
- 4 Attended college
- 5 Graduated high school
- 6 Attended high school
- 7 Did not attend high school
- 8 Don't know
- 9 No mother

B10. What is the highest level of education your father completed?

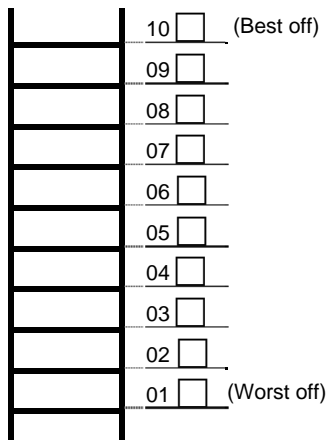
- 1 Graduated university
- 2 Attended university
- 3 Graduated college
- 4 Attended college
- 5 Graduated high school
- 6 Attended high school
- 7 Did not attend high school
- 8 Don't know
- 9 No father

B11. In your free time away from home, how often does at least one of your parents know where you are?

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

B12. Imagine this ladder below shows how Canadian society is set up. At the top of the ladder are people who are the best off – they have the most money, the most education, and the jobs that bring the most respect. At the bottom are the people who are worst off – they have the least money, little education, no job or jobs that no one wants.

Now think about your family. Please check off the numbered box that best shows where you think your family would be on this ladder.



The next few questions are about how you feel about school.

B13. Some people like school very much while others don't. How do you feel about going to school?

- 1 I like school very much
- 2 I like school quite a lot
- 3 I like school to some degree
- 4 I don't like school very much
- 5 I don't like school at all

B14. I feel safe in my school.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree

B15. I feel close to people at this school.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree

B16. I feel like I am part of this school.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree

B17. At school, how worried are you that someone will harm you, threaten you, or take something from you?

- 1 Very worried
- 2 Somewhat worried
- 3 Not very worried
- 4 Not at all worried

B18. On average, what marks do you usually get in school? (Please choose only one answer.)

- 1 90% - 100%
- 2 80% - 89%
- 3 70% - 79%
- 4 60% - 69%
- 5 50% - 59%
- 6 below 50%

The next section is about your feelings about your family.

The next section is about your physical and emotional health.

B19. My family gives me the moral support I need.

- 1 Yes
- 2 No
- 3 Don't know

B20. Most other people are closer to their family than I am.

- 1 Yes
- 2 No
- 3 Don't know

B21. I rely on my family for emotional support.

- 1 Yes
- 2 No
- 3 Don't know

B22. My family and I are very open about what we think about things.

- 1 Yes
- 2 No
- 3 Don't know

B23. My family is sensitive to my personal needs.

- 1 Yes
- 2 No
- 3 Don't know

B24. Members of my family are good at helping me solve problems.

- 1 Yes
- 2 No
- 3 Don't know

B25. I wish my family were much different.

- 1 Yes
- 2 No
- 3 Don't know

B26. Have you or your family ever been involved with any Children's Aid Society, as clients?

- 1 Yes
- 2 No
- 3 Don't know

B27. How would you rate your physical health?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

B28. Do you think of yourself as being too thin, about the right weight, or too fat?

- 1 Too thin (underweight)
- 2 About the right weight
- 3 Too fat (overweight)

B29. Which of the following are you doing about your weight?

- 1 Not doing anything
- 2 Trying to lose weight
- 3 Trying to keep from gaining weight
- 4 Trying to gain weight

B30. How would you rate your mental or emotional health?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

B31. In the LAST 12 MONTHS, how many times did you see a doctor, nurse or counsellor about your mental or emotional health?

_____ times (Write '0' if you have not seen any of the above for your mental/emotional health.)

B32. In the LAST 12 MONTHS, have you called a telephone crisis helpline or gone on a website (such as KidsHelpPhone.ca) because you needed to talk to a counsellor about a problem?

- 1 Yes, I've phoned a helpline only
- 2 Yes, I've posted a question on a website only
- 3 Yes, I've phoned a helpline and posted a question on a website
- 4 No

For the next questions, please rate how often each statement is true for you.

H1. I feel nervous with people I don't know well.

- 0 Almost never
1 Sometimes
2 Often

H2. I worry about being as good as other kids.

- 0 Almost never
1 Sometimes
2 Often

H3. I worry about things working out for me.

- 0 Almost never
1 Sometimes
2 Often

H4. I worry about other people liking me.

- 0 Almost never
1 Sometimes
2 Often

H5. I get really frightened for no reason at all.

- 0 Almost never
1 Sometimes
2 Often

H6. When I get frightened, I feel like I am choking.

- 0 Almost never
1 Sometimes
2 Often

H7. I am afraid of having anxiety (or panic) attacks.

- 0 Almost never
1 Sometimes
2 Often

H8. I get in trouble at home.

- 0 Never or not true
1 Sometimes / somewhat true
2 Often or very true

H9. I get in trouble at school.

- 0 Never or not true
1 Sometimes / somewhat true
2 Often or very true

H10. I get into arguments with my parents.

- 0 Never or not true
1 Sometimes / somewhat true
2 Often or very true

H11. I get into arguments with my teachers.

- 0 Never or not true
1 Sometimes / somewhat true
2 Often or very true

H12. I can't sit still; I am restless.

- 0 Never or not true
1 Sometimes / somewhat true
2 Often or very true

H13. I am easily distracted. I have trouble sticking to any activity.

- 0 Never or not true
1 Sometimes / somewhat true
2 Often or very true

H14. I get headaches or stomach aches when I am at school.

- 0 Almost never
1 Sometimes
2 Often

H15. I worry about going to school.

- 0 Almost never
1 Sometimes
2 Often

H16. I have trouble concentrating and paying attention.

- 0 Never or not true
1 Sometimes / somewhat true
2 Often or very true

H17. I worry about bad things happening to my parents.

- 0 Almost never
1 Sometimes
2 Often

H18. I am impulsive; I act without thinking.

- 0 Never or not true
1 Sometimes / somewhat true
2 Often or very true

The next questions are about the past year (12 months).

In answering the next questions, think about how you have felt over the last 7 days.

H19. How often (if ever) in the LAST 12 MONTHS, have you done each of the following? (Write '0' if you have not done it.)

- a. taken a car, truck, or SUV for a ride without the owner's permission? _____ times
- b. banged up or damaged something (on purpose) that did not belong to you? _____ times
- c. sold marijuana or hashish? _____ times
- d. taken things worth \$50 or less that did not belong to you? _____ times
- e. taken things worth more than \$50 that did not belong to you? _____ times
- f. beat up or hurt anyone (on purpose), not counting fights you may have had with a brother or sister? _____ times
- g. broken into a locked building other than your own home? _____ times
- h. run away from your home (left home without the permission of one or both of your parents)? _____ times
- i. set something on fire that you weren't supposed to? _____ times

H20. During the LAST 7 DAYS, how often did you enjoy life?

- 0 Never or rarely
- 1 Sometimes
- 2 Often
- 3 Always

H21. During the LAST 7 DAYS, how often have you felt depressed?

- 0 Never or rarely
- 1 Sometimes
- 2 Often
- 3 Always

H22. During the LAST 7 DAYS, how often have you felt hopeful about the future?

- 0 Never or rarely
- 1 Sometimes
- 2 Often
- 3 Always

H23. During the LAST 7 DAYS, how often have you felt like you were too tired to do things?

- 0 Never or rarely
- 1 Sometimes
- 2 Often
- 3 Always

H24. During the LAST 7 DAYS, how often have you felt lonely?

- 0 Never or rarely
- 1 Sometimes
- 2 Often
- 3 Always

H25. During the LAST 7 DAYS, how often have you felt that you could not shake off the blues even with help from others?

- 0 Never or rarely
- 1 Sometimes
- 2 Often
- 3 Always

H26. During the LAST 7 DAYS, how often have you felt like not eating or your appetite was poor?

- 0 Never or rarely
1 Sometimes
2 Often
3 Always

H27. During the LAST 7 DAYS, how often have you felt that people disliked you?

- 0 Never or rarely
1 Sometimes
2 Often
3 Always

H28. During the LAST 7 DAYS, how often have you had crying spells?

- 0 Never or rarely
1 Sometimes
2 Often
3 Always

H29. During the LAST 7 DAYS, how often have you had trouble keeping your mind on what you were doing?

- 0 Never or rarely
1 Sometimes
2 Often
3 Always

H30. During the LAST 7 DAYS, how often have you been happy?

- 0 Never or rarely
1 Sometimes
2 Often
3 Always

H31. During the LAST 7 DAYS, how often has your sleep been restless?

- 0 Never or rarely
1 Sometimes
2 Often
3 Always

The following questions are about some common problems some people have.

Problems are considered significant when:

- you have them for two or more weeks
- they keep coming back
- they keep you from meeting your responsibilities or
- they make you feel like you can't go on.

H32. When was the last time that you had significant problems with:

a. feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?

- 1 Past month (During the past month)
2 2 to 12 months ago
3 1+ years (1 year ago or longer)
6 Never

b. sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day?

- 1 Past month
2 2 to 12 months ago
3 1+ years ago
6 Never

c. feeling very anxious, nervous, tense, scared, panicked or like something bad was going to happen?

- 1 Past month
2 2 to 12 months ago
3 1+ years ago
6 Never

d. becoming very distressed and upset when something reminded you of the past?

- 1 Past month
2 2 to 12 months ago
3 1+ years ago
6 Never

e. thinking about ending your life or committing suicide?

- 1 Past month
2 2 to 12 months ago
3 1+ years ago
6 Never

H33. In the LAST 12 MONTHS, did you attempt suicide?

- 1 Past month
- 2 2 to 12 months ago
- 3 1+ years ago
- 6 Never

H34. When was the last time that you:

a. had a disagreement in which you pushed, grabbed, or shoved someone?

- 1 Past month (During the past month)
- 2 2 to 12 months ago
- 3 1+ years (1 year ago or longer)
- 6 Never

b. took something from a store without paying for it?

- 1 Past month
- 2 2 to 12 months ago
- 3 1+ years ago
- 6 Never

c. sold, distributed, or helped to make illegal drugs?

- 1 Past month
- 2 2 to 12 months ago
- 3 1+ years ago
- 6 Never

d. drove a vehicle while under the influence of alcohol or illegal drugs?

- 1 Past month
- 2 2 to 12 months ago
- 3 1+ years ago
- 6 Never

e. purposely damaged or destroyed property that did not belong to you?

- 1 Past month
- 2 2 to 12 months ago
- 3 1+ years ago
- 6 Never

H35. When was the last time that you did the following things two or more times?

a. Lied or conned to get things you wanted or to avoid having to do something?

- 1 Past month (During the past month I lied or conned two or more times)
- 2 2 to 12 months ago (Within the past year I lied or conned two or more times)
- 3 1+ years ago (It's been one year or longer since I lied or conned two or more times)
- 6 Never did this or did it only once

b. Had a hard time paying attention at school, work, or home?

- 1 Past month
- 2 2 to 12 months ago
- 3 1+ years ago
- 6 Never or only once

c. Had a hard time listening to instructions at school, work, or home?

- 1 Past month
- 2 2 to 12 months ago
- 3 1+ years ago
- 6 Never or only once

d. Were a bully or threatened other people?

- 1 Past month
- 2 2 to 12 months ago
- 3 1+ years ago
- 6 Never did this or did it only once

e. Started physical fights with other people?

- 1 Past month
- 2 2 to 12 months ago
- 3 1+ years ago
- 6 Never did this or did it only once

H36. When was the last time that you had significant problems with:

a. missing meals or throwing up much of what you did eat to control your weight?

- 1 Past month (During the past month)
- 2 2 to 12 months ago
- 3 1+ years (1 year ago or longer)
- 6 Never

b. eating binges or times when you ate a very large amount of food within a short period of time and then felt guilty?

- 1 Past month
- 2 2 to 12 months ago
- 3 1+ years ago
- 6 Never

c. being disturbed by memories or dreams of distressing things from the past that you did, saw, or had happen to you?

- 1 Past month
- 2 2 to 12 months ago
- 3 1+ years ago
- 6 Never

d. thinking or feeling that people are watching you, following you, or out to get you?

- 1 Past month
- 2 2 to 12 months ago
- 3 1+ years ago
- 6 Never

e. seeing or hearing things that no one else could see or hear, or feeling that someone else could read or control your thoughts?

- 1 Past month
- 2 2 to 12 months ago
- 3 1+ years ago
- 6 Never

f. videogame playing or internet use that caused you to give up, reduce, or have problems with important activities or people at work, school, home, or social events?

- 1 Past month
- 2 2 to 12 months ago
- 3 1+ years ago
- 6 Never

g. gambling that caused you to give up, reduce, or have problems with important activities or people at work, school, home, or social events?

- 1 Past month
- 2 2 to 12 months ago
- 3 1+ years ago
- 6 Never

H37. In the LAST 12 MONTHS, did you try to cut back or stop playing video games, or did you play for longer than you had planned to?

- 1 Yes
- 2 No
- 6 Don't play video games

H38. In the LAST 12 MONTHS, have you borrowed money or stolen something in order to bet or to cover gambling debts?

- 1 Yes
- 2 No
- 3 Did not gamble in the last 12 months
- 6 Never gambled in lifetime

The next section is about alcohol, tobacco and other drugs. Please answer all the questions even if you have never tried these drugs.

S1. In the LAST 12 MONTHS, how often did you drink ALCOHOL — liquor (rum, whiskey, etc.), wine, beer, coolers?

- 01 Drank only at special events (for example, holidays or weddings)
- 02 Had a sip of alcohol to see what it's like
- 03 Once a month or less often
- 04 2 or 3 times a month
- 05 Once a week
- 06 2 or 3 times a week
- 07 4 or 5 times a week
- 08 Almost every day - 6 or 7 times a week
- 11 Drank, but not in the last 12 months
- 66 Never drank alcohol in lifetime

For the following questions, if you do not know what a drug is or have never heard of it, please only choose the 'don't know' box.

S2. In the LAST 12 MONTHS, how often did you use CANNABIS (also known as marijuana, "weed", "pot", "grass", hashish, "hash", hash oil)?

- 01 1 or 2 times
- 02 3 to 5 times
- 03 6 to 9 times
- 04 10 to 19 times
- 05 20 to 39 times
- 06 40 or more times
- 11 Used, but not in the last 12 months
- 66 Never used in lifetime
- 88 Don't know what cannabis is

S3. In the LAST 12 MONTHS, how often did you sniff GLUE OR OTHER SOLVENTS (for example, airplane glue, nail polish remover, paint thinner, gasoline, etc.) in order to get high?

- 01 1 or 2 times
- 02 3 to 5 times
- 03 6 to 9 times
- 04 10 to 19 times
- 05 20 to 39 times
- 06 40 or more times
- 11 Sniffed glue or another solvent, but not in the last 12 months
- 66 Never sniffed glue or another solvent in lifetime

S4. In the LAST 12 MONTHS, how often did you use MDMA or "ECSTASY" (also known as "E", "X")?

- 01 1 or 2 times
- 02 3 to 5 times
- 03 6 to 9 times
- 04 10 to 19 times
- 05 20 to 39 times
- 06 40 or more times
- 11 Used, but not in the last 12 months
- 66 Never used in lifetime
- 88 Don't know what "ecstasy" is

S5. In the LAST 12 MONTHS, how often did you use COCAINE (also known as "coke", "blow", "snow", "powder", "snort", etc.)?

- 01 1 or 2 times
- 02 3 to 5 times
- 03 6 to 9 times
- 04 10 to 19 times
- 05 20 to 39 times
- 06 40 or more times
- 11 Used, but not in the last 12 months
- 66 Never used in lifetime
- 88 Don't know what cocaine is

S6. In the LAST 12 MONTHS, how often did you use ADRENOCROMES (also known as "wagon wheels")?

- 01 1 or 2 times
- 02 3 to 5 times
- 03 6 to 9 times
- 04 10 to 19 times
- 05 20 to 39 times
- 06 40 or more times
- 11 Used, but not in the last 12 months
- 66 Never used in lifetime
- 88 Don't know what adrenochromes are

S7. In the LAST 12 MONTHS, how often did you use a COUGH OR COLD MEDICINE from a drug store, such as Robitussin DM, Benylin DM (also known as "robos", "dex", "DXM") in order to get high?

- 01 1 or 2 times
- 02 3 to 5 times
- 03 6 to 9 times
- 04 10 to 19 times
- 05 20 to 39 times
- 06 40 or more times
- 11 Used, but not in the last 12 months
- 66 Never used cough/cold medicine to "get high"

- S8. In the LAST 12 MONTHS, how often did you use other medicines you can buy at a drug store in order to get high?
- 01 1 or 2 times
 - 02 3 to 5 times
 - 03 6 to 9 times
 - 04 10 to 19 times
 - 05 20 to 39 times
 - 06 40 or more times
 - 11 Used, but not in the last 12 months
 - 66 Never used other medicines you can buy at a drug store to "get high"

- S9. In the LAST 12 MONTHS, how often did you use PAIN RELIEF PILLS (such as Percocet, Percodan, Tylenol #3, Demerol, OxyContin, codeine) WITHOUT A PRESCRIPTION or without a doctor telling you to take them? (We do not mean regular Tylenol or Aspirin that anyone can buy in a drugstore.)

- 01 1 or 2 times
- 02 3 to 5 times
- 03 6 to 9 times
- 04 10 to 19 times
- 05 20 to 39 times
- 06 40 or more times
- 11 Used without a prescription, but not in the last 12 months
- 66 Never used without a prescription
- 88 Don't know what pain relief pills are

- S10. Sometimes doctors give medicine to students who are hyperactive or have problems concentrating in school. This is called Attention Deficit Hyperactivity Disorder (ADHD).

In the LAST 12 MONTHS, how often did you use medicine that is usually used to treat ADHD (such as Ritalin, Concerta, Adderall, Dexedrine) WITHOUT A PRESCRIPTION or without a doctor telling you to take it?

- 01 1 or 2 times
- 02 3 to 5 times
- 03 6 to 9 times
- 04 10 to 19 times
- 05 20 to 39 times
- 06 40 or more times
- 11 Used ADHD medicine without a prescription, but not in the last 12 months
- 66 Never used without a prescription
- 88 Don't know what this medicine is

- S11. In the LAST 12 MONTHS, how often did you use other drugs that require a prescription, either without a prescription or without a doctor telling you to take them?

- 01 1 or 2 times
- 02 3 to 5 times
- 03 6 to 9 times
- 04 10 to 19 times
- 05 20 to 39 times
- 06 40 or more times
- 11 Used without a prescription, but not in the last 12 months
- 66 Never used without a prescription

- S12. In the LAST 12 MONTHS, how often did you use any other substances in order to get high?

- 01 1 or 2 times
- 02 3 to 5 times
- 03 6 to 9 times
- 04 10 to 19 times
- 05 20 to 39 times
- 06 40 or more times
- 11 Used, but not in the last 12 months
- 66 Never used other substances to "get high"

The next few questions are about alcohol. A "drink" of alcohol is a glass of wine, a bottle of beer, a cooler, a shot glass of liquor, or a mixed drink.

- S13. When (if ever) did you first drink more than just a few sips of alcohol?

- 04 Grade 4 or before
- 05 Grade 5
- 06 Grade 6
- 07 Grade 7
- 08 Grade 8
- 66 Never drank more than a few sips of alcohol in lifetime

- S14. When (if ever) did you first drink enough alcohol to feel drunk?

- 04 Grade 4 or before
- 05 Grade 5
- 06 Grade 6
- 07 Grade 7
- 08 Grade 8
- 66 Never been drunk in lifetime

S15. How many drinks containing alcohol do you have on a typical day when you are drinking?

- 01 1 drink
- 02 2 to 3 drinks
- 03 4 drinks
- 04 5 to 7 drinks
- 05 8 or more drinks
- 61 Don't drink alcohol
- 66 Never drank alcohol in lifetime

S16. How often do you have 5 or more drinks on one occasion?

- 01 Never
- 02 Less than once a month
- 03 About once a month
- 04 About once a week
- 05 Daily or almost daily
- 60 Don't drink alcohol
- 66 Never drank alcohol in lifetime

S17. When was the last time that:

a. you used alcohol or other drugs weekly or more often?

- 1 Past month (During the past month)
- 2 2 to 12 months ago
- 3 1+ years (1 year ago or longer)
- 4 Never

b. you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or feeling the effects of alcohol or other drugs?

- 1 Past month
- 2 2 to 12 months ago
- 3 1+ years ago
- 4 Never

c. you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?

- 1 Past month
- 2 2 to 12 months ago
- 3 1+ years ago
- 4 Never

d. your use of alcohol or other drugs caused you to give up, reduce, or have problems at important activities at work, school, home, or social events?

- 1 Past month
- 2 2 to 12 months ago
- 3 1+ years ago
- 4 Never

e. you had withdrawal problems from alcohol or other drugs (like shaky hands, throwing up, having trouble sitting still or sleeping), or that you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?

- 1 Past month
- 2 2 to 12 months ago
- 3 1+ years ago
- 4 Never

S18. How often during the LAST 12 MONTHS have you found that you were not able to stop drinking once you had started?

- 1 Never in the last 12 months
- 2 Less than once a month
- 3 About once a month
- 4 About once a week
- 5 Daily or almost daily
- 6 Don't drink alcohol
- 7 Never drank alcohol in lifetime

S19. How often during the LAST 12 MONTHS have you not done things you were supposed to because of drinking?

- 1 Never in the last 12 months
- 2 Less than once a month
- 3 About once a month
- 4 About once a week
- 5 Daily or almost daily
- 6 Don't drink alcohol
- 7 Never drank alcohol in lifetime

S20. How often during the LAST 12 MONTHS have you needed a first drink of alcohol in the morning to get yourself going after a heavy drinking session?

- 1 Never in the last 12 months
- 2 Less than once a month
- 3 About once a month
- 4 About once a week
- 5 Daily or almost daily
- 6 Don't drink alcohol
- 7 Never drank alcohol in lifetime

S21. How often during the LAST 12 MONTHS have you had a feeling of guilt or remorse after drinking?

- 1 Never in the last 12 months
- 2 Less than once a month
- 3 About once a month
- 4 About once a week
- 5 Daily or almost daily
- 6 Don't drink alcohol
- 7 Never drank alcohol in lifetime

S22. How often during the LAST 12 MONTHS have you been unable to remember what happened the night before because you had been drinking?

- 1 Never in the last 12 months
- 2 Less than once a month
- 3 About once a month
- 4 About once a week
- 5 Daily or almost daily
- 6 Don't drink alcohol
- 7 Never drank alcohol in lifetime

S23. Have you or someone else been injured as a result of your drinking?

- 1 No
- 2 Yes, but not in the last 12 months
- 3 Yes, during the last 12 months
- 4 Don't drink alcohol
- 5 Never drank alcohol in lifetime

S24. Has a relative or friend or a doctor or other health care worker been concerned about your drinking or suggested you cut down?

- 1 No
- 2 Yes, but not in the last 12 months
- 3 Yes, during the last 12 months
- 4 Don't drink alcohol
- 5 Never drank alcohol in lifetime

Now we have a few questions about drugs other than alcohol (illegal or prescription drugs).

S25. In the LAST 12 MONTHS, did you use drugs to relax, feel better about yourself, or fit in?

- 1 Yes
- 2 No
- 6 Never used drugs in lifetime

S26. In the LAST 12 MONTHS, did you use drugs while you were by yourself?

- 1 Yes
- 2 No
- 6 Never used drugs in lifetime

S27. In the LAST 12 MONTHS, did you forget things you did while using drugs?

- 1 Yes
- 2 No
- 6 Never used drugs in lifetime

S28. In the LAST 12 MONTHS, did you get into trouble while you were using drugs?

- 1 Yes
- 2 No
- 6 Never used drugs in lifetime

S29. In the LAST 12 MONTHS, did your family or friends tell you that you should cut down on your drug use?

- 1 Yes
- 2 No
- 6 Never used drugs in lifetime

S30. Have you been in a treatment program during the LAST 12 MONTHS because of your alcohol or drug use?

- 1 Yes, for alcohol only
- 2 Yes, for drugs only
- 3 Yes, for both alcohol and drugs
- 4 No

The next few questions are about the drug cannabis (also known as marijuana, hashish, "weed", "pot", "grass"). Please answer the questions even if you have never tried cannabis.

S31. When (if ever) did you first try cannabis (also known as marijuana, "weed", "grass", "pot", hashish, "hash", hash oil)?

- 66 Never tried cannabis in lifetime
- 04 Grade 4 or before
- 05 Grade 5
- 06 Grade 6
- 07 Grade 7
- 08 Grade 8

S32. In the LAST 3 MONTHS, how often did the idea of missing a smoke of cannabis make you very anxious or worried?

- 1 Never used cannabis in lifetime
- 2 Did not use in the last 3 months
- 3 Never
- 4 Sometimes
- 5 Often
- 6 Always or nearly always

S33. In the LAST 3 MONTHS, how often was your use of cannabis out of control?

- 1 Never used cannabis in lifetime
- 2 Did not use in the last 3 months
- 3 Never
- 4 Sometimes
- 5 Often
- 6 Always or nearly always

S34. In the LAST 3 MONTHS, how much did you worry about your use of cannabis?

- 1 Never used cannabis in lifetime
- 2 Did not use in the last 3 months
- 3 Not at all
- 4 A little
- 5 Quite a lot
- 6 A great deal

S35. In the LAST 3 MONTHS, how often did you wish you could stop using cannabis?

- 1 Never used cannabis in lifetime
- 2 Did not use in the last 3 months
- 3 Never
- 4 Sometimes
- 5 Often
- 6 Always or nearly always

S36. How difficult would it be for you to stop or go without cannabis?

- 1 Don't use cannabis
- 2 Not difficult
- 3 Quite difficult
- 4 Very difficult
- 5 Impossible

S37. How many of your CLOSEST friends drink alcohol?

- 1 None of my friends
- 2 Some of my friends
- 3 About half of my friends
- 4 Most of my friends
- 5 All of my friends
- 8 Don't know

S38. How many of your CLOSEST friends use cannabis (marijuana, "weed", "pot")?

- 1 None of my friends
- 2 Some of my friends
- 3 About half of my friends
- 4 Most of my friends
- 5 All of my friends
- 8 Don't know

S39. How many of your CLOSEST friends use substances other than alcohol or cannabis to get high?

- 1 None of my friends
- 2 Some of my friends
- 3 About half of my friends
- 4 Most of my friends
- 5 All of my friends
- 8 Don't know

S40. In the LAST 12 MONTHS, how often did you ride in a vehicle driven by someone who had been drinking alcohol?

- 00 Never
- 01 Once
- 02 2 times
- 03 3 times
- 04 4 times
- 05 5 times
- 06 6 times
- 07 7 times
- 08 8 or more times
- 88 Not sure

S41. In the LAST 12 MONTHS, how often did you ride in a vehicle driven by someone who had been using drugs (other than alcohol)?

- 00 Never
- 01 Once
- 02 2 times
- 03 3 times
- 04 4 times
- 05 5 times
- 06 6 times
- 07 7 times
- 08 8 or more times
- 88 Not sure

S42. How easy or difficult would it be for you to get alcohol if you wanted some?

- 1 Probably impossible
- 2 Very difficult
- 3 Fairly difficult
- 4 Fairly easy
- 5 Very easy
- 8 Don't know

S43. How easy or difficult would it be for you to get cannabis (also known as marijuana, "weed", "grass", "pot", hashish, "hash", hash oil) if you wanted some?

- 1 Probably impossible
- 2 Very difficult
- 3 Fairly difficult
- 4 Fairly easy
- 5 Very easy
- 8 Don't know

S44. How easy or difficult would it be for you to get prescription pain relief pills (such as Percocet, Percodan, Tylenol #3, Demerol, OxyContin, codeine) if you wanted some - WITHOUT going to a doctor?

- 1 Probably impossible
- 2 Very difficult
- 3 Fairly difficult
- 4 Fairly easy
- 5 Very easy
- 8 Don't know

S45. How easy or difficult would it be for you to get other prescription drugs if you wanted some - WITHOUT going to a doctor?

- 1 Probably impossible
- 2 Very difficult
- 3 Fairly difficult
- 4 Fairly easy
- 5 Very easy
- 8 Don't know

S46. When (if ever) did you first smoke a whole cigarette?

- 66 Never smoked a whole cigarette
- 04 Grade 4 or before
- 05 Grade 5
- 06 Grade 6
- 07 Grade 7
- 08 Grade 8

S47. In the LAST 12 MONTHS, how often did you smoke CIGARETTES?

- 01 Smoked a few puffs to a whole cigarette in the last 12 months
- 02 Smoked more than one cigarette, but not every day
- 03 1 or 2 cigarettes a day
- 04 3 to 5 cigarettes a day
- 05 6 to 10 cigarettes a day
- 06 11 to 15 cigarettes a day
- 07 16 to 20 cigarettes a day
- 08 21 to 29 cigarettes a day
- 09 30 or more cigarettes a day
- 11 Smoked, but not in the last 12 months
- 66 Never smoked cigarettes in lifetime

S48. Which of the following statements best describes your use of cigarettes IN YOUR LIFETIME?

- 1 Never had a cigarette, not even one puff in my life
- 2 Smoked from a few puffs to a whole cigarette in my life
- 3 Only 2 to 3 cigarettes in my life
- 4 More than 3, but fewer than 100 cigarettes in my life
- 5 100 or more cigarettes in my life, but none in the last month
- 6 100 or more cigarettes in my life and some during the last month, but not every day
- 7 100 or more cigarettes in my life and at least 1 cigarette every day during the last month

Thank you for participating
in this survey!

Overall, how easy did you find the
questionnaire to understand?

- 1 Not at all easy
- 2 Not very easy
- 3 Fairly easy
- 4 Very easy

Please indicate the time you finished this survey.

__ __ : __ __ (For example, 10:45)