

▲ Module C ▲

This section asks more questions related to alcohol and drug use, violence, safety, and gambling.

*During the past **six months**, about how many times did you use these substances without a doctor's order?*

		0 Times	1 - 2 Times	A Few Times	Once A Month	Once A Week	A Few Times A Week	Once A Day Or More
C1.	An alcoholic drink	A	B	C	D	E	F	G
C2.	Marijuana (pot, weed, grass, hash, bud)	A	B	C	D	E	F	G
C3.	Inhalants (things you sniff, huff, or breathe to get high such as glue, paint, aerosol sprays, gasoline, poppers, gases)	A	B	C	D	E	F	G
C4.	Any other illegal drug or pill to get "high" (such as methamphetamine, cocaine, LSD, ecstasy, downers)	A	B	C	D	E	F	G
C5.	During the past 12 months , have you gambled (bet) for money or valuables in any of the following ways? (Mark All That Apply.)							
	A) I have not gambled (bet) in the past 12 months							
	B) Card games (such as poker, blackjack)							
	C) Personal skill games (such as pool, darts, coin tossing)							
	D) Betting on sports teams							
	E) Lottery (scratch cards or numbers)							
	F) Bingo							
	G) Dice games							
	H) Gambling machines (slots, video poker)							
	I) Horse racing							
	J) Online gambling							
	K) Gambled (bet) in some other way							
C6.	During the past 12 months , how many times have you gambled (bet) for money or valuables in any way?							
	A) I have not gambled (bet) in the past 12 months							
	B) 1 time							
	C) 2 or 3 times							
	D) 4 to 9 times							
	E) 10 or more times							

▲ Module C ▲

During the past 12 months, how many times have you...

	<u>0 Times</u>	<u>1 Time</u>	<u>2 - 3 Times</u>	<u>4 Or More Times</u>
C7. been in a physical fight?	A	B	C	D
C8. been in a physical fight between groups of kids?	A	B	C	D
C9. used any weapon to threaten or bully someone?	A	B	C	D

C10. How safe do you feel in the neighborhood where you live?

- A) Very safe
- B) Safe
- C) Neither safe nor unsafe
- D) Unsafe
- E) Very unsafe

C11. During the past 30 days, on how many days did you not go to school because you felt 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 more days

During the past 30 days, on how many days did you carry...

	<u>0 Days</u>	<u>1 Day</u>	<u>2 Or More Days</u>
C12. a gun?	A	B	C
C13. any other weapon (such as a knife or club)?	A	B	C
C14. any weapon (gun, knife, or club) on school property?	A	B	C