

## ▲ 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 Or More A Day
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)	A	B	C	D	E	F	G
C4.	Cocaine (coke, crack, rock, base, snort)	A	B	C	D	E	F	G
C5.	LSD or other psychedelics (acid, mescaline, peyote, mushrooms)	A	B	C	D	E	F	G
C6.	Ecstasy (E, X, EXTC, MDMA)	A	B	C	D	E	F	G
C7.	Any other illegal drug or pill to get "high"	A	B	C	D	E	F	G
C8.	Two or more drugs at the same time (for example, alcohol with marijuana, cocaine with PCP, ecstasy with mushrooms)	A	B	C	D	E	F	G
C9.	During the past <u>12 months</u> , have you taken any steroids (roids) to build up muscle or increase performance or endurance?							
	A) None, have used no steroids							
	B) Some, have taken a few times							
	C) Regularly, have been on a program of steroid use							
C10.	During the past <u>12 months</u> , did you use any banned performance-enhancing supplement that claims to build muscle or increase strength or endurance (andro, ephedrine, DHEA)?							
	A) No							
	B) Some, have taken a few times							
	C) Regularly, have been on a program of supplement use							

*How many times have you tried to quit or stop using ...*

		Does Not Apply, Never Used	0 Times	1 Time	2 - 3 Times	4 Or More Times
C11.	alcohol?	A	B	C	D	E
C12.	marijuana?	A	B	C	D	E

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- C13. 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
- C14. In your opinion, how likely is it that a student would 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
- C15. In your opinion, how likely is it that a student will be suspended, expelled, or transferred if he or she is caught on school property using or possessing alcohol or other drugs?
- A) Very likely
  - B) Likely
  - C) Not likely
  - D) Don't know
- C16. How do *most* kids at your school who drink alcohol usually get it? (*Mark All That Apply.*)
- |  |   |
|--|---|
| A) At school                           | G) Buy it themselves from a store (convenience store, liquor store, grocery, mini mart) |
| B) At parties or events outside school |   |
| C) At their own home                   | H) At bars, clubs, or gambling casinos  |
| D) From adults at friends' homes       | I) Other  |
| E) From friends or another teenager    | J) Don't know   |
| F) Get adults to buy it for them       |   |
- C17. 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           | F) Bingo                                  |
| B) Card games (such as poker, blackjack)                    | G) Dice games                             |
| C) Personal skill games (such as pool, darts, coin tossing) | H) Gambling machines (slots, video poker) |
| D) Betting on sports teams                                  | I) Horse racing                           |
| E) Lottery (scratch cards or numbers)                       | J) Online gambling                        |
|   | K) Gambled (bet) in some other way        |
- C18. 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

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

	0 Times	1 Time	2 - 3 Times	4 Or More Times
C19. sold drugs to someone?	A	B	C	D
C20. been in a physical fight?	A	B	C	D
C21. been in a physical fight between groups of kids?	A	B	C	D
C22. used any weapon to threaten or bully someone?	A	B	C	D

C23. 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

C24. 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 ...*

	0 Days	1 Day	2 Or More Days
C25. a gun?	A	B	C
C26. any other weapon (such as a knife or club)?	A	B	C
C27. any weapon (gun, knife, or club) on school property?	A	B	C