

Young Marines Study

Evaluation of Young Marines Drug Education Program Follow-up Youth Questionnaire

You may remember about three to four months ago you participated in a survey on drug use. The survey was part of a research study on the helpfulness of the drug education activities in the Young Marines organization. This is a follow-up questionnaire for this study. It is the last thing that we are requesting you to do for your participation in this study.

Please remember that your answers will be kept private. Your survey will not go to your unit leaders or anyone in the Young Marines, or to your parents. Your survey will only go to the researchers at the Naval Health Research Center.

DO NOT write your name anywhere on the survey. Instead, follow the directions on the next page to create your own survey code.

You may skip any question that you do not want to answer. Also, you are free to stop at any time before finishing the questionnaire.

NOW IT IS YOUR TURN TO DECIDE IF YOU WANT TO PARTICIPATE. EVEN THOUGH YOUR PARENT AGREED TO ALLOW YOU TO PARTICIPATE, IT IS YOUR DECISION. Filling out this questionnaire is voluntary.

If you decide to take the questionnaire, please turn the page and begin.

Agency Disclosure Statement of Burden

"The public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division 1155 Defense Pentagon, Washington, DC 20301-1155 (XXXX-XXXX)[Insert OMB Control Number]. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number."

PLEASE DO NOT RETURN YOUR SURVEY TO THE ABOVE ADDRESS.

NHRC.2007.0029 IRB approved 07/02/08, Exp. 07/01/09



Surveys should be sent to the
Naval Health Research Center
Behavioral Science and Epidemiology
Program
140 Sylvester Road
San Diego, CA 92106

NHRC.2007.0029 IRB approved 07/02/08, Exp. 07/01/09

**THIS SURVEY SHOULD ONLY BE COMPLETED BY
A YOUNG MARINE IN COMPLETE PRIVACY.**

Instructions:

- You may use a pen or a pencil.
- Please answer every question as *honestly* as possible and to the best of your ability (but you may skip any question that you do not want to answer).
- Please read the questions very carefully.
- Only circle *one answer* for each question unless it says to circle all that apply.
- Please make a circle around the number next to your answer.

Example:

What grade are you in?

1. Grade 6
- ② Grade 7
3. Grade 8
4. Grade 9 (Freshman)
5. Grade 10 (Sophomore)
6. Grade 11 (Junior)
7. Grade 12 (Senior)

These first few questions are to help you make the same personal code that you made last time:

1. Please circle the FIRST letter of YOUR MIDDLE name. (Please use your official middle name, not a nickname. If you do not have a middle name, please circle "Z.")

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

2. What month were you born in?

January	May	September
February	June	October
March	July	November
April	August	December

3. Were you born in any of these EVEN-numbered years?

1988 1990 1992 1994 1996 1998 Yes____ No____

4. Are you male or female? Male Female

5. Please circle the FIRST letter of your MOTHER's FIRST NAME? (Mother means the person you call mother, this could be your natural or adoptive mother.)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

The following questions ask for some background information about yourself.

1. How old are you?

- 10 years
- 11 years
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years or older

2a. What is your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

2b. What is your race? (Mark one or more)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

3. How long have you been in the Young Marines?

- I am new and I haven't started the orientation/boot camp yet
- I am currently in orientation/boot camp
- About 6 months
- About 1 year
- About 2 years
- Longer than 2 years

4. Do you have any brothers or sisters that are members of the Young Marines Program?

- Yes
- No
- Not Sure
- Not applicable- I do not have any brothers or sisters

5. What grade are you in?

- Grade 6
- Grade 7
- Grade 8
- Grade 9 (Freshman)
- Grade 10 (Sophomore)
- Grade 11 (Junior)
- Grade 12 (Senior)

6. What is your sex?

- Male
- Female

7. What Young Marine Unit do you belong to?

8. What rank are you in the Young Marines?

- Young Marine **Recruit**
- Young Marine **Private** (YM/PVT)
- Young Marine **Private First Class** (YM/PFC)
- Young Marine **Lance Corporal** (YM/LCPL)
- Young Marine **Corporal** (YM/CPL)
- Young Marine **Sergeant** (YM/SGT)
- Young Marine **Staff Sergeant** (YM/SSGT)
- Young Marine **Gunnery Sergeant** (YM/GYSGT)
- Young Marine **Master Sergeant** (YM/MSGT)
- Young Marine **Master Gunnery Sergeant** (YM/MGYSGT)
- Young Marine **First Sergeant** (YM/1stSGT)
- Young Marine **Sergeant Major** (YM/GYSGT)
- Other/ Don't Know**

9. Are one or more of your parents (or legal guardians) actively involved in the leadership of your Young Marine Unit?

- Yes
- No

10. Compared with others your age throughout the country, how do you rate yourself on school ability?

- Far below average
- Below average
- Slightly below average
- Average
- Slightly above average
- Above average
- Far above average

11. Which of the following best describes your average grades?

- A (93-100%)
- A- (90-92%)
- B+ (87-89%)
- B (83-86%)
- B- (80-82%)
- C+ (77-79%)
- C (73-76%)
- C- (70-72%)
- D (69% or below)

12. Which of the following activities do you participate in? (Mark all that apply)

- ROTC
- Scouting (Boy Scouts or Girl Scouts)
- Sports
- Choir or Band
- After-school job
- Other _____ (fill-in)

13. Have you ever smoked cigarettes?

- Never – GO TO QUESTION 15.
- Once or twice
- Occasionally but not regularly
- Regularly in the past
- Regularly now

14. During the past 30 days, about how many cigarettes have you smoked per day?

- None at all
- Less than one cigarette per day
- One to five cigarettes per day
- About one-half pack per day
- About one pack per day
- About one and one-half packs per day
- Two packs or more per day

15. Have you ever taken or used smokeless tobacco (snuff, plug, dipping tobacco, chewing tobacco)?

- Never- GO TO QUESTION 17.
- Once or twice
- Occasionally, but not regularly
- Regularly in the past
- Regularly now

16. How frequently have you taken or used smokeless tobacco during the past 30 days?

- None at all
- Once or twice
- Once or twice per week
- Three to five times per week
- About once a day
- More than once a day

Next we want to ask you about drinking alcoholic beverages, including beer, wine, wine coolers, liquor, and any other beverage that contains alcohol.

17. Have you ever had any alcoholic beverage to drink (more than just a few sips)?

No- TO QUESTION 23.

Yes

18. On how many occasions have you had alcoholic beverages to drink-more than just a few sips? Please mark one circle for “in your lifetime” and mark another circle for “during the last 30 days.”

	Number of Occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a. ...in your lifetime?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...during the last 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. On how many occasions (if any) have you been drunk or very high from drinking alcoholic beverages?

Please mark one circle for “in your lifetime” and mark another circle for “during the last 30 days.”

	Number of Occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a. ...in your lifetime?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...during the last 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. On a typical day when you drank alcohol during the last 30 days, how many drinks did you have?

(A “drink” is a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, a mixed drink, etc.)

- 0, I did not drink in the last 30 days
- 1 drink per day
- 2 drinks per day
- 3 drinks per day
- 4 drinks per day
- 5 drinks per day
- 6 drinks per day
- 7 drinks per day
- 8 drinks per day
- 9 drinks per day
- 10 drinks per day
- More than 10 drinks per day

21. During the LAST 12 MONTHS, on how many occasions (if any) have you drunk flavored alcoholic beverages, sometimes called “alcopops” (like Mike’s Hard Lemonade, Skyy Blue, Smirnoff Ice, Zima)? (Do not include regular liquor, beer, wine, or wine coolers.)

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

22. Think back over the LAST TWO WEEKS. How many times have you had five or more drinks in a row? (A “drink” is a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, a mixed drink, etc.)

- None
- Once or twice in the last two weeks
- 3 to 5 times in the last two weeks
- 6 to 9 times in the last two weeks
- 10 or more times in the last two weeks

This next section of the questionnaire deals with various other drugs. We hope that you can answer all the questions; but if you find one which you feel you cannot answer honestly, please leave it blank. Remember that your answers will be kept strictly confidential; they are never connected with your name.

Please mark one circle for “in your lifetime” and mark another circle for “during the last 30 days.”

23. On how many occasions (if any) have you used marijuana (weed, pot) or hashish (hash, hash oil)...

	Number of Occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a. ...in your lifetime?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...during the last 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. On how many occasions (if any) have you used LSD (“acid, windowpane, blotter, microdot”)...

	Number of Occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a. ...in your lifetime?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...during the last 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. On how many occasions (if any) have you used hallucinogens other than LSD ...

	Number of Occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a. ...in your lifetime?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...during the last 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. On how many occasions (if any) have you used cocaine (sometimes called “coke, crack, rock”) ...

	Number of Occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a. ...in your lifetime?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...during the last 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Amphetamines have been prescribed by doctors to help people lose weight or to give people more energy. They are sometimes called uppers, ups, speed, bennies, dexies, pep pills, and diet pills. Drugstores are not supposed to sell them without a prescription from a doctor. Amphetamines do NOT include any non-prescription drugs, such as over the counter diet pills (like Dexatrim®) or stay-awake pills (like No-Doz®), or any mail-order drugs.

On how many occasions (if any) have you taken amphetamines on your own -that is, without a doctor telling you to take them...

	Number of Occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a. ...in your lifetime?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...during the last 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. On how many occasions (if any) have you used methamphetamine (“meth, speed, crank, crystal meth”) by any method...

	Number of Occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a. ...in your lifetime?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...during the last 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. On how many occasions (if any) have you smoked (or inhaled the fumes of) crystal meth (“ice”)...

	Number of Occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a. ...in your lifetime?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...during the last 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Sedatives, including barbiturates, are sometimes prescribed by doctors to help people relax or get to sleep. They are sometimes called downs or downers, and include Phenobarbital, Tuinal, Nembutal, and Seconal.

On how many occasions (if any) have you taken sedatives on your own -that is, without a doctor telling you to take them...

	Number of Occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a. ...in your lifetime?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...during the last 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. Tranquilizers are sometimes prescribed by doctors to calm people down, quiet their nerves, or relax their muscles. Librium, Valium, and Xanax are all tranquilizers.

On how many occasions (if any) have you taken tranquilizers on your own -that is, without a doctor telling you to take them...

	Number of Occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a. ...in your lifetime?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...during the last 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. There are a number of narcotics other than heroin, such as methadone (“fizzies, dollies”), opium, morphine (“M, Miss Emma, Mister Blue, Morph”), codeine (“school boy”), Demerol, Vicodin, OxyContin, and Percocet. These are sometimes prescribed by doctors.

On how many occasions (if any) have you taken narcotics other than heroin on your own-that is, without a doctor telling you to take them...

	Number of Occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a. ...in your lifetime?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...during the last 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. On how many occasions (if any) have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high...

	Number of Occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a. ...in your lifetime?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...during the last 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. Steroids, or anabolic steroids, are sometimes prescribed by doctors to promote healing from certain types of injuries. Some athletes, and others, have used them to try to increase muscle developments.

On how many occasions (if any) have you taken steroids on your own -that is, without a doctor telling you to take them...

	Number of Occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a. ...in your lifetime?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...during the last 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. On how many occasions (if any) have you used **MDMA** (“ecstasy”)...

	Number of Occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a. ...in your lifetime?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...during the last 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. Some types of diet pills (also called appetite suppressants) can be sold legally without a doctor’s prescription by drugstores, through the mail, etc. These non-prescription “over-the-counter” drugs include **Dexatrim®**, **Dietac**, and others.

On how many occasions (if any) have you taken such **non-prescription diet pills**...

	Number of Occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a. ...in your lifetime?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...during the last 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. Some stay-awake pills can be sold legally without a doctor’s prescription by drugstores, through the mail, etc. These non-prescription or “over-the-counter” drugs include **No-Doz®**, **Vivarin**, **Wake**, **Caffedrine**, and others.

On how many occasions (if any) have you taken such **non-prescription stay-awake pills**...

	Number of Occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a. ...in your lifetime?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...during the last 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These next few questions ask about your drug knowledge. Please circle only one answer. If you do not know the answer, circle your best guess.

38. Tobacco is not an addictive drug.

- True
- False

39. One must be ___ years old to legally use alcohol.

- 20
- 21
- 18

42. Using smokeless tobacco instead of smoking cigarettes is a safe alternative.

- True
- False

43. If you are around people who are drinking

40. Inhalants can cause sudden death.

- True
- False

41. The active ingredient in marijuana that causes the high is:

- Nicotine
- THC
- Ketamine

48. One of the effects of crack, or cocaine, is an immediate craving for more of the drug.

- True
- False

49. More than 400,000 people die each year in the

alcohol, but you, yourself, are not drinking, you are still at an increased risk for:

- Being seriously injured
- Being in a car crash
- Being a victim of violence
- All of the above

44. LSD is a hallucinogen.

- True
- False

45. If a drug is prescribed by a doctor (such as OxyContin), there is no danger if you misuse it.

- True
- False

46. Which of the following is not a “predatory” or “club” drug?

- Ecstasy
- Rohypnol
- Steroids

47. Drinking large amounts of alcohol can lead to coma or even death.

- True
- False

U.S. as a result of:

- Alcohol
- Tobacco
- Heroin
- Cocaine

50. Alcohol stimulates your central nervous system.

- True
- False

51. Marijuana contains more cancer-causing elements than tobacco cigarettes.

- True
- False

52. A blunt is marijuana in:

- Food
- A cigar
- A pipe

53. At any time during the LAST 12 MONTHS, have you felt (in your own mind) that you should REDUCE or STOP your use of... (Please mark one circle for each line.)

	Yes	No	Haven't Used in last 12 months
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54. How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?

	Probably impossible	Very difficult	Fairly difficult	Fairly easy	Very easy
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (pot, weed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

55. How many of your FRIENDS would you estimate...

	None	A few	Some	Most	All
Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana (pot, grass) or hashish?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take cocaine powder or “crack” cocaine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Drink alcoholic beverages (liquor, beer, wine)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get drunk at least once a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56. What types of the following drug education experiences have you had in school? (Mark all that apply.)

- A special course about drugs
- Films, lectures, or discussions in one of my regular courses
- Films or lectures, outside of my regular courses
- Special group discussions about drugs
- None

57. What types of the following drug education experiences have you had in the Young Marines Program? (Mark all that apply.)

- A special course about drugs
- Films, lectures, or discussions in one of my regular courses
- Films or lectures, outside of my regular courses
- Special group discussions about drugs
- None

58. What have been the most important reasons for your drinking alcoholic beverages? (Mark all that apply.)

- None, does not apply
- To experiment – to see what it’s like
- To relax or relieve tension
- To feel good or get high
- To seek deeper insights and understanding
- To have a good time with my friends
- To fit in with a group I like
- To get away from my problems or troubles
- Because of boredom, nothing else to do
- Because of anger or frustration
- To get through the day
- To increase the effects of some other drug(s)
- To decrease (offset) the effects of some other drug(s)
- To get to sleep
- Because it tastes good
- Because I am “hooked” - I feel that I have to drink
- Other _____ (fill-in)

59. What have been the most important reasons for your using marijuana or hashish? (Mark all that apply.)

- None, does not apply
- To experiment – to see what it’s like
- To relax or relieve tension
- To feel good or get high
- To seek deeper insights and understanding
- To have a good time with my friends
- To fit in with a group I like
- To get away from my problems or troubles
- Because of boredom, nothing else to do
- Because of anger or frustration
- To get through the day
- To increase the effects of some other drug(s)
- To decrease (offset) the effects of some other drug(s)
- Because I am “hooked” - I feel that I have to use marijuana
- Other _____ (fill-in)

60. Individuals differ in whether or not they disapprove of people doing certain things. Do YOU disapprove (do not agree with or think it is not OK) of people (who are 18 or older) doing each of the following? (Please mark one circle for each line.)

	Don't disapprove (it is OK)	Disapprove (it is NOT OK)	Strongly disapprove (it is definitely NOT OK)
Smoking one or more packs of cigarettes per day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Trying marijuana once or twice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trying cocaine in powder form once or twice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trying “crack” cocaine once or twice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking one or two drinks nearly every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having five or more drinks once or twice each weekend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

61. How do you think your CLOSE FRIENDS feel (or would feel) about YOU doing each of the following things?

	Don't disapprove (it is OK)	Disapprove (it is NOT OK)	Strongly disapprove (it is definitely NOT OK)
Smoking one or more packs of cigarettes per day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trying marijuana once or twice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trying cocaine in powder form once or twice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trying “crack” cocaine once or twice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking one or two drinks nearly every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having five or more drinks once or twice each weekend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

62. The next questions ask for your opinions on the effects of using certain drugs and other substances. How much do you think people RISK HARMING THEMSELVES (physically or in other ways) if they... (Please mark one circle for each line.)

	No risk	Slight risk	Moderate risk	Great risk	Can't say, drug unfamiliar
Smoke one or more packs of cigarettes per day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try marijuana once or twice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try cocaine in powder form once or twice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try “crack” cocaine once or twice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take one or two drinks nearly every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have five or more drinks once or twice each weekend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try heroin once or twice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63. How satisfied are you with your life as a whole these days?

Completely dissatisfied Quite dissatisfied Somewhat dissatisfied Neither, or mixed feelings Somewhat satisfied Quite satisfied Completely satisfied

64. How likely is it that you will do each of the following things after school?

	Definitely Won't	Probably Won't	Probably Will	Definitely Will
Attend a technical or vocational school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Serve in the armed forces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Graduate from a two-year college program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Graduate from college (four-year) program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend graduate or professional school after college	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

65. How much do you agree or disagree with the following statements?

	Disagree	Mostly disagree	Neither	Mostly agree	Agree
I have a positive attitude toward myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I am a person of worth, on an equal plane with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to do things as well as most other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On the whole, I'm satisfied with myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I do not have much to be proud of.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes I think that I am no good at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I can't do anything right.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that my life is not very useful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Life often seems meaningless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy life as much as anyone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The future often seems hopeless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It feels good to be alive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

66. Do you think you will do the following things in the next two months?

	Yes	Probably	I don't know	I don't think so	No, definitely not
Do you think you will smoke a cigarette in the next 2 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you think you will use alcohol in the next 2 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you think you will use marijuana in the next 2 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you think you will use any drugs other than marijuana in the next 2 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

67. How much do you agree or disagree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
I really care about how my actions might affect others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm confident I can avoid drinking alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'll probably be a smoker someday.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I'm confident I can set goals and achieve them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What I do with my life won't make much difference one way or another.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have confidence that I can stay away from using marijuana.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a responsibility to make the world a better place.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm confident I can resist offers of cigarettes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's up to me to keep myself out of trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm confident I can stay away from using drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

68. How much do you agree or disagree with the following statements?

	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
Overall, I am satisfied with the Young Marines Program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I recommend the Young Marines Program to my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The skills and knowledge I learn in the Young Marines are useful to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being a Young Marine encourages me to improve myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like participating in the Young Marines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

69. How much do you like the following activities or aspects of the Young Marines Program?

	Not at all	Very little	Quite a bit	Very much
SPACES/summer programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drill/PT/keeping fit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends/fellow Young Marines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Young Marine Unit leaders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community service/helping others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Earning ribbons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**You are finished with the questionnaire.
Thank you!**