

National Minority SA/HIV Prevention Initiative

Youth Questionnaire

TO BE FILLED OUT BY THE LOCAL GRANT SITE DATA COLLECTOR

Last Name _____, First Name _____, M.I. _____

Participant ID #: _____

RESPONDENT OR PARTICIPANT: Before answering any of the questions, please make sure your name is correct. If incorrect, make the change in the box above. Do not write your name on any other page in this questionnaire. Thank you.

National Minority SA/HIV Prevention Initiative

Youth Questionnaire

Funding for data collection supported by the
Center for Substance Abuse Prevention (CSAP)
Substance Abuse and Mental Health Services Administration (SAMHSA)
U.S. Department of Health and Human Services (HHS)

These questions are part of a data collection effort about how to prevent substance abuse and HIV infection. The questions are being asked of hundreds of other individuals throughout the United States. The data findings will be used to help prevention initiatives learn more about how to keep young people from using drugs and getting infected with HIV.

Completing this questionnaire is voluntary. If you do not want to answer any of the questions, you do not have to. If you decide not to participate in this survey, it will have no effect on your participation in direct service programs. However, your answers are very important to us. Please answer the questions honestly—based on what you really do, think, and feel. Your answers will not be told to anyone in your family or community. **Do not write your name anywhere on this questionnaire.**

We would like you to work fairly quickly, so that you can finish. Please work quietly by yourself. If you have any questions or don't understand something, let the data collector know.

We think you will find the questionnaire to be interesting and that you will like filling it out. Thank you very much for being an important part of this data collection effort!

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0298. Public reporting burden for this collection of information is estimated to average 0.4 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

INSTRUCTIONS

1. Answer each question by marking one of the answer circles. Some questions allow you to mark more than one answer. If you don't find an answer that fits exactly, choose the one that comes closest.
2. Mark your answers carefully so we can tell which answer circle you chose. Do not mark between the circles.
3. It is very important that you answer each question truthfully. Your responses will not be helpful unless you tell the truth.

MARKING YOUR ANSWERS

- Use a No. 2 black lead pencil.
- Do not use an ink or ballpoint pen.
- Make heavy dark marks that fill the circle completely.
- Erase cleanly any answer you wish to change.
- Make no stray marks on this questionnaire.

EXAMPLES

Correct Marks:

Incorrect Marks:

Record Management Section: To be Completed by Designated Staff

Grant ID

S	P						
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Study Design Group (Select one)

- Intervention Comparison

Participant ID

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Date of Survey Administration

	/		/	
Month		Day		Year

Interview Type (Select one)

- Baseline Exit Follow-up

Intervention Duration (Select one)

- Single Session Intervention
 Multiple Session Brief Intervention (less than 30 day duration)
 Multiple Session Long Intervention (30 days or longer duration)

Intervention Name(s) (If the participant is receiving direct services from more than one intervention, please list each intervention below)

1.

2.

Section One: Facts About You

First, we'd like to ask some questions about you. We are not going to use this information to identify you, but instead to talk about what different groups of people have to say. For example, what boys have to say, and how that may be different from what girls have to say. Or how 12-year-olds feel about different things, and how that might be different from what 17-year-olds feel.

1. How would you describe yourself? (Gender)

- Male
 Female

2. In what year were you born? (Enter all four digits of the year in the boxes below, and fill in corresponding circles)

1	0	0	0
2	1	1	1
	2	2	2
	3	3	3
	4	4	4
	5	5	5
	6	6	6
	7	7	7
	8	8	8
	9	9	9

3. In what month were you born?

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

4. Are you Hispanic or Latino?

- Yes
 No

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

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

6. How would you describe yourself? (Sexual orientation)

- Straight or heterosexual
 Bisexual
 Gay or lesbian
 Unsure

7. What is your primary spoken language?

- English
 Spanish
 Asian (Chinese, Japanese, or other)
 American Indian (Apache, Blackfoot, Navajo, or other)
 Other

8. How long have you lived in the United States?

Less than a year

- 1 to 2 years
 3 to 4 years
 5 or more years
 All my life

9. With whom do you live? (Mark all that apply)

With my mother
With my father
With my brother(s) and/or sister(s)
With my grandparent(s)
With other relatives or guardian(s)
With my spouse or significant other
With my child or my children
With roommates

10. Describe where you live.

- In my own home or apartment
- In a relative's home
- In a group home
- In a foster home
- Homeless or in a shelter
- Other

- Yes
- No

11. What is the highest level of education you have finished, whether or not you received a degree? (Mark the highest grade you have completed.)

- 1st grade
- 2nd grade
- 3rd grade
- 4th grade
- 5th grade
- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- College freshman
- College sophomore
- College junior
- College completion
- Some graduate school, but no degree received
- Master's degree
- Some professional school, (such as medical or law school) but no degree received, or doctoral program
- Doctorate or professional degree

15. If YES to question 14, how long has it been since you last got out of juvenile/adult detention, jail, or prison?

- Never in juvenile/adult detention, jail, or prison for more than 3 days
- Less than 30 days
- Between 30 days and 1 year
- Between 1 and 2 years
- Between 2 and 3 years
- Between 3 and 4 years
- Between 4 and 5 years
- More than 5 years

12. During the past 12 months, have you driven a vehicle while you were under the influence of alcohol?

- Yes
- No
- Don't know or can't say

16. Is anyone in your family or someone close to you on active duty in the Armed Forces, in the Reserves, or the National Guard, or separated or retired from Armed Forces, Reserves, or the National Guard?

- No, (Skip to #18)
- Yes, 1 person
- Yes, 2 people
- Yes, 3 people
- Yes, 4 people
- Yes, 5 people
- Yes, 6 or more people

13. Have you ever been suspended from school for drug or alcohol use?

- Yes
- No

14. Have you ever been in juvenile/adult detention, jail, or prison for more than 3 days?

17. If yes, answer the following questions for each person you marked in question 16 (up to six people).

	Service Member #1	Service Member #2	Service Member #3	Service Member #4	Service Member #5	Service Member #6
Service Member's relationship to you:						
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother/Sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aunt/Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the Service Member experienced any of the following (select all that apply)?						
17a. Deployed in support of combat operations (e.g., Iraq or Afghanistan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say
17b. Was physically injured during combat operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say
17c. Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, depression, or suicidal thoughts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say
17d. Died or was killed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Can't Say

End of Section 1

Section Two: Attitudes & Knowledge

In this section, we are going to ask how you feel about certain things, such as school, substance use, and sexual behavior. We are also going to ask what you know about HIV/AIDS. Remember, your answers are private and will not be used to identify you.

The next few questions ask about how you feel about school. First, we need some background information.

18. Are you enrolled in school?

- Yes
- No

19. Are you on summer break or vacation?

- Yes
- No

20. What were your most recent grades in school?

- I am not in school
- Mostly As
- Mostly Bs
- Mostly Cs
- Mostly Ds
- Mostly Fs

Next, mark the circle that best describes how you feel about school. If you are on summer break or vacation, mark the circle for how you were feeling before summer vacation.

21. How often do you feel that the school work you are assigned is meaningful and important?

- I am not in school
- Almost always
- Often
- Sometimes
- Seldom
- Never

22. How interesting are most of your classes to you?

- I am not in school
- Very interesting
- Quite interesting
- Fairly interesting
- Slightly dull
- Very dull

23. How important do you think things you are learning in school are going to be for you later in life?

- I am not in school
- Very important
- Quite important
- Fairly important
- Slightly important
- Not at all important

Now think back over the last year in school...

24. How often did you enjoy being in school?

- I was not in school during the last year
- Almost always
- Often
- Sometimes
- Seldom
- Never

25. How often did you hate being in school?

- I was not in school during the last year
- Almost always
- Often
- Sometimes
- Seldom
- Never

26. **How often did you try to do your best in school?**

- I was not in school during the last year
- Almost always
- Often
- Sometimes
- Seldom
- Never

The next few questions ask about your **ETHNIC GROUP**. An ethnic group is a cultural group that has a shared history, similar customs, traditions, and sometimes shared values.

27. **I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

28. **I am active in organizations or social groups that include mostly members of my own ethnic group.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

29. **I think a lot about how my life is affected by my ethnic group membership.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

30. **I have often talked to other people about my ethnic background.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

31. **I am interested in learning more about my ethnic background.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

32. **I participate in cultural practices of my own ethnic group, such as special food, music, or customs.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

The next few questions ask about your religious or spiritual beliefs and their role in your daily life.

33. **In general, how important are religious or spiritual beliefs in your day-to-day life?**

- Very important
- Fairly important
- Not too important
- Not at all important

34. **When you have problems or difficulties with your school (education), work, family, friends, or personal life, how often do you seek spiritual guidance and support?**

- Almost always
- Often
- Sometimes
- Rarely
- Never

35. **How spiritual or religious would you say you are?**

- Very spiritual or religious
- Fairly spiritual or religious
- Not too spiritual or religious
- Not spiritual or religious at all

The next section begins with a question about your thoughts on how **your friends** feel about you using cigarettes, followed by a set of questions asking how **you** feel about someone your age using alcohol, tobacco, and drugs. Please tell us if you approve or disapprove of their actions.

The next few questions ask about HOW MUCH you think people RISK HARMING themselves physically or in other ways by using alcohol, tobacco, and drugs.

36. How do you think **your close friends** would feel about YOU smoking one or more packs of cigarettes a day?

Neither approve nor disapprove
Somewhat disapprove

- Strongly disapprove
- Don't know or can't say

Slight risk

37. How do **you** feel about someone your age smoking one or more packs of cigarettes a day?

Neither approve nor disapprove
Somewhat disapprove

- Strongly disapprove
- Don't know or can't say

Slight risk

38. How do **you** feel about someone your age trying marijuana or hashish once or twice?

Neither approve nor disapprove
Somewhat disapprove

- Strongly disapprove
- Don't know or can't say

39. How do **you** feel about someone your age using marijuana once a month or more?

Neither approve nor disapprove
Somewhat disapprove

- Strongly disapprove
- Don't know or can't say

40. How do **you** feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?

Neither approve nor disapprove
Somewhat disapprove

- Strongly disapprove
- Don't know or can't say

41. How much do people risk harming themselves physically or in other ways when they smoke one or more packs of cigarettes per day?

- Moderate risk
- Great risk
- Don't know or can't say

42. How much do people risk harming themselves physically or in other ways when they smoke marijuana once or twice a week?

- Moderate risk
- Great risk
- Don't know or can't say

43. How much do people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?

- Moderate risk
- Great risk
- Don't know or can't say

The next set of questions is about **SEX**.

By *sex* or *sexual activity*, we mean a situation where two partners get sexually excited or aroused (turned on) by touching each other's genitals (penis or vagina) or anus (butt) with their own genitals, hands, or mouth.

One question asks about *sexual partners*. A sexual partner is someone with whom you have sex, that is, engage in sexual activity.

When we ask about *safe sex*, we mean sex that is protected by using condom.

In the next **3 months**, how likely are you to...

44. Be sexually active?

- Not at all likely
- A little likely
- Somewhat likely
- Very likely

45. Have more than one sexual partner?

- Not at all likely
- A little likely
- Somewhat likely
- Very likely

46. To practice safe sex?

- Not intending to have any sex during the next 3 months
- Not at all likely
- A little likely
- Somewhat likely
- Very likely

Please indicate how much you agree or disagree with the following statements.

47. I can get my boyfriend or girlfriend to use a condom, even if he or she does not want to. (If you don't have a boyfriend or girlfriend right now, suppose you had. How would you answer this question if you did?)

- Strongly agree
- Agree
- Disagree
- Strongly disagree

48. I would be able to say to my boyfriend or girlfriend that we should use a condom. (If you don't have a boyfriend or girlfriend right now, suppose you had. How would you answer this question if you did?)

- Strongly agree
- Agree
- Disagree
- Strongly disagree

49. I could refuse if someone wanted to have sex without a condom.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

50. I could say no if someone pressured me to have sex when I did not want to.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

51. I would be able to say no if a friend offered me a drink of alcohol.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

52. I would be able to refuse if a friend offered me drugs, including marijuana.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

HIV/AIDS – What You Know

The next set of questions is about HIV/AIDS. Please indicate whether you think each of the following statements is true or false, or if you don't know.

53. Only people who look sick can spread the HIV/AIDS virus.

- True
- False
- Don't know

54. **Only people who have sex with gay (homosexual) people get HIV/AIDS.**

- True
- False
- Don't know

55. **Birth control pills protect women from getting the HIV/AIDS virus.**

- True
- False
- Don't know

56. **There are drugs available to treat HIV that can lengthen the life of a person infected with the virus.**

- True
- False
- Don't know

57. **There is no cure for AIDS.**

- True
- False
- Don't know

58. **Young people under age 18 need their parents' permission to get an HIV test.**

- True
- False
- Don't know

59. **Having another sexually transmitted disease like gonorrhea or herpes increases a person's risk of becoming infected with HIV.**

- True
- False
- Don't know

60. **Sharing intravenous needles increases a person's risk of becoming infected with HIV.**

- True
- False
- Don't know

61. **You can become infected with HIV by having unprotected oral sex.**

- True
- False
- Don't know

The next few questions ask about HIV testing.

62. **Have you ever been tested for the HIV virus that causes AIDS?**

- Yes
- No

63. **If YES to question 62, did you receive or go back to get your results?**

- I have never been tested

- Yes
- No

64. **If you had the opportunity to be tested for HIV, would you?**

- Yes
- No
- Don't know

End of Section Two

Section Three: Behavior & Relationships

The next two questions are about **CIGARETTES and OTHER TOBACCO PRODUCTS**.

Think back over the past 30 days and record on how many days, if any, you used cigarettes and/or other tobacco products.

65. During the past 30 days, on how many days did you smoke part or all of a cigarette?

(Includes menthol and regular cigarettes and loose tobacco rolled into cigarettes)

- 12 days 24 days
- 13 days 25 days
- 14 days 26 days
- 15 days 27 days
- 4 days 16 days 28 days
- 5 days 17 days 29 days

- 18 days 30 days
- 19 days Don't know
- 20 days or can't say
- 21 days
- 22 days
- 23 days

66. During the past 30 days, on how many days did you use other tobacco products?

(Includes any tobacco product other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe)

- 12 days 24 days
- 13 days 25 days
- 14 days 26 days
- 15 days 27 days
- 4 days 16 days 28 days
- 5 days 17 days 29 days

- 18 days 30 days
- 19 days Don't know
- 20 days or can't say
- 21 days
- 22 days
- 23 days

The next two questions are about **ALCOHOL**.
By alcohol, we mean BEER, WINE, WINE COOLERS, MALT BEVERAGES, or HARD LIQUOR.

Different groups of people in the United States may use alcohol for religious reasons. For example, some churches serve wine during a church service. If you drink wine at church or for some other religious reason, **do not** count these times in your answers to the questions below.

Think back over the past 30 days and record on how many days, if any, you drank alcohol.

67. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?

- 12 days 24 days
- 13 days 25 days
- 14 days 26 days
- 15 days 27 days
- 4 days 16 days 28 days
- 5 days 17 days 29 days

- 18 days 30 days
- 19 days Don't know
- 20 days or can't say
- 21 days
- 22 days
- 23 days

68. During the past 30 days, on how many days did you have 4 or more drinks on the same occasion? [By 'occasion,' we mean at the same time or within a couple of hours of each other].

- 12 days 24 days
- 13 days 25 days
- 14 days 26 days
- 15 days 27 days
- 4 days 16 days 28 days
- 5 days 17 days 29 days

- 18 days 30 days
- 19 days Don't know
- 20 days or can't say
- 21 days
- 22 days
- 11 days 23 days

69. During the past 30 days, on how many days did you have 5 or more drinks on the same occasion? [By 'occasion,' we mean at the same time or within a couple of hours of each other].

- 12 days
- 13 days
- 14 days
- 15 days
- 4 days
- 5 days
- 24 days
- 25 days
- 26 days
- 27 days
- 16 days
- 17 days
- 28 days
- 29 days
- 18 days
- 19 days
- 20 days
- 21 days
- 22 days
- 11 days
- 23 days
- 30 days
- Don't know or can't say

70. During the past 30 days, on how many days have you been drunk or very high from drinking alcoholic beverages?

- 12 days
- 13 days
- 14 days
- 15 days
- 4 days
- 5 days
- 24 days
- 25 days
- 26 days
- 27 days
- 16 days
- 17 days
- 28 days
- 29 days
- 18 days
- 19 days
- 20 days
- 21 days
- 22 days
- 23 days
- 30 days
- Don't know or can't say

The next question is about **MARIJUANA or HASHISH**. Marijuana is sometimes called weed, blunt, hydro, grass, or pot. Hashish is sometimes called hash or hash oil.

Think back over the past 30 days and record on how many days, if any, you used marijuana or hashish.

71. During the past 30 days, on how many days did you use marijuana or hashish?

- 12 days
- 13 days
- 14 days
- 15 days
- 4 days
- 5 days
- 24 days
- 25 days
- 26 days
- 27 days
- 16 days
- 17 days
- 28 days
- 29 days
- 18 days
- 19 days
- 30 days
- Don't know

- 20 days or can't say
- 21 days
- 22 days
- 23 days

The next question is about **OTHER ILLEGAL DRUGS**, excluding marijuana or hashish.

These include substances like inhalants or sniffed substances such as glue, gasoline, paint thinner, cleaning fluid, or shoe polish (used to feel good or to get high), heroin, crack or cocaine, methamphetamine, hallucinogens (drugs that cause people to see or experience things that are not real) such as LSD (sometimes called acid), ecstasy (MDMA), PCP, peyote (sometimes called angel dust), and prescription drugs used without a doctor's orders, just to feel good or to get high.

Think back over the past 30 days and report on how many days, if any, you used other illegal drugs.

72. During the past 30 days, on how many days did you use any other illegal drug?

- 12 days
- 13 days
- 14 days
- 15 days
- 4 days
- 5 days
- 24 days
- 25 days
- 26 days
- 27 days
- 16 days
- 17 days
- 28 days
- 29 days
- 18 days
- 19 days
- 20 days
- 21 days
- 22 days
- 23 days
- 30 days
- Don't know or can't say

Now we would like to ask about your use of several specific drugs.

73. During the past 30 days, on how many days have you sniffed glue or breathed the contents of aerosol spray cans, or inhaled (huffed) any other gases or sprays in order to get high?

- 12 days
- 13 days
- 14 days
- 15 days
- 4 days
- 5 days
- 24 days
- 25 days
- 26 days
- 27 days
- 16 days
- 17 days
- 28 days
- 29 days
- 18 days
- 30 days

- 19 days
- 20 days
- 21 days
- 22 days
- 23 days

Don't know
or can't say

74. During the past 30 days, on how many days did you use cocaine or crack?

- 12 days
- 13 days
- 14 days
- 15 days
- 4 days
- 5 days
- 24 days
- 25 days
- 26 days
- 27 days
- 16 days
- 17 days
- 28 days
- 29 days

- 18 days
- 19 days
- 20 days
- 21 days
- 22 days
- 23 days
- 30 days
- Don't know
or can't say

75. During the past 30 days, on how many days did you use methamphetamine? (Also called meth, crystal meth, crank, go, and speed)

- 12 days
- 13 days
- 14 days
- 15 days
- 4 days
- 5 days
- 24 days
- 25 days
- 26 days
- 27 days
- 16 days
- 17 days
- 28 days
- 29 days

- 18 days
- 19 days
- 20 days
- 21 days
- 22 days
- 23 days
- 30 days
- Don't know
or can't say

76. During the past 30 days, on how many days did you inject any drugs? (Count only injections without a doctor's orders, those you had just to feel good or to get high.)

- 12 days
- 13 days
- 14 days
- 15 days
- 4 days
- 5 days
- 24 days
- 25 days
- 26 days
- 27 days
- 16 days
- 17 days
- 28 days
- 29 days
- 6 years old
- 7 years old
- 8 years old

- 18 days
- 19 days
- 20 days
- 21 days
- 22 days
- 23 days
- 30 days
- Don't know
or can't say

77. During the past 30 days, how stressful have things been for you because of your use of alcohol or drugs?

- I have not used alcohol or drugs in the past 30 days
- Not at all
- Somewhat
- Considerably
- Extremely

78. During the past 30 days, has your use of alcohol or drugs caused you to have emotional problems?

- I have not used alcohol or drugs in the past 30 days
- Not at all
- Somewhat
- Considerably
- Extremely

79. Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you? (Mark one)

- More likely
- Less likely
- Would make no difference
- Don't know or can't say

The next few questions ask about the **FIRST TIME** you used a substance.

Think back whether you have EVER used any substances. If so, tell us your age the FIRST TIME you used the following substances.

80. How old were you the first time you smoked part or all of a cigarette? (Include menthol and regular cigarettes and loose tobacco rolled into cigarettes)

- I have never smoked part or all of a cigarette
- 5 years old or younger
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years or older
- Don't know or can't say

- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 19 years or older
- Don't know or can't say

81. How old were you the first time you used any other tobacco product? (Include any tobacco product other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe)

I have never used any other tobacco products

- 5 years old or younger
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years or older
- Don't know or can't say

82. How old were you the first time you had a drink of an alcoholic beverage? (Includes beer, wine, wine coolers, malt beverages, and liquor) DO NOT include any time when you only had a sip or two from a drink.

I have never had a drink of an alcoholic beverage

- 5 years old or younger
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years or older
- Don't know or can't say

83. How old were you the first time you used marijuana or hashish? (Also known as grass, pot, hash, or hash oil)

I have never used marijuana or hashish

- 5 years old or younger
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old

84. How old were you the first time you used any other illegal drug?

I have never used any other illegal drugs

- 5 years old or younger
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years or older
- Don't know or can't say

Sexual Behavior

These questions ask about your personal experience with sex.

By sex, we mean a situation where two partners get sexually excited or aroused (turned on) by touching each other's genitals (penis or vagina) or anus (butt) with their own genitals, hands, or mouth.

When a male inserts his penis into his female partner's vagina, the partners are considered to be having *vaginal sex*.

When one partner's mouth touches the other partner's genitals (penis or vagina) or anus during sex, the partners are considered to be having *oral sex*.

When a male's penis is inserted into his male or female partner's anus, the partners are considered to be having *anal sex*.

85. Have you ever had sex (either vaginal, oral, or anal)?

- Yes
- No

86. How old were you when you had sex for the first time (include vaginal, oral, or anal sex)?

- I have never had sex

Under 5 years old
Between 5 and 10 years old
Between 11 and 14 years old
Between 15 and 18 years old
Over 18 years old

87. During the last 30 days, have you had sex?

- Yes
- No

88. If YES to question 87, did you or your partner use a condom?

- I did not have sex during the last 30 days

- Yes
- No

89. In the last 30 days, did you and your boyfriend or girlfriend talk about using condoms?

- I do not have a boyfriend or girlfriend

- Yes
- No

90. During your life, with how many people have you had sex?

- 0 people
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

91. During the last 3 months, with how many people did you have sex?

- 0 people
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people

- 6 or more people

92. Think about the last time you had sex. Did you drink alcohol or use drugs before you had sex the last time?

- I have never had sex
- Yes
- No

93. In the last 3 months, have you had sex after getting drunk or high?

- Yes
- No

94. Have you ever had sex for money, drugs, or other things?

- Yes
- No

Your Family and Friends

The next few questions ask about your family.

95. Do you have any children?

- 5 or more children

96. If YES to question 95, how many children do you have?

97. Now, think about the past 12 months through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? (By PARENTS, we mean your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.)

- Yes
- No
- Don't know or can't say

These questions ask about your relationship with your family.

98. I'm available when others in my family want to talk to me.

- I don't have any family
- Not true
- Sometimes true
- Usually true
- Always true

99. I listen to what other family members have to say, even when I disagree.

- I don't have any family
- Not true
- Sometimes true
- Usually true
- Always true

100. Members of my family ask each other for help.

- I don't have any family
- Not true
- Sometimes true
- Usually true
- Always true

101. Members of my family like to spend free time with each other.

- I don't have any family
- Not true
- Sometimes true
- Usually true
- Always true

102. Members of my family feel very close to each other.

- I don't have any family
- Not true
- Sometimes true
- Usually true
- Always true

103. We can easily think of things to do together

as a family.

- I don't have any family
- Not true
- Sometimes true
- Usually true
- Always true

The next set of questions asks about things your friends may do or think.

How many of your friends do the following:

104. Drink beer, wine, wine coolers, or hard liquor (besides a few sips)?

- None
- A few
- Some
- Most
- All

105. Get good grades?

- None
- A few
- Some
- Most
- All

106. Smoke cigarettes?

- None
- A few
- Some
- Most
- All

107. Get suspended from school or dropped out?

- None
- A few
- Some
- Most
- All

108. Smoke marijuana or weed?

- None
- A few
- Some
- Most
- All

109. Sniff glue, gases, or sprays to get high?

- None
- A few
- Some
- Most
- All

110. Volunteer for community work?

- None
- A few
- Some
- Most
- All

111. Get arrested?

- None
- A few
- Some
- Most
- All

112. Get involved in religious activities?

- None
- A few
- Some
- Most
- All

113. Exercise or play sports?

- None
- A few
- Some
- Most
- All

114. Are sexually active?

- None
- A few
- Some
- Most
- All

115. Been pregnant or got someone pregnant?

- None
- A few
- Some
- Most
- All

Prevention Education

You may get information about substance abuse, HIV/AIDS, or other health issues from many different sources. The next few questions ask about some of these sources.

116. During the past 12 months, do you recall hearing, reading, or watching an advertisement about prevention of substance abuse?

- Yes
- No
- Don't know or can't say

Please tell us how much you have learned about prevention of substance abuse, HIV, or other health problems from the following sources:

117. Your friends, brothers, or sisters?

- A lot
- Some
- Only a little
- Nothing at all

118. Your parents or guardians?

- A lot
- Some
- Only a little
- Nothing at all

119. Teachers, school nurses, or classes at school?

- A lot
- Some
- Only a little
- Nothing at all

120. A doctor or other health care provider?

- A lot
- Some
- Only a little
- Nothing at all

121. Television shows or movies?

- A lot
- Some
- Only a little
- Nothing at all

122. Books or pamphlets?

- A lot
- Some
- Only a little
- Nothing at all

123. Popular magazines such as *Essence*, *Seventeen*, *Audrey*, *Latina Style*, *Hombre*, *Cosmopolitan*?

- A lot
- Some
- Only a little
- Nothing at all

124. The Internet?

- A lot
- Some
- Only a little
- Nothing at all

125. In the past 30 days, have you been in any classes or programs where they talked about preventing HIV or AIDS?

- Yes
- No

126. In the past 30 days, have you been in any classes or programs where they talked about prevention of drug and alcohol abuse?

- Yes
- No

The last two questions are about your experience with this survey.

127. How comfortable was it for you to answer the questions in this survey?

- Very comfortable
- Somewhat comfortable
- Somewhat uncomfortable
- Very uncomfortable

128. How truthful were you when answering the questions?

- Very truthful
- Somewhat truthful
- Somewhat untruthful
- Very untruthful

YOU ARE DONE!
Thank you for your help!