

**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 2-1057, Rockville, MD 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:



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**Record Management Section: To Be Completed by Designated Staff**

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**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**

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Month		Day		Year

**Interview Type (Select one)** Baseline       Exit       Follow-up**Service Duration (Select one)** Single-session (1 day or less duration)  
 Multiple-session brief (2 – 29 days' duration)  
 Multiple-session long (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.
3.

# 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
- Other (Specify \_\_\_\_\_)

- Straight or heterosexual
- Bisexual
- Gay or lesbian
- Unsure

**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

**6. What is your primary spoken language?**

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

**7. How well do you speak English?**

- Very well
- Well
- Not well
- Not at all

**3. Are you of Hispanic, Latino/a, or Spanish origin? (If yes, you may select one or more categories)**

- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino/a, or Spanish origin

**8. Do you have any health issues that affect your ability to see, hear, move around easily, or do self-care like dress yourself or brush your teeth?**

- Yes
- No

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

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

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

- Alone
- With parents
- With relatives other than parents
- With a foster family
- With roommates
- Other

**10. Describe where you live.**

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

**5. How would you describe yourself? (Sexual orientation)**

**11. What is the highest level of education you have finished? (Mark the highest grade you have completed.)**

- Elementary school
- Middle school
- High school
- Beyond high school

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

- Yes
- No

**13. If you have ever been in juvenile/adult detention, jail, or prison for more than 3 days, how long has it been since you last got out?**

- Never in juvenile/adult detention, jail, or prison for more than 3 days
- Less than two years
- Two years or more

**14. Is anyone in your family or someone close to you on active duty in the Armed Forces, in the**

**15. 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
<b>Service member's relationship to you:</b>						
Mother/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"/>
Spouse/Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boyfriend/girlfriend	<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"/>

## End of Section 1

**Reserves or the National Guard, or separated or retired from the Armed Forces, the Reserves, or the National Guard?**

- No (Skip to #16)
- Yes, 1 person
- Yes, 2 people
- Yes, 3 people
- Yes, 4 people
- Yes, 5 people
- Yes, 6 or more people

## 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.

### 16. What were your most recent grades in school?

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

### 17. 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

### 18. How interesting are most of your classes to you?

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

### 19. 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

The next five questions (20 – 24) ask about your **ETHNIC GROUP**. An ethnic group is a cultural group that has a shared history, similar customs, traditions, and sometimes shared values.

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

- Strongly agree
- Agree
- Disagree
- Strongly disagree

### 21. I think a lot about how my life is affected by my ethnic group's history, traditions, and customs.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

### 22. I have often talked to other people about my ethnic background.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

### 23. I am interested in learning more about my ethnic background.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

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

- Strongly agree
- Agree
- Disagree
- Strongly disagree

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

- Very important
- Quite important
- Fairly important
- Slightly important
- Not at all important

**26. 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

**27. Are there any adults in your life that you can talk to about an important problem that you wouldn't tell just anyone?**

- Yes
- No

The next set of questions asks how you feel about **someone your age** using marijuana or drinking alcohol. Please tell us if you disapprove of their actions.

**28. 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

**29. 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

**30. 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

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

- No risk
- Slight risk
- Moderate risk
- Great risk
- Don't know or can't say

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

- No risk
- Slight risk
- Moderate risk
- Great risk
- Don't know or can't say

**33. 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?**

- No risk
- Slight risk
- Moderate risk
- Great risk
- Don't know or can't say

**34. How much do you think people risk harming themselves physically if they have sex without a condom or dental dam?**

- No risk
- Slight risk
- Moderate risk
- Great risk
- Don't know or can't say

**35. How much do people risk harming themselves physically or in other ways when they inject illicit drugs for nonmedical reasons?**

- No risk
- Slight risk
- 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 a condom.

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

**36. Be sexually active?**

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

**37. 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.

**38. 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

**39. 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

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

- Strongly agree
- Agree
- Disagree
- Strongly disagree

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

- Strongly agree
- Agree

- Disagree
- Strongly disagree

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

- Strongly agree
- Agree
- Disagree
- Strongly disagree

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

- Strongly agree
- Agree
- Disagree
- Strongly disagree

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### HIV/AIDS – What You Know

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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.

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

- True
- False
- Don't know

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

- True
- False
- Don't know

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

- True
- False
- Don't know



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

- True
- False
- Don't know

48. There is no cure for AIDS.

- True
- False
- Don't know

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

- True
- False
- Don't know

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

- True
- False
- Don't know

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

- True
- False
- Don't know

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

- True
- False
- Don't know

In the next few questions, we are interested in knowing whether you have a regular place to go for health care and whether you believe you have been discriminated against.

53. Is there a doctor's office, health center, or other similar place that you usually go to when you are sick?

- Yes
- No

54. Do you ever feel that you are treated with less respect than other people?

- No (Skip to #56)
- Yes

55. If yes, why do you think you are treated with less respect than other people? (Check all that apply. If none of these answers apply, check "None of the above.")

- Your skin color
- Your religion
- Your gender
- Your sexual orientation
- None of these

## 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, other tobacco products, or both.

**56. 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)

- |                                  |                                  |   |
|----------------------------------|----------------------------------|---|
| <input type="checkbox"/> 0 days  | <input type="checkbox"/> 12 days | <input type="checkbox"/> 24 days                    |
| <input type="checkbox"/> 1 day   | <input type="checkbox"/> 13 days | <input type="checkbox"/> 25 days                    |
| <input type="checkbox"/> 2 days  | <input type="checkbox"/> 14 days | <input type="checkbox"/> 26 days                    |
| <input type="checkbox"/> 3 days  | <input type="checkbox"/> 15 days | <input type="checkbox"/> 27 days                    |
| <input type="checkbox"/> 4 days  | <input type="checkbox"/> 16 days | <input type="checkbox"/> 28 days                    |
| <input type="checkbox"/> 5 days  | <input type="checkbox"/> 17 days | <input type="checkbox"/> 29 days                    |
| <input type="checkbox"/> 6 days  | <input type="checkbox"/> 18 days | <input type="checkbox"/> 30 days                    |
| <input type="checkbox"/> 7 days  | <input type="checkbox"/> 19 days | <input type="checkbox"/> Don't know<br>or can't say |
| <input type="checkbox"/> 8 days  | <input type="checkbox"/> 20 days |   |
| <input type="checkbox"/> 9 days  | <input type="checkbox"/> 21 days |   |
| <input type="checkbox"/> 10 days | <input type="checkbox"/> 22 days |   |
| <input type="checkbox"/> 11 days | <input type="checkbox"/> 23 days |   |

**57. During the past 30 days, on how many days did you use other tobacco products?** (Includes tobacco products other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe)

- |                                  |                                  |   |
|----------------------------------|----------------------------------|---|
| <input type="checkbox"/> 0 days  | <input type="checkbox"/> 12 days | <input type="checkbox"/> 24 days                    |
| <input type="checkbox"/> 1 day   | <input type="checkbox"/> 13 days | <input type="checkbox"/> 25 days                    |
| <input type="checkbox"/> 2 days  | <input type="checkbox"/> 14 days | <input type="checkbox"/> 26 days                    |
| <input type="checkbox"/> 3 days  | <input type="checkbox"/> 15 days | <input type="checkbox"/> 27 days                    |
| <input type="checkbox"/> 4 days  | <input type="checkbox"/> 16 days | <input type="checkbox"/> 28 days                    |
| <input type="checkbox"/> 5 days  | <input type="checkbox"/> 17 days | <input type="checkbox"/> 29 days                    |
| <input type="checkbox"/> 6 days  | <input type="checkbox"/> 18 days | <input type="checkbox"/> 30 days                    |
| <input type="checkbox"/> 7 days  | <input type="checkbox"/> 19 days | <input type="checkbox"/> Don't know<br>or can't say |
| <input type="checkbox"/> 8 days  | <input type="checkbox"/> 20 days |   |
| <input type="checkbox"/> 9 days  | <input type="checkbox"/> 21 days |   |
| <input type="checkbox"/> 10 days | <input type="checkbox"/> 22 days |   |
| <input type="checkbox"/> 11 days | <input type="checkbox"/> 23 days |   |

The next question asks about **ELECTRONIC VAPOR PRODUCTS**, such as blu, NJOY, or Starbuzz. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

**58. During the past 30 days, on how many days did you use electronic vapor products?**

- |                                  |                                  |   |
|----------------------------------|----------------------------------|---|
| <input type="checkbox"/> 0 days  | <input type="checkbox"/> 12 days | <input type="checkbox"/> 24 days                    |
| <input type="checkbox"/> 1 day   | <input type="checkbox"/> 13 days | <input type="checkbox"/> 25 days                    |
| <input type="checkbox"/> 2 days  | <input type="checkbox"/> 14 days | <input type="checkbox"/> 26 days                    |
| <input type="checkbox"/> 3 days  | <input type="checkbox"/> 15 days | <input type="checkbox"/> 27 days                    |
| <input type="checkbox"/> 4 days  | <input type="checkbox"/> 16 days | <input type="checkbox"/> 28 days                    |
| <input type="checkbox"/> 5 days  | <input type="checkbox"/> 17 days | <input type="checkbox"/> 29 days                    |
| <input type="checkbox"/> 6 days  | <input type="checkbox"/> 18 days | <input type="checkbox"/> 30 days                    |
| <input type="checkbox"/> 7 days  | <input type="checkbox"/> 19 days | <input type="checkbox"/> Don't know<br>or can't say |
| <input type="checkbox"/> 8 days  | <input type="checkbox"/> 20 days |   |
| <input type="checkbox"/> 9 days  | <input type="checkbox"/> 21 days |   |
| <input type="checkbox"/> 10 days | <input type="checkbox"/> 22 days |   |
| <input type="checkbox"/> 11 days | <input type="checkbox"/> 23 days |   |

The next few 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.

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

- |                                  |                                  |   |
|----------------------------------|----------------------------------|---|
| <input type="checkbox"/> 0 days  | <input type="checkbox"/> 12 days | <input type="checkbox"/> 24 days                    |
| <input type="checkbox"/> 1 day   | <input type="checkbox"/> 13 days | <input type="checkbox"/> 25 days                    |
| <input type="checkbox"/> 2 days  | <input type="checkbox"/> 14 days | <input type="checkbox"/> 26 days                    |
| <input type="checkbox"/> 3 days  | <input type="checkbox"/> 15 days | <input type="checkbox"/> 27 days                    |
| <input type="checkbox"/> 4 days  | <input type="checkbox"/> 16 days | <input type="checkbox"/> 28 days                    |
| <input type="checkbox"/> 5 days  | <input type="checkbox"/> 17 days | <input type="checkbox"/> 29 days                    |
| <input type="checkbox"/> 6 days  | <input type="checkbox"/> 18 days | <input type="checkbox"/> 30 days                    |
| <input type="checkbox"/> 7 days  | <input type="checkbox"/> 19 days | <input type="checkbox"/> Don't know<br>or can't say |
| <input type="checkbox"/> 8 days  | <input type="checkbox"/> 20 days |   |
| <input type="checkbox"/> 9 days  | <input type="checkbox"/> 21 days |   |
| <input type="checkbox"/> 10 days | <input type="checkbox"/> 22 days |   |
| <input type="checkbox"/> 11 days | <input type="checkbox"/> 23 days |   |

60. 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.]

- 0 days     12 days     24 days
- 1 day     13 days     25 days
- 2 days     14 days     26 days
- 3 days     15 days     27 days
- 4 days     16 days     28 days
- 5 days     17 days     29 days
- 6 days     18 days     30 days
- 7 days     19 days     Don't know
- 8 days     20 days               or can't say
- 9 days     21 days
- 10 days     22 days
- 11 days     23 days

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

- 0 days     12 days     24 days
- 1 day     13 days     25 days
- 2 days     14 days     26 days
- 3 days     15 days     27 days
- 4 days     16 days     28 days
- 5 days     17 days     29 days
- 6 days     18 days     30 days
- 7 days     19 days     Don't know
- 8 days     20 days               or can't say
- 9 days     21 days
- 10 days     22 days
- 11 days     23 days

62. If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin), how hard or easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

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.

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

- 0 days     12 days     24 days
- 1 day     13 days     25 days
- 2 days     14 days     26 days
- 3 days     15 days     27 days
- 4 days     16 days     28 days
- 5 days     17 days     29 days
- 6 days     18 days     30 days
- 7 days     19 days     Don't know
- 8 days     20 days               or can't say
- 9 days     21 days
- 10 days     22 days
- 11 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 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), peyote, and PCP (sometimes called angel dust); and prescription drugs used without a doctor's orders, just to feel good or get high.

Now we would like to ask you about some specific substances.

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

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

- 0 days     12 days     24 days
- 1 day     13 days     25 days
- 2 days     14 days     26 days
- 3 days     15 days     27 days
- 4 days     16 days     28 days
- 5 days     17 days     29 days
- 6 days     18 days     30 days
- 7 days     19 days     Don't know
- 8 days     20 days               or can't say
- 9 days     21 days
- 10 days     22 days
- 11 days     23 days

Now we would like to ask about your use of three **specific** substances during the past 30 days.

65. During the past 30 days, on how many days did you use synthetic marijuana (also called K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks)?

- |                                  |                                  |                                       |
|----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> 0 days  | <input type="checkbox"/> 12 days | <input type="checkbox"/> 24 days      |
| <input type="checkbox"/> 1 day   | <input type="checkbox"/> 13 days | <input type="checkbox"/> 25 days      |
| <input type="checkbox"/> 2 days  | <input type="checkbox"/> 14 days | <input type="checkbox"/> 26 days      |
| <input type="checkbox"/> 3 days  | <input type="checkbox"/> 15 days | <input type="checkbox"/> 27 days      |
| <input type="checkbox"/> 4 days  | <input type="checkbox"/> 16 days | <input type="checkbox"/> 28 days      |
| <input type="checkbox"/> 5 days  | <input type="checkbox"/> 17 days | <input type="checkbox"/> 29 days      |
| <input type="checkbox"/> 6 days  | <input type="checkbox"/> 18 days | <input type="checkbox"/> 30 days      |
| <input type="checkbox"/> 7 days  | <input type="checkbox"/> 19 days | <input type="checkbox"/> Don't know   |
| <input type="checkbox"/> 8 days  | <input type="checkbox"/> 20 days | <input type="checkbox"/> or can't say |
| <input type="checkbox"/> 9 days  | <input type="checkbox"/> 21 days |                                       |
| <input type="checkbox"/> 10 days | <input type="checkbox"/> 22 days |                                       |
| <input type="checkbox"/> 11 days | <input type="checkbox"/> 23 days |                                       |

66. During the past 30 days, on how many days have you used prescription drugs without a doctor's orders, in order to feel good or to get high?

- |                                  |                                  |                                       |
|----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> 0 days  | <input type="checkbox"/> 12 days | <input type="checkbox"/> 24 days      |
| <input type="checkbox"/> 1 day   | <input type="checkbox"/> 13 days | <input type="checkbox"/> 25 days      |
| <input type="checkbox"/> 2 days  | <input type="checkbox"/> 14 days | <input type="checkbox"/> 26 days      |
| <input type="checkbox"/> 3 days  | <input type="checkbox"/> 15 days | <input type="checkbox"/> 27 days      |
| <input type="checkbox"/> 4 days  | <input type="checkbox"/> 16 days | <input type="checkbox"/> 28 days      |
| <input type="checkbox"/> 5 days  | <input type="checkbox"/> 17 days | <input type="checkbox"/> 29 days      |
| <input type="checkbox"/> 6 days  | <input type="checkbox"/> 18 days | <input type="checkbox"/> 30 days      |
| <input type="checkbox"/> 7 days  | <input type="checkbox"/> 19 days | <input type="checkbox"/> Don't know   |
| <input type="checkbox"/> 8 days  | <input type="checkbox"/> 20 days | <input type="checkbox"/> or can't say |
| <input type="checkbox"/> 9 days  | <input type="checkbox"/> 21 days |                                       |
| <input type="checkbox"/> 10 days | <input type="checkbox"/> 22 days |                                       |
| <input type="checkbox"/> 11 days | <input type="checkbox"/> 23 days |                                       |

67. 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.)

- |                                  |                                  |                                       |
|----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> 0 days  | <input type="checkbox"/> 12 days | <input type="checkbox"/> 24 days      |
| <input type="checkbox"/> 1 day   | <input type="checkbox"/> 13 days | <input type="checkbox"/> 25 days      |
| <input type="checkbox"/> 2 days  | <input type="checkbox"/> 14 days | <input type="checkbox"/> 26 days      |
| <input type="checkbox"/> 3 days  | <input type="checkbox"/> 15 days | <input type="checkbox"/> 27 days      |
| <input type="checkbox"/> 4 days  | <input type="checkbox"/> 16 days | <input type="checkbox"/> 28 days      |
| <input type="checkbox"/> 5 days  | <input type="checkbox"/> 17 days | <input type="checkbox"/> 29 days      |
| <input type="checkbox"/> 6 days  | <input type="checkbox"/> 18 days | <input type="checkbox"/> 30 days      |
| <input type="checkbox"/> 7 days  | <input type="checkbox"/> 19 days | <input type="checkbox"/> Don't know   |
| <input type="checkbox"/> 8 days  | <input type="checkbox"/> 20 days | <input type="checkbox"/> or can't say |
| <input type="checkbox"/> 9 days  | <input type="checkbox"/> 21 days |                                       |
| <input type="checkbox"/> 10 days | <input type="checkbox"/> 22 days |                                       |
| <input type="checkbox"/> 11 days | <input type="checkbox"/> 23 days |                                       |

The next few questions ask about the **FIRST TIME** you used a substance. Think back as to whether you have EVER used any of these substances. If so, tell us your age the FIRST TIME you used the following substances.

68. 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.

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> I have never had a drink of an alcoholic beverage |                                       |
| <input type="checkbox"/> 5 years old or younger                            | <input type="checkbox"/> 14 years old |
| <input type="checkbox"/> 6 years old                                       | <input type="checkbox"/> 15 years old |
| <input type="checkbox"/> 7 years old                                       | <input type="checkbox"/> 16 years old |
| <input type="checkbox"/> 8 years old                                       | <input type="checkbox"/> 17 years old |
| <input type="checkbox"/> 9 years old                                       | <input type="checkbox"/> 18 years old |
| <input type="checkbox"/> 10 years old                                      | <input type="checkbox"/> 19 years     |
| <input type="checkbox"/> 11 years old                                      | <input type="checkbox"/> or older     |
| <input type="checkbox"/> 12 years old                                      | <input type="checkbox"/> Don't know   |
| <input type="checkbox"/> 13 years old                                      | <input type="checkbox"/> or can't say |

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

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> I have never used marijuana or hashish |                                       |
| <input type="checkbox"/> 5 years old or younger                 | <input type="checkbox"/> 14 years old |
| <input type="checkbox"/> 6 years old                            | <input type="checkbox"/> 15 years old |
| <input type="checkbox"/> 7 years old                            | <input type="checkbox"/> 16 years old |
| <input type="checkbox"/> 8 years old                            | <input type="checkbox"/> 17 years old |
| <input type="checkbox"/> 9 years old                            | <input type="checkbox"/> 18 years old |
| <input type="checkbox"/> 10 years old                           | <input type="checkbox"/> 19 years     |
| <input type="checkbox"/> 11 years old                           | <input type="checkbox"/> or older     |
| <input type="checkbox"/> 12 years old                           | <input type="checkbox"/> Don't know   |
| <input type="checkbox"/> 13 years old                           | <input type="checkbox"/> or can't say |

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

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> I have never used other illegal drugs |                                       |
| <input type="checkbox"/> 5 years old or younger                | <input type="checkbox"/> 14 years old |
| <input type="checkbox"/> 6 years old                           | <input type="checkbox"/> 15 years old |
| <input type="checkbox"/> 7 years old                           | <input type="checkbox"/> 16 years old |
| <input type="checkbox"/> 8 years old                           | <input type="checkbox"/> 17 years old |
| <input type="checkbox"/> 9 years old                           | <input type="checkbox"/> 18 years old |
| <input type="checkbox"/> 10 years old                          | <input type="checkbox"/> 19 years     |
| <input type="checkbox"/> 11 years old                          | <input type="checkbox"/> or older     |
| <input type="checkbox"/> 12 years old                          | <input type="checkbox"/> Don't know   |
| <input type="checkbox"/> 13 years old                          | <input type="checkbox"/> or can't say |

71. 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

72. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health **NOT good**?

Responses: If none, enter 0. Otherwise, enter Number of days in past 30 days

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- 8 days
- 9 days
- 10 days
- 11 days
- 12 days
- 13 days
- 14 days
- 15 days
- 16 days
- 17 days
- 18 days
- 19 days
- 20 days
- 21 days
- 22 days
- 23 days
- 24 days
- 25 days
- 26 days
- 27 days
- 28 days
- 29 days
- 30 days
- Don't know or can't say

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

- No, I've never had sex.
- Yes, the last time was within the past 30 days
- Yes, the last time was within the past 3 months
- Yes, the last time was more than 3 months ago

74. 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

75. Now think about the last time you had sex (if you've ever had sex). At that time, did you and your partner use a condom?

- I've never had sex
- Yes, the last time I had sex we used a condom.
- No, the last time I had sex, we did not use a condom.

76. 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

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

- Yes
- No

## 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*.

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## Your Family and Friends

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78. 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

79. During the **past 12 months**, have you talked with at least one of your parents about the **dangers of unprotected sex**? (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

80. When I am not at home, one of my parents (or guardians) knows where I am.

- Yes
- No

81. When I am not at home, one of my parents (or guardians) knows who I am with.

- Yes
- No

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

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

## How many of your friends...

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

- None
- A few
- Some
- Most
- All

84. Smoke cigarettes?

- None
- A few
- Some
- Most
- All

85. Smoke marijuana or weed?

- None
- A few
- Some
- Most
- All

86. Get arrested?

- None
- A few
- Some
- Most
- All

87. Are sexually active?

- None
- A few
- Some
- Most
- All

88. Have been pregnant or gotten someone pregnant?

- None
- A few
- Some
- Most
- All

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## Prevention Education

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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.

89. 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

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

- Yes
- No

91. 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 question asks about your experience with this survey.

92. How truthful were you when answering the questions?

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

**YOU ARE DONE!**  
**Thank you for your help!**