OMB Control Number:  \_\_\_\_\_\_

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Logo for SAMHSA and CSAP

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**Underage Drinking Attitudes and Behaviors Survey**

We want to ask you questions about drinking alcoholic beverages, including beer, wine, liquor and any other beverage that contains alcohol. Please answer each question below honestly. Your responses will be kept confidential and will not be associated with your identity.

**1. Have you ever had any alcoholic beverage to drink—more than just a few sips?**

|  |  |
| --- | --- |
| * No [Skip to Question 4]
 | * Yes
 |

**2. On how many occasions (if any) have you had alcoholic beverages to drink—more than just a few sips...**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 0  | 1-2  | 3-5  | 6-9  | 10-19  | 20-39  | 40 or more |
| In your lifetime?  |  |  |  |  |  |  |  |
| During the last 12 months?  |  |  |  |  |  |  |  |
| During the last 30 days?  |  |  |  |  |  |  |  |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 0  | 1-2  | 3-5  | 6-9  | 10-19  | 20-39  | 40 or more  |
| In your lifetime?  |  |  |  |  |  |  |  |
| During the last 12 months?  |  |  |  |  |  |  |  |
| During the last 30 days?  |  |  |  |  |  |  |  |

**4. How much pressure do you feel from your friends and schoolmates to drink alcoholic beverages?**

|  |  |
| --- | --- |
| * None
* A Little
 | * Some
* A Lot
 |

**5. Do YOU disapprove of people doing each of the following?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Don't Disapprove  | Disapprove  | Strongly Disapprove  | Can't Say |
| Trying one or two drinks of an alcoholic beverage (beer, wine, liquor) |  |  |  |  |
| Taking one or two drinks nearly every day |  |  |  |  |
| Having five or more drinks once or twice each weekend  |  |  |  |  |

**6. How much do you think people risk harming themselves (physically or in other ways) if they...**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No Risk  | Slight Risk | Moderate Risk  | Great Risk | Can't Say |
| Try one or two drinks of an alcoholic beverage (beer, wine, liquor)?  |  |  |  |  |  |
| Take one or two drinks nearly every day?  |  |  |  |  |  |
| Have five or more drinks once or twice each weekend?  |  |  |  |  |  |

**7. Has your parent or guardian ever had a conversation with you about the dangers of drinking alcohol?**

|  |  |
| --- | --- |
| * No [Skip to question 10]
 | * Yes
 |

**8. When your parent or guardian talked to you about the dangers of drinking alcohol, what did he or she say? Check all that apply.**

|  |  |
| --- | --- |
| * Underage drinking is not acceptable
* I want you to be happy and safe
* I know about alcohol and can be counted on to answer your questions
 | * I will know if you drink
* I can help you figure out ways to avoid drinking
* Underage drinking can have serious consequences
* None of the above
 |

**9. Within the last 3 months, how often has your parent or guardian talked to you about the dangers of drinking alcohol?**

|  |  |
| --- | --- |
| * Once
* Twice
* Three times
 | * Four times
* Five times or more
* Not at all in the last 3 months
 |

**10. How old are you?**

|  |  |
| --- | --- |
| * 9-10 year old
* 11-12 years old
 | * 13-14 years old
* 15 years or older
 |