OMB Control Number	r:
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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, expires: Public reporting burden for this collection of information is estimated
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regarding this burden to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 16E89B, Rockville, MD
20857.

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 beve	erage 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?	O	O	O	O	O	O	0
During the last 12 months?	O	C	0	O	O	O	0
During the last 30 days?	O	O	O	O	O	C	O

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?	O	0	0	•	0	0	O .
During the last 12 months?	0	O	O	O	0	O	O
During the last 30 days?	0	O	O	O	O	O	O

Attachment 3: Youth Pre-Test and Post-Test 4. How much pressure do you feel from you	-		oolmates	to drin	k alcoh	olic beverag	es?			
O None		Some			4.551		,			
O A Little		A Lot								
5. Do YOU disapprove of people doing each of the following?										
	Don't Disapprove Strongly Can't Disapprove Strongly Say									
Trying one or two drinks of an alcoholic beverage (beer, wine, liquor)	0		O	C)	O				
Taking one or two drinks nearly every day	O		O)	C				
Having five or more drinks once or twice each weekend	0		O	C)	O				
6. How much do you think people risk harr	ning ther	nselves (p	hvsically	or in o	ther wa	avs) if thev				
,	No Slight Moder									
	Risk	Risk	Risk		ireat isk	Can't Say				
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)?	0	0	0		C	0				
Take one or two drinks nearly every day?	O	O	O		O	C				
Have five or more drinks once or twice each weekend?	•	O	•		0	O				
7. Has your parent or guardian ever had a alcohol?	conversa	tion with	you abou	t the d	angers	of drinking				
O No [Skip to question 10]	O	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 Underage drinking can have serious consequences None of the above										
9. Within the last 3 months, how often has of drinking alcohol?	your pai	rent or gua	ardian tal	ked to	you ab	out the dang	gers			
O Once	O	Four time	es							
O Twice	O Five times or more									
Three times O Not at all in the last 3 months										

Attachment 3: Youth Pre-Test and Post-Test Survey

10. How old are you?

9-10 year old

O 13-14 years old

O 11-12 years old

O 15 years or older