## 2011 New Hampshire Youth Risk Behavior Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

#### **Directions**

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this:  $A B \bullet D$ .
- If you change your answer, erase your old answer completely.
- 1. How old are you?
  - A. 12 years old or younger
  - B. 13 years old
  - C. 14 years old
  - D. 15 years old
  - E. 16 years old
  - F. 17 years old
  - G. 18 years old or older
- 2. What is your sex?
  - A. Female
  - B. Male
- 3. In what grade are you?
  - A. 9th grade
  - B. 10th grade
  - C. 11th grade
  - D. 12th grade
  - E. Ungraded or other grade
- 4. Are you Hispanic or Latino?
  - A. Yes
  - B. No
- 5. What is your race? (Select one or more responses.)
  - A. American Indian or Alaska Native
  - B. Asian
  - C. Black or African American
  - D. Native Hawaiian or Other Pacific Islander
  - E. White

6. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Example

Height		
Feet	Inches	
5	7	
3	0	
4	①	
•	2	
6	3	
7	4	
	(5)	
	6	
	•	
	8	
	9	
	100	
	①	

7. How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example

Weight		
Pounds		
1	5	2
0	0	<b>2</b>
•	①	①
② ③	2	
3	3	3
	4	4
	•	(5)
	6	6
	7	7
	8	8
	9	9

- 8. During the past 12 months, how would you describe your grades in school?
  - A. Mostly A's
  - B. Mostly B's
  - C. Mostly C's
  - D. Mostly D's
  - E. Mostly F's
  - F. None of these grades
  - G. Not sure

#### The next 4 questions ask about safety.

- 9. **When you rode a bicycle** during the past 12 months, how often did you wear a helmet?
  - A. I did not ride a bicycle during the past 12 months
  - B. Never wore a helmet
  - C. Rarely wore a helmet
  - D. Sometimes wore a helmet
  - E. Most of the time wore a helmet
  - F. Always wore a helmet
- 10. How often do you wear a seat belt when **riding** in a car driven by someone else?
  - A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
- 11. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?
  - A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times

- 12. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
  - A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times

#### The next 8 questions ask about violencerelated behaviors.

- 13. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club?
  - A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
- 14. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
  - A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
- 15. During the past 12 months, how many times were you in a physical fight?
  - A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or 7 times
  - F. 8 or 9 times
  - G. 10 or 11 times
  - H. 12 or more times

- 16. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?
  - A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times
- 17. During the past 12 months, how many times were you in a physical fight **on school property**?
  - A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or 7 times
  - F. 8 or 9 times
  - G. 10 or 11 times
  - H. 12 or more times
- 18. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
  - A. Yes
  - B. No
- 19. During the past 12 months, have you experienced an unwanted sexual advance because of other students' drinking?
  - A. Yes
  - B. No
- 20. Have you ever been physically forced to have sexual intercourse when you did not want to?
  - A. Yes
  - B. No

The next 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

- 21. During the past 12 months, have you ever been bullied **on school property**?
  - A. Yes
  - B. No
- 22. During the past 12 months, have you ever been **electronically** bullied? (Include being bullied through email, chat rooms, instant messaging, Web sites, or texting.)
  - A. Yes
  - B. No

The next 6 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

- 23. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in** a **row** that you stopped doing some usual activities?
  - A. Yes
  - B. No
- 24. During the past 12 months, did you ever **seriously** consider attempting suicide?
  - A. Yes
  - B. No

- 25. During the past 12 months, did you make a plan about how you would attempt suicide?
  - A. Yes
  - B. No
- 26. During the past 12 months, how many times did you actually attempt suicide?
  - A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times
- 27. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
  - A. **I did not attempt suicide** during the past 12 months
  - B. Yes
  - C. No
- 28. When you feel sad, empty, hopeless, angry, or anxious, how often do you get the kind of help you need?
  - A. I do not feel sad, empty, hopeless, angry, or anxious
  - B. Never
  - C. Rarely
  - D. Sometimes
  - E. Most of the time
  - F. Always

#### The next 4 questions ask about tobacco use.

- 29. How old were you when you smoked a whole cigarette for the first time?
  - A. I have never smoked a whole cigarette
  - B. 8 years old or younger
  - C. 9 or 10 years old
  - D. 11 or 12 years old
  - E. 13 or 14 years old
  - F. 15 or 16 years old
  - G. 17 years old or older
- 30. During the past 30 days, on how many days did you smoke cigarettes?
  - A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
- 31. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?
  - A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
- 32. During the past 30 days, on how many days did you smoke **cigars**, **cigarillos**, **or little cigars**?
  - A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days

The next 6 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

- 33. During your life, on how many days have you had at least one drink of alcohol?
  - A. 0 days
  - B. 1 or 2 days
  - C. 3 to 9 days
  - D. 10 to 19 days
  - E. 20 to 39 days
  - F. 40 to 99 days
  - G. 100 or more days
- 34. How old were you when you had your first drink of alcohol other than a few sips?
  - A. I have never had a drink of alcohol other than a few sips
  - B. 8 years old or younger
  - C. 9 or 10 years old
  - D. 11 or 12 years old
  - E. 13 or 14 years old
  - F. 15 or 16 years old
  - G. 17 years old or older
- 35. During the past 30 days, on how many days did you have at least one drink of alcohol?
  - A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days

- 36. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
  - A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 to 5 days
  - E. 6 to 9 days
  - F. 10 to 19 days
  - G. 20 or more days
- 37. During the past 30 days, how did you **usually** get the alcohol you drank?
  - A. I did not drink alcohol during the past 30 days
  - B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
  - C. I bought it at a restaurant, bar, or club
  - D. I bought it at a public event such as a concert or sporting event
  - E. I gave someone else money to buy it for me
  - F. Someone gave it to me
  - G. I took it from a store or family member
  - H. I got it some other way
- 38. During the past 30 days, on how many days did you have at least one drink of alcohol **on school property**?
  - A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days

### The next 4 questions ask about marijuana use. Marijuana also is called grass or pot.

- 39. During your life, how many times have you used marijuana?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 to 99 times
  - G. 100 or more times
- 40. How old were you when you tried marijuana for the first time?
  - A. I have never tried marijuana
  - B. 8 years old or younger
  - C. 9 or 10 years old
  - D. 11 or 12 years old
  - E. 13 or 14 years old
  - F. 15 or 16 years old
  - G. 17 years old or older
- 41. During the past 30 days, how many times did you use marijuana?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
- 42. During the past 30 days, how many times did you use marijuana on school property?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times

### The next 12 questions ask about other drugs.

- 43. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
- 44. During the past 30 days, how many times did you use **any** form of cocaine, including powder, crack, or freebase?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
- 45. During your life, how many times have you taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times

- 46. During the past 30 days, how many times have you taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
- 47. During your life, how many times have you taken **over-the-counter drugs** to get high?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
- 48. During the past 30 days, how many times have you taken **over-the-counter drugs** to get high?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
- 49. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times

- 50. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
- 51. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
- 52. During your life, how many times have you used **ecstasy** (also called MDMA)?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
- 53. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
- 54. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
  - A. Yes
  - B. No

#### The next 8 questions ask about sexual behavior.

- 55. Have you ever had sexual intercourse?
  - A. Yes
  - B. No
- 56. How old were you when you had sexual intercourse for the first time?
  - A. I have never had sexual intercourse
  - B. 11 years old or younger
  - C. 12 years old
  - D. 13 years old
  - E. 14 years old
  - F. 15 years old
  - G. 16 years old
  - H. 17 years old or older
- 57. During your life, with how many people have you had sexual intercourse?
  - A. I have never had sexual intercourse
  - B. 1 person
  - C. 2 people
  - D. 3 people
  - E. 4 people
  - F. 5 people
  - G. 6 or more people
- 58. During the past 3 months, with how many people did you have sexual intercourse?
  - A. I have never had sexual intercourse
  - B. I have had sexual intercourse, but not during the past 3 months
  - C. 1 person
  - D. 2 people
  - E. 3 people
  - F. 4 people
  - G. 5 people
  - H. 6 or more people

- 59. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
  - A. I have never had sexual intercourse
  - B. Yes
  - C. No
- 60. The **last time** you had sexual intercourse, did you or your partner use a condom?
  - A. I have never had sexual intercourse
  - B. Yes
  - C. No
- 61. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
  - A. I have never had sexual intercourse
  - B. No method was used to prevent pregnancy
  - C. Birth control pills
  - D. Condoms
  - E. Depo-Provera (or any injectable birth control),
    Nuva Ring (or any birth control ring), Implanon (or any implant), or any IUD
  - F. Withdrawal
  - G. Some other method
  - H. Not sure
- 62. During your life, with whom have you had sexual contact?
  - A. I have never had sexual contact
  - B. Females
  - C. Males
  - D. Females and males

The next 8 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

- 63. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
  - A. I did not drink 100% fruit juice during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
- 64. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
  - A. I did not eat fruit during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day

- 65. During the past 7 days, how many times did you eat **green salad**?
  - A. I did not eat green salad during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
- 66. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)
  - A. I did not eat potatoes during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
- 67. During the past 7 days, how many times did you eat **carrots**?
  - A. I did not eat carrots during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day

- 68. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
  - A. I did not eat other vegetables during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
- 69. During the past 7 days, how many times did you drink a can, bottle, or glass of a sugar-sweetened beverage such as lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do not include soda or pop, sports drinks, energy drinks, or 100% fruit juice.)
  - A. I did not drink sugarsweetened beverages during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
- 70. During the past 30 days, how often did you go hungry because there was not enough food in your home?
  - A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

### The next 6 questions ask about other health-related topics.

- 71. Have you ever been taught about AIDS or HIV infection in school?
  - A. Yes
  - B. No
  - C. Not sure
- 72. Has a doctor or nurse ever told you that you have asthma?
  - A. Yes
  - B. No
  - C. Not sure
- 73. Do you still have asthma?
  - A. I have never had asthma
  - B. Yes
  - C. No
  - D. Not sure
- 74. When was the last time you saw a doctor or nurse for a check-up or physical exam when you were not sick or injured?
  - A. During the past 12 months
  - B. Between 12 and 24 months ago
  - C. More than 24 months ago
  - D. Never
  - E. Not sure
- 75. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?
  - A. During the past 12 months
  - B. Between 12 and 24 months ago
  - C. More than 24 months ago
  - D. Never
  - E. Not sure

- 76. During the past 12 months, how many times did you use an indoor tanning device such as a sunlamp, sunbed, or tanning booth? (Do **not** include getting a spray-on tan.)
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times

### The next 5 questions ask about your family, community, and future plans.

- 77. Do you agree or disagree that your parents or other adults in your family have clear rules and standards for your behavior?
  - A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree
- 78. During the past 12 months, have you talked with at least one of your parents or guardians about the dangers of tobacco, alcohol, or drug use?
  - A. Yes
  - B. No
  - C. Not sure
- 79. During the past 30 days, how many times did you perform any organized community service as a non-paid volunteer, such as serving meals to the elderly, picking up litter, helping out at a hospital, or building homes for the poor?
  - A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times

- 80. During an average week when you are in school, in how many clubs or organizations outside of school (other than sports teams), such as 4-H, Boys and Girls Club, YMCA, or church groups, do you participate?
  - A. 0 activities
  - B. 1 activity
  - C. 2 or 3 activities
  - D. 4 or more activities
- 81. Do you agree or disagree that in your community you feel like you matter to people?
  - A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree

### The next 6 questions ask about the perceived harm from drug use.

- 82. How much do you think people risk harming themselves (physically or in other ways), if they smoke one or more packs of cigarettes per day?
  - A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk
- 83. How much do you think people risk harming themselves (physically or in other ways), if they smoke marijuana regularly?
  - A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk
- 84. How much do you think people risk harming themselves (physically or in other ways), if they try cocaine in powder form once or twice?
  - A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk

- 85. How much do you think people risk harming themselves (physically or in other ways), if they take a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
  - A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk
- 86. How much do you think people risk harming themselves (physically or in other ways), if they have one or two drinks of alcohol **nearly every day**?
  - A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk
- 87. How much do you think people risk harming themselves (physically or in other ways), if they have five or more drinks of alcohol each weekend?
  - A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk

## The next 8 questions ask about attitudes toward cigarette, alcohol, and other drug use.

- 88. How wrong do you think it is for someone your age to smoke cigarettes?
  - A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not at all wrong
- 89. How wrong do you think it is for someone your age to drink alcohol regularly?
  - A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not at all wrong

- 90. How wrong do you think it is for someone your age to smoke marijuana?
  - A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not at all wrong
- 91. How wrong do you think it is for someone your age to take a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
  - A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not at all wrong
- 92. How wrong do your parents think it is for someone your age to smoke cigarettes?
  - A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not at all wrong
  - E. Not sure
- 93. How wrong do your parents think it is for someone your age to drink alcohol regularly?
  - A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not at all wrong
  - E. Not sure
- 94. How wrong do your parents think it is for someone your age to smoke marijuana?
  - A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not at all wrong
  - E. Not sure

- 95. How wrong do your parents think it is for someone your age to take a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
  - A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not at all wrong
  - E. Not sure

# The next 4 questions ask about the availability of cigarettes, alcohol, and other drugs.

- 96. If you wanted to get some cigarettes, how hard or easy would it be for you to get some?
  - A. Very hard
  - B. Sort of hard
  - C. Sort of easy
  - D. Very easy
- 97. If you wanted to get some beer, wine, or liquor, how hard or easy would it be for you to get some?
  - A. Very hard
  - B. Sort of hard
  - C. Sort of easy
  - D. Very easy

- 98. If you wanted to get some marijuana, how hard or easy would it be for you to get some?
  - A. Very hard
  - B. Sort of hard
  - C. Sort of easy
  - D. Very easy
- 99. If you wanted to get a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription, how hard or easy would it be for you to get some?
  - A. Very hard
  - B. Sort of hard
  - C. Sort of easy
  - D. Very easy
- 100. Are either of your parents or other adults in your family serving on active duty in the military?
  - A. Yes
  - B. No

This is the end of the survey. Thank you very much for your help.