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This section asks more questions related to alcohol and drug use, violence, safety, and gambling.

During the past six months, about how many times did you use these substances without a doctor's order?

	0 Times	1-2 Times	A Few Times	Once A Month	Once A Week	A Few Times A Week	Once Or More A Day
C1. An alcoholic drink	A	B	C	D	E	F	G
C2. Marijuana (pot, weed, grass, hash, bud)	A	B	C	D	E	F	G
C3. Inhalants (things you sniff, huff, or breathe to get high)	A	B	C	D	E	F	G
C4. Cocaine (coke, crack, rock, base, snort)	A	B	C	D	E	F	G
C5. LSD or other psychedelics (acid, mescaline, peyote, mushrooms)	A	B	C	D	E	F	G
C6. Ecstasy (E, X, EXTC, MDMA)	A	B	C	D	E	F	G
C7. Any other illegal drug or pill to get "high"	A	B	C	D	E	F	G
C8. Two or more drugs at the same time (for example, alcohol with marijuana, cocaine with PCP, ecstasy with mushrooms)	A	B	C	D	E	F	G
C9. During the past <u>12 months</u> , have you taken any steroids (roids) to build up muscle or increase performance or endurance? A) None, have used no steroids B) Some, have taken a few times C) Regularly, have been on a program of steroid use							
C10. During the past <u>12 months</u> , did you use any banned performance-enhancing supplement that claims to build muscle or increase strength or endurance (andro, ephedrine, DHEA)? A) No B) Some, have taken a few times C) Regularly, have been on a program of supplement use							

How many times have you tried to quit or stop using ...

	Does Not Apply, Never Used	0 Times	1 Time	2-3 Times	4 Or More Times
C11. alcohol?	A	B	C	D	E
C12. marijuana?	A	B	C	D	E

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- C13. Have you ever felt that you needed help (such as counseling or treatment) for your alcohol *or* other drug use?
- A) No, I never used alcohol or other drugs
 - B) No, but I do use alcohol or other drugs
 - C) Yes, I have felt that I needed help
- C14. In your opinion, how likely is it that a student would find help at your school from a counselor, teacher, or other adult to **stop or reduce** using alcohol or other drugs?
- A) Very likely
 - B) Likely
 - C) Not likely
 - D) Don't know
- C15. In your opinion, how likely is it that a student will be suspended, expelled, or transferred if he or she is caught on school property using or possessing alcohol or other drugs?
- A) Very likely
 - B) Likely
 - C) Not likely
 - D) Don't know
- C16. How do *most* kids at your school who drink alcohol usually get it? (*Mark All That Apply.*)
- A) At school
 - B) At parties or events outside school
 - C) At their own home
 - D) From adults at friends' homes
 - E) From friends or another teenager
 - F) Get adults to buy it for them
 - G) Buy it themselves from a store (convenience store, liquor store, grocery, mini mart)
 - H) At bars, clubs, or gambling casinos
 - I) Other
 - J) Don't know
- C17. During the past 12 months, have you gambled (bet) for money or valuables, in any of the following ways? (*Mark All That Apply.*)
- A) I have not gambled (bet) in the past 12 months
 - B) Card games (such as poker, blackjack)
 - C) Personal skill games (such as pool, darts, coin tossing)
 - D) Betting on sports teams
 - E) Lottery (scratch cards or numbers)
 - F) Bingo
 - G) Dice games
 - H) Gambling machines (slots, video poker)
 - I) Horse racing
 - J) Online gambling
 - K) Gambled (bet) in some other way
- C18. During the past 12 months, how many times have you gambled (bet) for money or valuables in any way?
- A) I have not gambled (bet) in the past 12 months
 - B) 1 time
 - C) 2 or 3 times
 - D) 4 to 9 times
 - E) 10 or more times

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During the past 12 months, how many times have you ...

	0 Times	1 Time	2 - 3 Times	4 Or More Times
C19. sold drugs to someone?	A	B	C	D
C20. been in a physical fight?	A	B	C	D
C21. been in a physical fight between groups of kids?	A	B	C	D
C22. used any weapon to threaten or bully someone?	A	B	C	D

C23. How safe do you feel in the **neighborhood** where you live?

- A) Very safe
- B) Safe
- C) Neither safe nor unsafe
- D) Unsafe
- E) Very unsafe

C24. During the past 30 days, on how many days did you not go to school because you felt 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 more days

During the past 30 days, on how many **days** did you carry ...

	0 Days	1 Day	2 Or More Days
C25. a gun?	A	B	C
C26. any other weapon (such as a knife or club)?	A	B	C
C27. any weapon (gun, knife, or club) on school property?	A	B	C

C28. During the past 12 months, did you ever seriously consider attempting suicide?

- A) No
- B) Yes

C29. During the past 12 months, did you make a plan about how you would attempt suicide?

- A) No
- B) Yes

C30. 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 more times

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- C31. 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 in the past 12 months
 - B) No
 - C) Yes
- C32. Have you ever been forced to have sexual intercourse when you did not want to?
- A) No
 - B) Yes