

STUDENT PREVENTION POST-SURVEY

Private Student Code

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your responses are very important to us, and we would like your opinion on these issues. All your responses will be strictly confidential.

RIGHT NOW, please put the private code you were given here AND put it on the other pages of the survey.



Please choose the responses you think are most accurate and fill in those bubbles as much as you can.

1. How much do you think people risk harming themselves physically and in other ways when they . . .	No Risk	Slight Risk	Moderate Risk	Great Risk
a) Smoke one or more packs of cigarettes per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Smoke marijuana once or twice a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Try one or two drinks of an alcoholic beverage (beer, wine, liquor)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Have five or more drinks of an alcoholic beverage once or twice a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please respond to the following questions and statement about decision-making.	Never	Sometimes, But Not Often	Often	All the Time
a) How often do you stop to think about your options before you make a decision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) How often do you stop to think about how your decisions may affect others' feelings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) How often do you stop and think about all of the things that may happen as a result of your decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I make good decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?	Neither Approve Nor Disapprove	Somewhat Disapprove	Strongly Disapprove
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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4. How do you feel about someone your age . . .	Neither Approve Nor Disapprove	Somewhat Disapprove	Strongly Disapprove
a) Smoking one or more packs of cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Trying marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Using marijuana once a month or more?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Having one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. How many of your closest friends do you think have . . .	All of Them	Most of Them	Some of Them	None of Them
a) Used marijuana during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Been drunk during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Had some kind of alcoholic beverage during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Used a drug like cocaine or heroin during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. What would your best friends think if you . . .	They Would Be Angry With Me	They Would Be a Little Upset	They Wouldn't Care One Way or Another	They Would Accept Me	They Would Be Glad
a) Tried using marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Got drunk once in a while?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. How do you think your closest friends feel about the following statements:	They Strongly Agree	They Agree	They Disagree	They Strongly Disagree
a) "People who use drugs are stupid."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) "It is cool to get drunk."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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8. How wrong do your parents feel it would be for YOU to . . .	Very Wrong	Wrong	A Little Bit Wrong	Not Wrong at All
a) Drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the questions below, list how many days out of the past 30 days that you used the drug listed. You should write a number between 0 (if you did not use in the past 30 days) and 30 (used every day).

9. During the past 30 days, on how many days did you smoke part or all of a cigarette?	<input type="text"/> <input type="text"/> days
10. During the past 30 days, on how many days did you use other tobacco products (such as dip, snuff, chew, or cigars)?	<input type="text"/> <input type="text"/> days
11. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?	<input type="text"/> <input type="text"/> days
12. During the past 30 days, on how many days did you use marijuana?	<input type="text"/> <input type="text"/> days
13. During the past 30 days, on how many days did you use any other illegal drug?	<input type="text"/> <input type="text"/> days
14. During the past 30 days, on how many days did you sniff glue, breathe the contents of an aerosol spray can, or inhale other gases or sprays in order to get high?	<input type="text"/> <input type="text"/> days
15. During the past 30 days, on how many days did you take a prescription medication (such as Ritalin, Adderall, Xanax) <u>without</u> a doctor's prescription?	<input type="text"/> <input type="text"/> days
16. During the past 30 days, on how many days did you use an over-the-counter medicine (one you can buy without a doctor's prescription) to get high rather than for the reason it was made?	<input type="text"/> <input type="text"/> days

Please answer the following questions about yourself. (Remember, this survey is confidential!)

17. How old are you? 10 11 12 13 14 15 16 17 18

18. Are you male or female? Male Female

19. Are you Hispanic or Latino? Yes No

20. Which of these groups describes you?

White
 Black/African American
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
 Asian
 Multiethnic
 Other

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