CALIFORNIA healthy kids SURVEY Alcohol & Other Drugs Module

Form A

These questions ask about the use of alcohol, tobacco, marijuana, and other drugs, including pills or medications, to get "high" or for reasons other than medical, as ordered or prescribed by a doctor.

About how old were you the first time you tried any of these things?

						<u>Years o</u>	<u>f Age</u>				
			10 or								18 or
		Never	Under	11	12		14	15	16	_17	Over
1.	A drink of an alcoholic beverage (other than a sip or two)	А	В	С	D	Е	F	G	Н	Ι	J
2.	Part or all of a cigarette	А	В	С	D	Е	F	G	Н	Ι	J
3.	A vape product such as an e-cigarette (JUUL), vape pen, or mod	А	В	С	D	Ε	F	G	Н	Ι	J
4.	Marijuana (smoke, vape, eat, or drink)	Α	В	С	D	Е	F	G	Η	Ι	J
5.	Any other illegal drug or pill to get "high"	А	В	С	D	Е	F	G	Н	Ι	J

During your life, how many times have you used the following?

		<u>Number of Times</u>					
		0 Times	1 Time	2 Times	3 Times	4–6 Times	7 or More Times
6.	Heroin	А	В	С	D	Е	F
7.	Tranquilizers or sedatives (Xanax, Klonopin, Ativan, Valium)	А	В	С	D	Е	F
8.	Appetite suppressants (Didrex, Dexedrine, Xenadrine, Skittles, M&Ms)	А	В	С	D	Е	F
9.	Ritalin or Adderall or other prescription stimulant	А	В	С	D	Е	F

CALIFORNIA healthy kids

kids survey

Alcohol & Other Drugs Module

Form A

10. If you drink alcohol, how much do you usually drink?

- A) I don't drink alcohol
- **B)** Just enough to feel it a little
- C) Enough to feel it moderately
- D) Until I feel it a lot or get really drunk

11. If you use marijuana or other drugs, how "high" (stoned, faded, wasted, trashed) do you usually like to get?

- A) I don't use drugs
- **B**) Just enough to feel a little high
- C) Enough to feel it moderately
- **D**) Until I feel it a lot or get really high

12. Have you used <u>alcoholic beverages</u>, <u>marijuana</u>, or <u>other drugs</u> in the <u>past 12 months</u> for any of the following reasons? (*Mark All That Apply.*)

- A) Does not apply, I haven't used alcohol, marijuana, or other drugs in the past 12 months.
- **B)** To experiment (try using)
- C) To get high
- **D**) To have a good time with friends
- E) To fit in with a group you like
- F) Because of boredom

- G) To relax
- **H**) To get away from problems
- I) Because of anger or frustration
- J) To get through the day
- K) Because it made you feel better
- L) To seek deeper insights and understanding
- M) None of the above

13. Has using <u>alcohol</u>, <u>marijuana</u>, or <u>other drugs</u> ever caused you to have any of the following problems? (Mark All That Apply.)

- A) Does not apply; I've never used alcohol or drugs
- B) Have problems with emotions, nerves, or mental health
- C) Get into trouble or have problems with the police
- D) Have money problems
- E) Miss school
- F) Have problems with schoolwork

- G) Fight with others
- H) Damage a friendship
- I) Physically hurt or injure yourself
- J) Have unwanted or unprotected sex
- K) Forget what happened or pass out
- L) Been suspended from school
- M) I've used alcohol or drugs but never had any of these problems

CALIFORNIA healthy kids SURVEY

Alcohol & Other Drugs Module

Form A

14. If you use alcohol, marijuana, or another drug, have you had any of the following experiences? (*Mark All That Apply.*)

- A) Does not apply; I have not used alcohol or drugs
- **B)** Found you had to increase how much you use to have the same effect as before
- C) Frequently spent a lot of time getting, using, or being hung over from using alcohol or other drugs
- **D)** Used alcohol or drugs a lot more than you intended
- E) Used alcohol or drugs when you were alone (by yourself)
- F) Your use of alcohol or drugs often kept you from doing a normal activity, like going to school, working, or doing recreational activities or hobbies (sports, music, art, etc.)

- G) You didn't feel OK unless you had something to drink or used a drug
- H) Thought about reducing (cutting down) or stopping use
- I) Told yourself you were not going to use but found yourself using anyway
- J) Spoke with someone about reducing or stopping use
- **K)** Attended counseling, a program, or group to help you reduce or stop use
- L) I use alcohol or drugs but have not experienced any of these things
- 15. Have you <u>ever</u> 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
- 16. In your opinion, how likely is it that a student could 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
- 17. In your opinion, how likely is it that a student will be suspended, expelled, or transferred if caught on school property using or possessing alcohol or other drugs?
 - A) Very likely
 - B) Likely
 - C) Not likely
 - D) Don't know

CALIFORNIA healthy kids

SURVEY

Alcohol & Other Drugs Module

Form A

18. How do *most* students at your school who drink alcohol usually get it? (*Mark All That Apply.*)

- A) At school
- B) At parties
- C) At concerts or other social events
- **D)** At their own home
- E) From adults at friends' homes
- F) From friends or another teenager

- G) Get adults to buy it for them
- H) Buy it themselves from a store
- I) At bars, clubs, or gambling casinos
- J) Other
- **K)** Don't know

19. How do *most* kids at your school who use marijuana usually get it? (Mark All That Apply.)

- From friends or another teenager F) **A**) At school Buy it at a marijuana dispensary B) At parties G) C) At concerts or other social events H) At bars or clubs Other D) At their own home I)
- E) From an adult acquaintance J) Don't know

How do you feel about someone your age doing the following?

		Neither Approve Nor Disapprove	Somewhat Disapprove	Strongly Disapprove
20.	Having one or two drinks of any alcoholic beverage nearly every day	А	В	С
21.	Trying marijuana once or twice	А	В	С
22.	Using marijuana <u>once a month or more regularly</u>	А	В	С

- 23. During the past <u>12 months</u>, have you talked with at least one of your parents or guardians about the dangers of alcohol or drug use?
 - A) NoB) Yes
- 24. During the past <u>12 months</u>, have you heard, read, or watched any messages about not using alcohol or drugs?
 - **A)** No
 - B) Yes

CALIFORNIA healthy kids

eids survey

Alcohol & Other Drugs Module

Form A

How wrong do your parents or guardians feel it would be if you did the following?

		Very Wrong	Wrong	A Little Wrong	Not at All Wrong
25.	Take one or two drinks of alcohol nearly every day	А	В	C	D
26.	Smoke tobacco	А	В	С	D
27.	Use vape products such as e-cigarettes (JUUL), vape pens, or mods	А	В	С	D
28.	Use marijuana (smoke, vape, eat, or drink)	A	В	С	D
29.	Use prescription drugs to get high or for reasons other than prescribed	A	В	С	D

How wrong would your close friends feel it would be if you did the following?

		Very Wrong	Wrong	A Little Wrong	Not at All Wrong
30.	Take one or two drinks of alcohol nearly every day	А	В	С	D
31.	Smoke tobacco	А	В	С	D
32.	Use vape products such as e-cigarettes (JUUL), vape pens, or mods	А	В	С	D
33.	Use marijuana (smoke, vape, eat, or drink)	А	В	С	D
34.	Use prescription drugs to get high or for reasons other than prescribed	А	В	С	D

35. During your <u>life</u>, how many times have you ever driven a car when you had been using alcohol or drugs, or been in a car driven by a friend when he or she had been using?

A) Never

B) 1 time

- C) 2 times
- **D**) 3 to 6 times
- E) 7 or more times