**CORE ALCOHOL and DRUG SURVEY**

High School Form

**For additional use:**

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<th>A</th>
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**Correct Mark**

- Use number 2 pencil only.
- Make dark marks that fill the circle completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

**Incorrect Marks**

- ✗
- ✓

**MARKING INSTRUCTIONS**

1. **Grade:**
   - 7th-8th
   - 9th
   - 10th
   - 11th
   - 12th

2. **Gender:**
   - Male
   - Female

3. **Age:**
   - [ ] 9
   - [ ] 10
   - [ ] 11
   - [ ] 12
   - [ ] 13
   - [ ] 14
   - [ ] 15
   - [ ] 16
   - [ ] 17

4. **Ethnic origin:**
   - American Indian/Alaskan Native
   - Hispanic
   - Asian/Pacific Islander
   - White (non-Hispanic)
   - Black (non-Hispanic)
   - Other

5. **How many hours per week do you work for pay?**
   - [ ] 0
   - [ ] 1-9
   - [ ] 10-19
   - [ ] 20-29
   - [ ] 30 or more hours

6. **How many hours per week do you volunteer?**
   - [ ] 0
   - [ ] 1-9
   - [ ] 10-19
   - [ ] 20-29
   - [ ] 30 or more hours

7. **Living arrangements:**
   - **A. Where:** (mark best answer)
     - House/Apartment/etc.
     - Group Housing
     - Public Housing
   - **B. With Whom:** (mark all that apply)
     - Both parents
     - One parent
     - Step parent
     - Grandparent
     - Older sibling
     - Guardian
     - With a roommate
     - On your own

8. **Approximate cumulative grade point average:**
   - (choose one)
     - [ ] A+
     - [ ] A
     - [ ] A-
     - [ ] B+
     - [ ] B
     - [ ] B-
     - [ ] C+
     - [ ] C
     - [ ] C-
     - [ ] D+
     - [ ] D
     - [ ] D-
     - [ ] F

9. **School situation on alcohol and drugs:**
   - a. Does your school have alcohol and drug policies?  
     - [ ] yes
     - [ ] no
     - [ ] don't know
   - b. If so, are they enforced?  
     - [ ] yes
     - [ ] no
     - [ ] don't know
   - c. Does your school have a drug and alcohol prevention program?  
     - [ ] yes
     - [ ] no
     - [ ] don't know
   - d. Do you believe your school is concerned about the prevention of drug and alcohol use?  
     - [ ] yes
     - [ ] no
     - [ ] don't know
   - e. Are you actively involved in efforts to prevent drug and alcohol use problems at your school?  
     - [ ] yes
     - [ ] no
     - [ ] don't know

10. **Think back over the last two weeks. How many times have you had five or more drinks* at a sitting?**
    - [ ] None
    - [ ] 3 to 5 times
    - [ ] 6 to 9 times
    - [ ] 10 or more times

* A drink is a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, or a mixed drink.

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11. During the past two weeks
   A. What was the greatest number of drinks* you consumed in one sitting?
      (If less than 10, code answer in two digits as 01, 02, etc.)
   B. How many hours was that sitting?
      O N/A. Did not drink
      O Less than one hour
      O 1 hour
      O 2 hours
      O 3 hours
      O 4 hours
      O 5 hours
      O 6 or more hours

12. Alcohol consumption:
   A. What is the average number of drinks* you consume in a typical week? (If less than 10, code answer in two digits as 01, 02, etc.)
   B. During a typical week, on how many separate occasions do you consume these drinks?
      O Do not consume alcohol
      O 1 Occasion
      O 2 Occasions
      O 3 Occasions
      O 4 Occasions
      O 5 Occasions
      O 6 Occasions
      O 7 Occasions
      O 8 or more occasions

13. If you have used at what age did you first use...
    (mark one for each line)
    a. Tobacco (smoke, chew, snuff)
    b. Alcohol (beer, wine, liquor)*
    c. Marijuana (pot, hash, hash oil)
    d. Cocaine (crack, rock, freebase)
    e. Amphetamines (diet pills, speed)
    f. Sedatives (downers, ludes)
    g. Hallucinogens (LSD, PCP)
    h. Opiates (heroin, smack, horse)
    i. Inhalants (glue, solvents, gas)
    j. Designer drugs (ecstasy, MDMA)
    k. Steroids
    l. Other illegal drugs

*Other than a few sips

14. During the past 12 months about how often have you used each substance? Do not include drugs used as prescribed by a medical professional.
   (mark one for each line)
   a. Tobacco (smoked)
   b. Tobacco (chew, snuff)
   c. Alcohol (beer, wine, liquor)
   d. Marijuana (pot, hash, hash oil)
   e. Crack
   f. Cocaine (injected, snorted)
   g. Amphetamines (diet pills, speed, crystal meth)
   h. Sedatives (downers, Rohypnol)
   i. Hallucinogens (LSD, acid, PCP)
   j. Opiates ( smoked)
   k. Opiates (injected; heroin, smack, horse)
   l. Inhalants (glue, rush, huff, gas)
   m. Ecstasy
   n. Other designer drugs (GHB)
   o. Steroids
   p. Other illegal drugs

15. During the past 30 days on how many occasions did you use each substance?
   a. Alcohol (beer, wine, liquor)
   b. Marijuana (pot, hash, hash oil)
   c. Amphetamines (diet pills, speed, crystal meth)
   d. Designer Drugs (ecstasy, MDMA, Rohypnol)
   e. Crack
   f. Cocaine (injected, snorted)
   g. Amphetamines (diet pills, speed, crystal meth)
   h. Sedatives (downers, Rohypnol)
   i. Hallucinogens (LSD, acid, PCP)
   j. Opiates (smoked)
   k. Opiates (injected; heroin, smack, horse)
   l. Inhalants (glue, rush, huff, gas)
   m. Ecstasy
   n. Other designer drugs (GHB)
   o. Steroids
   p. Other illegal drugs

16. During the past 30 days on how many occasions do you think the typical student on your campus has used each substance?
   (mark one for each line)
   a. Alcohol (beer, wine, liquor)
   b. Marijuana (pot, hash, hash oil)
   c. Amphetamines (diet pills, speed, crystal meth)
   d. Designer Drugs (ecstasy, MDMA, Rohypnol)

* A drink is a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, or a mixed drink.
17. If you have used where have you used... (mark all that apply)

- Tobacco (smoke, chew, snuff)
- Alcohol (beer, wine, liquor)
- Marijuana (pot, hash, hash oil)
- Cocaine (crack, rock, freebase)
- Amphetamines (diet pills, speed)
- Sedatives (downers, ludes)
- Hallucinogens (LSD, PCP)
- Opiates (heroin, smack, horse)
- Inhalants (glue, solvents, gas)
- Designer drugs (ecstasy, MDMA)
- Steroids
- Other illegal drugs

18. Please indicate how often you have experienced the following due to your drinking or drug use during the last year... (mark one for each line)

- Had a hangover
- Performed poorly on a test or important project
- Been in trouble with police or school authorities
- Damaged property, pulled fire alarm, etc.
- Got into an argument or fight
- Got nauseated or vomited
- Driven a car or bicycle while under the influence
- Have ridden with someone who has been drinking
- Missed a class
- Been criticized by someone I know
- Thought I might have a drinking or other drug problem
- Had a memory loss
- Done something I later regretted
- Been arrested for DWI/DUI
- Tried unsuccessfully to stop using
- Seriously thought about suicide
- Been hurt or injured

19. Have any of your family had alcohol or other drug problems: (mark all that apply)

- Mother
- Father
- Stepmother
- Stepfather
- Brothers/sisters
- Mother’s parents
- Father’s parents
- Aunts/uncles
- Grandparents

20. Do you ever think of drinking when you should be thinking of something else?

- Yes
- No

21. Within the last year to what extent have you participated in any of the following activities? (mark one for each line)

- Athletic groups
- Religious and interfaith groups
- International and language groups
- Minority and ethnic organizations
- Political and social action groups
- Music and other performing arts groups
- Student newspaper, radio, TV, magazine, etc.
- Community organizations (Boy/Girl Scouts, 4-H, Key Club, etc.)

22. In the first column, indicate whether any of the following have happened to you within the last year while you were in and around school. If you answered yes to any of these items, indicate in the second column if you had consumed alcohol or other drugs shortly before these incidents.

- Ethnic or racial harassment
- Threats of physical violence
- Actual physical violence
- Theft involving force or threat of force
- Forced sexual touching or fondling

23. Do you believe that alcohol or other drug use has the following effects? (mark one for each line)

- Makes me more irritable
- Keeps me from being bored
- Breaks the ice
- Helps me enjoy a party more
- Makes it easier to deal with stress
- Allows people to have more fun
- Gives people something to do
24. Do you feel safe at this school?
   - Yes
   - No

25. Drinking Behaviors:
   (mark one for each line)
   - Do you often drink more than other people and not show the effects outwardly?
   - Do you drink more than your parents?
   - To feel the effect, do you quickly drink your first couple of drinks?
   - Do you drink after blowing an exam or after other disappointments?
   - Do you usually stop drinking before your friends do?

26. If you have used to what extent has your alcohol use changed within the last 12 months?
   - Increased
   - About the same
   - Decreased
   - I have not used alcohol

27. If you have used to what extent has your illegal drug use changed within the last 12 months?
   - Increased
   - About the same
   - Decreased
   - I have not used drugs

28. How much do you think people risk harming themselves (physically or in other ways) if they...
   - Have one or two drinks* nearly every day
   - Have four or five drinks* nearly every day
   - Have five or more drinks* in one sitting
   - Smoke marijuana
   - Use crack
   - Use cocaine (injected, snorted)
   - Take LSD
   - Take amphetamines
   - Smoke a pack or more of cigarettes a day
   - Use ecstasy

29. During the past 30 days, to what extent have you engaged in any of the following behaviors?
   (mark one for each line)
   - Refused an offer of alcohol or other drugs.
   - Bragged about your alcohol or other drug use.
   - Heard someone else brag about his/her alcohol or other drug use.
   - Carried a weapon such as a gun, knife, etc. (do not count hunting situations or weapons used as part of your job).
   - Experienced peer pressure to drink or use drugs.
   - Held a drink to have people stop bothering you about why you weren't drinking.
   - Thought a boy/girl friend was not attractive because they were drunk.
   - Told a boy/girl friend that they were not attractive because they were drunk.

30. To what extent do you agree with the following statements?
   (mark one for each line)
   - I feel valued as a person at this school.
   - I feel that faculty and staff care about me as a student.
   - I have a responsibility to contribute to the well-being of other students.
   - My school encourages me to help others in need.
   - I abide by the school policy and regulations that concern alcohol and other drug use.

31. In which of the following ways does other students' drinking interfere with your life on or around school?
   (mark one for each line)
   - Interrupts your studying.
   - Makes you feel unsafe.
   - Adversely affects your involvement on an athletic team or in other organized groups.
   - Prevents you from enjoying events (concerts, sports, social activities, etc.).
   - Interferes in other way(s).
   - Doesn't interfere with my life.

*A drink is a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, or a mixed drink.