

CORE ALCOHOL and DRUG SURVEY

High School Form

For additional use:

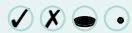
A 0 1 2 3 4 5 6 7 8 9
 B 0 1 2 3 4 5 6 7 8 9
 C 0 1 2 3 4 5 6 7 8 9
 D 0 1 2 3 4 5 6 7 8 9
 E 0 1 2 3 4 5 6 7 8 9

Core Institute
 Student Health Programs
 Southern Illinois University
 Carbondale, IL 62901

Correct Mark



Incorrect Marks



MARKING INSTRUCTIONS

- 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.



1. Grade:

- 7th-8th
 9th
 10th
 11th
 12th

2. Gender:

- Male
 Female

3. Age:

--	--

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

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

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

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+ B+ C+ D+ F
 A B C D
 A- B- C- D-

4. Ethnic origin:

- American Indian/Alaskan Native
 Hispanic
 Asian/Pacific Islander
 White (non-Hispanic)
 Black (non-Hispanic)
 Other

9. School situation on alcohol and drugs:

- | | yes | no | don't know |
|--|-----------------------|-----------------------|-----------------------|
| a. Does your school have alcohol and drug policies? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. If so, are they enforced? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Does your school have a drug and alcohol prevention program? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Do you believe your school is concerned about the prevention of drug and alcohol use? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Are you actively involved in efforts to prevent drug and alcohol use problems at your school? | <input type="radio"/> | <input type="radio"/> | |

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
 Once 6 to 9 times
 Twice 10 or more times

17. If you have used where have you used...
(mark all that apply)

	Never used	At school events	Bar/restaurant	Where you live	In a car	Private parties	Other
a. Tobacco (smoke, chew, snuff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcohol (beer, wine, liquor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Marijuana (pot, hash, hash oil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine (crack, rock, freebase)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Amphetamines (diet pills, speed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sedatives (downers, ludes) . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Hallucinogens (LSD, PCP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Opiates (heroin, smack, horse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Inhalants (glue, solvents, gas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Designer drugs (ecstasy, MDMA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

	Never	Once	Twice	3-5 times	6-9 times	10 or more times
a. Had a hangover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Performed poorly on a test or important project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Been in trouble with police or school authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Damaged property, pulled fire alarm, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Got into an argument or fight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Got nauseated or vomited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Driven a car or bicycle while under the influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Have ridden with someone who has been drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Missed a class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Been criticized by someone I know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Thought I might have a drinking or other drug problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Had a memory loss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Done something I later regretted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Been arrested for DWI/DUI.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Tried unsuccessfully to stop using.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Seriously thought about suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Seriously tried to commit suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Been hurt or injured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
- Spouse
- Children
- None

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)

	Not involved	Attended	Active involvement, non-leader	Leadership position
a. Athletic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Religious and interfaith groups . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. International and language groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Minority and ethnic organizations . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Political and social action groups . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Music and other performing arts groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Student newspaper, radio, TV, magazine, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Community organizations (Boy/Girl Scouts, 4 H, Key Club, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

	Happened to you		If yes	Consumed alcohol or drugs	
	yes	no		yes	no
a. Ethnic or racial harassment	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
b. Threats of physical violence	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
c. Actual physical violence	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
d. Theft involving force or threat of force	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
e. Forced sexual touching or fondling	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>

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

	yes	no
a. Makes me more irritable	<input type="checkbox"/>	<input type="checkbox"/>
b. Keeps me from being bored	<input type="checkbox"/>	<input type="checkbox"/>
c. Breaks the ice	<input type="checkbox"/>	<input type="checkbox"/>
d. Helps me enjoy a party more	<input type="checkbox"/>	<input type="checkbox"/>
e. Makes it easier to deal with stress . . .	<input type="checkbox"/>	<input type="checkbox"/>
f. Allows people to have more fun	<input type="checkbox"/>	<input type="checkbox"/>
g. Gives people something to do	<input type="checkbox"/>	<input type="checkbox"/>

24. Do you feel safe at this school?

- Yes
- No

25. Drinking Behaviors:

(mark one for each line)

- | | yes | no | Do not drink |
|--|-----------------------|-----------------------|-----------------------|
| a. Do you often drink more than other people and not show the effects outwardly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Do you drink more than your parents? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. To feel the effect, do you quickly drink your first couple of drinks? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Do you drink after blowing an exam or after other disappointments? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Do you usually stop drinking before your friends do? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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...

- | | No risk | Slight risk | Moderate risk | Great risk | Can't say |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Have one or two drinks* nearly every day | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Have four or five drinks* nearly every day | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Have five or more drinks* in one sitting | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Smoke marijuana | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Use crack | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Use cocaine (injected, snorted) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Take LSD | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Take amphetamines | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Smoke a pack or more of cigarettes a day | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Use ecstasy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

29. During the past 30 days, to what extent have you engaged in any of the following behaviors? (mark one for each line)

- | | Zero times | One time | Two times | 3-5 times | 6-9 times | 10 or more times |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Refused an offer of alcohol or other drugs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Bragged about your alcohol or other drug use | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Heard someone else brag about his/her alcohol or other drug use | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Carried a weapon such as a gun, knife, etc. (do not count hunting situations or weapons used as part of your job) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Experienced peer pressure to drink or use drugs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Held a drink to have people stop bothering you about why you weren't drinking | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Thought a boy/girl friend was not attractive because they were drunk | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Told a boy/girl friend that they were not attractive because they were drunk | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

30. To what extent do you agree with the following statements? (mark one for each line)

- | | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Don't know |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. I feel valued as a person at this school | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I feel that faculty and staff care about me as a student | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I have a responsibility to contribute to the well-being of other students | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. My school encourages me to help others in need | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. I abide by the school policy and regulations that concern alcohol and other drug use | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

31. In which of the following ways does other students' drinking interfere with your life on or around school? (mark one for each line)

- | | yes | no |
|--|-----------------------|-----------------------|
| a. Interrupts your studying | <input type="radio"/> | <input type="radio"/> |
| b. Makes you feel unsafe | <input type="radio"/> | <input type="radio"/> |
| c. Adversely affects your involvement on an athletic team or in other organized groups | <input type="radio"/> | <input type="radio"/> |
| d. Prevents you from enjoying events (concerts, sports, social activities, etc.) | <input type="radio"/> | <input type="radio"/> |
| e. Interferes in other way(s) | <input type="radio"/> | <input type="radio"/> |
| f. Doesn't interfere with my life | <input type="radio"/> | <input type="radio"/> |