

# MIDDLE SCHOOL SURVEY

*This survey is about YOUR ideas, attitudes and behaviors.  
The questions focus on tobacco, alcohol and drugs.*

- ➔ The survey is confidential. We will keep your answers private.
  - DO NOT WRITE YOUR NAME ANYWHERE ON THIS BOOKLET OR THE ANSWER SHEET.
  - THE INFORMATION WILL BE USED FOR RESEARCH AND TO UNDERSTAND STUDENT NEEDS AT THIS SCHOOL.
  
- ➔ The survey is voluntary.
  - ONLY FILL OUT THE SURVEY IF YOU ARE WILLING TO BE HONEST.
  
- ➔ Use a blue or black pen or pencil only.
  - PLEASE FILL OUT ALL THE ITEMS ON THE ANSWER SHEET.
  - DO NOT WRITE ON THE QUESTIONNAIRE.
  
- ➔ Fill in the answer bubble completely.
  - EXAMPLE: ● ○ ○ ○
  - IF YOU MAKE A MISTAKE, PUT AN "X" THROUGH THE MISTAKE AND BUBBLE IN THE CORRECT ANSWER.

QUESTIONS? RAISE YOUR HAND.

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## RAND Health Behavior Project:

# A COMMUNITY BASED PROJECT OF ADOLESCENT HEALTH BEHAVIORS

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Fall 2009

Dear student:

Thank you for agreeing to participate in the RAND Health Behavior Project. Your answers on this survey will help us better understand what students think and what may be helpful if someone wanted to change or stop drinking, smoking or using drugs.

Because we want you to answer the questions honestly, RAND will keep your answers completely private. **Your participation is voluntary. We want your honest opinions and ideas about these substances so we are NOT asking for your name or other identifying information.** Your teachers, parents, and school administrators will NEVER see your individual answers. This information will NOT become a part of your school records. RAND will not give out any information that can identify you or your family to anyone!

To back this up, Dr. D'Amico received a Certificate of Confidentiality from the National Institutes of Health. This certificate says that RAND does not have to give your name or any other identifying information to anyone outside of the project. This means that RAND will make sure that no one at school, home, or in law enforcement will see your personal answers on this survey.

**Below is the name and phone number of Dr. D'Amico whom you can call if you have any questions or concerns about the questionnaire or if you feel like you need to talk about it.**

Thank you for helping us better understand the student perspective on these substances.

Sincerely,  
Elizabeth D'Amico, Ph.D.

RAND • 1776 Main St., PO Box 2138, Santa Monica, CA 90407-2138  
Dr. Elizabeth D'Amico, Project Director, 1-800-447-2631 x6487

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1. How old are you?

- A. 10 years old or younger
- B. 11 years old
- C. 12 years old
- D. 13 years old
- E. 14 years old
- F. 15 years old
- G. 16 years or older

2. What is your sex?

- A. Male
- B. Female

3. What grade are you in?

- A. 6<sup>th</sup> grade
- B. 7<sup>th</sup> grade
- C. 8<sup>th</sup> grade

4. During the PAST YEAR, how would you describe the grades you mostly received in school?

- A. Mostly A's
- B. A's and B's
- C. Mostly B's
- D. B's and C's
- E. Mostly C's
- F. C's and D's
- G. Mostly D's
- H. Mostly F's

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5. What is the HIGHEST LEVEL of school that you plan to finish?

- A. I may not finish high school
- B. I plan to finish high school
- C. I plan to go to vocational or trade school after high school graduation
- D. I plan to go to college, but may not finish
- E. I plan to graduate from college
- F. I plan to go to graduate school or professional school, such as medical or law school

6. If you are Hispanic or Latino/Latina, which groups best describe you? (*Mark all that apply.*) If you are not of Hispanic background, mark "A. Does not apply."

- A. I am not Hispanic or Latino/Latina; Does not apply
- B. Central American
- C. South American
- D. Cuban
- E. Mexican
- F. Puerto Rican
- G. Other Hispanic

7. If you are Asian or Pacific Islander, which groups best describe you? (*Mark all that apply.*) If you are not of Asian/Pacific Islander background, mark "A. Does not apply."

- A. I am not Asian or Pacific Islander; Does not apply
- B. Asian Indian
- C. Cambodian
- D. Chinese
- E. Filipino
- F. Japanese
- G. Korean
- H. Laotian
- I. Vietnamese
- J. Native Hawaiian, Guamanian, Samoan, or other Pacific Islander
- K. Other Asian

8. Which race/group best describes you? (*Mark all that apply.*)

- A. American Indian or Alaska Native
- B. Native Hawaiian or Pacific Islander
- C. Asian or Asian American
- D. Black or African American
- E. White or Caucasian
- F. Other

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9. How far did your father go in school? (*Mark one.*)

- A. Did not finish high school
- B. Graduated from high school
- C. Some college
- D. Graduated from college
- E. Don't know

10. How far did your mother go in school? (*Mark one.*)

- A. Did not finish high school
- B. Graduated from high school
- C. Some college
- D. Graduated from college
- E. Don't know

11. Which adults do you live with NOW? (*Mark all that apply.*)

- A. My mother
- B. My father
- C. My stepmother
- D. My stepfather
- E. Other adult female relative (e.g., grandmother, aunt).
- F. Other adult male relative (e.g., grandfather, uncle).
- G. Non-relative adult female
- H. Non-relative adult male

The next questions ask about the use of alcohol, tobacco, marijuana, and other drugs without a doctor's order (prescription for medical reasons).

Keep the following definitions in mind.

- *One drink of ALCOHOL, or alcoholic drink (beverage), means one regular size can/bottle of beer or wine cooler, one glass of wine (5 ounces), one mixed drink, or one shot glass (1.5 ounces) of liquor.*
- *Questions about alcohol do not include drinking a few sips of wine for religious purposes.*
- *DRUG means any substance, including pills and medications, used to get "high" ("loaded," "stoned," or "wasted") other than alcohol or tobacco.*

12. During your LIFE, how many times have you used or tried...?

		0 times	1 time	2 times	3 times	4-6 times	7 or more times
12a.	A cigarette, even one or two puffs?	A	B	C	D	E	F
12b.	A whole cigarette?	A	B	C	D	E	F
12c.	Smokeless tobacco (dip, chew or snuff such as Redman, Skoal, or Beechnut)?	A	B	C	D	E	F
12d.	One full drink of alcohol (such as a can of beer, glass of wine, wine cooler, or shot of liquor)?	A	B	C	D	E	F
12e.	Marijuana (pot, weed, grass, hash, bud, or sins)?	A	B	C	D	E	F
12f.	Inhalants (things you sniff, huff, or breathe to get "high" such as glue, paint, aerosol sprays, gasoline, poppers, gases, or whip-its)?	A	B	C	D	E	F
12g.	Derbisol (DB or derbs)?	A	B	C	D	E	F
12h.	Any other illegal drug or pill to get "high"?	A	B	C	D	E	F
12i.	Over-the-counter medicines or OTCs to get "high," like cough and cold medicine or Dramamine?	A	B	C	D	E	F
12j.	Prescription medicines to get "high," like Ritalin, Oxycontin, or Vicodin?	A	B	C	D	E	F

13. How old were you the first time you did any of these things?

		Never	Age 10 or younger	Age 11	Age 12	Age 13	Age 14	Age 15 or older
13a.	Had a drink of an alcoholic beverage (other than a sip or two)?	A	B	C	D	E	F	G
13b.	Smoked part or all of a cigarette?	A	B	C	D	E	F	G
13c.	Used smokeless tobacco or other tobacco products?	A	B	C	D	E	F	G
13d.	Used marijuana or hashish?	A	B	C	D	E	F	G
13e.	Used any other illegal drug or pill to get "high"?	A	B	C	D	E	F	G

14. During the PAST YEAR, how many times have you used or tried...?

		None	1 time	2 times	3 to 10 times	11 to 20 times	More than 20 times
14a.	Cigarettes?	A	B	C	D	E	F
14b.	Smokeless tobacco (dip, chew or snuff)?	A	B	C	D	E	F
14c.	At least one drink of alcohol?	A	B	C	D	E	F
14d.	Five or more drinks of alcohol in a row, that is, within a couple of hours?	A	B	C	D	E	F
14e.	Marijuana (pot, weed, grass, hash, bud, sins)?	A	B	C	D	E	F
14f.	Inhalants (things you sniff, huff, or breathe to get "high" such as glue, paint, aerosol sprays, gasoline, poppers, gases, or whip-its)?	A	B	C	D	E	F
14g.	Any other illegal drug or pill to get "high"?	A	B	C	D	E	F
14h.	Over-the-counter medicines or OTCs to get "high," like cough and cold medicine or Dramamine?	A	B	C	D	E	F
14i.	Prescription medicines to get "high," like Ritalin, Oxycontin, or Vicodin?	A	B	C	D	E	F

15. During the PAST MONTH (30 DAYS), how many days did you use...?

		0 days	1 day	2 days	3-5 days	6-9 days	10-19 days	20-30 days
15a.	Cigarettes?	A	B	C	D	E	F	G
15b.	Smokeless tobacco (dip, chew or snuff)?	A	B	C	D	E	F	G
15c.	At least one full drink of alcohol?	A	B	C	D	E	F	G
15d.	Five or more drinks of alcohol in a row, that is, within a couple of hours?	A	B	C	D	E	F	G
15e.	Marijuana (pot, weed, grass, hash, bud, sins)	A	B	C	D	E	F	G
15f.	Inhalants (things you sniff, huff, or breathe to get "high" such as glue, paint, aerosol sprays, gasoline, poppers, gases, whip-its)?	A	B	C	D	E	F	G
15g.	Any other illegal drug or pill to get "high"?	A	B	C	D	E	F	G
15h.	Over-the-counter medicines or OTCs to get "high," like cough and cold medicine or Dramamine?	A	B	C	D	E	F	G
15i.	Prescription medicines to get "high," like Ritalin, Oxycontin, or Vicodin?	A	B	C	D	E	F	G

The next questions are about alcohol.

16. On the days you drink alcohol, about how many drinks do you have? (By one drink, we mean one regular size can/bottle of beer or wine cooler, one glass of wine [5 ounces], one mixed drink, or one shot glass [1.5 ounces] of liquor.)

- A. Does not apply; I do not drink alcohol at all
- B. A few sips
- C. About ½ a drink
- D. 1 drink
- E. 2 drinks
- F. 3 or more drinks

17. What is the largest number of alcoholic drinks you had on any day in the PAST MONTH (30 DAYS)? (By one drink, we mean one regular size can/bottle of beer or wine cooler, one glass of wine [5 ounces], one mixed drink, or one shot glass [1.5 ounces] of liquor.)

Answer from 0 to 15 drinks on your form.

18. Do you ever drink alcohol when you're by yourself?

- A. Does not apply; I do not drink alcohol at all
- B. Yes, often
- C. Yes, sometimes
- D. No, never

19. Over the PAST 3 MONTHS, how many times did you try to cut down or stop your alcohol use?

- A. Does not apply; I do not drink alcohol at all
- B. Never
- C. Once
- D. 2 times
- E. 3 or 4 times
- F. 5-10 times
- G. Over 10 times

20. How motivated are you to cut down or stop your drinking?

- A. Does not apply; I do not drink alcohol at all
- B. Not at all
- C. A little bit
- D. Somewhat
- E. A lot

21. Do you think you will drink any alcohol in the NEXT SIX MONTHS? (Do not include wine at religious services.)

- A. Definitely yes
- B. Probably yes
- C. Probably no
- D. Definitely no

22. Here are some things kids your age have said about DRINKING ALCOHOL. How strongly do you AGREE or DISAGREE with each statement?

DRINKING ALCOHOL:		Strongly Agree	Sort of Agree	Sort of Disagree	Strongly Disagree
22a.	Relaxes you	A	B	C	D
22b.	Makes you do things you might regret	A	B	C	D
22c.	Lets you have more fun	A	B	C	D
22d.	Gets you into trouble	A	B	C	D
22e.	Helps you get away from you problems	A	B	C	D
22f.	Slows down the time it takes to react	A	B	C	D

23. In the PAST YEAR, how many times have the following things happened to you because of drinking alcohol (beer, wine or hard liquor)? If you don't drink alcohol, just mark "A: I don't drink alcohol."

		I don't drink alcohol	Never	1 time	2 times	3-5 times	6-9 times	10-19 times	20 or more times
23a.	You felt really sick because of drinking alcohol	A	B	C	D	E	F	G	H
23b.	You got into trouble at school or home because of drinking alcohol	A	B	C	D	E	F	G	H
23c.	You did something you later felt sorry for because of drinking alcohol	A	B	C	D	E	F	G	H
23d.	You didn't study for something you should have because of drinking alcohol	A	B	C	D	E	F	G	H
23e.	You got into a fight or argument because of drinking alcohol	A	B	C	D	E	F	G	H
23f.	You missed school because of drinking alcohol	A	B	C	D	E	F	G	H

24. Suppose you are offered alcohol and you do not want to use it. What would you do in these situations?

	SUPPOSE:	I would definitely drink	I would probably drink	I would probably not drink	I would definitely not drink
24a.	Your best friend is drinking alcohol	A	B	C	D
24b.	You are bored at a party	A	B	C	D
24c.	All your friends at a party are drinking alcohol	A	B	C	D

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The next questions are about marijuana.

25. On the days you use marijuana (pot, weed, hash), how many times do you use it?
- A. Does not apply; I do not use marijuana at all
  - B. Once
  - C. Twice
  - D. 3 or more times
26. Do you ever use marijuana when you're by yourself?
- A. Does not apply; I do not use marijuana at all
  - B. Yes, often
  - C. Yes, sometimes
  - D. No, never
27. Over the PAST 3 MONTHS, how many times did you try to cut down or stop your marijuana use?
- A. Does not apply; I do not use marijuana at all
  - B. Never
  - C. Once
  - D. 2 times
  - E. 3 or 4 times
  - F. 5-10 times
  - G. Over 10 times
28. How motivated are you to cut down or stop your marijuana use?
- A. Does not apply; I do not use marijuana at all
  - B. Not at all
  - C. A little bit
  - D. Somewhat
  - E. A lot
29. Do you think you will use any marijuana in the NEXT SIX MONTHS?
- A. Definitely yes
  - B. Probably yes
  - C. Probably no
  - D. Definitely no

30. Here are some things kids your age have said about USING MARIJUANA. How strongly do you AGREE or DISAGREE with each statement?

USING MARIJUANA:		Strongly Agree	Sort of Agree	Sort of Disagree	Strongly Disagree
30a.	Relaxes you	A	B	C	D
30b.	Makes it hard for you to remember things	A	B	C	D
30c.	Lets you have more fun	A	B	C	D
30d.	Makes you do poorly in school	A	B	C	D
30e.	Helps you get away from your problems	A	B	C	D
30f.	Makes you do things you might regret	A	B	C	D

31. In the PAST YEAR, how many times have the following things happened to you because of using marijuana (pot, weed, hash)?

		I don't use marijuana	Never	1 time	2 times	3-5 times	6-9 times	10-19 times	20 or more times
31a.	You missed school because of using marijuana	A	B	C	D	E	F	G	H
31b.	You did something you later felt sorry for because of using marijuana	A	B	C	D	E	F	G	H
31c.	You got into trouble at school or home because of using marijuana	A	B	C	D	E	F	G	H
31d.	You had trouble concentrating on what you were doing because of using marijuana	A	B	C	D	E	F	G	H

32. Suppose you are offered marijuana and you do not want to use it. What would you do in these situations?

SUPPOSE:		I would definitely use marijuana	I would probably use marijuana	I would probably not use marijuana	I would definitely not use marijuana
32a.	Your best friend is using marijuana	A	B	C	D
32b.	You are bored at a party	A	B	C	D
32c.	All your friends at a party are using marijuana	A	B	C	D

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The next questions are about cigarettes.

33. On the days you smoke cigarettes, how many do you usually smoke?

- A. Does not apply; I do not smoke cigarettes at all
- B. Less than 1 cigarette a day
- C. 1 or 2 cigarettes a day
- D. 3 to 7 cigarettes a day
- E. About ½ pack of cigarettes a day
- F. A pack or more of cigarettes a day

34. Over the PAST 3 MONTHS, how many times did you try to cut down or stop your cigarette smoking?

- A. Does not apply; I do not smoke cigarettes at all
- B. Never
- C. Once
- D. 2 times
- E. 3 or 4 times
- F. 5-10 times
- G. Over 10 times

35. How motivated are you to cut down or stop smoking cigarettes?

- A. Does not apply; I do not smoke cigarettes at all
- B. Not at all
- C. A little bit
- D. Somewhat
- E. A lot

36. Do you think you will smoke a cigarette in the NEXT SIX MONTHS?

- A. Definitely yes
- B. Probably yes
- C. Probably no
- D. Definitely no

37. Here are some things kids your age have said about **SMOKING CIGARETTES**. How strongly do you **AGREE** or **DISAGREE** with each statement?

SMOKING CIGARETTES:		Strongly Agree	Sort of Agree	Sort of Disagree	Strongly Disagree
37a.	Relaxes you	A	B	C	D
37b.	Makes you do poorly in sports	A	B	C	D
37c.	Gets you into trouble at school	A	B	C	D
37d.	Helps you get away from your problems	A	B	C	D
37e.	Makes other people not want to be around you	A	B	C	D
37f.	Helps you stay thin	A	B	C	D

38. Suppose you are offered a cigarette and you do not want to smoke. What would you do in these situations?

SUPPOSE:		I would definitely smoke	I would probably smoke	I would probably not smoke	I would definitely not smoke
38a.	Your best friend is smoking	A	B	C	D
38b.	You are bored at a party	A	B	C	D
38c.	All your friends at a party are smoking	A	B	C	D

The next questions are about different situations related to alcohol and drug use.

39. In the PAST MONTH (30 DAYS), how often have the following things happened?

		Never	1 time	2 times	3-5 times	6-9 times	10-19 times	20 or more times
39a.	You were offered a cigarette?	A	B	C	D	E	F	G
39b.	You were offered alcohol?	A	B	C	D	E	F	G
39c.	You were offered marijuana?	A	B	C	D	E	F	G

40. Think about a group of 100 students (the size of about three classrooms) in your grade.  
About how many students have done the following?

		Number of Students										
		0 (None)	10	20	30	40	50 (Half)	60	70	80	90	100 (All)
40a.	Smoked cigarettes at least once a month?	A	B	C	D	E	F	G	H	I	J	K
40b.	Drank alcohol at least once a month?	A	B	C	D	E	F	G	H	I	J	K
40c.	Ever tried marijuana?	A	B	C	D	E	F	G	H	I	J	K

41. How often are you with kids who are ...?

		Never	Hardly ever	Sometimes	Often
41a.	Smoking cigarettes?	A	B	C	D
41b.	Drinking alcohol?	A	B	C	D
41c.	Using marijuana?	A	B	C	D

42. Do you think your best friend ...?

		No	Yes
42a.	Smokes cigarettes sometimes?	A	B
42b.	Drinks alcohol sometimes?	A	B
42c.	Uses marijuana sometimes?	A	B

43. If your friends found out that you did the following things sometimes, how do you think they would feel?

		They would approve	They would disapprove but still be my friends	They would disapprove and stop being my friends	They wouldn't care
43a.	Found out that you smoked cigarettes sometimes?	A	B	C	D
43b.	Found out that you drank alcohol sometimes?	A	B	C	D
43c.	Found out that you used marijuana sometimes?	A	B	C	D

44. Think of the ADULT who is most important to you and that you spend time with. How often do you think that this person does each of the following things?

		Never	Less than once a week	1-3 days a week	4-7 days a week
44a.	How often does the ADULT who is most important to you smoke cigarettes?	A	B	C	D
44b.	How often does the ADULT who is most important to you drink alcohol?	A	B	C	D
44c.	How often does the ADULT who is most important to you use marijuana?	A	B	C	D

45. Do any of your older brothers or sisters do the following things?

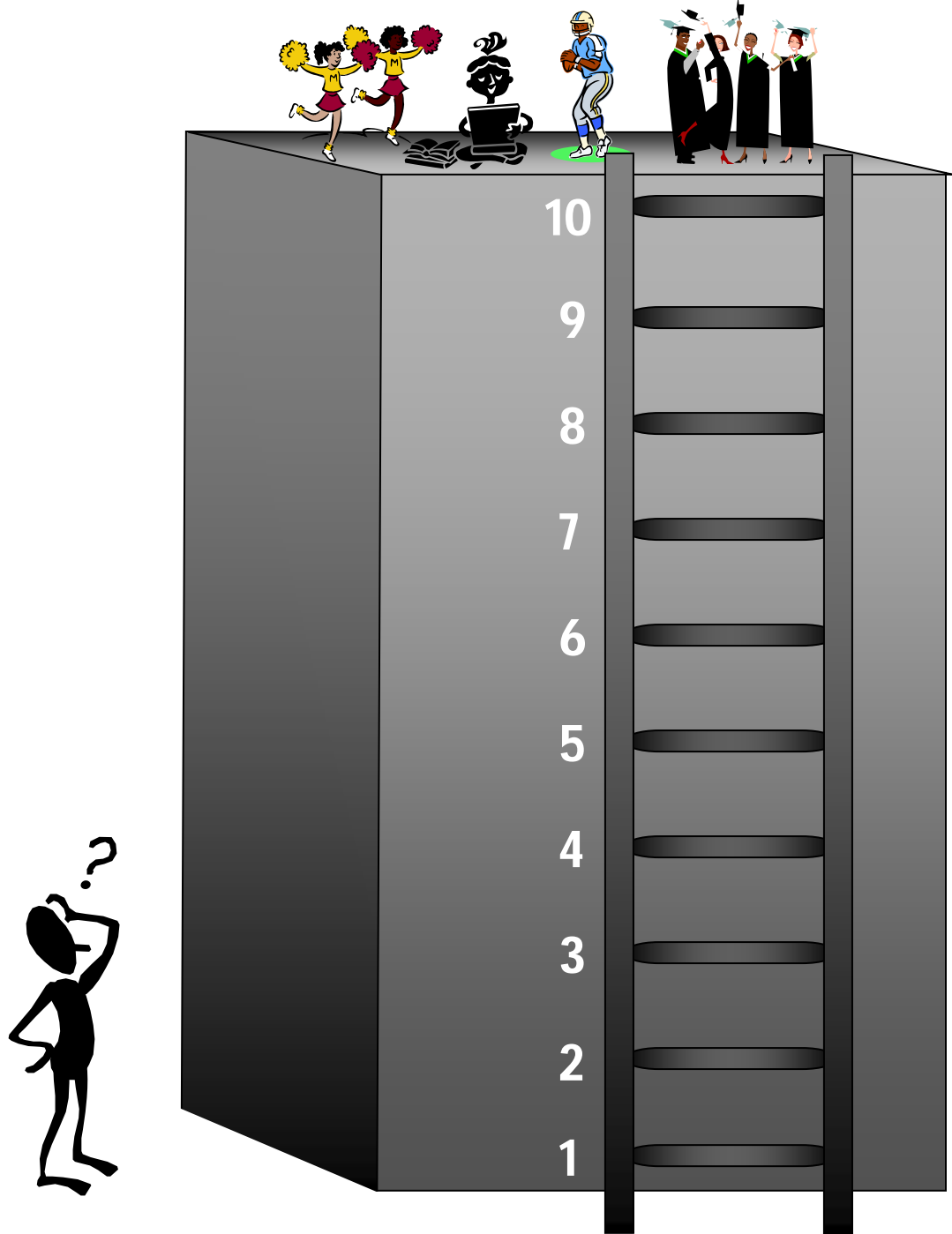
		I don't have any older brothers or sisters	No	Yes
45a.	Smoke cigarettes sometimes	A	B	C
45b.	Drink alcohol sometimes	A	B	C
45c.	Use marijuana sometimes	A	B	C

46. Think about when you are with people your own age. How much do you agree or disagree with the following statements?

	When I'm with people my own age...	Strongly Agree	Sort of Agree	Sort of Disagree	Strongly Disagree
46a.	I'm in charge.	A	B	C	D
46b.	They say I'm the boss.	A	B	C	D
46c.	I'm the leader.	A	B	C	D
46d.	I organize what they do.	A	B	C	D
46e.	They look up to me.	A	B	C	D
46f.	Everyone wants me for a friend.	A	B	C	D
46g.	Everyone wants to be with me.	A	B	C	D
46h.	A lot of them say I'm their best friend.	A	B	C	D
46i.	I'm the most popular.	A	B	C	D
46j.	They like me better than anyone else.	A	B	C	D

47. At the top of this ladder are the people in your school with the most respect and the highest standing. At the bottom are the people who no one respects and no one wants to hang around with. Where would you place yourself on the ladder?

Answer from 1-10 on your form.



48. What are your beliefs?

About family		Strongly Agree	Sort of Agree	Sort of Disagree	Strongly Disagree
48a.	If one of my relatives needed a place to stay for a few months, my family would let them stay with us.	A	B	C	D
48b.	I expect my relatives to help me when I need them.	A	B	C	D
48c.	When a family makes an important decision, they should talk about it with their close relatives.	A	B	C	D
48d.	If anyone in my family needed help, we would all be there to help them.	A	B	C	D
<b>About parents</b>					
48e.	I will take care of my parents when they are old.	A	B	C	D
48f.	It is important to honor my parents.	A	B	C	D
48g.	It is important to respect my parents.	A	B	C	D
48h.	I want to be a good person so that people know that my parents raised me right.	A	B	C	D

**END OF SURVEY.**

**THANKS FOR PARTICIPATING!**