

STUDENT DRUG USE SURVEY IN THE ATLANTIC PROVINCES

This questionnaire asks what you know and feel about alcohol, tobacco and other drugs, and whether you use any of these drugs. The questionnaire also asks about information regarding sexual behaviour, mental health, and gambling. The information you give us will be used to improve drug education and services for students. It is important that you answer each question as honestly as possible. This is not a test — there are no right or wrong answers.

**DO NOT PUT YOUR NAME ON THE QUESTION BOOKLET.
DO NOT PUT YOUR NAME ON THE BROWN ENVELOPE.**

Your answers will not be shown to your parents or teachers. No information about individual students will appear in the research reports. There is no way your answer sheet can be traced back to you.

Your participation is voluntary. You do not have to participate if you do not want to. You may skip any questions with which you are not comfortable. There is no direct benefit to students who participate in the survey.

INSTRUCTIONS

1. Read each question carefully.
2. Read every answer to each question before deciding which is the best one for you.
3. Use the pencils provided to record your answers — do not use a pen.
4. If there are any questions you do not want to answer, leave the question blank.
5. On the answer sheet, make heavy black marks that fill in the circle completely.
6. Erase cleanly any answers you want to change.
7. Fill in only one circle for each question.

EXAMPLES

WRONG

A	B	C	D	E	F	G	H	I	J
①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
A	B	C	D	E	F	G	H	I	J
①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
A	B	C	D	E	F	G	H	I	J
①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
A	B	C	D	E	F	G	H	I	J
①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩

RIGHT

A	B	C	D	E	F	G	H	I	J
①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩

8. Make no stray marks on the questionnaire.
9. If you have any questions while completing this survey, please raise your hand. Do not ask your classmates for help.
10. When you have finished, place your questionnaire in the brown envelope and seal it.
DO NOT WRITE YOUR NAME ON THE ENVELOPE.



SERIAL

1. What are the first three digits of the postal code where you live?

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2. Are you male or female?

- A male B female

3. What grade are you in?

- A grade 7 D grade 10/level I
 B grade 8 E grade 11/level II
 C grade 9 F grade 12/level III

4. How old are you?

- A 11 years or younger F 16 years
 B 12 years G 17 years
 C 13 years H 18 years
 D 14 years I 19 years or older
 E 15 years

5. So far in this school year, what is your average on all your courses at school?

- A 80% or higher D 50% - 59%
 B 70% - 79% E Below 50%
 C 60% - 69% F I do not know.

6. Who are you living with now?

- A Mother and father
 B Mother
 C Father
 D Mother and step-father
 E Father and step-mother
 F I live alone or with friends (independent living)
 G Other (please state) _____

7. What is the highest level of education that your mother has attained?

- A Graduated university
 B Attended but did not graduate university
 C Graduated college or trade school
 D Attended but did not graduate college or trade school
 E Graduated high school
 F Attended but did not graduate high school
 G Did not attend high school
 H Don't know
 I No mother

8. How many vehicles (cars, vans, or trucks) does your family own?

- A None B One C Two or more

9. Do you have your own bedroom for yourself?

- A Yes B No

10. During the past 12 months, how many times did you travel away on holiday with your family?

- A Not at all C Twice
 B Once D More than twice

11. How many computers does your family own?

- A None C Two
 B One D More than two

12. Does your family have an Internet connection at home?

- A Yes B No

The next 3 questions ask about your parents. By mother and father we mean whomever you consider your parents. They could be biological parents, adoptive parents, step-parents, same sex parents or foster parents.

13. In your free time away from home, how often does one of your parents know where you are?

- A Always D Seldom
 B Usually E Never
 C Sometimes F I have no parents.

14. When you have problems, how often do you talk to your mother about them?

- A Always D Seldom
 B Usually E Never
 C Sometimes F I have no mother.

15. When you have problems, how often do you talk to you father about them?

- A Always D Seldom
 B Usually E Never
 C Sometimes F I have no father.

16. In general, would you say your health is...

- A excellent? D fair?
 B very good? E poor?
 C good?

17. How long have you had a license to drive a car or a motorcycle?

- A I do not have a license to drive.
 B I have a beginner's license or a temporary license.
 C I have had a license less than one year.
 D I have had a license one to two years.
 E More than two years.

18. In the past 12 months, have you been in a motor vehicle accident with YOU as the driver?

- A Yes B No

19. How many of your friends use TOBACCO?
 A None D More than half
 B A few E All
 C About half
20. How many of your friends use ALCOHOL?
 A None D More than half
 B A few E All
 C About half
21. How many of your friends use CANNABIS (marijuana, grass, weed, pot, hash, hash oil)?
 A None D More than half
 B A few E All
 C About half
22. How old were you when you smoked your first whole cigarette?
 A I have never smoked a whole cigarette.
 B 10 years or younger G 15 years
 C 11 years H 16 years
 D 12 years I 17 years
 E 13 years J 18 years
 F 14 years K 19 years or older
23. In the past 12 months, how many cigarettes did you usually smoke per day?
 A I have never smoked.
 B I did not smoke cigarettes in the past 12 months.
 C I tried one cigarette in the past 12 months.
 D I had less than one cigarette a day.
 E I had 1 or 2 cigarettes a day.
 F 3 to 5 cigarettes a day
 G 6 to 10 cigarettes a day
 H 11 to 15 cigarettes a day
 I 16 to 20 cigarettes a day
 J More than 20 cigarettes a day
24. Have you smoked 100 or more cigarettes in your life?
 A Yes B No C I do not know.
25. Have you tried to quit smoking in the past 6 months?
 A Yes B No
 C I have never smoked / I have smoked only a few times

26. Since the beginning of THIS school year, did your school take any of the following actions because you smoked cigarettes on school property?
 Gave you a warning.
 A Yes C I do not smoke on school property.
 B No D I do not smoke.
- Gave you a detention.
 A Yes C I do not smoke on school property.
 B No D I do not smoke.
- Gave you a suspension.
 A Yes C I do not smoke on school property.
 B No D I do not smoke.
- Offered you some help to quit smoking.
 A Yes C I do not smoke on school property.
 B No D I do not smoke.
27. How old were you when you first drank alcohol?
 A I have never drunk alcohol.
 B 10 years or younger G 15 years
 C 11 years H 16 years
 D 12 years I 17 years
 E 13 years J 18 years
 F 14 years K 19 years or older
28. In the past 12 months, how often did you drink alcohol - beer, wine, coolers or hard liquor (rum, whisky, vodka, gin, etc.)?
 A Not at all
 B Just a sip
 C Once a month or less often
 D Two or three times a month
 E Once a week
 F Twice a week
 G Three times a week
 H Four or five times a week
 I Almost every day – six or more times a week
29. The LAST TIME you drank alcohol, how did you get it?
 A I bought it myself.
 B I had a friend buy it for me.
 C My friend or friends offered it to me.
 D My parents offered it to me.
 E Other adults offered it to me.
 F I got it from my home without my parent's permission.
 G I do not drink alcohol.

30. In the past 12 months, has drinking affected your school work or exams so that you did not do as well as you could?

- A Yes B No C I do not drink alcohol.

31. In the past 12 months, has your drinking caused tension or disagreement with family or friends?

- A Yes B No C I do not drink alcohol.

32. In the past 12 months, have you been in trouble with the police as a result of your drinking?

- A Yes B No C I do not drink alcohol.

33. In the past 12 months, has the cost of alcohol caused you to give up buying other things?

- A Yes B No C I do not drink alcohol.

34. In the past 12 months, have you consumed alcohol before or instead of breakfast?

- A Yes B No C I do not drink alcohol.

35. In the past 12 months, have you damaged things after having drunk alcohol?

- A Yes B No C I do not drink alcohol.

36. In the past 12 months, has your drinking caused you to injure yourself?

- A Yes B No C I do not drink alcohol.

37. In the past 12 months, how often have you been drinking in a bar, tavern, beverage room or lounge?

- A Never D Three or more times
 B Once E I do not drink alcohol.
 C Twice

38. In the past 12 months, have you used fake identification or lied about your age in order to

Get alcohol?

- A Yes C I do not drink alcohol.
 B No

Buy cigarettes?

- A Yes C I do not smoke cigarettes.
 B No

Buy lottery tickets, scratch tabs or break-opens?

- A Yes C I do not buy these products.
 B No

Play video gambling machines?

- A Yes C I do not play video gambling machines.
 B No

39. In the past 12 months, how often have YOU driven a motor vehicle within an hour of drinking two or more drinks of alcohol?

- A Never D Three or more times
 B Once E I do not drink alcohol /
 C Twice I do not drive

40. In the past 12 months, have you been in a motor vehicle accident with YOU as the driver, after drinking in the two previous hours?

- A Never D Three or more times
 B Once E I do not drink alcohol /
 C Twice I do not drive

41. In the past 12 months, how often were you a PASSENGER in a vehicle with a driver who had too much to drink?

- A Never C Twice
 B Once D Three or more times

42. In the past 12 months, how often did you use CANNABIS (marijuana, grass, weed, pot, hash, hash oil)?

- A I do not know what cannabis is.
 B I have never used cannabis.
 C I did not use cannabis in the past 12 months.
 D One time
 E Two times
 F Three or four times
 G Five to eight times
 H Nine to 12 times (about once a month)
 I Thirteen to 26 times (about twice a month)
 J Twenty-seven or more times (more than twice a month)

43. How old were you when you first tried CANNABIS?

- A I have never tried cannabis.
 B 10 years or younger G 15 years
 C 11 years H 16 years
 D 12 years I 17 years
 E 13 years J 18 years
 F 14 years K 19 years or older

44. In the past 12 months, have you used INHALANTS (solvents or glue) in order to get high?

- A I do not know what these substances are.
- B Not at all
- C One time
- D Two times
- E Three or four times
- F Five to eight times
- G Nine to 12 times (about once a month)
- H Thirteen to 26 times (about twice a month)
- I Twenty-seven or more times (more than twice a month)

45. In the past 12 months, have you taken TRANQUILIZERS (Valium®, Ativan®, Xanax®, Tranqs, 5s, 10s) without a prescription or without a doctor telling you to take them?

- A I do not know what tranquilizers are.
- B Not at all
- C One time
- D Two times
- E Three or four times
- F Five to eight times
- G Nine to 12 times (about once a month)
- H Thirteen to 26 times (about twice a month)
- I Twenty-seven or more times (more than twice a month)

46. In the past 12 months, have you used LSD (acid, cid)?

- A I do not know what LSD is.
- B Not at all
- C One time
- D Two times
- E Three or four times
- F Five to eight times
- G Nine to 12 times (about once a month)
- H Thirteen to 26 times (about twice a month)
- I Twenty-seven or more times (more than twice a month)

47. In the past 12 months, have you used PSILOCYBIN (Magic Mushrooms, Shrooms) or MESCALINE (Mesc)?

- A I do not know what psilocybin and mescaline are.
- B Not at all
- C One time
- D Two times
- E Three or four times
- F Five to eight times
- G Nine to 12 times (about once a month)
- H Thirteen to 26 times (about twice a month)
- I Twenty-seven or more times (more than twice a month)

48. In the past 12 months, have you taken QUABALINE (quabs, zippers)?

- A I do not know what quabaline is.
- B Not at all
- C One time
- D Two times
- E Three or four times
- F Five to eight times
- G Nine to 12 times (about once a month)
- H Thirteen to 26 times (about twice a month)
- I Twenty-seven or more times (more than twice a month)

49. In the past 12 months, have you used COCAINE (snow or coke) or CRACK COCAINE (rock)?

- A I do not know what cocaine is.
- B Not at all
- C One time
- D Two times
- E Three or four times
- F Five to eight times
- G Nine to 12 times (about once a month)
- H Thirteen to 26 times (about twice a month)
- I Twenty-seven or more times (more than twice a month)

50. In the past 12 months, have you used ECSTASY or MDMA?

- A I do not know what Ecstasy and MDMA are.
- B Not at all
- C One time
- D Two times
- E Three or four times
- F Five to eight times
- G Nine to 12 times (about once a month)
- H Thirteen to 26 times (about twice a month)
- I Twenty-seven or more times (more than twice a month)

51. In the past 12 months, have you taken AMPHETAMINE (Dexedrine®, Adderall XR®, bennies, pep pills) without a prescription or without a doctor telling you to do so?

- A I do not know what amphetamine is.
- B Not at all
- C One time
- D Two times
- E Three or four times
- F Five to eight times
- G Nine to 12 times (about once a month)
- H Thirteen to 26 times (about twice a month)
- I Twenty-seven or more times (more than twice a month)

52. In the past 12 months, have you taken RITALIN® or CONCERTA® (methylphenidate) without a prescription or without a doctor telling you to do so?

- A I do not know what Ritalin® and Concerta® are.
- B Not at all
- C One time
- D Two times
- E Three or four times
- F Five to eight times
- G Nine to 12 times (about once a month)
- H Thirteen to 26 times (about twice a month)
- I Twenty-seven or more times (more than twice a month)

53. In the past 12 months, have you taken PAIN KILLERS (Percocet®, Percodan®, Tylenol #3®, Dilaudid®, OxyContin®, codeine) without a prescription or without a doctor telling you to do so?

- A I do not know what pain killers are.
- B Not at all
- C One time
- D Two times
- E Three or four times
- F Five to eight times
- G Nine to 12 times (about once a month)
- H Thirteen to 26 times (about twice a month)
- I Twenty-seven or more times (more than twice a month)

54. In the past 12 months, have you taken STEROIDS (such as body builders, testosterone, dianabol, growth hormones, or «roids») to increase your performance in a sport or activity or to change your physical appearance?

- A I do not know what steroids are.
- B Not at all
- C One time
- D Two times
- E Three or four times
- F Five to eight times
- G Nine to 12 times (about once a month)
- H Thirteen to 26 times (about twice a month)
- I Twenty-seven or more times (more than twice a month)

55. In the past 12 months, have you used METHAMPHETAMINE (crystal meth, speed, crank, chalk, ice)?

- A I do not know what methamphetamine is.
- B Not at all
- C One time
- D Two times
- E Three or four times
- F Five to eight times
- G Nine to 12 times (about once a month)
- H Thirteen to 26 times (about twice a month)
- I Twenty-seven or more times (more than twice a month)

56. In the past 12 months, have you used pain killers, speed or cocaine, by injection or needles?

- A I used one or more of these drugs by injection.
- B I used one or more of these drugs, but not by injection.
- C I did not use these drugs at all.

57. In the past 12 months, has your drug use (other than alcohol) affected your school work or exams so that you did not do as well as you could?

- A Yes
- B No
- C I do not use drugs.

58. In the past 12 months, has your drug use (other than alcohol) caused tension or disagreement with family or friends?

- A Yes
- B No
- C I do not use drugs.

59. In the past 12 months, have you been in trouble with the police as a result of your drug use (other than alcohol)?

- A Yes
- B No
- C I do not use drugs.

60. In the past 12 months, has the cost of drugs (other than alcohol) caused you to give up buying other things?

- A Yes
- B No
- C I do not use drugs.

61. In the past 12 months, have you damaged things after having used drugs (other than alcohol)?

- A Yes
- B No
- C I do not use drugs.

62. In the past 12 months, has your drug use (other than alcohol) caused you to injure yourself?

- A Yes
- B No
- C I do not use drugs.

63. In the past 12 months, how many times have YOU driven a motor vehicle within an hour of using cannabis?

- A Never
- B Once
- C Twice
- D Three or more times
- E I do not use cannabis / I do not drive

64. In the past 12 months, how often were you a PASSENGER in a car or other vehicle driven by someone who had been using cannabis?

- A Never
- B Once
- C Twice
- D Three or more times

The next 7 questions ask about the PAST 30 DAYS.

65. In the past 30 days, how many times has drinking alcohol made you drunk (that is, you had so much to drink that you threw up or you lost control of your actions)?

- A I did not drink alcohol at all in the past 30 days.
- B I have not been drunk in the past 30 days.
- C Once, I was drunk in the past 30 days.
- D Twice
- E Three times
- F Four times
- G Five or more times

**For question # 66, ONE DRINK means
1 bottle/can of beer (about 341 ml = 12 ounces)
OR
1 glass of wine (about 118 ml = 4 ounces)
OR
1 shot glass of liquor (about 30 ml = 1 ounce)**

66. In the past 30 days, how many times have you had five or more drinks of alcohol on the same occasion?

- A I did not drink alcohol at all in the past 30 days.
- B I have not had five or more drinks of alcohol on the same occasion in the past 30 days.
- C Once, I had five or more drinks of alcohol on the same occasion in the past 30 days.
- D Twice
- E Three times
- F Four times
- G Five or more times

67. In the past 30 days, how often did you use CANNABIS (marijuana, grass, weed, pot, hash)?

- A Not at all during the month
- B Less than every week
- C Every week or almost every week
- D Every day or almost every day

68. In the past 30 days, how often did you use CANNABIS during school hours on school days?

- A Not at all during the month
- B Less than every week
- C Every week or almost every week
- D Every day or almost every day

69. In the past 30 days, how often did you take AMPHETAMINE (Dexedrine®, Adderall XR®) as prescribed for you by your doctor?

- A I am not on prescribed amphetamine.
- B In the past 30 days, I took prescribed amphetamine once a day.
- C Twice a day
- D Three times a day
- E Four times a day

70. In the past 30 days, how often did you take RITALIN® or CONCERTA® (methylphenidate) as prescribed for you by your doctor?

- A I am not on prescribed Ritalin® or Concerta®.
- B In the past 30 days, I took prescribed Ritalin® or Concerta® once a day.
- C Twice a day
- D Three times a day
- E Four times a day

71. In the past 30 days, how often did you take TRANQUILIZERS (Valium®, Ativan®, Xanax®) as prescribed for you by your doctor?
- A I am not on prescribed tranquilizers.
 - B In the past 30 days, I took prescribed tranquilizers once a day.
 - C Twice a day
 - D Three times a day
 - E Four times a day

The next section asks about some of your decisions concerning sexual behaviour. You may skip the questions with which you are not comfortable.

Please read the following definition of oral sex, and then answer question #75:

«Oral sex occurs when a male's penis enters someone's mouth, or when someone's mouth is in contact with a female's vulva or vagina. When either of these happens, both people are having oral sex.»

75. In the past 12 months, have you had oral sex?
- A Yes
 - B No
 - C I have never had oral sex.

For the next 6 questions, «sex» means vaginal, anal or oral sex.

Please read the following definition of vaginal sex and then answer questions #72 and #73:

«Vaginal sex occurs when a male's penis enters a female's vagina. When this happens, both people are having vaginal sex.»

72. In the past 12 months, have you had vaginal sex?
- A Yes
 - B No
 - C I have never had vaginal sex.
73. How old were you when you had vaginal sex for the FIRST TIME?
- A I have never had vaginal sex.
 - B 10 years or younger
 - C 11 years
 - D 12 years
 - E 13 years
 - F 14 years
 - G 15 years
 - H 16 years
 - I 17 years
 - J 18 years
 - K 19 years or older

Please read the following definition of anal sex, and then answer question #74:

«Anal sex occurs when a male's penis enters another person's anus or rectum. When this happens, both people are having anal sex.»

74. In the past 12 months, have you had anal sex?
- A Yes
 - B No
 - C I have never had anal sex.

76. In the past 12 months, with how many different male partners did you have sex?
- A I have never had sex.
 - B I did not have sex in the past 12 months.
 - C I did not have any male partners in the past 12 months.
 - D I had 1 male partner in the past 12 months.
 - E 2 male partners
 - F 3 or more male partners
77. In the past 12 months, with how many different female partners did you have sex?
- A I have never had sex.
 - B I did not have sex in the past 12 months.
 - C I did not have any female partners in the past 12 months.
 - D I had 1 female partner in the past 12 months.
 - E 2 female partners
 - F 3 or more female partners
78. The LAST TIME you had sex, did you drink alcohol or use drugs before you had sex?
- A I have never had sex.
 - B No, I did not drink alcohol or use drugs before I had sex.
 - C Yes, I drank alcohol or used drugs before I had sex.

79. The **LAST TIME** you had sex, did you or your partner use a condom or other latex barrier (e.g. dental dam)?

- A I have never had sex.
- B No, we did not use a condom or other latex barrier.
- C Yes, we used a condom or other latex barrier.

80. In the **past 12 months**, did you have **unplanned** sex?

- A I have never had sex.
- B I did not have sex in the past 12 months.
- C I had sex in the past 12 months but only when I planned to.
- D Yes, I had unplanned sex in the past 12 months.

81. In the **past 12 months**, did you have **unplanned** sex after using alcohol or drugs?

- A I have never had sex.
- B I did not have sex in the past 12 months.
- C I did not have unplanned sex in the past 12 months.
- D I did have unplanned sex but not after using alcohol or drugs.
- E Yes, I had unplanned sex after using alcohol or drugs.

82. People have different feelings about themselves when it comes to questions of being attracted to other people. Which of the following best describes your feelings?

- A 100% heterosexual (attracted to persons of the opposite sex)
- B Mostly heterosexual
- C Bisexual (attracted to both males and females)
- D Mostly homosexual
- E 100% homosexual («gay/lesbian»; attracted to persons of the same sex)
- F Not sure

The next section asks about gambling.

83. In the **past 12 months**, how often have you done the following :

Played cards for money?

- A Never D Weekly
- B Less than monthly E Daily
- C Monthly

Played bingo for money?

- A Never D Weekly
- B Less than monthly E Daily
- C Monthly

Bet on sports activities?

- A Never D Weekly
- B Less than monthly E Daily
- C Monthly

Played Sports Select lottery?

- A Never D Weekly
- B Less than monthly E Daily
- C Monthly

Played a lottery other than Sports Select?

- A Never D Weekly
- B Less than monthly E Daily
- C Monthly

Played any video gambling machines?

- A Never D Weekly
- B Less than monthly E Daily
- C Monthly

Played scratch tabs?

- A Never D Weekly
- B Less than monthly E Daily
- C Monthly

Played break-opens?

- A Never D Weekly
- B Less than monthly E Daily
- C Monthly

Played on Internet gambling websites for money?

- A Never D Weekly
- B Less than monthly E Daily
- C Monthly

Played on Internet gambling websites with play money or points?

- A Never D Weekly
- B Less than monthly E Daily
- C Monthly

84. In the past 12 months, has your betting money caused any problems for you such as arguments with family and friends, or problems at school or work?

- A Yes C I do not gamble.
 B No

85. In the past 12 months, have you gambled more than you had planned to?

- A Yes C I do not gamble.
 B No

86. In the past 12 months, has anyone criticized your betting or told you that you had a gambling problem, regardless of whether you thought it was true or not?

- A Yes C I do not gamble.
 B No

87. In the past 12 months, have you skipped or been absent from school or work due to betting activities?

- A Yes C I do not gamble.
 B No

88. In the past 12 months, have you borrowed money or stolen something in order to bet or to cover gambling debts?

- A Yes C I do not gamble.
 B No

The next section asks about help-seeking.

89. In the past 12 months, did you feel you needed help for your

Alcohol use?

- A Yes C I do not drink alcohol.
 B No

Cigarette smoking?

- A Yes C I do not smoke.
 B No

Other drug use?

- A Yes C I do not use other drugs.
 B No

Gambling?

- A Yes C I do not gamble.
 B No

90. In the past 12 months, did you use any services or receive help to deal with your

Alcohol use?

- A Yes C I do not drink alcohol.
 B No

Cigarette smoking?

- A Yes C I do not smoke.
 B No

Other drug use?

- A Yes C I do not use other drugs.
 B No

Gambling?

- A Yes C I do not gamble.
 B No

The next section asks about your feelings.

91. For the next 6 statements, please mark the response that best describes how you felt in the PAST 6 MONTHS.

I could not sit still, I was restless.

- A Not true B Sometimes true C Often true

I was easily distracted. I had trouble sticking to any activity.

- A Not true B Sometimes true C Often true

I was fidgety.

- A Not true B Sometimes true C Often true

I could not concentrate, I could not pay attention.

- A Not true B Sometimes true C Often true

I was impulsive, I acted without thinking.

- A Not true B Sometimes true C Often true

I had difficulty waiting my turn in games or group activities.

- A Not true B Sometimes true C Often true

92. For the next 13 statements, please mark the response that best describes how you felt in the PAST 7 DAYS.

I did not feel like eating; my appetite was poor.

- A Never or rarely C Often
 B Sometimes D Always

I felt like I could not shake off the blues even with help from my family or friends.

- A Never or rarely C Often
 B Sometimes D Always

I had trouble keeping my mind on what I was doing.

- A Never or rarely C Often
 B Sometimes D Always

I felt depressed.

- A Never or rarely C Often
 B Sometimes D Always

I felt like I was too tired to do things.

- A Never or rarely C Often
 B Sometimes D Always

I felt hopeful about the future.

- A Never or rarely C Often
 B Sometimes D Always

My sleep was restless.

- A Never or rarely C Often
 B Sometimes D Always

I was happy.

- A Never or rarely C Often
 B Sometimes D Always

I felt lonely.

- A Never or rarely C Often
 B Sometimes D Always

I enjoyed life.

- A Never or rarely C Often
 B Sometimes D Always

I had crying spells.

- A Never or rarely C Often
 B Sometimes D Always

I felt people disliked me.

- A Never or rarely C Often
 B Sometimes D Always

I felt irritable.

- A Never or rarely C Often
 B Sometimes D Always

93. For the next 4 statements, please mark the response that best describes how you felt in the PAST 30 DAYS.

I felt that I was unable to control the important things in my life.

- A Never D Fairly often
 B Almost never E Often
 C Sometimes

I felt confident about my ability to handle my personal problems.

- A Never D Fairly often
 B Almost never E Often
 C Sometimes

I felt that things were going my way.

- A Never D Fairly often
 B Almost never E Often
 C Sometimes

I felt that difficulties were piling up so high that I could not overcome them.

- A Never D Fairly often
 B Almost never E Often
 C Sometimes

94. For the next 5 statements, please mark the response that best describes how you felt in the PAST 30 DAYS.

I got really frightened for no reason at all.

- A Not true B Sometimes true C Often true

I was afraid to be alone in the house.

- A Not true B Sometimes true C Often true

People told me that I worry too much.

- A Not true B Sometimes true C Often true

I was scared to go to school.

- A Not true B Sometimes true C Often true

I was shy.

- A Not true B Sometimes true C Often true

95. In the past 12 months, did you feel you needed help because you felt

Depressed?

- A Yes B No C I did not feel depressed.

Stressed?

- A Yes B No C I did not feel stressed.

Anxious?

- A Yes B No C I did not feel anxious.

96. In the past 12 months, did you use any services or receive help because you felt

Depressed?

- A Yes B No C I did not feel depressed.

Stressed?

- A Yes B No C I did not feel stressed.

Anxious?

- A Yes B No C I did not feel anxious.

The next 2 questions ask about school drug education and rules.

97. How many classes did you have in this school year that talked about decision-making, peer pressure, assertiveness or refusal skills?

- A None B One or two classes C Three or more classes

98. Does your school have a rule against using tobacco on school property or at school events?

- A Yes B No C Don't know

PROOF

ADDITIONAL INFORMATION

Is there anything else you would like to tell us related to the questions in this survey?

If you would like to speak to someone about your alcohol use, other drug use or gambling, or you want help or information, you may contact the Addiction Services office in your area.

Thank you for participating in this survey.



SERIAL