



29843

School ID

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Student ID

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STUDENT SURVEY

Thanks for taking time to complete this survey. It will help your school and community plan the best programs for students who need assistance. Your answers will help us understand some of the issues students are facing and how they feel about them. Your name will not go on the survey and no one will know how you answer the questions. Take your time and be as honest as possible.

DIRECTIONS - Use only a #2 black lead pencil. Make heavy black marks that fill the circles. Completely erase answers you change.

Q1 What is your sex?

- Male Female

Q2 How old are you?

- <12 14 17
 12 15 18
 13 16 19

Q3 In what grade are you?

- 6 7 8 9 10 11 12

Q4 How would you describe yourself? CHECK ALL THAT APPLY

- African-American, Black (non-Hispanic)
 Hispanic, Latino/Latina
 White or Caucasian (non-Hispanic)
 Asian
 Pacif Islander, Native Hawaiian
 American Indian or Alaskan Native
 Other

Q5 If you are Hispanic or Latino/Latina, which groups best describe you? MARK ALL THAT APPLY

- Does not apply, I am not Hispanic or Latino/Latina
 Central American
 South American
 Cuban
 Mexican
 Puerto Rican
 Other Hispanic

Q6 What is the average grade you're getting in your classes?

- A C+
 A- C
 B+ C-
 B D or Lower
 B-

Q7 Which adults live in your home with you? FILL IN ALL THE CIRCLES THAT APPLY TO YOU.

- My natural mother (woman who gave birth to me)
 Stepmother
 Mother who adopted me
 Foster mother
 My natural father
 Stepfather
 Father who adopted me
 Foster father
 Grandparent(s)
 One or more other adults
 I don't live with any adults

Q8 In the average week of the current school year, about how many hours do you spend on homework?

- 0 hours 6-10 hours
 1-2 hours 11 hours or more
 3-5 hours

Q9 About how many hours do you spend EACH WEEK...

- Participating on sports teams at school?** 0 1-5 6-10 11-20 21+
- Participating in clubs/groups at school?** 0 1-5 6-10 11-20 21+
- Working in a paid job during the school year?** 0 1-5 6-10 11-20 21+
- (Don't count summer vacation.)**

Q10 During the LAST FOUR WEEKS, how many whole days of school have you missed because you skipped or cut?

- None 1-2 days 3-5 days 6-10 days 11 or more days

Q11 During the LAST FOUR WEEKS, how often have you gone to school, but skipped a class when you were not supposed to?

- Not at all 1 or 2 times 3-5 times 6-10 times 11-20 times More than 20

THE FOLLOWING QUESTIONS ASK ABOUT CIGARETTES, ALCOHOL AND OTHER DRUGS, BEHAVIORS AND FEELINGS.

Q12 Have you ever smoked cigarettes?

- Never
- Once or twice only
- Occasionally but not regularly
- Regularly in the past
- Regularly now

Q13 Have you ever chewed tobacco or used snuff?

- Never
- Once or twice only
- Occasionally but not regularly
- Regularly in the past
- Regularly now

Q14 How frequently have you smoked cigarettes during the past 30 days?

- Not at all
- Less than one cigarette per day
- One to five cigarettes per day
- About one-half pack per day
- About one pack per day
- About one and one-half packs per day
- Two packs or more a day

Q15 How many times (if any) have you had alcoholic beverages (beer, wine, hard liquor) to drink?

In your lifetime?

- 0 1-2 3-5 6-9 10-19 20-39 40+

During the last 12 months?

- 0 1-2 3-5 6-9 10-19 20-39 40+

During the last 30 days?

- 0 1-2 3-5 6-9 10-19 20-39 40+

Q16 When (if ever) was the first time that you drank alcohol to the point that you got high or drunk?

- Grade 4 or below Grade 9
- Grade 5 Grade 10
- Grade 6 Grade 11
- Grade 7 Grade 12
- Grade 8 Never been high or drunk

Q17 How many times (if any) have you been drunk or very high from drinking alcoholic beverages?

In your lifetime?

- 0 1-2 3-5 6-9 10-19 20-39 40+

During the last 12 months?

- 0 1-2 3-5 6-9 10-19 20-39 40+

During the last 30 days?

- 0 1-2 3-5 6-9 10-19 20-39 40+

Q18 During the LAST TWO WEEKS, how many times have you had five or more drinks in a row? (A "drink" is a glass of wine, a bottle of beer, a shot glass of liquor, or a mixed drink.)?

- None
 Once
 Twice
 3-5 times
 6-9 times
 10 or more times

Q19 How many times (if any) have you used marijuana (grass, pot, weed, reefer, herb, blunts, wet) or hashish (hash, hash oil)?

In your lifetime?

- 0 1-2 3-5 6-9 10-19 20-39 40+

During the last 12 months?

- 0 1-2 3-5 6-9 10-19 20-39 40+

During the last 30 days?

- 0 1-2 3-5 6-9 10-19 20-39 40+

Q20 How many times (if any) have you used cocaine (rock, free base) or crack?

In your lifetime?

- 0 1-2 3-5 6-9 10-19 20-39 40+

During the last 12 months?

- 0 1-2 3-5 6-9 10-19 20-39 40+

During the last 30 days?

- 0 1-2 3-5 6-9 10-19 20-39 40+

Q21 Did you ever use a needle to inject yourself with an illegal drug?

- Yes No

Q22 How many times (if any) have you huffed, sniffed or used inhalants (correction fluids, gasoline, glue, lighters, spray paints or paint thinners)?

In your lifetime?

- 0 1-2 3-5 6-9 10-19 20-39 40+

During the last 12 months?

- 0 1-2 3-5 6-9 10-19 20-39 40+

During the last 30 days?

- 0 1-2 3-5 6-9 10-19 20-39 40+

Q23 When (if ever) was the first time that you used marijuana, cocaine, inhalants or any other illegal drugs?

- Grade 4 or below Grade 9
 Grade 5 Grade 10
 Grade 6 Grade 11
 Grade 7 Grade 12
 Grade 8 Never used illegal drugs

Q24 Have you ever placed a bet/gambled (bet in card games or Texas Hold-um, bet on a basketball game or other sports event)?

- Never
 Once or twice only
 Occasionally but not regularly
 Regularly in the past
 Regularly now

Q25 In the past 30 days, have you at any time been so down or sad that you seriously thought of harming yourself?

- Yes No

Q26 Indicate how often you have used the following drugs in the PAST TWELVE MONTHS. For over the counter medications (cough syrup, cold relief), only indicate use that was not appropriate.

Illegal Stimulants/Uppers/amphetamines:

Ecstasy, MDMA

- 0 1-2 3-5 6-9 10-19 20-39 40+

Methamphetamine, Ice, Crystal Meth

- 0 1-2 3-5 6-9 10-19 20-39 40+

Prescription Stimulants (used non medically):

Ritalin, Aderall

- 0 1-2 3-5 6-9 10-19 20-39 40+

Hallucinogens:

Special K, Ketamine, Mescaline, Mushrooms

- 0 1-2 3-5 6-9 10-19 20-39 40+

Acid/LSD

- 0 1-2 3-5 6-9 10-19 20-39 40+

Pain Killers:

Oxycontin, Oxycodone, Oxy

- 0 1-2 3-5 6-9 10-19 20-39 40+

Codeine, Darvocet, Darvon, Demerol, Dilaudid, Percocet, Morphine

- 0 1-2 3-5 6-9 10-19 20-39 40+



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Steroids

- 0
- 1-2
- 3-5
- 6-9
- 10-19
- 20-39
- 40+

Heroin

- 0
- 1-2
- 3-5
- 6-9
- 10-19
- 20-39
- 40+

Sedatives or Anti-anxiety drugs (valium, ativan, xanax, librium, deprol)

- 0
- 1-2
- 3-5
- 6-9
- 10-19
- 20-39
- 40+

Antidepressants (prozac, paxil)

- 0
- 1-2
- 3-5
- 6-9
- 10-19
- 20-39
- 40+

Over-the-counter medications (cough syrup, cold medicine)

- 0
- 1-2
- 3-5
- 6-9
- 10-19
- 20-39
- 40+

Q27 How difficult do you think it would be for you to get each of the following drugs if you wanted some?

Illegal Stimulants/Uppers/amphetamines:

Ecstasy, MDMA

- Probably Impossible
- Very hard
- Somewhat hard
- Fairly easy
- Very easy

Methamphetamine, Ice, Crystal Meth

- Probably Impossible
- Very hard
- Somewhat hard
- Fairly easy
- Very easy

Prescription Stimulants (used non medically):

Ritalin, Aderall

- Probably Impossible
- Very hard
- Somewhat hard
- Fairly easy
- Very easy

Hallucinogens:

Special K, Ketamine, Mescaline, Mushroom

- Probably Impossible
- Very hard
- Somewhat hard
- Fairly easy
- Very easy

Acid/LSD

- Probably Impossible
- Very hard
- Somewhat hard
- Fairly easy
- Very easy

Pain Killers:

Oxycontin, Oxycodone, Oxy, Oxys

- Probably Impossible
- Very hard
- Somewhat hard
- Fairly easy
- Very easy

Codeine, Darvocet, Darvon, Demerol, Dilaudid, Percocet, Morphine

- Probably Impossible
- Very hard
- Somewhat hard
- Fairly easy
- Very easy

Steroids

- Probably Impossible
- Very hard
- Somewhat hard
- Fairly easy
- Very easy

Heroin

- Probably Impossible
- Very hard
- Somewhat hard
- Fairly easy
- Very easy

Sedatives/Anti anxiety drugs (Valium, Ativan, Xanax, Librium, Deprol)

- Probably Impossible
- Very hard
- Somewhat hard
- Fairly easy
- Very easy

Antidepressants (Prozac, Paxil)

- Probably Impossible
- Very hard
- Somewhat hard
- Fairly easy
- Very easy

Over-the-counter medications (cough syrup, cold medicine)

- Probably Impossible
- Very hard
- Somewhat hard
- Fairly easy
- Very easy

Q28 Within the LAST TWELVE MONTHS, how many times (if any) have you operated a motor vehicle (car, truck, or motorcycle) after drinking alcohol?

- Never 3-5 times
- Once 6 times or more
- Twice

Q29. Have you ever shared a needle (syringe) with another person?

- Yes No

Q30 Within the LAST TWELVE MONTHS, how many times (if any) have you operated a motor vehicle (car, truck, or motorcycle) after using some kind of illegal drug?

- Never 3-5 times
- Once 6 times or more
- Twice

Q31 Within the LAST TWELVE MONTHS, how many times (if any) have you been a passenger in a vehicle when the driver had been drinking?

- Never 3-5 times
- Once 6 times or more
- Twice

Q32 Has the drinking of either of your parents created any problems for you?

- My parents don't drink at all Yes No

Q33 Have you ever wished that either one or both of your parents would drink less?

- My parents don't drink at all Yes No

Q34 Do you fear anyone because they have been sexual with you?

- Yes No

Q35 If you have ever used alcohol or any other mood-altering drugs, mark down ALL the reasons.

- To experiment - to see what it was like
- To relax or relieve tension
- To feel good or to get high
- To have a good time with my friends
- To fit in with a group I like
- Because of problems in school
- Because of problems at home
- To feel less shy with friends
- Because I'm sad, lonely or angry
- Because my parents do
- Because I'm bored -nothing else to do
- Because I'm "hooked" - I feel I have to use alcohol or other drugs
- To help me lose weight or to keep from eating
- Other (specify) _____

Q36 Have any of the following problems ever caused trouble for you in school, such as interfering with your ability to study or concentrate? MARK ALL THAT APPLY

- Personal drug use
- Family problems
- Alcohol or drug use by a family member
- Having to work at a job

Q37 If you were having a problem with alcohol or other drugs, how likely would you be to ask the following people for HELP or ADVICE? (MARK ONE ANSWER FOR EACH STATEMENT)

A parent or guardian

- Very unlikely Unlikely Likely Very likely

A friend my age

- Very unlikely Unlikely Likely Very likely

An adult friend (not a relative)

- Very unlikely Unlikely Likely Very likely

A relative, such as an aunt, uncle or older brother or sister

- Very unlikely Unlikely Likely Very likely

A religious/spiritual counselor/leader (priest, minister, rabbi or imam)

- Very unlikely Unlikely Likely Very likely

A teacher

- Very unlikely Unlikely Likely Very likely

A school counselor

- Very unlikely Unlikely Likely Very likely

A coach

- Very unlikely Unlikely Likely Very likely

Q38 How many times in the past 12 months have you participated in a group for students:

Who have quit using alcohol or other drugs and are trying to stay drug-free?

- 0 1 2 3-4 5-7 8+

Who have gotten into some trouble because of alcohol or drugs?

- 0 1 2 3-4 5-7 8+

Whose parents are divorced or separated?

- 0 1 2 3-4 5-7 8+

Whose parents have problems with alcohol or drugs?

- 0 1 2 3-4 5-7 8+

Q39 The following statements concern you. How much do you agree or disagree with each of these statements (MARK ONE ANSWER FOR EACH STATEMENT)

I am always nice, even to people who are not nice.

- Strongly disagree Disagree Agree Strongly agree

I feel I can't do anything right.

- Strongly disagree Disagree Agree Strongly agree

Sometimes I get mad at adults even when I know they are right.

- Strongly disagree Disagree Agree Strongly agree

I am always willing to admit it when I make a mistake.

- Strongly disagree Disagree Agree Strongly agree

Sometimes I think I am no good.

- Strongly disagree Disagree Agree Strongly agree

I feel I do not have much to be proud of.

- Strongly disagree Disagree Agree Strongly agree

There have been times when I took advantage of someone.

- Strongly disagree Disagree Agree Strongly agree

I am able to do things as well as most other people.

- Strongly disagree Disagree Agree Strongly agree

At times I feel like smashing things or swearing.

- Strongly disagree Disagree Agree Strongly agree

I usually feel good about myself.

- Strongly disagree Disagree Agree Strongly agree

On the whole I'm satisfied with myself.

- Strongly disagree Disagree Agree Strongly agree

Q40 During what time of the year would you say students in your school are MOST likely to use alcohol or drugs?

- During the summertime
 In the fall, after school starts
 During the Christmas and New Year vacation period
 In the winter months (January, February, March)
 In the spring months (April, May June)
 I don't think anyone in my school uses alcohol or drugs.

Q41 If you have ever used alcohol, how did you get it? MARK ALL THAT APPLY.

- From same-aged friend
 From older friend
 From an adult
 At parties
 From store or bar
 From brothers or sisters
 From the alcohol my parents keep at home

Q42 If you have ever used illegal drugs, how did you get them? MARK ALL THAT APPLY

- From a dealer
 At parties
 From same-aged friend
 From older friend
 From an adult
 From brothers or sisters

Q43 If you have ever used prescription drugs to get high, how did you get them? MARK ALL THAT APPLY

- From a dealer
 From a doctor previously for a medical reason
 At parties
 From same-aged friend
 From older friend
 From an adult
 From brothers or sisters
 From the medicine cabinet at home



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Q44 How much do you think teenagers risk harming themselves, physically or in other ways, if they...

Smoke one or more packs of cigarettes per day

- No Risk Slight Risk Mod. Risk Great Risk Don't Know

Have five or more drinks once or twice each weekend

- No Risk Slight Risk Mod. Risk Great Risk Don't Know

Take one or two drinks nearly ever day

- No Risk Slight Risk Mod. Risk Great Risk Don't Know

Take four or five drinks nearly every day

- No Risk Slight Risk Mod. Risk Great Risk Don't Know

Try marijuana (pot,grass, weed) once or twice

- No Risk Slight Risk Mod. Risk Great Risk Don't Know

Smoke marijuana regularly

- No Risk Slight Risk Mod. Risk Great Risk Don't Know

Drive after smoking marijuana

- No Risk Slight Risk Mod. Risk Great Risk Don't Know

Try LSD once or twice

- No Risk Slight Risk Mod. Risk Great Risk Don't Know

Take LSD regularly

- No Risk Slight Risk Mod. Risk Great Risk Don't Know

Sniff glue (or other household products) once or twice to get high

- No Risk Slight Risk Mod. Risk Great Risk Don't Know

Sniff glue (or other household products) regularly

- No Risk Slight Risk Mod. Risk Great Risk Don't Know

Try cocaine or crack once or twice

- No Risk Slight Risk Mod. Risk Great Risk Don't Know

Take cocaine or crack regularly

- No Risk Slight Risk Mod. Risk Great Risk Don't Know

Use steroids to build muscles

- No Risk Slight Risk Mod. Risk Great Risk Don't Know

Bet/gamble once or twice

- No Risk Slight Risk Mod. Risk Great Risk Don't Know

Bet/gamble regularly

- No Risk Slight Risk Mod. Risk Great Risk Don't Know

Go without a seatbelt once or twice

- No Risk Slight Risk Mod. Risk Great Risk Don't Know

Go without a seatbelt regularly

- No Risk Slight Risk Mod. Risk Great Risk Don't Know

Take heroin regularly

- No Risk Slight Risk Mod. Risk Great Risk Don't Know

Q45 How many times during the PAST TWELVE MONTHS have you used alcohol or other drugs in the following situations? MARK ONE ANSWER FOR EACH LINE.

When I was alone

0 1-2 3-5 6-9 10-19 20-39 40+

With just 1 or 2 other people

0 1-2 3-5 6-9 10-19 20-39 40+

At a party

0 1-2 3-5 6-9 10-19 20-39 40+

With someone I was dating

0 1-2 3-5 6-9 10-19 20-39 40+

At family celebrations

0 1-2 3-5 6-9 10-19 20-39 40+

Before school

0 1-2 3-5 6-9 10-19 20-39 40+

During school

0 1-2 3-5 6-9 10-19 20-39 40+

Right after leaving school

0 1-2 3-5 6-9 10-19 20-39 40+

Before a school-sponsored sports event

0 1-2 3-5 6-9 10-19 20-39 40+

At a school-sponsored sports event

0 1-2 3-5 6-9 10-19 20-39 40+

Right after a school-sponsored sports event

0 1-2 3-5 6-9 10-19 20-39 40+

At a school-sponsored recreational event (dances, etc.)

0 1-2 3-5 6-9 10-19 20-39 40+

In my home with no adults present

0 1-2 3-5 6-9 10-19 20-39 40+

At work

0 1-2 3-5 6-9 10-19 20-39 40+

In a car

0 1-2 3-5 6-9 10-19 20-39 40+

At my favorite hangout

0 1-2 3-5 6-9 10-19 20-39 40+

At home with adults present

0 1-2 3-5 6-9 10-19 20-39 40+

Q46 Have you had any drug education courses or lectures in school?

Yes No

Q47 IF YES to previous question - Would you say that the information about drugs that you received in school classes or programs has...

- Made you less interested in trying drugs
 Not changed your interest in trying drugs
 Made you more interested in trying drugs

Q48 Does your school have clear rules about the use of alcohol and drugs in school, on school property and at schoolsponsored events?

In school Yes No Not sure

On school property Yes No Not sure

At school-sponsored events Yes No Not sure

Q49 Do you wish your school would...(CHOOSE ONE)

- Be MORE STRICT about alcohol and drug use in the school and at school activities
- Be LESS STRICT about alcohol and drug use in the school and at school activities
- Continue with the SAME APPROACH to alcohol and drug use in the school and at school activities

Q50 How much would your friends try to stop you from using...

- | | | | | |
|---|-----------------------------|----------------------------|--------------------------------|----------------------------------|
| Cigarettes | <input type="radio"/> A lot | <input type="radio"/> Some | <input type="radio"/> Not much | <input type="radio"/> Not at all |
| Alcohol | <input type="radio"/> A lot | <input type="radio"/> Some | <input type="radio"/> Not much | <input type="radio"/> Not at all |
| Marijuana | <input type="radio"/> A lot | <input type="radio"/> Some | <input type="radio"/> Not much | <input type="radio"/> Not at all |
| Inhalants / huffing / sniffing (glue, gasoline) | <input type="radio"/> A lot | <input type="radio"/> Some | <input type="radio"/> Not much | <input type="radio"/> Not at all |
| Cocaine / Crack | <input type="radio"/> A lot | <input type="radio"/> Some | <input type="radio"/> Not much | <input type="radio"/> Not at all |
| Stimulants / Uppers /Amphetamines (speed, ecstasy, methamphetamine, MDMA, ice, crystal, methedrine, Ritalin) | <input type="radio"/> A lot | <input type="radio"/> Some | <input type="radio"/> Not much | <input type="radio"/> Not at all |
| Tranquilizers or antianxiety drugs (Valium, Ativan, Deprol, Librium, Xanax) | <input type="radio"/> A lot | <input type="radio"/> Some | <input type="radio"/> Not much | <input type="radio"/> Not at all |
| Sedatives / Downers Barbiturates / (sleeping pills, Dalmane, GHB, quaaludes, Rohypnol, methaqualone) Bindros / bindos /railers | <input type="radio"/> A lot | <input type="radio"/> Some | <input type="radio"/> Not much | <input type="radio"/> Not at all |
| Hallucinogens (Special K, ketamine, shrooms, mushroom, mescaline, acid, LSD) | <input type="radio"/> A lot | <input type="radio"/> Some | <input type="radio"/> Not much | <input type="radio"/> Not at all |
| PCP / Angel Dust | <input type="radio"/> A lot | <input type="radio"/> Some | <input type="radio"/> Not much | <input type="radio"/> Not at all |
| Pain killers / analgesics (codeine, Oxycontin, Darcoctet, Darvon, Demerol, Dilaudid, "Karachi", Percocet, OXYS, morphine, Talwin) | <input type="radio"/> A lot | <input type="radio"/> Some | <input type="radio"/> Not much | <input type="radio"/> Not at all |
| Heroin (smack, horse, skag) | <input type="radio"/> A lot | <input type="radio"/> Some | <input type="radio"/> Not much | <input type="radio"/> Not at all |
| Steroids | <input type="radio"/> A lot | <input type="radio"/> Some | <input type="radio"/> Not much | <input type="radio"/> Not at all |
| Over the counter products like cough syrup or cold medicine (to get high) | <input type="radio"/> A lot | <input type="radio"/> Some | <input type="radio"/> Not much | <input type="radio"/> Not at all |

Q51 If a friend told you he or she was thinking of committing suicide, but made you promise not to tell anyone, what would you do? MARK ALL THAT APPLY

- Nothing
- Try to talk the person out of it
- Try to get the person to see a counselor
- Tell a counselor or other adult about it if the person says that would be OK
- Tell a counselor or other adult whether or not the person says it's OK

Q52 How likely is it that a teacher would notice that you are high if you were to come to school "high" on

- | | | | | |
|---------------------|-----------------------------------|------------------------------|--------------------------------|-------------------------------------|
| Alcohol | <input type="radio"/> Very likely | <input type="radio"/> Likely | <input type="radio"/> Unlikely | <input type="radio"/> Very unlikely |
| Marijuana | <input type="radio"/> Very likely | <input type="radio"/> Likely | <input type="radio"/> Unlikely | <input type="radio"/> Very unlikely |
| Another drug | <input type="radio"/> Very likely | <input type="radio"/> Likely | <input type="radio"/> Unlikely | <input type="radio"/> Very unlikely |



Q53 If a teacher or other staff member thought you might be using alcohol or drugs at school, what would happen?

MARK ALL THAT APPLY

- The staff person would ignore me.
- The staff person would talk to me but nothing would be done
- Sent to the principal
- Sent to school counselor
- Detention
- Parent conference
- Get suspended
- Get expelled
- Get arrested

Q54 How upset do you think your parents would get if you came home at night and your parents found out that you had been using...

- | | | | | | |
|-----------------------------|--|--------------------------------------|---------------------------------------|----------------------------------|---------------------------------------|
| Cigarettes? | <input type="radio"/> Not at all upset | <input type="radio"/> A little upset | <input type="radio"/> Some what upset | <input type="radio"/> Very upset | <input type="radio"/> Extremely upset |
| Alcohol? | <input type="radio"/> Not at all upset | <input type="radio"/> A little upset | <input type="radio"/> Some what upset | <input type="radio"/> Very upset | <input type="radio"/> Extremely upset |
| Marijuana? | <input type="radio"/> Not at all upset | <input type="radio"/> A little upset | <input type="radio"/> Some what upset | <input type="radio"/> Very upset | <input type="radio"/> Extremely upset |
| Other illegal drugs? | <input type="radio"/> Not at all upset | <input type="radio"/> A little upset | <input type="radio"/> Some what upset | <input type="radio"/> Very upset | <input type="radio"/> Extremely upset |

Q55 If you have used alcohol or other drugs, do you think your parents know when you have been using...

Cigarettes?

- They NEVER KNOW when I have been using.
- They know about a FEW TIMES.
- They know about HALF THE TIME.
- They know MOST OF THE TIME.
- They ALWAYS KNOW when I have been using.
- Have not used.

Marijuana?

- They NEVER KNOW when I have been using.
- They know about a FEW TIMES.
- They know about HALF THE TIME.
- They know MOST OF THE TIME.
- They ALWAYS KNOW when I have been using.
- Have not used.

Alcohol?

- They NEVER KNOW when I have been using.
- They know about a FEW TIMES.
- They know about HALF THE TIME.
- They know MOST OF THE TIME.
- They ALWAYS KNOW when I have been using.
- Have not used.

Other illegal drugs?

- They NEVER KNOW when I have been using.
- They know about a FEW TIMES.
- They know about HALF THE TIME.
- They know MOST OF THE TIME.
- They ALWAYS KNOW when I have been using.
- Have not used.