Drug Free Coalition Student Core Measures Survey

1. Sex:
   □ Male
   □ Female

2. Grade:
   □ 6
   □ 7
   □ 8
   □ 9
   □ 10
   □ 11
   □ 12

3. Age
   □ 10 years old or less
   □ 11 years old
   □ 12 years old
   □ 13 years old
   □ 14 years old
   □ 15 years old
   □ 16 years old
   □ 17 years old
   □ 18 years old
   □ 19 years old or more

4. During the past 30 days how many days did you have at least one drink of alcohol?
   □ 0 days
   □ 1 or more days

5. During the past 30 days how many days did you smoke cigarettes?
   □ 0 days
   □ 1 or more days
6. During the past 30 days how many days did you use marijuana or hashish?
   - 0 days
   - 1 or more days

7. During the past 30 days how many days did you use prescription drugs *not prescribed* to you?
   - 0 days
   - 1 or more days

8. How much do you think people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?
   - No Risk
   - Slight Risk
   - Moderate Risk
   - Great Risk

9. How much do you think people risk harming themselves physically or in other ways if they smoke one or more packs of cigarettes per day?
   - No Risk
   - Slight Risk
   - Moderate Risk
   - Great Risk

10. How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?
    - No Risk
    - Slight Risk
    - Moderate Risk
    - Great Risk

11. How much do you think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them?
    - No Risk
    - Slight Risk
    - Moderate Risk
    - Great Risk

12. How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks of an alcoholic beverage nearly every day?
No Risk
Slight Risk
Moderate Risk
Great Risk

13. **How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?**
   - Not wrong at all
   - A little bit wrong
   - Wrong
   - Very wrong

14. **How wrong do your parents feel it would be for you to smoke tobacco?**
   - Not wrong at all
   - A little bit wrong
   - Wrong
   - Very wrong

15. **How wrong do your parents feel it would be for you to smoke marijuana?**
   - Not wrong at all
   - A little bit wrong
   - Wrong
   - Very wrong

16. **How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?**
   - Not wrong at all
   - A little bit wrong
   - Wrong
   - Very wrong

17. **How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?**
   - Not wrong at all
   - A little bit wrong
   - Wrong
   - Very wrong
18. **How wrong do your friends feel it would be for you to smoke tobacco?**
- Not wrong at all
- A little bit wrong
- Wrong
- Very wrong

19. **How wrong do your friends feel it would be for you to smoke marijuana?**
- Not wrong at all
- A little bit wrong
- Wrong
- Very wrong

20. **How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?**
- Not wrong at all
- A little bit wrong
- Wrong
- Very wrong

21. **Required for STOP ACT grantees only: How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?**
- Neither approve nor disapprove
- Somewhat Disapprove
- Strongly disapprove
- Don't know or can't say