

Place an X on the line before the best answer for each item. **Do not skip any items.**

1. Are you: 1. Male 2. Female
2. How old are you?
 10 or younger 13
 11 14
 12 15 or older
3. What is your grade in school now?
 6th grade 8th grade
 7th grade
4. How long have you lived in Haywood County?
 Less than 1 year 3 years
 1 year 4 years
 2 years 5 or more yr.
5. How do you describe yourself? (If more than one describes you, **mark all that apply**)
 (a) Native American
 (b) African American
 (c) Mexican American/ Hispanic/Latino
 (e) Asian American or Pacific Islander
 (f) White
 (g) Other or don't know
6. Which adults do you live with?
(Mark all that apply)
 (a) Biological mother
 (b) Stepmother
 (c) Biological father
 (d) Stepfather
 (e) Grand parent(s)
 (f) Other relative
 (g) Other adult(s) not related to you
7. During the last 30 days, how often have you skipped or cut full days of school?
 Never 6 to 10 times
 Once or twice More the 10
 3 to 5 times
8. Mark the two grades you get most often?
 A D
 B F or Incomplete
 C Don't get letter grades
- 8A. Indicate all the activities you participate in:
 (a) Sports (b) Marching band
 (c) Other extracurricular activities
9. Where have you received most of your information about alcohol and other drugs?
(Mark all that apply)
 Friends/peers
 Parents
 Brothers or sisters
 School teachers/counselors
 Religious or community groups
 D.A.R.E. Officer
 Internet
 TV/radio/magazines/newspapers/books
 Other
10. How familiar are you with D.A.R.E.
 (1) Never heard of it
 (2) Don't know much about it
 (3) Somewhat familiar with it
 (4) Know all about it
11. Have you had a D.A.R.E. course?
 No Yes
12. During the past 12 months, have you talked with at least one of your parents (or guardian) about the dangers of alcohol or drug use?
 No Yes
13. During the last 12 months, has anyone offered, sold, or given you an illegal drug on school property?
 No Yes
14. Has alcohol use by any family member caused family, health, job, or legal problems?
 No Yes
15. Has drug use by any family member caused family, health, job, or legal problems?
 No Yes
16. Do you ever ride with friends after they have been using alcohol or drugs?
 No Yes
17. How old were you the first time you smoked part or all of a cigarette?
 I have never smoked part or all of a cigarette
 10years or younger 13 years old
 11 years old 14 years old
 12years old 15 years or older

MIDDLE SCHOOL STUDENT SURVEY

Place an X on the line before the best answer for each item. **Do not skip any items.**

18. How old were you the first time you chewed tobacco or used snuff?

- I have never chewed or used snuff
 10 years or younger 13 years old
 11 years old 14 years old
 12 years old 15 years or older

19. During the past 30 days, on how many days did you smoke or chew?

- I don't smoke or chew
 0 days 6 to 9 days
 1 or 2 days 10 to 19 days
 3 to 5 days 20 to 30 days

20. How old were you when you had your first drink of alcohol other than a few sips?

- I never drank alcohol
 10 years or younger 13 years old
 11 years old 14 years old
 12 years old 15 years or older

21. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?

- I don't drink alcohol
 0 days 6 to 9 days
 1 or 2 days 10 to 19 days
 3 to 5 days 20 to 30 days

22. How old were you when you tried marijuana (pot) or hashish for the first time?

- I never tried marijuana
 10 years or younger 13 years old
 11 years old 14 years old
 12 years old 15 years or older

23. During the past 30 days, on how many days did you smoke marijuana or hashish?

- I don't smoke marijuana or hashish
 0 days 6 to 9 days
 1 or 2 days 10 to 19 days
 3 to 5 days 20 to 30 days

24. How old were you the first time you used any drug including medicines to get high?

- I have never gotten high with drugs or medicine
 10 years or younger 13 years old
 11 years old 14 years old
 12 years old 15 years or older

25. During the past 30 days, on how many days did you use drugs to get high?

- I don't use drugs or medications to get high
 0 days 6 to 9 days
 1 or 2 days 10 to 19 days
 3 to 5 days 20 to 30 days

26. Have you ever taken prescription drugs not prescribed for you to get high?

- No Yes

27. How do you think your close friends would feel if you smoked marijuana or took drugs?

- Would approve
 Would not care
 Would disapprove

The following questions should be answered regarding the past 12 months.

28. Have you ever spent more time drinking or using drugs than you intended?

- Don't drink/use No Yes

29. Have you ever neglected your usual responsibilities because of drinking or using drugs?

- Don't drink/use No Yes

30. Have you felt you wanted or needed to cut down on your drinking or drug use?

- Don't drink/use No Yes

31. Has anyone objected to your use of alcohol or other drugs?

- Don't drink/use No Yes

32. Have you found yourself thinking a lot about drinking or using drugs?

- Don't drink/use No Yes

33. Have you used alcohol or other drugs to relieve emotional distress, such as sadness, anger, or boredom?

- Don't drink/use No Yes

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THANK YOU FOR COMPLETING THE SURVEY