

2019 New Hampshire Youth Risk Behavior Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure you read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

Directions

Use #2 pencil only.

Make dark marks.

Fill in a response like this: (A) (B) (C) ●

If you change your answer, erase your old answer completely.

1. How old are you?

- (A) 12 years old or younger
- (B) 13 years old
- (C) 14 years old
- (D) 15 years old
- (E) 16 years old
- (F) 17 years old
- (G) 18 years old or older

2. What is your sex?

- (A) Female
- (B) Male

3. In what grade are you?

- (A) 9th grade
- (B) 10th grade
- (C) 11th grade
- (D) 12th grade
- (E) Ungraded or other grade

4. Are you Hispanic or Latino?

- (A) Yes
- (B) No

5. What is your race? (Select one or more responses.)

- (A) American Indian or Alaska Native
- (B) Asian
- (C) Black or African American
- (D) Native Hawaiian or Other Pacific Islander
- (E) White

6. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching circle below each number.

Example

Height	
Feet	Inches
5	7
(3)	(0)
(4)	(1)
●	(2)
(6)	(3)
(7)	(4)
	(5)
	(6)
	(7)
	(8)
	(9)
	(10)
	(11)

Height	
Feet	Inches
(3)	(0)
(4)	(1)
(5)	(2)
(6)	(3)
(7)	(4)
	(5)
	(6)
	(7)
	(8)
	(9)
	(10)
	(11)

7. How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes. Fill in the matching circle below each number.

Example

Weight		
Pounds		
1	5	2
(0)	(0)	(0)
●	(1)	(1)
(2)	(2)	●
(3)	(3)	(3)
	(4)	(4)
	●	(5)
	(6)	(6)
	(7)	(7)
	(8)	(8)
	(9)	(9)

Weight		
Pounds		
(0)	(0)	(0)
(1)	(1)	(1)
(2)	(2)	(2)
(3)	(3)	(3)
	(4)	(4)
	(5)	(5)
	(6)	(6)
	(7)	(7)
	(8)	(8)
	(9)	(9)

8. During the past 12 months, how would you describe your grades in school?

- (A) Mostly A's
- (B) Mostly B's
- (C) Mostly C's
- (D) Mostly D's
- (E) Mostly F's
- (F) None of these grades
- (G) Not sure

The next 6 questions ask about safety.

9. **When you rode a bicycle** during the past 12 months, how often did you wear a helmet?

- A I did not ride a bicycle during the past 12 months
- B Never wore a helmet
- C Rarely wore a helmet
- D Sometimes wore a helmet
- E Most of the time wore a helmet
- F Always wore a helmet

10. How often do you wear a seat belt when **riding** in a car driven by someone else?

- A Never
- B Rarely
- C Sometimes
- D Most of the time
- E Always

11. How often do you wear a seat belt when **driving** a car?

- A I do not drive a car
- B Never
- C Rarely
- D Sometimes
- E Most of the time
- F Always

12. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?

- A 0 times
- B 1 time
- C 2 or 3 times
- D 4 or 5 times
- E 6 or more times

13. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?

- A I did not drive a car or other vehicle during the past 30 days
- B 0 times
- C 1 time
- D 2 or 3 times
- E 4 or 5 times
- F 6 or more times

14. During the past 30 days, on how many days did you **text or e-mail** while **driving** a car or other vehicle?

- A I did not drive a car or other vehicle during the past 30 days
- B 0 days
- C 1 or 2 days
- D 3 to 5 days
- E 6 to 9 days
- F 10 to 19 days
- G 20 to 29 days
- H All 30 days

The next 12 questions ask about violence-related behaviors.

15. During the past 30 days, on how many days did you carry a **weapon** such as a gun, knife, or club?

- A 0 days
- B 1 day
- C 2 or 3 days
- D 4 or 5 days
- E 6 or more days

16. During the past 30 days, on how many days did you carry a **weapon** such as a gun, knife, or club **on school property**?

- A 0 days
- B 1 day
- C 2 or 3 days
- D 4 or 5 days
- E 6 or more days

17. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?

- A 0 days
- B 1 day
- C 2 or 3 days
- D 4 or 5 days
- E 6 or more days

18. During the past 12 months, how many times has someone threatened or injured you with a **weapon** such as a gun, knife, or club **on school property**?

- A 0 times
- B 1 time
- C 2 or 3 times
- D 4 or 5 times
- E 6 or 7 times
- F 8 or 9 times
- G 10 or 11 times
- H 12 or more times

19. During the past 12 months, how many times were you in a **physical fight on school property** ?

- A 0 times
- B 1 time
- C 2 or 3 times
- D 4 or 5 times
- E 6 or 7 times
- F 8 or 9 times
- G 10 or 11 times
- H 12 or more times

20. Have you ever been physically forced to have sexual intercourse when you did not want to?

- A Yes
- B No

21. During the past 12 months, how many times did **anyone** force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)

- B 0 times
- C 1 time
- D 2 or 3 times
- E 4 or 5 times
- F 6 or more times

22. During the past 12 months, how many times did **someone you were dating or going out with** force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)

- A I did not date or go out with anyone during the past 12 months
- B 0 times
- C 1 time
- D 2 or 3 times
- E 4 or 5 times
- F 6 or more times

23. During the past 12 months, how many times did **someone you were dating or going out with** physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)

- A I did not date or go out with anyone during the past 12 months
- B 0 times
- C 1 time
- D 2 or 3 times
- E 4 or 5 times
- F 6 or more times

24. During the past 12 months, how many times did **someone you were dating or going out with** purposely try to control you or emotionally hurt you? (Count such things as being told who you could and could not spend time with, being humiliated in front of others, or being threatened if you did not do what they wanted.)

- A I did not date or go out with anyone during the past 12 months
- B 0 times
- C 1 time
- D 2 or 3 times
- E 4 or 5 times
- F 6 or more times

25. During the past 12 months, how many times have you experienced an unwanted sexual advance because of another student's drinking?

- A I did not experience an unwanted sexual advance during the past 12 months
- B 0 times
- C 1 time
- D 2 or 3 times
- E 4 or 5 times
- F 6 or more times

26. During the past 12 months, did **you** ever force **someone you were dating or going out with** to do sexual things that they did not want to do? (Count such things as kissing, touching, or physically forcing them to have sexual intercourse.)

- A I did not date or go out with anyone during the past 12 months
- B Yes
- C No

The next 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

27. During the past 12 months, have you ever been bullied **on school property**?

- A Yes
- B No

28. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)

- A Yes
- B No

The next question asks about hurting yourself on purpose.

29. During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?
- A 0 times
 - B 1 time
 - C 2 or 3 times
 - D 4 or 5 times
 - E 6 or more times

The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

30. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
- A Yes
 - B No
31. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A Yes
 - B No
32. During the past 12 months, did you make a plan about how you would attempt suicide?
- A Yes
 - B No
33. During the past 12 months, how many times did you actually attempt suicide?
- A 0 times
 - B 1 time
 - C 2 or 3 times
 - D 4 or 5 times
 - E 6 or more times
34. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
- A I did not attempt suicide during the past 12 months
 - B Yes
 - C No

The next 2 questions ask about cigarette smoking.

35. During the past 30 days, on how many days did you smoke cigarettes?
- A 0 days
 - B 1 or 2 days
 - C 3 to 5 days
 - D 6 to 9 days
 - E 10 to 19 days
 - F 20 to 29 days
 - G All 30 days
36. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?
- A I did not smoke cigarettes during the past 30 days
 - B Less than 1 cigarette per day
 - C 1 cigarette per day
 - D 2 to 5 cigarettes per day
 - E 6 to 10 cigarettes per day
 - F 11 to 20 cigarettes per day
 - G More than 20 cigarettes per day

The next 3 questions ask about electronic vapor products, such as JUUL, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.

37. Have you ever used an electronic vapor product?
- A Yes
 - B No
38. During the past 30 days, on how many days did you use an electronic vapor product?
- A 0 days
 - B 1 or 2 days
 - C 3 to 5 days
 - D 6 to 9 days
 - E 10 to 19 days
 - F 20 to 29 days
 - G All 30 days

39. During the past 30 days, how did you **usually** get your own electronic vapor products? (Select only **one** response.)

- Ⓐ I did not use any electronic vapor products during the past 30 days
- Ⓑ I bought them in a store such as a convenience store, supermarket, discount store, gas station, or vape store
- Ⓒ I got them on the Internet
- Ⓓ I gave someone else money to buy them for me
- Ⓔ I borrowed them from someone else
- Ⓕ A person who can legally buy these products gave them to me
- Ⓖ I took them from a store or another person
- Ⓗ I got them some other way

The next 4 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

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

- Ⓐ I have never had a drink of alcohol other than a few sips
- Ⓑ 8 years old or younger
- Ⓒ 9 or 10 years old
- Ⓓ 11 or 12 years old
- Ⓔ 13 or 14 years old
- Ⓕ 15 or 16 years old
- Ⓖ 17 years old or older

41. During the past 30 days, on how many days did you have at least one drink of alcohol?

- Ⓐ 0 days
- Ⓑ 1 or 2 days
- Ⓒ 3 to 5 days
- Ⓓ 6 to 9 days
- Ⓔ 10 to 19 days
- Ⓕ 20 to 29 days
- Ⓖ All 30 days

42. During the past 30 days, on how many days did you have **4** or more drinks of alcohol in a row, that is, within a couple of hours (if you are **female**) or **5** or more drinks of alcohol in a row, that is, within a couple of hours (if you are **male**)?

- Ⓐ 0 days
- Ⓑ 1 day
- Ⓒ 2 days
- Ⓓ 3 to 5 days
- Ⓔ 6 to 9 days
- Ⓕ 10 to 19 days
- Ⓖ 20 or more days

43. During the past 30 days, how did you **usually** get the alcohol you drank?

- Ⓐ I did not drink alcohol during the past 30 days
- Ⓑ I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
- Ⓒ I bought it at a restaurant, bar, or club
- Ⓓ I bought it at a public event such as a concert or sporting event
- Ⓔ I gave someone else money to buy it for me
- Ⓕ Someone gave it to me
- Ⓖ I took it from a store or family member
- Ⓗ I got it some other way

The next 2 questions ask about marijuana use. Marijuana is also called pot, weed, or cannabis.

44. How old were you when you tried marijuana for the first time?

- Ⓐ I have never tried marijuana
- Ⓑ 8 years old or younger
- Ⓒ 9 or 10 years old
- Ⓓ 11 or 12 years old
- Ⓔ 13 or 14 years old
- Ⓕ 15 or 16 years old
- Ⓖ 17 years old or older

45. During the past 30 days, how many times did you use marijuana?

- Ⓐ 0 times
- Ⓑ 1 or 2 times
- Ⓒ 3 to 9 times
- Ⓓ 10 to 19 times
- Ⓔ 20 to 39 times
- Ⓕ 40 or more times

The next question asks about synthetic marijuana use. Synthetic marijuana also is called Spice, fake weed, K2, King Kong, Yucatan Fire, or Skunk.

46. During your life, how many times have you used synthetic marijuana?
- A 0 times
 - B 1 or 2 times
 - C 3 to 9 times
 - D 10 to 19 times
 - E 20 to 39 times
 - F 40 or more times

The next 7 questions ask about other drugs.

47. During your life, how many times have you used heroin (also called smack, junk, or China White)?
- A 0 times
 - B 1 or 2 times
 - C 3 to 9 times
 - D 10 to 19 times
 - E 20 to 39 times
 - F 40 or more times

48. During your life, how many times have you used methamphetamines (also called speed, crystal meth, crank, ice, or meth)?

- A 0 times
- B 1 or 2 times
- C 3 to 9 times
- D 10 to 19 times
- E 20 to 39 times
- F 40 or more times

49. During your life, how many times have you used ecstasy (also called MDMA)?

- A 0 times
- B 1 or 2 times
- C 3 to 9 times
- D 10 to 19 times
- E 20 to 39 times
- F 40 or more times

50. During your life, how many times have you taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

- A 0 times
- B 1 or 2 times
- C 3 to 9 times
- D 10 to 19 times
- E 20 to 39 times
- F 40 or more times

51. During the past 30 days, how many times did you take a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

- A 0 times
- B 1 or 2 times
- C 3 to 9 times
- D 10 to 19 times
- E 20 to 39 times
- F 40 or more times

52. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?

- A Yes
- B No

53. During the past 12 months, do you recall hearing, reading, or seeing a public message about avoiding alcohol or other illegal drugs?

- A Yes
- B No
- C Not sure

The next 9 questions ask about sexual behavior.

54. Have you ever had sexual intercourse?

- A Yes
- B No

55. How old were you when you had sexual intercourse for the first time?

- A I have never had sexual intercourse
- B 11 years old or younger
- C 12 years old
- D 13 years old
- E 14 years old
- F 15 years old
- G 16 years old
- H 17 years old or older

56. During your life, with how many people have you had sexual intercourse?

- A I have never had sexual intercourse
- B 1 person
- C 2 people
- D 3 people
- E 4 people
- F 5 people
- G 6 or more people

57. During the past 3 months, with how many people did you have sexual intercourse?
- A I have never had sexual intercourse
 - B I have had sexual intercourse, but not during the past 3 months
 - C 1 person
 - D 2 people
 - E 3 people
 - F 4 people
 - G 5 people
 - H 6 or more people
58. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
- A I have never had sexual intercourse
 - B Yes
 - C No
59. The **last time** you had sexual intercourse, did you or your partner use a condom?
- A I have never had sexual intercourse
 - B Yes
 - C No
60. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
- A I have never had sexual intercourse
 - B No method was used to prevent pregnancy
 - C Birth control pills
 - D Condoms
 - E An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
 - F A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
 - G Withdrawal or some other method
 - H Not sure
61. During your life, with whom have you had sexual contact?
- A I have never had sexual contact
 - B Females
 - C Males
 - D Females and males
62. Which of the following best describes you?
- A Heterosexual (straight)
 - B Gay or lesbian
 - C Bisexual
 - D Not sure

The next 4 questions ask about body weight.

63. Which of the following are you trying to do about your weight?
- A Lose weight
 - B Gain weight
 - C Stay the same weight
 - D I am **not trying to do anything** about my weight
64. During the past 30 days, did you **go without eating for 24 hours or more** (also called fasting) to lose weight or to keep from gaining weight?
- A Yes
 - B No
65. During the past 30 days, did you take **any diet pills, powders, or liquids** without a doctor's advice to lose weight or to keep from gaining weight? (Do **not** include meal replacement products such as Slim Fast.)
- A Yes
 - B No
66. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?
- A Yes
 - B No

The next 4 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

67. During the past 7 days, how many times did you drink a **can, bottle, or glass of soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** count diet soda or diet pop.)
- A I did not drink soda or pop during the past 7 days.
 - B 1 to 3 times during the past 7 days
 - C 4 to 6 times during the past 7 days
 - D 1 time per day
 - E 2 times per day
 - F 3 times per day
 - G 4 or more times per day

68. During the past 7 days, how many times did you drink a **bottle or glass of plain water**? (Count tap, bottled, and unflavored sparkling water.)

- A I did not drink water during the past 7 days
- B 1 to 3 times during the past 7 days
- C 4 to 6 times during the past 7 days
- D 1 time per day
- E 2 times per day
- F 3 times per day
- G 4 or more times per day

69. During the past 7 days, how many times did you drink a **can, bottle, or glass of a sugar-sweetened beverage** such as sports drinks (for example, Gatorade or PowerAde), energy drinks (for example, Red Bull or Jolt), lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do **not** count soda or pop.)

- A I did not drink these sugar-sweetened beverages during the past 7 days
- B 1 to 3 times during the past 7 days
- C 4 to 6 times during the past 7 days
- D 1 time per day
- E 2 times per day
- F 3 times per day
- G 4 or more times per day

70. During the past 7 days, on how many days did you eat **breakfast**?

- A 0 days
- B 1 day
- C 2 days
- D 3 days
- E 4 days
- F 5 days
- G 6 days
- H 7 days

The next 3 questions ask about physical activity.

71. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

- A 0 days
- B 1 day
- C 2 days
- D 3 days
- E 4 days
- F 5 days
- G 6 days
- H 7 days

72. Do any of your classroom teachers provide short physical activity breaks during regular class time? (Do **not** count your physical education teacher.)

- A Yes
- B No

73. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent playing games, watching videos, texting, or using social media on your smartphone, computer, Xbox, Playstation, iPad, or other tablet.)

- A I do not play video or computer games or use a computer for something that is not school work
- B Less than 1 hour per day
- C 1 hour per day
- D 2 hours per day
- E 3 hours per day
- F 4 hours per day
- G 5 or more hours per day

The next question asks about concussions. A **concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.**

74. During the past 12 months, how many times did you have a concussion from **playing a sport or being physically active**?

- A 0 times
- B 1 time
- C 2 times
- D 3 times
- E 4 or more times

The next 6 questions ask about other health-related topics.

75. Have you ever been tested for HIV, the virus that causes AIDS? (Do **not** count tests done if you donated blood.)

- A Yes
- B No
- C Not sure

76. During the past 12 months, have you been tested for a sexually transmitted disease (STD) other than HIV, such as chlamydia or gonorrhea?

- A Yes
- B No
- C Not sure

77. When was the last time you saw a dentist for a check-up, exam, teeth-cleaning, or other dental work?

- A During the past 12 months
- B Between 12 and 24 months ago
- C More than 24 months ago
- D Never
- E Not sure

78. When was the last time you saw a doctor or nurse for a check-up or physical exam when you were not sick or injured?

- A During the past 12 months
- B Between 12 and 24 months ago
- C More than 24 months ago
- D Never
- E Not sure

79. Has a doctor or nurse ever told you that you have asthma?

- A Yes
- B No
- C Not sure

80. On an average school night, how many hours of sleep do you get?

- A 4 or less hours
- B 5 hours
- C 6 hours
- D 7 hours
- E 8 hours
- F 9 hours
- G 10 or more hours

The next 7 questions ask about family.

81. Do you agree or disagree that your parents or other adults in your family have clear rules and consequences for your behavior?

- A Strongly agree
- B Agree
- C Not sure
- D Disagree
- E Strongly disagree

82. How often do your parents or other adults in your family talk with you about what you are doing in school?

- A Never
- B Rarely
- C Sometimes
- D Most of the time
- E Always

83. During the past 30 days, where did you usually sleep?

- A In my parent's or guardian's home
- B In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing
- C In a shelter or emergency housing
- D In a motel or hotel
- E In a car, park, campground, or other public place
- F I do not have a usual place to sleep
- G Somewhere else

84. During the past 30 days, did you ever sleep away from your parents or guardians because you were kicked out, ran away, or were abandoned?

- A Yes
- B No

85. During the past 12 months, have either of your parents or other adults in your family been in jail or in prison?

- A Yes
- B No
- C Not sure

86. Have you ever lived with anyone who had a problem with alcohol or drugs?

- A Yes
- B No
- C Not sure

87. Have you ever seen or heard adults in your home slap, hit, kick, punch, or hurt each other?

- A Yes
- B No

The next 13 questions ask about how you, your friends, and family perceive cigarettes, alcohol, and other drug use.

88. How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks of alcohol (beer, wine, or liquor) once or twice a week?
- A No risk
 - B Slight risk
 - C Moderate risk
 - D Great risk
89. How much do you think people risk harming themselves (physically or in other ways) if they use marijuana once or twice a week?
- A No risk
 - B Slight risk
 - C Moderate risk
 - D Great risk
90. How much do you think people risk harming themselves (physically or in other ways) if they take a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
- A No risk
 - B Slight risk
 - C Moderate risk
 - D Great risk
91. How wrong do **your friends feel it would be for you** to have one or two drinks of an alcoholic beverage (beer, wine, or liquor) nearly every day?
- A Very wrong
 - B Wrong
 - C A little bit wrong
 - D Not at all wrong
 - E Not sure
92. How wrong do **your friends feel it would be for you** to smoke marijuana?
- A Very wrong
 - B Wrong
 - C A little bit wrong
 - D Not at all wrong
 - E Not sure
93. How wrong do **your friends feel it would be for you** to take a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
- A Very wrong
 - B Wrong
 - C A little bit wrong
 - D Not at all wrong
 - E Not sure
94. How do you feel about someone your age having one or two drinks of alcohol (beer, wine, or liquor) nearly every day?
- A Strongly approve
 - B Approve
 - C Neither approve nor disapprove
 - D Disapprove
 - E Strongly disapprove
95. How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage (beer, wine, or liquor) nearly every day?
- A Very wrong
 - B Wrong
 - C A little bit wrong
 - D Not at all wrong
 - E Not sure
96. How wrong do your parents feel it would be for you to smoke marijuana?
- A Very wrong
 - B Wrong
 - C A little bit wrong
 - D Not at all wrong
 - E Not sure
97. How wrong do your parents feel it would be for you to take a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
- A Very wrong
 - B Wrong
 - C A little bit wrong
 - D Not at all wrong
 - E Not sure

98. If you wanted to get some alcohol (beer, wine, or liquor) how hard or easy would it be for you to get some?

- A Very hard
- B Sort of hard
- C Sort of easy
- D Very easy

99. If you wanted to get some marijuana, how hard or easy would it be for you to get some?

- A Very hard
- B Sort of hard
- C Sort of easy
- D Very easy

100. If you wanted to get a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription, how hard or easy would it be for you to get some?

- A Very hard
- B Sort of hard
- C Sort of easy
- D Very easy

**This is the end of the survey.
Thank you very much for your help.**