

Type of Test

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | Pre-Test |
| <input type="checkbox"/> | Post-Test |
| <input type="checkbox"/> | Follow-Up |
| <input type="checkbox"/> | No Answer |

Date

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | No Answer |
|--------------------------|-----------|

1. Smoke one or more packs of cigarettes per day?

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | No Risk |
| <input type="checkbox"/> | Slight Risk |
| <input type="checkbox"/> | Moderate Risk |
| <input type="checkbox"/> | Great Risk |
| <input type="checkbox"/> | Not Sure |
| <input type="checkbox"/> | No Answer |

2. Try marijuana once or twice?

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | No Risk |
| <input type="checkbox"/> | Slight Risk |
| <input type="checkbox"/> | Moderate Risk |
| <input type="checkbox"/> | Great Risk |
| <input type="checkbox"/> | Not Sure |
| <input type="checkbox"/> | No Answer |

3. Smoke marijuana regularly?

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | No Risk |
| <input type="checkbox"/> | Slight Risk |
| <input type="checkbox"/> | Moderate Risk |
| <input type="checkbox"/> | Great Risk |
| <input type="checkbox"/> | Not Sure |
| <input type="checkbox"/> | No Answer |

4. Take one or more drinks of an alcoholic beverage (wine, beer, a shot, liquor) nearly every day?

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | No Risk |
| <input type="checkbox"/> | Slight Risk |
| <input type="checkbox"/> | Moderate Risk |
| <input type="checkbox"/> | Great Risk |
| <input type="checkbox"/> | Not Sure |
| <input type="checkbox"/> | No Answer |

5. Take five or more drinks of an alcoholic beverage at one time?

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | No Risk |
| <input type="checkbox"/> | Slight Risk |
| <input type="checkbox"/> | Moderate Risk |
| <input type="checkbox"/> | Great Risk |
| <input type="checkbox"/> | Not Sure |
| <input type="checkbox"/> | No Answer |

III-1. How often do you feel that the school work you are assigned is meaningful and important?

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | Almost always |
| <input type="checkbox"/> | Often |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Seldom |
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | No Answer |

III-2. How interesting are most of your courses to you?

- | | |
|--------------------------|--------------------|
| <input type="checkbox"/> | Very interesting |
| <input type="checkbox"/> | Quite interesting |
| <input type="checkbox"/> | Fairly interesting |
| <input type="checkbox"/> | Slightly dull |
| <input type="checkbox"/> | Very dull |
| <input type="checkbox"/> | No Answer |

III-3. How important do you think the things you are learning in school are going to be later in life?

- | | |
|--------------------------|----------------------|
| <input type="checkbox"/> | Very important |
| <input type="checkbox"/> | Quite important |
| <input type="checkbox"/> | Fairly important |
| <input type="checkbox"/> | Slightly important |
| <input type="checkbox"/> | Not at all important |
| <input type="checkbox"/> | No Answer |

III-4-1. Enjoy being in school?

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | Seldom |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Often |
| <input type="checkbox"/> | Almost always |
| <input type="checkbox"/> | No Answer |

III-4-2. Hate being in school?

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | Seldom |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Often |
| <input type="checkbox"/> | Almost always |
| <input type="checkbox"/> | No Answer |

III-4-3. Try to do your best in school?

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | Seldom |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Often |
| <input type="checkbox"/> | Almost always |
| <input type="checkbox"/> | No Answer |

IV-1. How frequently have you smoked cigarettes during the past 30 days?

- | | |
|--------------------------|-------------------------------|
| <input type="checkbox"/> | Not at all |
| <input type="checkbox"/> | Less than 1 cigarette per day |
| <input type="checkbox"/> | 1-5 cigarettes per day |
| <input type="checkbox"/> | About 1/2 pack per day |
| <input type="checkbox"/> | About 1 pack per day |
| <input type="checkbox"/> | About 1 1/2 packs per day |
| <input type="checkbox"/> | 2 packs per day |
| <input type="checkbox"/> | No Answer |

IV-2. To be more precise, during the past 30 days, about how many cigarettes have you smoked per day?

- | | |
|--------------------------|-----------------------|
| <input type="checkbox"/> | None |
| <input type="checkbox"/> | Less than one per day |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | 13-17 |
| <input type="checkbox"/> | 18-22 |
| <input type="checkbox"/> | 23-27 |
| <input type="checkbox"/> | 28-32 |
| <input type="checkbox"/> | 33-37 |
| <input type="checkbox"/> | 38 or more |
| <input type="checkbox"/> | No Answer |

IV-3. How often have you taken smokeless tobacco during the past 30 days?

- | | |
|--------------------------|------------------------|
| <input type="checkbox"/> | Not at all |
| <input type="checkbox"/> | Once or twice |
| <input type="checkbox"/> | Once to twice per week |
| <input type="checkbox"/> | 3-5 times per week |
| <input type="checkbox"/> | About once per day |
| <input type="checkbox"/> | More than once per day |
| <input type="checkbox"/> | No Answer |

IV-4-1. Had alcoholic beverages (including beer, wine, wine coolers, and liquor) to drink (more than a few sips)?

- | | |
|--------------------------|----------------------|
| <input type="checkbox"/> | 0 Occasions |
| <input type="checkbox"/> | 1-2 Occasions |
| <input type="checkbox"/> | 3-5 Occasions |
| <input type="checkbox"/> | 6-9 Occasions |
| <input type="checkbox"/> | 10-19 Occasions |
| <input type="checkbox"/> | 20-39 Occasions |
| <input type="checkbox"/> | 40 or more Occasions |
| <input type="checkbox"/> | No Answer |

IV-4-2. Been drunk or very high from drinking alcoholic beverages?

- | | |
|--------------------------|----------------------|
| <input type="checkbox"/> | 0 Occasions |
| <input type="checkbox"/> | 1-2 Occasions |
| <input type="checkbox"/> | 3-5 Occasions |
| <input type="checkbox"/> | 6-9 Occasions |
| <input type="checkbox"/> | 10-19 Occasions |
| <input type="checkbox"/> | 20-39 Occasions |
| <input type="checkbox"/> | 40 or more Occasions |
| <input type="checkbox"/> | No Answer |

IV-4-3. Used marijuana (grass, pot) or hashish (hash, hash oil)?

- | | |
|--------------------------|----------------------|
| <input type="checkbox"/> | 0 Occasions |
| <input type="checkbox"/> | 1-2 Occasions |
| <input type="checkbox"/> | 3-5 Occasions |
| <input type="checkbox"/> | 6-9 Occasions |
| <input type="checkbox"/> | 10-19 Occasions |
| <input type="checkbox"/> | 20-39 Occasions |
| <input type="checkbox"/> | 40 or more Occasions |
| <input type="checkbox"/> | No Answer |

IV-5. How old were you the first time you had more than a sip or two of beer, wine or hard liquor (for example: vodka, whiskey or gin)?

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | Never have |
| <input type="checkbox"/> | 10 or younger |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | 17 or older |
| <input type="checkbox"/> | No Answer |

IV-6. During the LAST MONTH, about how many marijuana cigarettes (joints, reefers), or equivalent, did you smoke a day on average? (If you shared them with other people, count only the amount YOU smoked).

- | | |
|--------------------------|---------------------|
| <input type="checkbox"/> | None |
| <input type="checkbox"/> | Less than one a day |
| <input type="checkbox"/> | 1 a day |
| <input type="checkbox"/> | 2-3 a day |
| <input type="checkbox"/> | 4-6 a day |
| <input type="checkbox"/> | 7-10 a day |
| <input type="checkbox"/> | 11 or more a day |
| <input type="checkbox"/> | No Answer |