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**Thinking about school, how often do you enjoy being in school?**

<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

**Thinking about school, 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

**Thinking about school, how often do you hate being in school?**

<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

**Thinking about school, how often do you try to do your best in school?**

<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

**Thinking about school, 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

**Thinking about school, how important do you think things you are learning in school are going to be for you 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            |

**Do you think you will get a high school diploma in the future?**

- |                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | Definitely Not  |
| <input type="checkbox"/> | Probably Not    |
| <input type="checkbox"/> | Maybe           |
| <input type="checkbox"/> | Probably Will   |
| <input type="checkbox"/> | Definitely Will |
| <input type="checkbox"/> | No Answer       |

**Do you think you will enroll in a non-degree professional or technical training program, such as a beautician, electrician, mechanic, chef, etc. in the future?**

- |                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | Definitely Not  |
| <input type="checkbox"/> | Probably Not    |
| <input type="checkbox"/> | Maybe           |
| <input type="checkbox"/> | Probably Will   |
| <input type="checkbox"/> | Definitely Will |
| <input type="checkbox"/> | No Answer       |

**Do you think you will enroll in college to obtain a degree in the future?**

- |                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | Definitely Not  |
| <input type="checkbox"/> | Probably Not    |
| <input type="checkbox"/> | Maybe           |
| <input type="checkbox"/> | Probably Will   |
| <input type="checkbox"/> | Definitely Will |
| <input type="checkbox"/> | No Answer       |

**Do you think you will enroll in a graduate program; in other words, continue in college beyond four years to get a degree such as a masters, doctorate, MBA, or PhD in the future?**

- |                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | Definitely Not  |
| <input type="checkbox"/> | Probably Not    |
| <input type="checkbox"/> | Maybe           |
| <input type="checkbox"/> | Probably Will   |
| <input type="checkbox"/> | Definitely Will |
| <input type="checkbox"/> | No Answer       |

**How many of your closest friends do you think have used marijuana during the past 30 days?**

- |                          |              |
|--------------------------|--------------|
| <input type="checkbox"/> | All of Them  |
| <input type="checkbox"/> | Most of Them |
| <input type="checkbox"/> | Some of Them |
| <input type="checkbox"/> | None of Them |
| <input type="checkbox"/> | No Answer    |

**How many of your closest friends do you think have, during the past 30 days, had an alcoholic beverage - for example, beer, wine, hard liquor (vodka, whiskey, gin, etc.) - or any other beverage with alcohol? (Do not include sips for ceremonial or religious purposes.)**

- |                          |              |
|--------------------------|--------------|
| <input type="checkbox"/> | All of Them  |
| <input type="checkbox"/> | Most of Them |
| <input type="checkbox"/> | Some of Them |
| <input type="checkbox"/> | None of Them |
| <input type="checkbox"/> | No Answer    |

**How many of your closest friends do you think have been drunk during the past 30 days?**

- |                          |              |
|--------------------------|--------------|
| <input type="checkbox"/> | All of Them  |
| <input type="checkbox"/> | Most of Them |
| <input type="checkbox"/> | Some of Them |
| <input type="checkbox"/> | None of Them |
| <input type="checkbox"/> | No Answer    |

**How do you think your closest friends feel about the following statement: People who use drugs are stupid?**

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

**What would your best friends think if you got drunk once in a while?**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | They would be angry with me.              |
| <input type="checkbox"/> | They would be a little upset with me.     |
| <input type="checkbox"/> | They would not care one way or the other. |
| <input type="checkbox"/> | They would be glad.                       |
| <input type="checkbox"/> | No Answer                                 |

**Have you ever smoked a cigarette, even one or two puffs?**

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

**Have you ever had any alcoholic beverage - for example, beer, wine, hard liquor (vodka, whiskey, gin, etc.) - or any other beverage with alcohol? (Do not include sips from another person's drink or sips for religious or ceremonial purposes.)**

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

**Have you ever used marijuana or hashish?**

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

**Have you ever used cocaine in any form?**

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

**Have you ever used heroin?**

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

**Have you ever used LSD, PCP, or any other hallucinogen?**

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

**Have you ever used any inhalant for kicks or to get high?**

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

**During the past 30 days, how frequently have you smoked cigarettes?**

- |                          |                                      |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Not At All                           |
| <input type="checkbox"/> | Less than one cigarette per day      |
| <input type="checkbox"/> | One to five cigarettes per day       |
| <input type="checkbox"/> | About one-half pack per day          |
| <input type="checkbox"/> | About one pack per day               |
| <input type="checkbox"/> | About one and one-half packs per day |
| <input type="checkbox"/> | Two packs or more per day            |
| <input type="checkbox"/> | No Answer                            |

**To be more precise, during the past 30 days, how many cigarettes have you smoked per day?**

- |                          |                     |
|--------------------------|---------------------|
| <input type="checkbox"/> | None                |
| <input type="checkbox"/> | Less than 1 per day |
| <input type="checkbox"/> | 1 to 2 per day      |
| <input type="checkbox"/> | 3 to 7 per day      |
| <input type="checkbox"/> | 8 to 12 per day     |
| <input type="checkbox"/> | 13 to 17 per day    |
| <input type="checkbox"/> | 18 to 22 per day    |
| <input type="checkbox"/> | 23 to 27 per day    |
| <input type="checkbox"/> | 28 to 32 per day    |
| <input type="checkbox"/> | 33 to 37 per day    |
| <input type="checkbox"/> | 38 or more per day  |
| <input type="checkbox"/> | No Answer           |

**During the past 30 days, how frequently have you, used smokeless tobacco?**

- |                          |                                 |
|--------------------------|---------------------------------|
| <input type="checkbox"/> | Not At All                      |
| <input type="checkbox"/> | Once or twice                   |
| <input type="checkbox"/> | About one to two times per week |
| <input type="checkbox"/> | Three to five times per week    |
| <input type="checkbox"/> | About once a day                |
| <input type="checkbox"/> | More than once a day            |
| <input type="checkbox"/> | No Answer                       |

**During the past 30 days, about how many marijuana cigarettes (joints, reefers) or the equivalent, did you smoke a day. (If you shared them with other people, count only the amount you smoked).**

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

**On how many occasions during the past 30 days (if any) have you had more than just a few sips of an alcoholic beverage - for example, beer, wine, hard liquor (vodka, whiskey, gin, etc.) - or any other beverage with alcohol? (Do not include sips for religious or ceremonial purposes.)**

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

**On how many occasions during the past 30 days (if any) have you been drunk or very high from drinking alcoholic beverages?**

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

**On how many occasions during the past 30 days (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)?**

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

**On how many occasions during the past 30 days (if any) have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high?**

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

**On how many occasions during the past 30 days (if any) have you taken LSD (acid)?**

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

**On how many occasions during the past 30 days (if any) have you taken amphetamines on your own, that is without a doctor telling you to take them? (Amphetamines are sometimes called uppers, ups, speed, bennies, dexies, pep pills, diet pills, meth or crystal meth. They include the following drugs: Benzedrine, Dexedrine, Methedrine, Ritalin, Preludin, Dexamyl, and Methamphetamine.)**

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

**On how many occasions during the past 30 days (if any) have you taken crack (cocaine in chunk or rock form)?**

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

**On how many occasions during the past 30 days (if any) have you taken cocaine in any other form (like cocaine powder)?**

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

**How wrong do you think it is for someone your age to drink an alcoholic beverage regularly - for example, beer, wine, hard liquor (vodka, whiskey, gin, etc.) - or any other beverage with alcohol? (Do not include sips for religious or ceremonial purposes.)**

- |                          |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Very Wrong       |
| <input type="checkbox"/> | Wrong            |
| <input type="checkbox"/> | A Little Wrong   |
| <input type="checkbox"/> | Not Wrong at All |
| <input type="checkbox"/> | No Answer        |

**How wrong do you think it is for someone your age to smoke cigarettes?**

- |                          |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Very Wrong       |
| <input type="checkbox"/> | Wrong            |
| <input type="checkbox"/> | A Little Wrong   |
| <input type="checkbox"/> | Not Wrong at All |
| <input type="checkbox"/> | No Answer        |

**How wrong do you think it is for someone your age to smoke marijuana?**

- |                          |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Very Wrong       |
| <input type="checkbox"/> | Wrong            |
| <input type="checkbox"/> | A Little Wrong   |
| <input type="checkbox"/> | Not Wrong at All |
| <input type="checkbox"/> | No Answer        |

**How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines or other illegal drugs?**

- |                          |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Very Wrong       |
| <input type="checkbox"/> | Wrong            |
| <input type="checkbox"/> | A Little Wrong   |
| <input type="checkbox"/> | Not Wrong at All |
| <input type="checkbox"/> | No Answer        |

**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?**

- |                          |                             |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | No Risk                     |
| <input type="checkbox"/> | Slight Risk                 |
| <input type="checkbox"/> | Moderate Risk               |
| <input type="checkbox"/> | Great Risk                  |
| <input type="checkbox"/> | Can Not Say/Drug Unfamiliar |
| <input type="checkbox"/> | No Answer                   |

**How much do you think people risk harming themselves (physically or in other ways) if they 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"/> | Can Not Say/Drug Unfamiliar |
| <input type="checkbox"/> | No Answer                   |

**How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana occasionally?**

- |                          |                             |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | No Risk                     |
| <input type="checkbox"/> | Slight Risk                 |
| <input type="checkbox"/> | Moderate Risk               |
| <input type="checkbox"/> | Great Risk                  |
| <input type="checkbox"/> | Can Not Say/Drug Unfamiliar |
| <input type="checkbox"/> | No Answer                   |

**How much do you think people risk harming themselves (physically or in other ways) if they 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"/> | Can Not Say/Drug Unfamiliar |
| <input type="checkbox"/> | No Answer                   |

**How much do you think people risk harming themselves (physically or in other ways) if they try cocaine in powder form 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"/> | Can Not Say/Drug Unfamiliar |
| <input type="checkbox"/> | No Answer                   |

**How much do you think people risk harming themselves (physically or in other ways) if they take cocaine powder occasionally?**

- |                          |                             |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | No Risk                     |
| <input type="checkbox"/> | Slight Risk                 |
| <input type="checkbox"/> | Moderate Risk               |
| <input type="checkbox"/> | Great Risk                  |
| <input type="checkbox"/> | Can Not Say/Drug Unfamiliar |
| <input type="checkbox"/> | No Answer                   |



**How much do you think people risk harming themselves (physically or in other ways) if they take cocaine powder regularly?**

- |                          |                             |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | No Risk                     |
| <input type="checkbox"/> | Slight Risk                 |
| <input type="checkbox"/> | Moderate Risk               |
| <input type="checkbox"/> | Great Risk                  |
| <input type="checkbox"/> | Can Not Say/Drug Unfamiliar |
| <input type="checkbox"/> | No Answer                   |

**How much do you think people risk harming themselves (physically or in other ways) if they try crack cocaine 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"/> | Can Not Say/Drug Unfamiliar |
| <input type="checkbox"/> | No Answer                   |

**How much do you think people risk harming themselves (physically or in other ways) if they take crack cocaine occasionally?**

- |                          |                             |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | No Risk                     |
| <input type="checkbox"/> | Slight Risk                 |
| <input type="checkbox"/> | Moderate Risk               |
| <input type="checkbox"/> | Great Risk                  |
| <input type="checkbox"/> | Can Not Say/Drug Unfamiliar |
| <input type="checkbox"/> | No Answer                   |

**How much do you think people risk harming themselves (physically or in other ways) if they take crack cocaine regularly?**

- |                          |                             |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | No Risk                     |
| <input type="checkbox"/> | Slight Risk                 |
| <input type="checkbox"/> | Moderate Risk               |
| <input type="checkbox"/> | Great Risk                  |
| <input type="checkbox"/> | Can Not Say/Drug Unfamiliar |
| <input type="checkbox"/> | No Answer                   |

**How much do you think people risk harming themselves (physically or in other ways) if they have one or two drinks of an alcoholic beverage - for example, beer, wine, hard liquor (vodka, whiskey, gin, etc.) - or any other beverage with alcohol?**

- |                          |                             |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | No Risk                     |
| <input type="checkbox"/> | Slight Risk                 |
| <input type="checkbox"/> | Moderate Risk               |
| <input type="checkbox"/> | Great Risk                  |
| <input type="checkbox"/> | Can Not Say/Drug Unfamiliar |
| <input type="checkbox"/> | No Answer                   |

**How much do you think people risk harming themselves (physically or in other ways) if they have one or two alcoholic drinks 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"/> | Can Not Say/Drug Unfamiliar |
| <input type="checkbox"/> | No Answer                   |

**How much do you think people risk harming themselves (physically or in other ways) if they have four or five alcoholic drinks 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"/> | Can Not Say/Drug Unfamiliar |
| <input type="checkbox"/> | No Answer                   |

**How much do you think people risk harming themselves (physically or in other ways) if they have five or more alcoholic drinks once or twice each weekend?**

- |                          |                             |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | No Risk                     |
| <input type="checkbox"/> | Slight Risk                 |
| <input type="checkbox"/> | Moderate Risk               |
| <input type="checkbox"/> | Great Risk                  |
| <input type="checkbox"/> | Can Not Say/Drug Unfamiliar |
| <input type="checkbox"/> | No Answer                   |

**How much do you agree with this statement: I have made a final decision to stay away from marijuana.**

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

**How much do you agree with this statement: I have decided that I will smoke cigarettes.**

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

**How much do you agree with this statement: If I had the chance and knew I would not be caught, I would get drunk.**

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

**How much do you agree with this statement: I plan to get drunk sometime in the next year.**

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

**How much do you agree with this statement: I have made a promise to myself that I will not drink alcohol.**

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

**How much do you agree with this statement: I have told at least one person that I do not intend to smoke.**

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

**How much do you agree with this statement: It is clear to my friends that I am committed to living a drug-free life.**

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

**How much do you agree with this statement: I have signed my name to a pledge saying that I will not use marijuana or drugs.**

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

**How honest were you in filling out this survey?**

- |                          |                                |
|--------------------------|--------------------------------|
| <input type="checkbox"/> | I was very honest.             |
| <input type="checkbox"/> | I was honest most of the time. |
| <input type="checkbox"/> | I was honest some of the time. |
| <input type="checkbox"/> | I was honest once in a while.  |
| <input type="checkbox"/> | I was not honest at all.       |
| <input type="checkbox"/> | No Answer                      |