

# Healthy Decisions Survey – Middle School

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Name/Code: \_\_\_\_\_

**Directions:** Mark only one answer for each question. Select the answer that best fits you.

How likely would you be to:	Definitely would	Probably would	Not sure	Probably would not	Definitely would not
01. Say "no" when someone tries to get you to smoke a cigarette?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02. Say "no" when someone tries to get you to drink beer, wine, or liquor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03. Say "no" when someone tries to get you to smoke marijuana or hashish?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04. Say "no" when someone tries to get you to use cocaine or other drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05. Say "no" when someone tries to get you to sniff glue, paint, gas, or other things you inhale to get high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you think people risk harming themselves (physically or in other ways) if they...	No Risk	Slight Risk	Moderate Risk	Great Risk
06. take 1 or 2 drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07. smoke one or more packs of cigarettes per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08. try marijuana once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09. smoke marijuana regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are the chances you would be seen as cool if you...	No or Very Little Chance	Little Chance	Some Chance	Pretty Good Chance	Very Good Chance
10. smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. smoked marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. carried a handgun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>