

California Healthy Kids Survey

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This section asks more questions related to alcohol and drug use, violence, and safety.

During the past **six months**, about how many times have you used these substances without a doctor's orders?

	0 times	1 to 2 times	A few times	Once a month	Once a week	A few times a week	Once or more a day
C1. Any alcohol (beer, wine, wine coolers, liquor, etc.)	A	B	C	D	E	F	G
C2. Marijuana (pot, weed, grass, hash)	A	B	C	D	E	F	G
C3. Inhalants (things you sniff, huff, or breathe to get high such as glue, paint, aerosol sprays, gasoline, poppers, gases)	A	B	C	D	E	F	G
C4. Cocaine, methamphetamine or other stimulants (crack, rock, base, meth, speed, crystal, crank, ice)	A	B	C	D	E	F	G
C5. Psychedelics (LSD, acid, mescaline, mushrooms), ecstasy (E, X, EXTC, MDMA), or other club drugs (GHB, Special K)	A	B	C	D	E	F	G
C6. Any other drug (such as heroin or sedatives)	A	B	C	D	E	F	G
C7. Two or more drugs at the same time (for example, alcohol with marijuana, or cocaine with PCP)	A	B	C	D	E	F	G

During your **life**, have you ever...

	No	Yes
C8. used a needle to inject an illegal drug into your body?	A	B
C9. used steroid pills or shots without a doctor's orders?	A	B

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- C10. Has using alcohol, marijuana, or other drugs ever caused *you* to have any of the following problems? (**Mark All That Apply.**)
- A) Does not apply, I never used alcohol or other drugs
 - B) Get into trouble or have problems with the police
 - C) Have money problems
 - D) Get into trouble in school or miss school
 - E) Have problems with school work
 - F) Fight with other kids
 - G) Damage a friendship
 - H) Physically hurt or injure yourself
 - I) Have unwanted or unprotected sex
 - J) Forget what happened, pass out, or lose control
 - K) Have any other problems
 - L) I've used alcohol or other drugs but never had any problem
- C11. If you use alcohol or another drug, have you done or experienced any of the following? (**Mark All That Apply.** If you do not use, mark "A. Does not apply.")
- A) Does not apply, I do not use alcohol or drugs
 - B) Found you had to increase how much you use to have the same effect as before
 - C) Recently spent a lot of time getting, using, or being "hung over" from using
 - D) Used alcohol or drugs a lot more than you intended
 - E) Used alcohol or drugs when you were alone (by yourself)
 - F) Felt depressed, uninterested in things, alone or isolated
 - G) Your use of alcohol or drugs often kept you from going to school, working, or doing recreational activities or hobbies (sports, music, art, etc.)
 - H) Felt better when you were using alcohol or drugs than when you were not using
 - I) Thought about reducing (cutting down) or stopping use
 - J) Told yourself you were not going to use but found yourself using anyway
 - K) Spoke with someone about reducing or stopping use
 - L) Attended counseling, a program, or group to help you reduce or stop use

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How many times have you tried to quit or stop using...

		Does not apply, never used	0 times	1 time	2 to 3 times	4 or more times
C12.	alcohol?	A	B	C	D	E
C13.	marijuana?	A	B	C	D	E

- C14. How likely do you think it is that you will smoke marijuana in the next year?
- A) I am sure it will **not** happen
 - B) It probably will **not** happen
 - C) There is an even chance (50-50) that it will happen
 - D) It probably will happen
 - E) It will happen for sure
- C15. Have you **ever** felt that you needed **help** (such as counseling or treatment) for your alcohol *or* other drug use?
- A) No, I have never used alcohol or other drugs
 - B) No, but I do use alcohol or other drugs
 - C) Yes, I have felt that I needed help
 - D) Don't know
- C16. If you use marijuana or other drugs, how high (stoned, faded, wasted, trashed) do you usually get?
- A) I don't use drugs
 - B) Not high at all
 - C) A little high
 - D) Moderately high
 - E) Very high
- C17. During the past **30 days**, how many times did you drive a car or other vehicle when you had been drinking alcohol?
- A) Never
 - B) 1 time
 - C) 2 or 3 times
 - D) 4 or 5 times
 - E) 6 or more times

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About how many of the adults you know use...

		None	Some	Many	Most or All
C18.	marijuana?	A	B	C	D
C19.	cocaine or crack?	A	B	C	D
C20.	methamphetamine?	A	B	C	D

C21. Where do *most* kids at your school who use drugs get them? (**Mark All That Apply.**)

- | | |
|--|---------------|
| A) At school | E) Friends |
| B) At parties or events outside school | F) Dealers |
| C) At home | G) Other |
| D) In the neighborhood | H) Don't know |

C22. How do *most* kids at your school who drink alcohol get it? (**Mark All That Apply.**)

- | | |
|--|---|
| A) At school | G) Buy it themselves at a store
(convenience store, liquor store,
grocery, mini mart) |
| B) At parties or events outside school | |
| C) At their own home | H) Other |
| D) From adults at friends' homes | I) Don't know |
| E) From friends or another teenager | |
| F) Get adults to buy it for them | |

C23. In your opinion, how likely is it that a student will be suspended, expelled, or transferred if he or she is caught **on school property** using or possessing alcohol or other drugs?

- A) Very likely
- B) Likely
- C) Not likely
- D) Don't know

C24. In your opinion, how likely is it that a student would find **help** at your school from a counselor, teacher, or other adult to **stop or reduce** using alcohol or other drugs?

- A) Very likely
- B) Likely
- C) Not likely
- D) Don't know

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During the past **12 months**, how many times have you...

		0 times	1 time	2 or 3 times	4 or more times
C25.	sold drugs to someone?	A	B	C	D
C26.	been in a physical fight?	A	B	C	D
C27.	been in a physical fight between groups of kids?	A	B	C	D
C28.	used any weapon to threaten or bully someone?	A	B	C	D
C29.	bet, gambled, or played for money at a casino, card parlor, through a lottery or on the Internet using a computer?	A	B	C	D

C30. How safe do you feel in the **neighborhood** where you live?

- A) Very safe
- B) Safe
- C) Neither safe nor unsafe
- D) Unsafe
- E) Very unsafe

C31. During the past **30 days**, on how many days did you **not** go to school because you felt 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 more days

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During the past **30 days**, on how many days did you carry...

		0 days	1 day	2 or more days
C32.	A gun?	A	B	C
C33.	Any other weapon (such as a knife or club)?	A	B	C
C34.	Any weapon (gun, knife, or club) on school property ?	A	B	C

C35. During the past **12 months**, did you ever **seriously** consider attempting suicide?

- A) No
- B) Yes

C36. During the past **12 months**, did you make a plan about how you would attempt suicide?

- A) No
- B) Yes

C37. 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 more times

C38. 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 in the past 12 months
- B) No
- C) Yes

C39. Have you **ever** been forced to have sexual intercourse when you did not want to?

- A) No
- B) Yes