Survey #: \_\_\_\_\_\_\_

**Survey Questions for**

**How does the lack of support affect students who do drugs?**

1. What is your gender?  Male  Female
2. What is your age? \_\_\_\_\_\_\_\_\_\_\_
3. What is your ethnicity?  Hispanic/Latino  White Asian  African-American  Other\_\_\_\_\_\_\_\_\_\_\_
4. Are you attending school?  Yes  No
5. What educational level have you reached?  Primary School  Middle School  Some High School  High School Diploma  Some College  College Diploma
6. Are you employed?  Yes  No
   1. If yes, how many hours per week do you work? \_\_\_\_\_\_\_\_\_\_\_
   2. If no, how do you get money?  Parents  Illegal activity  Government support (AFDC, SSI, etc)

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you married or do you have a domestic partner?  Yes  No
2. Do you have children?  Yes  No
   1. If yes, how many? \_\_\_\_\_\_\_\_\_\_\_
3. What is your primary language?  English  Spanish  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. What is your annual household income? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Are you a U.S. citizen?  Yes  No
6. Did you vote in the last election?  Yes  No
7. Do you believe you learn more when you are high?  Yes  No
8. How much do your parents care about your drug use?  Not at all  A little  A good amount  A lot
9. Did your parents help you stay away from drugs?  Yes  No
10. How much do your teachers care about your drug use?  Not at all  A little  A good amount  A lot
11. Did your teachers help you stay away from drugs?  Yes  No
12. How many times has a teacher commented on you being high? \_\_\_\_\_\_\_\_\_\_\_
13. Have you ever felt pressured by school employees to get help?  Yes  No
14. How many times have teachers disciplined you (principal’s office, expelled, etc) about drug use? \_\_\_\_\_\_\_\_\_\_\_\_\_
15. How many types of drugs do you use? \_\_\_\_\_\_\_\_\_\_\_\_
16. How many times do you get high in a week? \_\_\_\_\_\_\_\_\_\_\_
17. How many of your friends use drugs? \_\_\_\_\_\_\_\_\_
18. What was your GPA in 7th grade? \_\_\_\_\_\_\_ 8th grade? \_\_\_\_\_\_\_ 9th grade? \_\_\_\_\_\_\_ 10th grade? \_\_\_\_\_\_\_ 11th grade? \_\_\_\_\_\_\_
19. How old were you when you started using drugs recreationally? \_\_\_\_\_\_\_\_
20. How old were you when you started using drugs a lot? \_\_\_\_\_\_\_\_\_
21. Does the stress of school make you use drugs?  Yes  No
22. Do problems in your home life make you use drugs?  Yes  No
23. Do problems in a relationship make use drugs?  Yes  No
24. Does the use of drugs affect your study habits and grades?  Yes  No
25. Does the use of drugs affect you socially?  Yes  No
26. Does the use of drugs affect you as a family member?  Yes  No
27. Have you stopped using drugs ?  Yes  No
    1. If Yes, who helped you the most?  Myself  Parents  Friends  Church

Teacher  Counselor  Family  Boy/Girlfriend

1. How many times have you been to the hospital because of drug use? (Write 0 if never) \_\_\_\_\_\_\_\_\_\_\_
2. Would you accept help from school to quit a drug addiction?  Yes  No
3. How many drug prevention programs in your high school are you aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. How many school-related support programs do you find useful? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. How many hours of support do you get in a week? \_\_\_\_\_\_\_\_\_\_\_\_\_
6. How many school drug support groups per month would you be willing to attend? \_\_\_\_\_\_\_\_\_\_
7. Do you think a random drug test at school could be a good prevention?  Yes  No
8. Do feel counseling will help you stop your drug use?  Yes  No
9. How much effort do school employees put into helping students who use drugs?

Not at all  A little  A good amount  A lot