Appendix 1: Youth Smoking Survey



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This is a questionnaire about youth smoking, but there are also questions about other topics like physical activity, healthy eating, bullying, and alcohol and drug use.



Please, use a pencil to complete this questionnaire



Proper Mark

⊗⊘⊙ • Improper Marks

- Even if you don't smoke, please make sure you answer each question so that all students—smokers and non-smokers—take the same amount of time to complete the questionnaire.
- This is NOT a test. All of your answers will be kept confidential. No one, not even your parents or teachers, will ever know what you answered. So, please be honest when you answer the questions.
- Mark only one option per question unless the instructions tell you to do something else.
- · Choose the option that is the closest to what you think/feel is true for you.

Thousands of students across Canada, ust like you, have been asked to take part in this survey. This important survey will help **Health Canada** to better understand smoking, alcohol, and other drug use among young people in Canada. **Your help today is very important**.

For office use only
0 0 2 3 3 5 6 7 6 9
0 0 2 3 3 6 7 6 9

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[SERIAL]

Appendix to: Leos-Toro C, Hammond D, Manske S. A cross-sectional examination of medicinal substance abuse and use of nonmedicinal substances among Canadian youth: findings from the 2012–2013 Youth Smoking Survey. *CMAJ Open* 2015. DOI:10.9778/cmajo.20140094.

About You 1. What grade are you in? Grade 6 Grade 7 Grade 8 Grade 9 Grade 10 Grade 11 Grade 12 Quebec students only Grade 6 Please mark all your Secondary I answers with full, dark Secondary II Secondary III 00 marks like this: Secondary IV Secondary V 2. How old are you today? 11 years or younger 12 years 13 years 14 years 15 years 16 years 17 years 18 years 19 years or older 3. Are you...? FemaMale Female 4. How would you describe yourself? (Mark all that apply) White Black Asian Aboriginal (First Nations, Métis, Inuit) Latin American/Hispanic Other Less than 1 1 to 2 hours but less than 5. On average, about how many hours 5 or more None a day do you do the following? a day hours a day hour a day 5 hours a day a) Watching/streaming TV shows or movies 00 00 00000 0000 0000 b) Playing video/computer games c) Talking on the phone d) Surfing the internet 000 00 e) Doing homework 0 0 0 0 f) Reading for fun

For the next 3 statements, choose the answer that best describes how you feel about each statement.	True	Mostly True	Neutral	Mostly False	False
a) In general, I like the way I am.	0	0	0	0	0
b) When I do something, I do it well.	0	0	0	0	0
c) like the way I look.	0	0	0	0	0

Your Experience with Smoking
7. Are you a smoker? O Yes O No
8. Have you ever tried cigarette smoking, even just a few puffs? O Yes O No
9. How old were you when you first tried smoking cigarettes, even just a few puffs? O I have never done this O I do not know
8 years or younger 14 years 9 years 15 years 10 years 16 years 11 years 17 years 12 years 18 years or older 13 years
10. Do you think in the future you might try smoking cigarettes? Definitely yes Probably yes Probably not Definitely not
11. If one of your best friends was to offer you a cigarette, would you smoke it? Definitely yes Probably yes Probably not Definitely not
12. At any time during the next year do you think you will smoke a cigarette? Definitely yes Probably yes Probably not Definitely not
13. Do you think it would be difficult or easy for you to get cigarettes if you wanted to smoke? O Difficult O Easy O I do not know
14. Have you ever smoked a <u>whole</u> cigarette? ○ Yes ○ No
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15. How old were you when you smoked your	first whole cigarette?
I have never smoked a whole cigarette	mot whole digalette:
O I do not know	
○ 8 years or younger ○ 14 years	
O 9 years O 15 years	
○ 10 years ○ 16 years	
11 years 17 years	
12 years 13 years or older	
○ 13 years	
16. Have you ever smoked 100 or more whole	cigarettes in your life?
O Yes	
○ No	
17. Have you ever smoked <u>every day</u> for at leas	st 7 days in a row?
O Yes	
O No	
18. On how many of the last 30 days did you s	moke one or more cigarettes?
○ None	
○ 1 day	
O 2 to 3 days	
O 4 to 5 days	
O 6 to 10 days	
○ 11 to 20 days ○ 21 to 29 days	
○ 30 days (every day)	
Thinking back over the last 30 days, on the you smoked, how many cigarettes did you	The state of the s
smoke each day?	
O None	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
A few puffs to one whole cigarette	O
2 to 3 cigarettes	9 -444444444444444
○ 4 to 5 cigarettes	Por Office Use Only Of
6 to 10 cigarettes	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
 11 to 20 cigarettes 	
O 21 to 29 cigarettes	3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
30 or more cigarettes	
20. Think back over the <u>last 7 days</u> .	Sunday Monday
Find yesterday on the wheel and fill in the	Violiday
number of whole cigarettes you smoked.	
Then, follow the wheel backwards and fill	Tuesday
in the number of whole cigarettes you smoked on each of the last 7 days.	Saturday
If you have not smoked, mark <u>one</u> of the	
circles below.	
	Friday
I have never smoked	Wednesda
I did not smoke over the last 7 days	
o i did flot siffone over the last / days	Thursday
	mursday

21a. When you smoke, how often do you share a cigarette with	others?
I do not smoke Never	
O Sometimes	
O Usually O Always	
○ Aiways	
21b. When you first tried smoking cigarettes, were you drinking	alcohol at the same time?
I have never tried smoking Yes	
O No	
2. Why do you smoke the brand of cigarettes that you do? (Mai	rk all that apply)
O I do not smoke	
O I do not have a usual brand	
My friends smoke the same brand My parents smoke the same brand	
I like the packaging	
 The brand costs less than other brands 	
I like the image of the brard	
I like the taste They are the only ones that I can get	
For the nicotine buzz	
 I like the slim (or super-slim) size 	
O I like the menthol flavour	
Other	
As where do you usually get your cigarettes? (Mark only one) I do not smoke I buy them myself at a store I buy them from a friend I buy them from someone else I ask someone to buy them for me My brother or sister gives them to me My mother or father gives them to me A friend gives them to me Someone else gives them to me I take them from my mother, father, or siblings Other	
4. In the last 30 days, have you ever been asked for ID when <u>bu</u>	ı <u>ying</u> cigarettes in a store?
O I did not buy or try to buy cigarettes in a store in the last 30 days	
Yes, I was asked for ID No, I was not asked for ID	
0 110,11100 131 131 131 131	
5. Thinking about the <u>last time</u> you were <u>in a store</u> to buy cigar sell them to you?	ettes, did anyone refuse to
I have never gone to a store to buy cigarettes	
O Yes	
O No	
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26. Thinking about the last time you bought cigarett buy and how much did you pay?	tes in the <u>last 12 months</u> , what did you
For example: If you bought a pack of 20 cigarettes for \$6.50, you then fill in the "\$6.01 to \$8.00" bubble, as shown	
A pack of 20 cigarettes	•\$6.01 to \$8.00
a) What did you buy? I did not buy cigarettes in the last 12 months A single cigarette A pack of 20 cigarettes A pack of 25 cigarettes A bag of 200 cigarettes A carton (200 cigarettes) A can or pouch of tobacco (loose tobacco) Another amount	b) How much did you pay? I did not buy cigarettes in the last 12 months I do not remember the price Less than 10 cents 10 cents to 50 cents 51 cents to \$1.00 \$1.01 to \$15.00 \$20.01 to \$20.00 \$1.01 to \$6.00 \$40.01 to \$60.00 \$6.01 to \$8.00 \$8.01 to \$10.00 \$80.01 or more
27. Have you ever tried to quit smoking cigarettes? I have never smoked I have only smoked a few times I have never tried to quit I have tried to quit once I have tried to quit 2 or 3 times I have tried to quit 4 or 5 times I have tried to quit 6 or more times	
28. Have you <u>ever</u> read, seen, or heard about the 1-i gosmokefree.gc.ca/quit website on a cigarette p Yes No	
29. Have you <u>ever</u> used/contacted the 1-866-366-366 website?	67 quit line or the gosmokefree.gc.ca/quit
O Yes O No	
30. Have you ever tried any of the following? (Mark at a Smoking pipe tobacco Smoking little cigars or cigarillos (plain or flavoured) Smoking cigars (not including little cigars or cigarillos Smoking roll-your-own cigarettes (tobacco only) Smoking bidis (little cigarettes that are hand-rolled in come in different flavours) Using smokeless tobacco (chewing tobacco, pinch, so Using nicotine patches, nicotine gum, nicotine lozeng Using a water-pipe (hookah) to smoke sheesha (herto Using blunt wraps (a sheet or tube made of tobacco of the lave not tried any of these things	s, plain or flavoured) leaves, tied with a string at the ends, and may enuff, or snus) ges, or nicotine inhalers oal ortobacco)

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 Pipe tobacco Little cigars or cigarillos (pain or flavoured) 						
 Cigars (not including little cigars or cigarillos, 	plain or fl	avoured)				
Roll-your-own cigarettes (tobacco only) Bidis (little cigarettes that are hand-rolled in let)	ave tie	d with a ct	tring at th	a ands an	d may co	ma in
different flavours)			ining at th	e enus, an	u may co	ALIG III
O Smokeless tobacco (chewng tobacco, pinch,	snuff, or	snus)	noloro			
 Nicotine patches, nicotine gum, nicotine lozer A water-pipe (hookah) to smoke sheesha (he 	rbal or tol	oacco)	lalers			
 Blunt wraps (a sheet or tube made of tobacco 	used to	roll cigare	tte tobac	co)		
I have not used any of these things in the last	1 30 days					
32. In the last 30 days, how often did you smo	oke little	cigars o	or cigari	llos (plair	or flav	oured)?
 I have never done this I did not smoke any little cigars or cigarillos in 	the last :	30 days				
Once in the last 30 days	i iiio iasi (o days				
Less than once a week Once a week						
2 to 6 times a week						
Once a day						
More than once a day						
33. The last time you bought/got little cigars	or cigari	llos (pla	in or fla	voured), l	now ma	ny did
you buy/get?						
you buy/get?	os					
you buy/get? I have never bought/got little cigars or cigarille A single little cigar or cigarillo	os					
you buy/get? I have never bought/got little cigars or cigarille A single little cigar or cigarillo A pack of 5	os					
you buy/get? I have never bought/got little cigars or cigarille A single little cigar or cigarille A pack of 5 A pack of 10 A pack of 20	os					
you buy/get? I have never bought/got little cigars or cigarille A single little cigar or cigarille A pack of 5 A pack of 10	os					
you buy/get? I have never bought/got little cigars or cigarille A single little cigar or cigarille A pack of 5 A pack of 10 A pack of 20 Another amount		menthol	. cherry	. strawbe	rrv. van	illa. etc.)?
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you buy/get? I have never bought/got little cigars or cigarille A single little cigar or cigarille A pack of 5 A pack of 10 A pack of 20 Another amount		menthol	, cherry	, strawbe	rry, van	illa, etc.)?
you buy/get? I have never bought/got little cigars or cigarille A single little cigar or cigarille A pack of 5 A pack of 10 A pack of 20 Another amount 34. Have you ever used flavoured tobacco pre Yes No 35. In the last 30 days, did you use any of the	oducts (illa, etc.)?
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you buy/get? I have never bought/got little cigars or cigarille A single little cigar or cigarille A pack of 5 A pack of 10 A pack of 20 Another amount 34. Have you ever used flavoured tobacco pressor No 35. In the last 30 days, did you use any of the (Mark all that apply) Menthol cigarette Flavoured little cigar or cigarillo Flavoured cigar Flavoured tobacco in a water-pipe (hookah) I did not use any of these things in the last 30 36. How many of the following family and friends smoke cigarettes? a) Your parents, step-parents, guardians	oducts (following of days	ng flavou	ured tob	acco prod	ducts?	Not applicable
you buy/get? I have never bought/got little cigars or cigarille A single little cigar or cigarille A pack of 5 A pack of 10 A pack of 20 Another amount 34. Have you ever used flavoured tobacco pre Yes No 35. In the last 30 days, did you use any of the (Mark all that apply) Menthol cigarette Flavoured little cigar or cigarillo Flavoured cigar Flavoured tobacco in a water-pipe (hookah) I did not use any of these things in the last 30 36. How many of the following family and friends smoke cigarettes?	oducts (following) days	ng flavou	ured tob	acco prod	ducts?	Not applicable

37. What are the r No one is allo Only special of People are al People are al	owed to smok guests are all lowed to smo	e in my home lowed to smoke oke only in certai	in my home n areas in my	home		
38. During the las I did not ride Yes No			car with sor	meone who v	was smoking	cigarettes?
39. What health pi Asthma Premature or Lung cancer Chronic Bron Heart disease Gum or mout Bladder canc	Early Death chitis / Emphy h disease er		they smoke	for many ye	ars? (Mark alı	l that apply)
More harmful Less harmful Neither more	than smoking than smoking harmful nor i	g cigarettes? g cigarettes? ess harmful that			sha (herbal oı	tobacco) is:
41. In the last 4 we 0 days 0 days 1 or 2 days 6 to 10 days 11 or more days 12. Mark how mar activities that physical activity Examples can i	ays ny minutes ocause you to during physical	of physical acto sweat and t	tivity you dic o breathe ha class, lunch,	d on each of arder or "be of after school,	the past 7 day	ys. Include . Include
	None	1 to 15 minutes	16 to 30 minutes	31 to 59 minutes	1 to 2 hours	More than 2 hours
Monday	0	0	0	0	0	0
Tuesday	0	Ö	0	0	0	0
Wednesday	0	0	0	0	0	0
Thursday	0	0	0	0	0	0
Friday	0	0	0	0	0	0
Saturday	0	0	0	0	0	0
Sunday	0	0	0			0
				0	0	ŏ

 0 servings 1-2 servings 3-4 servings 5 servings 6 servings 7 servings 8 or more servings 	1 Serving =	 Some examples of single servings: ½ cup of fresh, frozen, or cooked vegetables 1 cup of raw leafy vegetables; like a small sala 1 medium fruit; like an apple, pear, or banana ½ cup of 100% fruit or vegetable juice 					
44. How strongly do you agree or each of the following?	disagree with	Strongly Agree	Agree	Disagree	Strongly Disagree		
 a) I feel close to people at my school b) I feel I am part of my school. c) I am happy to be at my school. d) I feel the teachers at my school tree e) I feel safe in my school. f) Getting good grades is important to 	eat me fairly.	00000	0 0 0 0 0	00000	0 0 0 0 0		
 Mostly A's / above 85% / level 4 Mostly A's and B's / 70 - 84% / Mostly B's and C's / 60 - 69% / Mostly C's / 50 - 59% / level 2 Mostly letter grades below C's / 46. In the <u>last 30 days</u> , in what was I have not been bullied in the la 	level 3 - 4 level 3 below 50% / level ays were you bul	The sales was	students'	? (Mark all th	nat apply)		
 Mostly A's and B's / 70 - 84% / Mostly B's and C's / 60 - 69% / Mostly C's / 50 - 59% / level 2 Mostly letter grades below C's / Mostly letter grades below C's / 	level 3 - 4 level 3 below 50% / level ays were you bull st 30 days leaten up, pushed, sed, threatened, or mean text messag	llied by other or kicked) r having rumour es or having rur	s spread al	bout you)			
 Mostly A's and B's / 70 - 84% / Mostly B's and C's / 60 - 69% / Mostly C's / 50 - 59% / level 2 Mostly letter grades below C's / 46. In the <u>last 30 days</u> , in what wa I have not been bullied in the la Physical attacks (e.g., getting be Verbal attacks (e.g., getting sent Cyber-attacks (e.g., being sent	level 3 - 4 level 3 below 50% / level ays were you but st 30 days leaten up, pushed, used, threatened, or mean text messag r damage your thing ays did you bully the last 30 days pushed, or kicked reatened, or spreace text messages or se	or kicked) r having rumour es or having rur gs r other studer them)	s spread al nours sprea ats? (Mark	bout you) ad about you ad all that app	on the interr		

Alcohol and Marijuana Use

A DRINK means: 1 regular sized bottle, can, or draft of beer; 1 glass of wine; 1 bottle of cooler; 1 shot of liquor (rum, whiskey, etc.); or 1 mixed drink (1 shot of liquor with pop, juice, energy drink).

49. In the last 12 months, how often did you have a drink of alcohol that was more than just a sip?	50. How old were you when you first had a drink of alcohol that was more than a sip?
 I have never drank alcohol I did not drink alcohol in the last 12 months I have only had a sip of alcohol 	 I have never drank alcohol I have only had a sip of alcohol I do not know
Less than once a month Once a month 2 or 3 times a month Once a week 2 or 3 times a week 4 to 6 times a week Every day I do not know	 8 years or younger 9 years 15 years 16 years 17 years 12 years 13 years
51. In the last 12 months, how often did you have 5 drinks of alcohol or more on one occasion?	52. How old were you when you first had 5 drinks or more of alcohol on one occasion?
 I have never done this I did not have 5 or more drinks on one occasion in the last 12 months 	I have never done this I do not know
Less than once a month Once a month 2 to 3 times a month Once a week 2 to 5 times a week Daily or almost daily I do not know	 8 years or younger 9 years 15 years 16 years 17 years 12 years 18 years or older
53. In the last 12 months, have you had alcohol and a Monster, or another brand, on the same occasion I have never done this I did not do this in the last 12 nonths Yes I do not know	n energy drink, such as Red Bull, Rock Star, (for example, during a party)?
64. In the last 12 months, how often did you use marijuana or cannabis? (a joint, pot, weed, hash)	55. How old were you when you first used marijuana or cannabis?
I have never used marijuana I have used marijuana but not in the last 12 months	I have never used marijuanaI do not know
Less than once a month Once a month 2 or 3 times a month Once a week 2 or 3 times a week 4 to 6 times a week Every day I do not know	8 years or younger 14 years 9 years 15 years 10 years 16 years 11 years 17 years 12 years 18 years or older 13 years
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Other Drug Use

56. This chart asks about your drug use. If you have ever used or tried any of the following drugs, mark the age at which you first used or		If you old we		ou wh		ou fire				Have yo or tried the la	this in
tried. Then mark if you have used or tried the drug in the last 12 months.	I have never done this	11 years or younger	12	13	14	15	16	17 years or older	,	Yes	No
a) Amphetamines (speed, crystal meth	0	0	0	0	0	0	0	0		0	0
or ice, meth) b) MDMA (ecstasy, E, X) c) Hallucinogens (LSD, acid, PCP, magic mushrooms, mesc)	0	0	00	00	00	00	0	0		00	0
d) Heroin (smack, junk, crank) e) Cocaine (crack, blow, snow) f) Spice (K2, K3, scence, herbal mixtures, herbal incense)	000	0	000	000	000	000	000	000		0	0
g) BZP/TFMPP (Legal E, Legal X, A2,	0	0	0	0	0	0	0	0		0	0
piperazine, frenzy, nemesis) h) Bath salts (mephedrone, MDPV, meow, meph, MCAT)	0	0	0	0	0	0	0	0		0	0
Medication used to get high and NOT for medical purposes											
Sedatives or tranquillizers such as Ativan, Xanax, Valium (tranqs, downers, etc.)	0	0	0	0	0	0	0	0		0	0
j) Sleeping medicine from a drugstore such as Nytol, Unisom	0	0	0	0	0	0	0	0		0	0
 k) Stimulants such as diet pills and stay awake pills (uppers, bennies) or medicine that is usually used to treat ADHD such as Ritalin, Concerta, Adderall. Dexedrine 		0	0	0	0	0	0	0		0	0
Pain relievers such as Demerol, Percocet, Percodan, or any pain reliever with codeine	0	0	0	0	0	0	0	0		0	0
m) Dextromethorphan such as cold and cough medicine like Robitussin DM, Benylin DM (robos, dex, DXM)	0	0	0	0	0	0	0	0		0	0
Other substances used to get high											
n) Glue, gasoline, or other solvents	0	0	0	0	0	0	0	0		0	0
o) Salvia (Divine Sage, Magic Mint, Sally D)	0	0	0	0	0	0	0	0		0	0

57. In the <u>last 12 months</u> , have you used 2 o medication, to get high, on one occasion Yes No					ol, drug:	s, or
58. Thinking about the most recent time you which ones did you use? (Mark all that a)		r more :	substance	s on on	e occas	sion,
I have never used alcohol, drugs, or medical line. I have never used more than one substance.	ation to get					
 Alcohol Marijuana or cannabis (a joint, pot, weed, heter Amphetamines (speed, crystal meth or ice, MDMA (ecstasy, E, X) Hallucinogens (LSD, acid, PCP, magic muster Heroin (smack, junk, crank) Cocaine (crack, blow, snow) Spice (K2, K3, scence, herbal mixtures, here BZP/TFMPP (Legal E, Legal X, A2, piperaz Bath salts (mephedrone, MDPV, meow, me 	meth) hrooms, me))			
 Sedatives or tranquillizers such as Ativan, X Sleeping medicine from a drugstore such as Stimulants such as diet pills and stay awake treat ADHD such as Ritalin, Concerta, Added Pain relievers such as Demerol, Percocet, For Dextromethorphan such as cold and cough Glue, gasoline, or other solvents Salvia (Divine Sage, Magic Mint, Sally D) 	Kanax, Valius Nytol, Union pills (upperall, Dexed Percodan, condicine li	som ers, benni rine er any pai ke Robitu	es) or medi n reliever w issin DM, Bo	cine that	ne	
59. Please mark whether or not you have <u>ev</u> following:	<u>er</u> done o	r do any	of the	Ye	es	No
 a) Have you ever ridden in a CAR driven by some was "high" or had been using alcohol or drugs 	eone (includ	ding your	self) who			0
 b) Do you ever use alcohol or drugs to RELAX, te c) Do you ever use alcohol or drugs while you are 	eel better al	out your	self or fit in	?		0
 d) Do you ever FORGET things you did while usi 	ng alcohol	or drugs?	9	Č		0
 e) Do your family and FRIENDS ever tell you that drinking or drug use? 	t you should	d cut dow	n on your)	0
f) Have you ever gotten into TROUBLE while you	u were usin	g alcohol	or drugs	(0
60. How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?	Probably impossible	Very difficult	Fairly difficult	Fairly easy	Very easy	l do not know
 a) Marijuana or cannabis (a joint, pot, weed, hash b) Amphetamines (speed, crystal meth or ice, meth)) 0	0	0	0	0	0
c) MDMA (ecstasy, E, X) d) Hallucinogens (LSD, acid, PCP, magic mushrooms, mesc)	0	0	0	0	0	0
e) Cocaine (crack, blow, snow) f) Pain relievers	0	0	0	0	0	0
g) Stimulants	0	0	0	0	0	0
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