

THE AMERICAN DRUG AND ALCOHOL SURVEY™

DO NOT PUT YOUR NAME ON THIS SURVEY

1. What grade are you in?

5 6 7 8 9 10 11 12 College

2. How old are you?

10 11 12 13 14 15 16 17 18 19 20 21 or older

3. Sex: Male Female

4. Have you ever had alcohol to drink-more than a few sips? Yes No

5. Have you ever gotten drunk? Yes No

6. How old were you the first time you got drunk?

Never gotten drunk
 7 or younger 8 9 10 11 12 13 14 15 16 17 18 19 or older

7. How often in the last 12 months have you . . .

	None	1-2 times	3-9 times	10-19 times	20-49 times	50 or more times
Had alcohol to drink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gotten drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. How often in the last month have you . . .

	None	1-2 times	3-9 times	10-19 times	20 or more times
Had alcohol to drink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gotten drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How do you like to drink?

I don't drink Enough to feel it a lot
 Just a glass or two Until I get really drunk
 Enough to feel it a little

10. How much would your friends try to stop you from getting drunk?

A lot Some Not much Not at all

11. How often have your friends asked you to get drunk?

A lot Some Not much Not at all

12. How much do you think people harm themselves (physically or otherwise) if they . . .

	No harm	Very little harm	Some harm	A lot of harm
Use alcohol 1 or 2 times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use alcohol regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get drunk 1 or 2 times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get drunk regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Important Directions for Marking Answers

- Right
 - Wrong
 - Wrong
 - Wrong
- Use #2 pencil only.
 - Do NOT use ink or ballpoint pens.
 - Make heavy black marks that fill the circle completely.
 - Erase cleanly any answer you wish to change.
 - Make no stray marks on the answer sheet.



13. In using alcohol, are you a . . .

Non user Very light user Light user Moderate User Heavy user Very heavy user

14. Has your drinking alcohol ever caused you any of the following problems?

	No	1-2 times	3-9 times	10 or more times
Get a traffic ticket?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a car crash?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have money problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gotten you in trouble at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hurt your school work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fight with other kids?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fight with your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Damaged a friendship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Passed out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Couldn't remember what happened while drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made you break something?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did something sexual that you later wished you hadn't?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hurt yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hurt someone else?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. During the last 12 months, where have you used alcohol?

	Never	1-2 times	3-9 times	10 or more times
At weekend parties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At night with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before school events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At school events (dances, games, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After school events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On the way to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During school hours at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During school hours away from school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Right after school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While driving around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At home (parents knew)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At home (parents didn't know)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. How many of your friends . . .

	None	One or two	Some of them	Most of them
Get drunk once in a while	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get drunk almost every weekend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Have you ever tried marijuana (pot, grass, hash, etc.)?

Yes No

35. Have you used any of these drugs to get high during the last 12 months?

	None	1-2 times	3-9 times	10-19 times	20-49 times	50 or more times
Uppers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Sniff" something like glue, gasoline, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LSD (acid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other psychedelic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ketamine ("Special K")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other narcotics (Codeine, Demerol, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adrenochromes (Bovays)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy ("XTC," MDMA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. Have you used any of these drugs to get high during the last month?

	No	1-2 times	3-9 times	10-19 times	20 or more times
Uppers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Sniff" something like glue, gasoline, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LSD (acid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other psychedelic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ketamine ("Special K")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other narcotics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adrenochromes (Bovays)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy ("XTC," MDMA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. Have you ever used. . .

	Yes	No
Cigarettes	<input type="radio"/>	<input type="radio"/>
Smokeless tobacco (chewing tobacco, snuff, etc.)	<input type="radio"/>	<input type="radio"/>
cigars or little cigars	<input type="radio"/>	<input type="radio"/>

38. In the last month have you. . .

	Yes	No
Smoked cigarettes	<input type="radio"/>	<input type="radio"/>
Used smokeless tobacco	<input type="radio"/>	<input type="radio"/>

39. Do you smoke cigarettes?

- Not at all
 Once in a while
 1-5 times a day
 Half a pack a day
 A pack or more a day

40. Do you use smokeless tobacco (chewing tobacco, snuff, etc.)?

- Not at all
 Once in a while
 1-5 times a day
 6-10 times a day
 Almost all the time

41. During the last 12 months, where have you used marijuana or any other illegal drug (except alcohol)?

	Never	1-2 times	3-9 times	10 or more times
At weekend parties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At night with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before school events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At school events (dances, games, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After school events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On the way to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During school hours at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During school hours away from school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Right after school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While driving around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At home (parents knew)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At home (parents didn't know)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. In using each of the following, are you a. . .

	Non user	Very light user	Light user	Moderate user	Heavy user	Very heavy user
Uppers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Sniff" something like glue or gas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LSD (acid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other psychedelics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Downers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smokeless tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. Have you ever. . .

	Yes	No
Gotten drunk when alone?	<input type="radio"/>	<input type="radio"/>
Used marijuana when alone?	<input type="radio"/>	<input type="radio"/>
Used another drug when alone?	<input type="radio"/>	<input type="radio"/>
Used a needle to take steroids?	<input type="radio"/>	<input type="radio"/>
Used a needle to take any drug to get high?	<input type="radio"/>	<input type="radio"/>
Shared a needle?	<input type="radio"/>	<input type="radio"/>
Stayed high more than seven hours?	<input type="radio"/>	<input type="radio"/>
Used nitrous oxide (laughing gas) to get high?	<input type="radio"/>	<input type="radio"/>
Used amyl, ethyl, or butyl nitrites (poppers, snappers, 'rush', etc.)	<input type="radio"/>	<input type="radio"/>
Used Quaaludes (ludes, soapers, quacks)	<input type="radio"/>	<input type="radio"/>

THANK YOU FOR COMPLETING THIS SURVEY

44. How easy do you think it would be for you to get each of the following types of drugs if you wanted some?

	Very Easy	Fairly Easy	Hard	Very Hard	Probably Impossible
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uppers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Sniff" glue or gas, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LSD (acid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other psychedelic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Downers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other narcotic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

45. How much would your friends try to stop you from . . .

	A lot	Some	Not much	Not at all
Using marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Sniffing" glue or gas, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using uppers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using downers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. How much would you try to stop your friends from . . .

	A lot	Some	Not much	Not at all
Using marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Sniffing" glue or gas, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using uppers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using downers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47. How many of your friends do each of the following. . .

	None	A few	Most of them	All of them
Use marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Sniff" glue or gas, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use uppers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use downers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48. How often have your friends asked you to use. . .

	Very Often	Some	Not Very Often	Not at all
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Sniff" glue or gas, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uppers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Downers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

49. Have you ever done any of the following things?

Used alcohol and marijuana together	Yes <input type="radio"/>	No <input type="radio"/>
Used alcohol and another drug together	Yes <input type="radio"/>	No <input type="radio"/>

50. Has your use of marijuana or other drugs ever caused you to have any of the following problems?

	No	1-2 times	3-9 times	10 or more times
Get a traffic ticket?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a car crash?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have money problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gotten you in trouble at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hurt your school work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fight with other kids?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fight with your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Damaged a friendship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a "bad trip"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made you break something?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did something sexual that you later wished you hadn't?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hurt yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hurt someone else?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. How much do you think people harm themselves if they. . .

	No harm	Very little harm	Some harm	A lot of harm	I don't know
Use marijuana 1-2 times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use cocaine 1-2 times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use cocaine regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Sniff" inhalants 1-2 times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Sniff" inhalants regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use uppers 1-2 times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use uppers regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use LSD (acid) 1-2 times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use LSD (acid) regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use tobacco occasionally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use tobacco regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use meth 1-2 times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use meth regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. Are you. . .

White Alaska Native Puerto Rican
 Black or African American Asian American
 American Indian Mexican American Other
 Spanish American

53. When I answered the questions about alcohol. . .

I was very honest
 I said I used it more than I really do
 I said I used it less than I really do

54. When I answered the questions about drugs. . .

I was very honest
 I said I used them more than I really do
 I said I used them less than I really do

55. Which of the statements below best describes your drug use? (Do NOT count alcohol use for this question.) I have. . .

never used drugs and never will.
 never used drugs, but may in the future.
 used drugs, but don't plan to use them again.
 used drugs, and probably will use them again.