



Drug Free Communities (DFC) Approved Core Measure Items

30-DAY USE

During the past 30 days did you drink one or more drinks of an alcoholic beverage?	Yes	No
During the past 30 days did you smoke part or all of a cigarette?	Yes	No
During the past 30 days have you used marijuana or hashish? (e.g., smoked, vaped, edibles) If yes, in what form did you use it?	Yes	No
Smoked?	Yes	No
Vaped?	Yes	No
Edibles?	Yes	No
During the past 30 days have you used prescription drugs not prescribed to you?	Yes	No

PERCEPTION OF RISK

How much do you think people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?	No Risk	Slight Risk	Moderate Risk	Great Risk
How much do you think people risk harming themselves physically or in other ways if they smoke one or more packs of cigarettes per day?	No Risk	Slight Risk	Moderate Risk	Great Risk
How much do you think people risk harming themselves physically or in other ways if they use marijuana once or twice a week? (e.g., smoking, vaping, edibles)	No Risk	Slight Risk	Moderate Risk	Great Risk
How much do you think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them?	No Risk	Slight Risk	Moderate Risk	Great Risk

PERCEPTION OF PEER DISAPPROVAL

How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?	Not at all wrong	A little bit wrong	Wrong	Very wrong
How wrong do your friends feel it would be for you to smoke tobacco?	Not at all wrong	A little bit wrong	Wrong	Very wrong
How wrong do your friends feel it would be for you to use marijuana? (e.g., smoking, vaping, edibles)	Not at all wrong	A little bit wrong	Wrong	Very wrong
How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?	Not at all wrong	A little bit wrong	Wrong	Very wrong

PERCEPTION OF PARENTAL/GUARDIAN/CAREGIVER DISAPPROVAL

How wrong do your parents or guardians feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?	Not at all wrong	A little bit wrong	Wrong	Very wrong
How wrong do your parents or guardians feel it would be for you to smoke tobacco?	Not at all wrong	A little bit wrong	Wrong	Very wrong
How wrong do your parents or guardians feel it would be for you to use marijuana? (e.g., smoking, vaping, edibles)	Not at all wrong	A little bit wrong	Wrong	Very wrong
How wrong do your parents or guardians feel it would be for you to use prescription drugs not prescribed to you?	Not at all wrong	A little bit wrong	Wrong	Very wrong



OPTIONAL CORE MEASURES (HEROIN AND METHAMPHETAMINES)

During the past 30 days have you used methamphetamines?	Yes	No		
During the past year have you used methamphetamines?	Yes	No		
How much do you think people risk harming themselves physically or in other ways if they use methamphetamines?	Not at all wrong	A little bit wrong	Wrong	Very wrong
How wrong do your friends feel it would be for you to use methamphetamines?	Not at all wrong	A little bit wrong	Wrong	Very wrong
How wrong do your parents or guardians feel it would be for you to use methamphetamines?	Not at all wrong	A little bit wrong	Wrong	Very wrong

30-DAY MENTAL HEALTH AND SUICIDE

During the past 30 days, did you ever feel so sad or hopeless almost every day in a row for two weeks or more in a row that you stopped doing some usual activities?	Yes	No
During the past 30 days, have you thought about killing yourself?	Yes	No
During the past 30 days, have you made a plan about how you would kill yourself?	Yes	No
During the past 30 days, have you tried to kill yourself?	Yes	No