

## Method

### Participants

All Connecticut public high schools ( $N = 122$ ) were invited to take part in the survey via an invitation letter followed by telephone calls to school principals. Each school was offered a report summarizing risk behaviors among their student body. A majority of schools ( $n = 78$ ) did not respond to these inquiries. Of the remaining 44 schools, 13 of them declined, with approximately 50% demonstrating some level of interest but ultimately not participating. From there, additional targeted recruitment occurred to ensure adequate representation of under-represented regions in the sample and to engage the participating schools ( $n = 10$ ) in the survey. The final sample included schools from all Connecticut regions and all three tiers of district reference groups, based on the socio-economic status of households in those districts. Permission was obtained through the participating schools' boards of education or administrations, typically in consultation with the principal. Schools that agreed to participate included those with an interest in receiving the report of survey results for their school and ones with which our group had previous or ongoing relationships.

While not random, the overall survey sample ( $N = 4523$ ) had demographics consistent with census data for Connecticut residents ages 14–18 [35]. The present study sample ( $n = 3106$ ) (Table 1) was comprised of participants providing complete data for all variables in the statistical models (i.e., demographics, sensation-seeking, impulsivity, part-time job status) and at least one substance or gambling-related variable.

### Procedure

Information letters were mailed to parents instructing them to contact the school if they did not want their child to participate. Surveys were administered at each school on a single day during assemblies. A research team member was on hand to describe the survey, answer

questions, and oversee survey administration. Students were informed participation was voluntary and that responses were confidential and anonymous. Consent procedures were approved by participating schools and Yale's Institutional-Review Board and the study was in compliance with the Health Insurance Portability and Accountability Act (HIPAA). A pen was offered to each student for participation. Those not given parental consent and those choosing not to participate were requested to sit quietly and/or complete alternate work. The refusal rate was less than 1%.