

		NO!	no	yes	YES!
77					
75	10. In my school, students have lots of chances to help decide things like class activities and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73					
71	11. My teachers notice when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68	12. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64	13. There are lots of chances for students in my school to talk with a teacher one-on-one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61	14. The school lets my parents know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59	15. My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58					
56	16. Are your school grades better than the grades of most students in your class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55					
53	17. I have lots of chances to be part of class discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52					

18. During the LAST FOUR WEEKS how many whole days of school have you missed because you skipped or 'cut'?
- None 4-5 days
- 1 day 6-10 days
- 2 days 11 or more days
- 3 days

19. Now think about all the students in your grade at your school. How many of them do you think...

		None (0%)	Few (1-10%)	Some (11-30%)	Some to half (31-50%)	Half to most (51-70%)	Most (71-90%)	Almost all (91-100%)
35								
33								
30								
28								
27	a. smoke one or more cigarettes a day?	<input type="radio"/>						
24	b. drank alcohol sometime in the past month?	<input type="radio"/>						
21	c. used marijuana sometime in the past month?	<input type="radio"/>						
18	d. used an illegal drug in the past month (not including marijuana)?	<input type="radio"/>						
16								

20. During the past 30 days, on how many days did you NOT go to school because you felt you would be unsafe at school or on the way to or from school?
- 0 days 4-5 days
- 1 day 6 or more days
- 2-3 days

21. During the past 12 months, how often have you been picked on or bullied by a student ON SCHOOL PROPERTY?
- 0 days 4-5 days
- 1 day 6 or more days
- 2-3 days

The next questions ask about your feelings and experiences in other parts of your life.

22. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:

	Number of friends				
	0	1	2	3	4
a. participated in clubs, organizations or activities at school?	<input type="radio"/>				
b. smoked cigarettes?	<input type="radio"/>				
c. tried beer, wine or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?	<input type="radio"/>				
d. made a commitment to stay drug-free?	<input type="radio"/>				
e. used marijuana?	<input type="radio"/>				
f. tried to do well in school?	<input type="radio"/>				
g. used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="radio"/>				
h. been suspended from school?	<input type="radio"/>				
i. liked school?	<input type="radio"/>				
j. carried a handgun?	<input type="radio"/>				
k. sold illegal drugs?	<input type="radio"/>				
l. regularly attended religious services?	<input type="radio"/>				
m. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>				
n. been arrested?	<input type="radio"/>				
o. dropped out of school?	<input type="radio"/>				

23. What are the chances you would be seen as cool if you:

	No or very little chance	Little chance	Some chance	Pretty good chance	Very good chance
a. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. worked hard at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. defended someone who was being verbally abused at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. regularly volunteered to do community service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. How wrong do you think it is for someone your age to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. take a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. steal anything worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. attack someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. stay away from school all day when their parents think they are at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. drink beer, wine or hard liquor (for example, vodka, whiskey, or gin) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. use LSD, cocaine, amphetamines or another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. use prescription pain relievers without their doctor's orders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?

Neither Approve nor Disapprove Strongly Disapprove
 Somewhat Disapprove Don't know or can't say

26. How many times in the past year (12 months) have you:

	Never	1 to 2 times	3 to 5 times	6 to 9 times	10 to 19 times	20 to 29 times	30 to 39 times	40+ times
a. been suspended from school?	<input type="radio"/>							
b. carried a handgun?	<input type="radio"/>							
c. sold illegal drugs?	<input type="radio"/>							
d. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>							
e. been arrested?	<input type="radio"/>							
f. attacked someone with the idea of seriously hurting them?	<input type="radio"/>							
g. been drunk or high at school?	<input type="radio"/>							
h. taken a handgun to school?	<input type="radio"/>							
i. participated in clubs, organizations or activities <u>at</u> school?	<input type="radio"/>							
j. done extra work on your own for school?	<input type="radio"/>							
k. volunteered to do community service?	<input type="radio"/>							
l. participated in clubs, organizations or activities <u>outside</u> school?	<input type="radio"/>							

27. If you drank alcohol (not just a sip or taste) in the past year (12 months), how did you get it? (Mark the number of times for each).

	0 times	1 or 2 times	3 to 5 times	6 or more times
a. I bought it myself from a store.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I got it at a party.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I gave someone else money to buy it for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I got it from someone I know age 21 or older .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I got it from someone I know under age 21 .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I got it from a family member or relative other than my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I got it from home with my parents' permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I got it from home without my parents' permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I got it at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I bought it over the internet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I got it in an other way _____.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. During the past year (12 months) did you drink alcohol at any of the following places? (Mark the number of times for each).

	0 times	1 or 2 times	3 to 5 times	6 or more times
a. at my home or someone else's home without any parent permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. at my home with my parent's permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. at someone else's home with their parent's permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. at an open area like a park, beach, or back road.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. at public events such as a sporting event, festival, or concert.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. at a restaurant, bar, or a nightclub.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. in a car.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. at a school dance, a game, or other event.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. at school during the day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. near school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. in another place _____.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. How wrong do your friends feel it would be for you to:

Not wrong at all
 A little bit wrong
 Wrong
 Very wrong

77	a. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76					
75					
73	b. smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71	c. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69	d. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. How old were you when you first:

17 or older
 16
 15
 14
 13
 12
 11
 10 or younger
 Never

65	a. smoked marijuana?	<input type="radio"/>									
62											
59											
57	b. smoked a cigarette, even just a puff?	<input type="radio"/>									
56											
55											
52	c. had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?	<input type="radio"/>									
51											
49											
46	d. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="radio"/>									
45											
42	e. got suspended from school?	<input type="radio"/>									
40											
38	f. got arrested?	<input type="radio"/>									
35											
32	g. carried a handgun?	<input type="radio"/>									
31											
30											
27	h. attacked someone with the idea of seriously hurting them?	<input type="radio"/>									
24											
22											
21											
20											
18	i. used prescription pain relievers without your doctor's orders?	<input type="radio"/>									
16											
15											

31. During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been drinking alcohol?

I do not drive 2 or 3 times
 0 times 4 or 5 times
 1 time 6 or more times

32. During the past 30 days, how many times did you RIDE in a car or other vehicle driven by someone who had been drinking alcohol?

0 times 4 or 5 times
 1 time 6 or more times
 2 or 3 times

33. Have you ever belonged to a gang?

No Yes, belong now
 No, but would like to Yes, but would like to get out
 Yes, in the past

34. How often do you attend religious services or activities?

Never
 Rarely
 1-2 times a month
 About once a week or more

	NO!	no	yes	YES!
35. I think sometimes it's okay to cheat at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Sometimes I think that life is not worth it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. At times I think I am no good at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. All in all, I am inclined to think that I am a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. It is all right to beat up people if they start the fight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I think it is okay to take something without asking if you can get away with it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. How much do you think people risk harming themselves (physically or in other ways) if they:

Great risk
 Moderate risk
 Slight risk
 No risk

a. smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. have five or more drinks of an alcoholic beverage once or twice each weekend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. have five or more drinks of an alcoholic beverage once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row? (A "drink" is a glass of wine, a bottle of beer, a wine cooler, a shot glass of liquor, or a mixed drink.)

None 3-5 times
 Once 6-9 times
 Twice 10 or more times

In your lifetime, On how many occasions (if any) have you:

OCCASIONS

	0	1-2	3-5	6-9	10-19	20-39	40+	
44. had alcoholic beverages (beer, wine or hard liquor) to drink -- more than just a few sips?	<input type="radio"/>	77						
45. used marijuana (grass, pot) or hashish (hash, hash oil)?	<input type="radio"/>	75						
46. used LSD (acid) or other hallucinogens (like PCP, mescaline, peyote, "shrooms" or psilocybin)?	<input type="radio"/>	73						
47. used cocaine (like cocaine powder) or "crack" (cocaine in chunk or rock form)?	<input type="radio"/>	70						
48. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	<input type="radio"/>	68						
49. used phenoxydine (pox, px, breeze)?	<input type="radio"/>	65						
50. used methamphetamines (meth, speed, crank, crystal meth)?	<input type="radio"/>	63						
51. used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, or Percocet) without a doctor telling you to take them?	<input type="radio"/>	61						
52. used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them?	<input type="radio"/>	58						
53. used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) without a doctor telling you to take them?	<input type="radio"/>	54						
54. used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them?	<input type="radio"/>	51						
55. used heroin?	<input type="radio"/>	48						
56. used MDMA (X,E, or ecstasy)?	<input type="radio"/>	46						
57. used "synthetic marijuana" ("K2", "Spice") to get high?	<input type="radio"/>	44						
58. used electronic cigarettes, e-cigarettes, vape pens, or e-hookahs?	<input type="radio"/>	42						

During the past 30 days, On how many occasions (if any) have you:

OCCASIONS

	0	1-2	3-5	6-9	10-19	20-39	40+	
59. had alcoholic beverages (beer, wine or hard liquor) to drink -- more than just a few sips?	<input type="radio"/>	34						
60. used marijuana (grass, pot) or hashish (hash, hash oil)?	<input type="radio"/>	32						
61. used LSD (acid) or other hallucinogens (like PCP, mescaline, peyote, "shrooms" or psilocybin)?	<input type="radio"/>	30						
62. used cocaine (like cocaine powder) or "crack" (cocaine in chunk or rock form)?	<input type="radio"/>	27						
63. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	<input type="radio"/>	25						
64. used phenoxydine (pox, px, breeze)?	<input type="radio"/>	22						
65. used methamphetamines (meth, speed, crank, crystal meth)?	<input type="radio"/>	20						
66. used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, or Percocet) without a doctor telling you to take them?	<input type="radio"/>	18						
67. used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them?	<input type="radio"/>	15						
68. used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) without a doctor telling you to take them?	<input type="radio"/>	11						
69. used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them?	<input type="radio"/>	8						
70. used heroin?	<input type="radio"/>	5						

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During the past 30 days, On how many occasions (if any) have you:

OCCASIONS

	0	1-2	3-5	6-9	10-19	20-39	40+
77. drank energy drinks with caffeine (like Red Bull, Monster, Rockstar, or 5-Hour-Energy)?	<input type="radio"/>						
75. used caffeine pills (No-Doz, Vivarin, Dexatrim)?	<input type="radio"/>						
73. used MDMA (X,E, or ecstasy)?	<input type="radio"/>						
71. used "synthetic marijuana" ("K2", "Spice") to get high?	<input type="radio"/>						
69. used electronic cigarettes, e-cigarettes, vape pens, or e-hookahs?	<input type="radio"/>						

76. Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, or chewing tobacco)?

- Never Regularly in the past
 Once or Twice Regularly now
 Once in a while but not regularly

77. How frequently have you used smokeless tobacco during the past 30 days?

- Never 3-5 times per week
 Once or twice About once a day
 Once or twice per week More than once a day

78. Have you ever smoked cigarettes?

- Never Regularly in the past
 Once or Twice Regularly now
 Once in a while but not regularly

79. How frequently have you smoked cigarettes during the past 30 days?

- Not at all
 Less than one cigarette per day
 One to five cigarettes per day
 About one-half pack per day
 About one pack per day
 About one and one-half packs per day
 Two packs or more per day

80. The last time you used prescription pain relievers without a doctor's orders (such as OxyContin, Percocet, Vicodin, or Tylox), how did you get them?

- Have not ever used them
 Found them at home
 From a friend or a relative for free
 Bought them from a friend or relative
 From a doctor, but I didn't follow doctor's orders
 From a drug dealer or other stranger
 Bought them on the Internet

The next few questions ask about your family. When answering these questions please think about the people you consider to be your family, for example, parents, stepparents, grandparents, aunts, uncles, etc.

81. Have any of your brothers or sisters ever:

	I don't have any brothers or sisters	Yes	No
a. drunk beer, wine or hard liquor (for example, vodka, whiskey or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	NO!	no	yes	YES!
82. Do you feel very close to your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. Do you share your thoughts and feelings with your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. Do you enjoy spending time with your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. My parents ask me what I think before most family decisions affecting me are made.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. If I had a personal problem, I could ask my mom or dad for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. Do you feel very close to your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. Do you share your thoughts and feelings with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. Do you enjoy spending time with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. My parents give me lots of chances to do fun things with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. My parents ask if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. People in my family have serious arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. Would your parents know if you did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. My family has clear rules about alcohol use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. My family has clear rules about other drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. If you carried a handgun without your parents' permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. If you skipped school would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. It is important to be honest with your parents, even if they become upset or you get punished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. The rules in my family are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100. People in my family often insult or yell at each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101. When I am not at home, one of my parents knows where I am and who I am with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

102. We argue about the same things in my family over and over.

- NO! no yes YES!

103. How often do your parents tell you they're proud of you for something you've done?

- Never or almost never Often
 Sometimes All the time

104. My parents notice when I am doing a good job and let me know about it.

- Never or almost never Often
 Sometimes All the time

105. If you drank some beer or wine or liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?

- NO! no yes YES!

106. How wrong do your parents feel it would be for YOU to:

Not wrong at all
 A little bit wrong
 Wrong
 Very wrong

a. drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. steal something worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

107. During the past 12 months, how many times has each of the following things happened?

Five or more times
 Three or four times
 Twice
 Once
 Never

a. You had problems at school or work because you had been drinking.	<input type="radio"/>				
b. You had problems with your friends because you had been drinking.	<input type="radio"/>				
c. You had problems with someone you were dating because you had been drinking.	<input type="radio"/>				
d. You were hung over.	<input type="radio"/>				
e. You were sick to your stomach or threw up after drinking.	<input type="radio"/>				
f. You got into a sexual situation that you later regretted because you had been drinking.	<input type="radio"/>				
g. You got into a physical fight because you had been drinking.	<input type="radio"/>				
h. You were drunk at school or work.	<input type="radio"/>				

108. During the past 12 months, have you talked with at least one of your parents (by parents, we mean either your biological parents, adoptive parents, stepparents, foster parents, or other adult caregivers whether or not they live with you) about :

No
 Yes

a. the dangers of underage drinking?	<input type="radio"/>	<input type="radio"/>
b. the dangers of tobacco or drug abuse?	<input type="radio"/>	<input type="radio"/>

109. When parents find out their kids have been drinking they may discuss it, take away privileges, add chores, take away cell phones, use of the car, etc. In the past 12 months, if your parents found out you were drinking, how did they respond?

- I didn't drink.
 I drank but I was not caught.
 I was caught but there were no consequences.
 There were minor consequences.
 There were major consequences.

110. If the police caught you drinking, which of the following would most likely happen? (Select one option).

- There would be no consequence.
 I would be given a warning and then let go.
 I would be taken home to my parents.
 I would be arrested but would get no penalty.
 I would be arrested and the court would impose a penalty.

These questions ask about the neighborhood and community where you live.

	NO!	no	yes	YES!
111. My neighbors notice when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. There are people in my neighborhood who are proud of me when I do something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. There are people in my neighborhood who encourage me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. If a kid smoked marijuana in your neighborhood would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. If a kid drank some beer, wine or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. If a kid carried a handgun in your neighborhood would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SERIAL

		Very easy	Sort of easy	Sort of hard	Very hard
77 76 75	117. If you wanted to get some cigarettes, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73 72 71	118. If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68	119. If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64 63	120. If you wanted to get some marijuana, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60	121. If you wanted to get some prescription pain relievers (such as OxyContin, Percocet, Vicodin, or Tylox), how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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122. How wrong would most adults (over 21) in your neighborhood think it is for kids your age:

		Not wrong at all	A little bit wrong	Wrong	Very wrong
	a. to use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	b. to drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	c. to smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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123. These next questions ask about gambling for money or other things of value. During the past year (12 months), how often did you :

		Almost everyday	Once a week or more	Once a month	A few times in the past year	Before, but not in the past year	Never
	a. bet on card games (poker)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	b. bet using Internet gambling sites?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	c. bet on sporting events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	d. buy lottery or scratch-off tickets?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	e. bet on pool, bowling, other games of skill?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	f. bet on video poker, slot machines, or other gambling machines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	g. bet on dice games?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	h. bet on bingo?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	i. bet on horse racing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	j. bet at a casino?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

124. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use? (Mark all that apply)

- No
- Yes, Smoking prevention messages
- Yes, Alcohol use prevention messages
- Yes, Drug use prevention messages

125. About how many adults (over 21) have you known personally who in the past year have:

Number of Adults

	0	1	2	3-4	5+
a. used marijuana, crack, cocaine, or other drugs?	<input type="radio"/>				
b. sold or dealt drugs?	<input type="radio"/>				
c. done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc?	<input type="radio"/>				
d. gotten drunk or high?	<input type="radio"/>				

126. How often have you been threatened or harassed over the internet, by e-mail, or by someone using a cell phone?

- 0 days
- 1 day
- 2-3 days
- 4-5 days
- 6 or more days

127. How honest were you in filling out this survey?

- I was very honest
- I was honest most of the time
- I was honest some of the time
- I was honest once in a while
- I was not honest at all

Responses

	a	b	c	d	e	f	g	h	i
201.	<input type="radio"/>								
202.	<input type="radio"/>								
203.	<input type="radio"/>								
204.	<input type="radio"/>								
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217.	<input type="radio"/>								
218.	<input type="radio"/>								
219.	<input type="radio"/>								
220.	<input type="radio"/>								

Extra Questions
Start with 201

Thank you for completing the survey

Additional Questions (Questions 201-220)

Please record your answers for each question in the "Extra Questions" area provided at the end of the main survey form you have been using. Thank you so much for your time!

201. A transgender person is someone whose biological sex at birth does not match the way they think or feel about themselves. Are you transgender?

- a) No, I am not transgender
- b) Yes, I am transgender and I identify as a boy or man
- c) Yes, I am transgender and I identify as a girl or woman
- d) Yes, I am transgender and I identify some other way
- e) I do not know if I am transgender
- f) I do not know what this question is asking

202. Which of the following best describes you?

- a) Heterosexual (straight)
- b) Gay or lesbian
- c) Bisexual
- d) Other
- e) Not sure

203. Where do you usually sleep?

- a) In my parent's or guardian's home
- b) With friends, family, or other people because my parents or I lost our home or cannot afford housing
- c) In a motel or hotel
- d) In a shelter or emergency housing
- e) In a car, park, campground, or other public place
- f) I move from place to place
- g) Somewhere else

204. During the past 12 months, did you ever live away from your parents or guardians because you were kicked out, ran away, or were abandoned?

- a) Yes
- b) No

The next 10 questions ask about the food you eat and physical activity.

205. Do you receive free or reduced-price lunch at school?

- a) Yes
- b) No
- c) Not sure

206. During the past 7 days, on how many days did you eat dinner together with your parents or guardians?

- a) 0 days
- b) 1 day
- c) 2 days
- d) 3 days
- e) 4 days
- f) 5 days
- g) 6 days
- h) 7 days

207. Yesterday, how many times did you eat vegetables?

Count all cooked and uncooked vegetables, salads, and boiled, baked and mashed potatoes. Do not count French fries, potato chips, or lettuce that is on a sandwich or sub.

- a) I did not eat vegetables yesterday
- b) 1 time
- c) 2 times
- d) 3 or more times

208. Yesterday, how many times did you eat fruit or drink 100% fruit juice?

- a) I did not eat fruit or drink 100% fruit juice yesterday
- b) 1 time
- c) 2 times
- d) 3 or more times

209. Yesterday, how many cans or glasses of non-diet soda did you drink? Definition: A non-diet soda is a soda with sugar in it, such as Coke®, Pepsi®, Sprite®, ginger ale or root beer.

- a) I did not drink any non-diet soda yesterday.
- b) 1 can or glass
- c) 2 cans or glasses
- d) 3 or more cans or glasses

210. Yesterday, how many sugar-sweetened flavored drinks did you have? Definition: Flavored drinks include punch, sports drinks, sweetened iced tea, flavored milk, and other fruit-flavored drinks like Kool-Aid® and Hawaiian Punch®. Do NOT count 100% fruit juice. Count a 20 ounce bottle as 2 glasses.

- a) I did not drink any flavored drinks yesterday.
- b) 1 can or glass
- c) 2 cans or glasses
- d) 3 or more cans or glasses

211. Yesterday, how many drinks did you have that contained caffeine? Definition: Count coffee, tea, sodas, energy drinks such as 5-hour Energy®, Red Bull®, Monster®, Rockstar®, or other drinks with caffeine added.

- a) I did not drink any drinks containing caffeine yesterday.
- b) 1 can or glass
- c) 2 cans or glasses
- d) 3 or more cans or glasses

212. Within the past 12 months at my home, we worried whether our food would run out before we got money to buy more.

- a) Often true
- b) Sometimes true
- c) Never

213. Within the past 12 months at my home, the food we bought just didn't last and we didn't have money to get more.

- a) Often true
- b) Sometimes true
- c) Never

214. During the past 7 days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)

- a) 0 days
- b) 1 day
- c) 2 days
- d) 3 days
- e) 4 days
- f) 5 days
- g) 6 days
- h) 7 days

The next 3 questions ask about medical and dental care.

215. When was the last time you saw a doctor or nurse for a check-up or physical exam when you were not sick or injured?

- a) During the past 12 months
- b) Between 12 and 24 months ago
- c) More than 24 months ago
- d) Never
- e) Not sure

216. Where do you usually go for medical care?

- a) Doctor's office or clinic
- b) School nurse
- c) Community clinic/health center
- d) Hospital clinic
- e) Hospital emergency room
- f) Family planning center (for example, Tapestry Health)
- g) Urgent care clinic
- h) No one usual place

217. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?

- a) During the past 12 months
- b) Between 12 and 24 months ago
- c) More than 24 months ago
- d) Never
- e) Not sure

The next 3 questions ask about suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

218. During the past 12 months, did you ever seriously consider attempting suicide?

- a) Yes
- b) No

219. My school is prepared to help a student who might be thinking about killing him/herself.

- a) strongly agree
- b) agree
- c) disagree
- d) strongly disagree

220. If a suicidal friend asked me not to tell anyone, I would:

- a) definitely tell someone
- b) probably tell someone
- c) probably not tell someone
- d) definitely not tell someone

The survey is now over. Please insert this sheet into your survey booklet, place your survey aside and wait for your teacher to pass around the survey envelope.

THANK YOU FOR YOUR TIME!