

1. How old are you?

- 11 or younger
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19 or older

2. What is your grade in school?

- 5th
- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th

3. What is your sex?

- Male
- Female

4. How do you describe yourself? Please mark each that applies to you from this list:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino/Latina
- Native Hawaiian or Other Pacific Islander
- White
- Other

Some of the questions in this survey ask about your parents. In this survey, "parents" (and "father" or "mother") refer to the adults who are now most responsible for raising you. They could be foster parents, stepparents, or relatives/guardians. If you live in a one-parent family, answer for that adult.

5. Which of the following best describes your family?

- I live with my two birth / biological parents
- I live with my two adoptive parents
- Sometimes I live with my mom and sometimes my dad
- I live with one parent
- I live with one parent and one stepparent
- I live with one birth parent and one adoptive parent
- I live with foster parents
- I live with my grandparents or other adult relatives who take care of me
- Other

How important is each of the following to you in your life?

Mark one answer for each.

	Not Important	Somewhat Important	Not Sure	Quite Important	Extremely Important
6. Helping other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Helping to reduce hunger and poverty in the world	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Helping to make the world a better place in which to live.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Being religious or spiritual.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Helping to make sure that all people are treated fairly ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Getting to know people who are of a different race or ethnic group than I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Speaking up for equality (everyone should have the same rights and opportunities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Giving time or money to make life better for other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Doing what I believe is right, even if my friends make fun of me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Standing up for what I believe, even when it's unpopular to do so.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Telling the truth, even when it's not easy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Accepting responsibility for my actions when I make a mistake or get in trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Doing my best, even when I have to do a job I don't like.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ABOUT SCHOOL

19. On an average school day, how much time do you spend doing homework outside of school?

- None
- Half hour or less
- Between a half hour and an hour
- 1 hour
- 2 hours
- 3 hours or more

20. What grades do you earn in school?

- | | |
|--|--|
| <input type="checkbox"/> Mostly As | <input type="checkbox"/> Mostly Cs |
| <input type="checkbox"/> About half As and half Bs | <input type="checkbox"/> About half Cs and half Ds |
| <input type="checkbox"/> Mostly Bs | <input type="checkbox"/> Mostly Ds |
| <input type="checkbox"/> About half Bs and half Cs | <input type="checkbox"/> Mostly below Ds |

For each of the following, mark one response.
How often does one of your parents . . . ?

- | | Very Often | Often | Some-times | Seldom | Never |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 21. Help you with your school work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Talk to you about what you are doing in school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Ask you about homework..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Go to meetings or events at your school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How much do you agree or disagree with the following?
Mark one answer for each.

- | | Strongly Agree | Agree | Not Sure | Dis-agree | Strongly Disagree |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 25. At school, I try as hard as I can to do my best work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. My teachers really care about me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. It bothers me when I don't do something well..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. I get a lot of encouragement at my school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Teachers at school push me to be the best I can be | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. My parents push me to be the best I can be | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. During the <u>last four weeks</u> , how many days of school have you missed because you skipped or "ditched"? | | | | | |
| <input type="checkbox"/> None | <input type="checkbox"/> 4-5 days | | | | |
| <input type="checkbox"/> 1 day | <input type="checkbox"/> 6-10 days | | | | |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 11 or more days | | | | |
| <input type="checkbox"/> 3 days | | | | | |

For each of the following, mark one answer.
How often do you . . . ?

- | | Usually | Sometimes | Never |
|--|--------------------------|--------------------------|--------------------------|
| 32. Feel bored at school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Come to classes without bringing paper or something to write with | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Come to classes without your homework finished..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Come to classes without your books | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Reminder: In this survey, "parents" (and "father" or "mother") refer to the adults who are now most responsible for raising you.

ABOUT YOU

How much do you agree or disagree with the following?
Mark one answer for each.

- | | Strongly Agree | Agree | Not Sure | Dis-agree | Strongly Disagree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 36. On the whole, I like myself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. It is against my values to drink alcohol while I am a teenager..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. I like to do exciting things, even if they are dangerous..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. At times, I think I am no good at all | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. I get along well with my parents..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. All in all, I am glad I am me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. I feel I do not have much to be proud of..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. If I break one of my parents' rules, I usually get punished.. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. My parents give me help and support when I need it | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. It is against my values to have sex while I am a teenager..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. In my school there are clear rules about what students can and cannot do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. I care about the school I go to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. My parents often tell me they love me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. In my family, I feel useful and important | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Students in my school care about me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. In my family, there are clear rules about what I can and cannot do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. In my neighborhood, there are a lot of people who care about me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. At my school, everyone knows that you'll get in trouble for using alcohol or other drugs..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. If one of my neighbors saw me do something wrong, he or she would tell one of my parents..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

T During the last 12 months, how many times have you ... ?

	Never	Once	Twice	3-4 Times	5 or More Times
55. Been a leader in a group or organization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
56. Stolen something from a store.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
57. Gotten into trouble with the police	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
58. Hit or beat up someone	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
59. Damaged property just for fun (such as breaking windows, scratching a car, putting paint on walls, etc.)....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

During an average week, how many hours do you spend ... ?

	0	1	2	3-5	6-10	11 or More
60. Playing on or helping with sports teams at school or in the community	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
61. In clubs or organizations other than sports at school (for example, school newspaper, student government, school plays, language clubs, hobby clubs, drama club, debate, etc.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
62. In clubs or organizations other than sports outside of school (such as 4-H, Scouts, Boys and Girls Clubs, YWCA, YMCA, etc.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
63. Reading just for fun (not part of your school work)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
64. Going to programs, groups, or services at a church, synagogue, mosque, or other religious or spiritual place	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
65. Helping other people without getting paid (such as helping out at a hospital, daycare center, food shelf, youth program, community service agency, or doing other things) to make your city a better place for people to live ...	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
66. Helping friends or neighbors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
67. Practicing or taking lessons in music, art, drama, or dance, after school or on weekends ..	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Think about the people who know you well. How do you think they would rate you on each of these?

People who know me would say that this is ...

	Not at all Like Me	A Little Like Me	Some-what Like Me	Quite Like Me	Very Much Like Me
68. Knowing how to say "no" when someone wants me to do things I know are wrong or dangerous	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
69. Caring about other people's feelings...	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
70. Thinking through the possible good and bad results of different choices before I make decisions.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
71. Saving my money for something special rather than spending it all right away.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
72. Respecting the values and beliefs of people who are of a different race or culture than I am	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
73. Giving up when things get hard for me	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
74. Staying away from people who might get me in trouble ..	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
75. Feeling really sad when one of my friends is unhappy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
76. Being good at making and keeping friends.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
77. Knowing a lot about people of other races or ethnic groups.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
78. Enjoying being with people who are of a different race or ethnic group than I am	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
79. Being good at planning ahead.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
80. Taking good care of my body (such as, eating foods that are good for me, exercising regularly, and eating three good meals a day).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

In this section we ask you about alcohol and other drugs. Please answer honestly. Remember, you are not asked to put your name on this form, so no one will ever be able to tell how you answered.

On how many occasions (if any) have you had more than just a few sips of alcoholic beverages (beer, wine, or hard liquor) to drink . . . ?

	Number of Occasions						
	0	1-2	3-5	6-9	10-19	20-39	40+
81. In your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. During the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. During the last 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/> None	<input type="checkbox"/> 3 to 5 times
<input type="checkbox"/> Once	<input type="checkbox"/> 6 to 9 times
<input type="checkbox"/> Twice	<input type="checkbox"/> 10 or more times

85. How frequently have you smoked cigarettes in your **lifetime**?

<input type="checkbox"/> Not at all	<input type="checkbox"/> About 1 pack per day
<input type="checkbox"/> Less than 1 cigarette per day	<input type="checkbox"/> About 1-1/2 packs per day
<input type="checkbox"/> 1 to 5 cigarettes per day	<input type="checkbox"/> 2 or more packs per day
<input type="checkbox"/> About 1/2 pack per day	

86. How frequently have you smoked cigarettes during the **last 30 days**?

<input type="checkbox"/> Not at all	<input type="checkbox"/> About 1 pack per day
<input type="checkbox"/> Less than 1 cigarette per day	<input type="checkbox"/> About 1-1/2 packs per day
<input type="checkbox"/> 1 to 5 cigarettes per day	<input type="checkbox"/> 2 or more packs per day
<input type="checkbox"/> About 1/2 pack per day	

87. During the **last two weeks**, about how many cigarettes have you smoked?

<input type="checkbox"/> None	<input type="checkbox"/> About 1 pack per day
<input type="checkbox"/> Less than 1 cigarette per day	<input type="checkbox"/> About 1-1/2 packs per day
<input type="checkbox"/> 1 to 5 cigarettes per day	<input type="checkbox"/> 2 or more packs per day
<input type="checkbox"/> About 1/2 pack per day	

On how many occasions (if any) have you used marijuana . . . ?

	Number of Occasions						
	0	1-2	3-5	6-9	10-19	20-39	40+
88. During the last 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. During the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How wrong do your parents feel it would be for you to . . . ?

	Very Wrong	Wrong	A Little Bit Wrong	Not at all Wrong
90. Drink beer, wine, or hard liquor (for example, vodka, whiskey or gin) regularly...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

91. Smoke cigarettes.....

92. Smoke marijuana.....

93. How old were you when you first had more than one or two sips of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?

<input type="checkbox"/> Never have	<input type="checkbox"/> 14
<input type="checkbox"/> 10 or younger	<input type="checkbox"/> 15
<input type="checkbox"/> 11	<input type="checkbox"/> 16
<input type="checkbox"/> 12	<input type="checkbox"/> 17 or older
<input type="checkbox"/> 13	

94. How old were you when you first smoked a cigarette, even just a puff?

<input type="checkbox"/> Never have	<input type="checkbox"/> 14
<input type="checkbox"/> 10 or younger	<input type="checkbox"/> 15
<input type="checkbox"/> 11	<input type="checkbox"/> 16
<input type="checkbox"/> 12	<input type="checkbox"/> 17 or older
<input type="checkbox"/> 13	

95. How old were you when you first smoked marijuana?

<input type="checkbox"/> Never have	<input type="checkbox"/> 14
<input type="checkbox"/> 10 or younger	<input type="checkbox"/> 15
<input type="checkbox"/> 11	<input type="checkbox"/> 16
<input type="checkbox"/> 12	<input type="checkbox"/> 17 or older
<input type="checkbox"/> 13	

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

	No Risk	Slight Risk	Moderate Risk	Great Risk
96. Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

97. Smoke one or more packs of cigarettes per day

98. Smoke marijuana regularly.

99. How many times, if any, have you used cocaine (crack, coke, snow, rock) in your **lifetime** . . . ?

	Number of Times							
	0	1	2	3-5	6-9	10-19	20-39	40+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

T During the last 12 months, how many times have you ... ?

Never Once Twice 3-4 Times 5 or More Times

100. Been to a party where other kids your age were drinking... Never Once Twice 3-4 Times 5 or More Times
101. Driven a car after you had been drinking..... Never Once Twice 3-4 Times 5 or More Times
102. Ridden in a car whose driver had been drinking Never Once Twice 3-4 Times 5 or More Times

103. How many times during the last 30 days, if any, have you sniffed glue, breathed the contents of aerosol spray cans or inhaled other fumes in order to get high ... ?

Number of Times

0 1 2 3-5 6-9 10-19 20-39 40+

- 0 1 2 3-5 6-9 10-19 20-39 40+

104. In an average week, how many times do all of the people in your family who live with you eat dinner together?

- None 4 times a week
- Once a week 5 times a week
- Twice a week 6 times a week
- Three times a week 7 times a week

105. How often did you feel sad or depressed during the last month?

- All of the time Once in a while
- Most of the time Not at all
- Some of the time

106. Have you ever tried to kill yourself?

- No
- Yes, once
- Yes, twice
- Yes, more than two times

107. Have you ever had sexual intercourse ("gone all the way," "made love")?

- No – SKIP TO QUESTION #109
- Once
- Twice
- 3 times
- 4 or more times

108. When you have sex, how often do you and/or your partner use a birth control method such as birth control pills, a condom (rubber), foam, diaphragm, Depo-Provera shots, patch or IUD?

- Never Often
- Seldom Always
- Sometimes

How many times, if any, in the last 12 months have you used ... ?

Number of Times

0 1 2 3-5 6-9 10-19 20-39 40+

109. Chewing tobacco or snuff 0 1 2 3-5 6-9 10-19 20-39 40+

110. Heroin (smack, horse, skag) or other narcotics (like opium or morphine)..... 0 1 2 3-5 6-9 10-19 20-39 40+

111. LSD ("acid")..... 0 1 2 3-5 6-9 10-19 20-39 40+

112. Amphetamines (for example, methamphetamine, crystal meth, uppers, speed, bennies, dexies) without your own doctor's prescription..... 0 1 2 3-5 6-9 10-19 20-39 40+

How much do you agree or disagree with the following?

Mark one answer for each.

Strongly Agree Agree Not Sure Dis-agree Strongly Disagree

113. Sometimes I feel like my life has no purpose..... Strongly Agree Agree Not Sure Dis-agree Strongly Disagree

114. Adults in my town or city make me feel important Strongly Agree Agree Not Sure Dis-agree Strongly Disagree

115. Adults in my town or city listen to what I have to say Strongly Agree Agree Not Sure Dis-agree Strongly Disagree

116. I'm given lots of chances to help make my town or city a better place in which to live Strongly Agree Agree Not Sure Dis-agree Strongly Disagree

117. Adults in my town or city don't care about people my age Strongly Agree Agree Not Sure Dis-agree Strongly Disagree

118. In my town or city, I feel like I matter to people Strongly Agree Agree Not Sure Dis-agree Strongly Disagree

119. When things don't go well for me, I am good at finding a way to make things better..... Strongly Agree Agree Not Sure Dis-agree Strongly Disagree

120. When I am an adult, I'm sure I will have a good life Strongly Agree Agree Not Sure Dis-agree Strongly Disagree

Reminder: In this survey, "parents" (and "father" or "mother") refer to the adults who are now most responsible for raising you.

During the last 12 months, how many times have you . . . ?

- | | Never | Once | Twice | 3-4 Times | 5 or More Times |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 121. Taken part in a fight where a group of your friends fought another group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 122. Hurt someone badly enough to need bandages or a doctor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 123. Used a knife, gun, or other weapon to get something from a person..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

124. If you had an important concern about drugs, alcohol, sex, or some other serious issue, would you talk to your parent(s) about it?

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Probably not |
| <input type="checkbox"/> Probably | <input type="checkbox"/> No |
| <input type="checkbox"/> I'm not sure | |

125. How much of the time do your parents ask you where you are going or with whom you will be?

- | | |
|---|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Most of the time |
| <input type="checkbox"/> Seldom | <input type="checkbox"/> All of the time |
| <input type="checkbox"/> Some of the time | |

Among the people you consider to be your closest friends, how many would you say . . . ?

- | | None | A Few | Some | Most | All |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 126. Drink alcohol once a week or more..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 127. Have used drugs such as marijuana or cocaine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 128. Do well in school..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 129. Get into trouble at school..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How often do you feel afraid of . . .

- | | Never | Once in a While | Sometimes | Often | Always |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 130. Walking around your neighborhood? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 131. Getting hurt by someone at your school? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 132. Getting hurt by someone in your home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

133. On the average, how many evenings per week do you go out to activities at a school, youth group, congregation, or other organization?

- | | | |
|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 3 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 | |

134. On the average, how many evenings per week do you go out just to be with your friends without anything special to do?

- | | | |
|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 3 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 | |

135. Imagine that someone at your school hit you or pushed you for no reason. What would you do? Mark one answer.

- I'd hit or push them right back.
- I'd try to hurt them worse than they hurt me.
- I'd try to talk to this person and work out our differences.
- I'd talk to a teacher or other adult.
- I'd just ignore it and do nothing.

How much do you agree or disagree with the following? Mark one answer for each.

- | | Strongly Agree | Agree | Not Sure | Disagree | Strongly Disagree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 136. Students help decide what goes on in my school..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 137. I don't care how I do in school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 138. I have lots of good conversations with my parents..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 139. If I break a rule at school, I'm sure to get in trouble | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 140. My parents spend a lot of time helping other people..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 141. I have little control over the things that will happen in my life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

During the last 12 months, how many times have you . . . ?

- | | Never | Once | Twice | 3-4 Times | 5 or More Times |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 142. Carried a knife or gun to protect yourself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 143. Threatened to physically hurt someone..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 144. Gambled (for example, bought lottery tickets or tabs, bet money on sports teams or card games, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

T The following questions ask about the adults you know. When answering these questions, don't count your parents or relatives.

How many adults have you known for **two or more years** who ... ?

- | | 0 | 1 | 2 | 3-4 | 5 or More |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 145. Give you lots of encouragement whenever they see you | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 146. You look forward to spending time with | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 147. Spend a lot of time helping other people | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 148. Do things that are wrong or dangerous | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 149. Talk with you at least once a month | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

On an **average school day**, how many hours do you spend ... ?

- | | None | Less Than 1 Hour | 1 Hour | 2 Hours | 3 Hours | 4 or More Hours |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 150. Watching TV or videos .. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 151. Using a computer, cell phone, or other device to email, play games, surf the web, Instant Message, or text with friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

152. At home with **no adult** there with you
- None Less Than 1 Hour 1 Hour 2 Hours 3 Hours 4 or More Hours

153. Have you ever been physically harmed (that is, where someone caused you to have a scar, black and blue marks, welts, bleeding, or a broken bone) by someone in your family or someone living with you?

- Never 4-10 times
- Once More than 10 times
- 2-3 times

154. How many times in the **last 2 years** have you been the victim of physical violence where someone caused you physical pain or injury?

- Never 3 times
- Once 4 or more times
- Twice

155. Where does your family now live?

- On a farm
- In the country, but not on a farm
- On an American Indian reservation
- In a small town (under 2,500 people)
- In a town of 2,500 to 9,999
- In a small city (10,000 to 49,999)
- In a medium-size city (50,000 to 250,000)
- In a large city (over 250,000)

156. How many years have you lived in the city where you now live?

- All my life
- 10 years or more, but I've lived in at least one other place
- 5-9 years
- 3-4 years
- 1-2 years
- Less than 1 year

157. How often do you binge eat (eat a lot of food in a short period of time) and then make yourself throw up or use laxatives to get rid of the food you have eaten?

- Never
- Once in a while
- Sometimes
- Often

158. Have you ever gone several months where you cut down on how much you ate and lost so much weight or become so thin that other people became worried about you?

- Yes
- No

159. What is the highest level of schooling your father (or stepfather or male foster parent/guardian) completed?

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school after college
- Don't know, or does not apply

160. What is the highest level of schooling your mother (or stepmother or female foster parent/guardian) completed?

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school after college
- Don't know, or does not apply

Thank you for your participation!