

4. What do you consider yourself to be?

(Choose one best answer)

- White, not of Hispanic Origin
- Black or African American
- American Indian/Native American, Eskimo, or Aleut
- Spanish/Hispanic/Latino
 - Mexican American Chicano
 - Mexican Puerto Rican
 - Cuban Central or South American
 - Other Spanish
- Asian or Pacific Islander
 - Chinese Japanese
 - Filipino Asian Indian
 - Hawaiian Samoan
 - Korean Guamanian
 - Vietnamese Cambodian
 - Other Asian or Pacific Islander
- Other (Please Specify _____)

5. Think of where you live most of the time. Which of the following people live there with you?

(Choose all that apply)

- Mother Father Other adults
- Foster mother Foster father Sister(s)
- Stepmother Stepfather Stepsister(s)
- Grandmother Grandfather Brother(s)
- Aunt Uncle Stepbrother(s)
- Other children

6. How many brothers and sisters, including stepbrothers and stepsisters, do you have that are older than you?

- 0 1 2 3 4 5 6 or more

7. How many brothers and sisters, including stepbrothers and stepsisters, do you have that are younger than you?

- 0 1 2 3 4 5 6 or more

8. What is the language you use most often at home?

- English Spanish Another Language

9. What is the zip code where you live?

8				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

10. What is the highest level of schooling your father completed?

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

11. What is the highest level of schooling your mother completed?

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

12. Where are you living now?

- On a farm
- In the country, not on a farm
- In a city, town, or suburb

13. Putting them all together, what were your grades like last year?

- Mostly Mostly Mostly Mostly Mostly
- F's D's C's B's A's

14. During the LAST FOUR WEEKS how many whole days of school have you missed because you skipped or "cut"?

- None 2 days 4-5 days 11 or more days
- 1 day 3 days 6-10 days

15. In my school, students have lots of chances to help decide things like class activities and rules.

16. Teachers ask me to work on special classroom projects.

17. My teacher(s) notices when I am doing a good job and lets me know about it.

18. There are a lot of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.

19. There are lots of chances for students in my school to talk with a teacher one-on-one.

20. I feel safe at my school.

21. The school lets my parents know when I have done something well.

22. My teachers praise me when I work hard in school.

23. Are your school grades better than the grades of most students in your class?

24. I have lots of chances to be part of class discussions or activities.

25. How often do you feel that the school work you are assigned is meaningful and important?

- Never Often
- Seldom Almost Always
- Sometimes

NO!	no	yes	YES!
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. How interesting are most of your courses to you?
- Very interesting and stimulating Fairly interesting
 Quite interesting Slightly dull Very dull

27. How important do you think the things you are learning in school are going to be for your later life?
- Very important Slightly important
 Quite important Not at all important
 Fairly important

28. Now thinking back over the past year in school, how often did you:

	Almost always			
	Often			
	Sometimes			
	Seldom			
	Never			
a. enjoy being in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. hate being in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. try to do your best work in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PEER INFLUENCES

29. 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:

	4 of my friends			
	3 of my friends			
	2 of my friends			
	1 of my friends			
	None of my friends			
a. participated in clubs, organizations and activities at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. made a commitment to stay drug-free?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. used marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. tried to do well in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. used MDMA (Ecstasy, E, X, Lover's Speed), Ketamine (Special K, Vitamin K) or GHB (Liquid X, G, GBL)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. been suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. liked school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. carried a handgun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. sold illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. regularly attended religious services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. stolen or tried to steal a motor vehicle such as a car or a motorcycle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. defended someone who was being verbally abused at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. been arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. dropped out of school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. been members of a gang?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. How old were you when you first:

	17 or Older			
	16			
	15			
	14			
	13			
	12			
	11			
	10 or Younger			
	Never Have			
a. smoked marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. smoked a cigarette, even just a puff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. used MDMA (Ecstasy, E, X, Lover's Speed), Ketamine (Special K, Vitamin K) or GHB (Liquid X, G, GBL)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. got suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. volunteered to do community service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. got arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. carried a handgun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. attacked someone with the idea of seriously hurting them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. belonged to a gang?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Not Wrong at All			
	A Little Bit Wrong			
	Wrong			
	Very Wrong			
a. take a handgun to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. steal anything worth more than \$5.00?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. pick a fight with someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. attack someone with the idea of seriously hurting them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. stay away from school all day when their parents think they are at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. 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"/>
g. smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. use LSD, cocaine, amphetamines, or another illegal drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. I ignore rules that get in my way.
- Very false Somewhat true
 Somewhat false Very true

33. It is all right to beat up people if they start the fight.

NO! no yes YES!

34. It is important to be honest with your parents, even if they become upset or you get punished.

NO! no yes YES!

35. I do the opposite of what people tell me, just to get them mad.

- Very false Somewhat true
- Somewhat false Very true

36. I think it is okay to take something without asking if you can get away with it.

- NO! no yes YES!

37. How many times have you done the following things?

	Once a week or more	Two or three times a month	About once a month	Less than once a month	I've done it, but not in the past year	Never
a. Done crazy things even if they are a little dangerous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Done something dangerous because someone dared you to do it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Done what feels good no matter what.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. Have you ever belonged to a gang? Yes No

39. If you have ever belonged to a gang, did the gang have a name?

- Yes No I never have belonged to a gang

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

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

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

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

42. You are looking at CD's in a music store with a friend. You look up and see her slip a CD under her coat. She smiles and says, "Which one do you want? Go ahead, take it while nobody's around." There is nobody in sight, no employees or other customers. What would you do now?

- Ignore her
- Grab a CD and leave the store
- Tell her to put the CD back
- Act like it is a joke, and ask her to put the CD back

43. It is 8:00 on a weeknight and you are about to go over to a friend's house when your mother asks you where you are going. You say, "Oh, just going to go hang out with some friends." She says, "No, you'll just get into trouble if you go out. Stay home tonight." What would you do now?

- Leave the house anyway
- Explain what you are going to do with your friends, tell her when you will get home, and ask if you can go out
- Not say anything and start watching TV
- Get into an argument with her

44. You are visiting another part of town, and you do not know any of the people your age there. You are walking down the street, and some teenager you do not know is walking toward you. He is about your size, and as he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do?

- Push the person back
- Say "Excuse me" and keep on walking
- Say "Watch where you're going" and keep on walking
- Swear at the person and walk away

45. You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do?

- Drink it
- Tell your friend, "No thanks, I don't drink" and suggest that you and your friend go and do something else
- Just say, "No thanks" and walk away
- Make up a good excuse, tell your friend you had something else to do, and leave

46. I think sometimes it is okay to cheat at school.

- NO! no yes YES!

47. How often do you attend religious services or activities?
 Never 1-2 Times a Month
 Rarely About Once a Week or More

48. I like to see how much I can get away with.
 Very false Somewhat true
 Somewhat false Very true

49. It is clear to my friends that I am committed to living a drug free life.
 False Maybe True

50. I have made a final decision to stay away from marijuana.
 False Maybe True

51. I have decided that I will smoke cigarettes.
 False Maybe True

52. I plan to get drunk sometime in the next year.
 False Maybe True

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

	No risk	Slight risk	Moderate risk	Great risk
a. Smoke one or more packs of cigarettes per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Try marijuana once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Smoke marijuana regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 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"/>
e. Use "club drugs" such as MDMA (Ecstasy, E, X, Lover's Speed), Ketamine (Special K, Vitamin K) or GHB (Liquid X, G, GBL)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54a. In the past 2 months, how many times have you driven a car while drunk?
 None 3-5 Times
 1 Time 6-9 Times
 2 Times 10 or More Times

54b. In the past 2 months, how many times have you been a passenger in a car driven by someone who was drunk?
 None 3-5 Times
 1 Time 6-9 Times
 2 Times 10 or More Times

55a. How much time do you generally spend:
 At church or in spiritual activities
 A Great Deal Not Too Much
 Quite a Bit Very Little or None
 Some
 Doing sports and recreation
 A Great Deal Not Too Much
 Quite a Bit Very Little or None
 Some

55b. How close or attached are you to:
 Your church or spiritual activities
 A Great Deal Not Too Much
 Quite a Bit Very Little or None
 Some
 Your involvement in sports and recreation:
 A Great Deal Not Too Much
 Quite a Bit Very Little or None
 Some

56. Sometimes I think that life is not worth it.
 NO! no yes YES!

57. At times I think I am no good at all.
 NO! no yes YES!

58. All in all, I am inclined to think that I am a failure.
 NO! no yes YES!

59. In the past year have you felt depressed or sad MOST days, even if you felt OK sometimes.
 NO! no yes YES!

60. Have you ever felt so desperate that you considered suicide?
 no yes

61. Have you ever attempted suicide?
 no yes

DRUG/ALCOHOL USAGE

62. 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

63. How frequently have you used smokeless tobacco during the past 30 days?
 Never About once a day
 Once or twice More than once a day
 Once or twice a week

64. Have you ever smoked cigarettes?
 Never Regularly in the past
 Once or twice Regularly now
 Once in a while but not regularly

65. 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

66. On how many occasions (if any) have you:

	40 or More Occasions	20 - 39 Occasions	10 - 19 Occasions	6 - 9 Occasions	3 - 5 Occasions	1 - 2 Occasions	0 Occasions
a. had alcoholic beverages (beer, wine or hard liquor) to drink in your lifetime- more than just a few sips?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. had beer, wine, or hard liquor during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. used marijuana in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. used marijuana during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. used stimulants (amphetamines, meth, crystal, crank) in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. used stimulants (amphetamines, meth, crystal, crank) during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. used LSD or other psychedelics in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. used LSD or other psychedelics during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. used cocaine or crack in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. used cocaine or crack during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. used derbisol in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. used derbisol during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. used MDMA (Ecstasy, E, X, Lover's Speed) in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. used MDMA (Ecstasy, E, X, Lover's Speed) in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. used Ketamine (Special K, Vitamin K) in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. used Ketamine (Special K, Vitamin K) in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. used GHB (Liquid X, G, GBL) in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. used GHB (Liquid X, G, GBL) in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. used other illegal drugs in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. used other illegal drugs during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

67. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?

- None 3 - 5 times
 1 time 6 - 9 times
 2 times 10 or more times

COMMUNITY-BASED PERCEPTIONS

68. 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?

- Very hard Sort of easy
 Sort of hard Very easy

69. If you wanted to get some cigarettes, how easy would it be for you to get some?

- Very hard Sort of easy
 Sort of hard Very easy

70. If a kid smoked marijuana in your neighborhood, or the area around where you live, would he or she be caught by the police?

- NO! no yes YES!

71a. If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?

- Very hard Sort of easy
 Sort of hard Very easy

71b. If you wanted to get a drug like MDMA (Ecstasy, E, X, Lover's Speed), Ketamine (Special K, Vitamin K), or GHB (Liquid X, G, GBL), how easy would it be for you to get some?

- Very hard Sort of easy
 Sort of hard Very easy

72. If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, or the area around where you live, would he or she be caught by the police?

- NO! no yes YES!

73. If you wanted to get a handgun, how easy would it be for you to get one?

- Very hard Sort of easy
 Sort of hard Very easy

74. If a kid carried a handgun in your neighborhood, or the area around where you live, would he or she be caught by the police?

- NO! no yes YES!

75. If you wanted to get some marijuana, how easy would it be for you to get some?

- Very hard Sort of easy
 Sort of hard Very easy

76. How wrong would most adults in your neighborhood, or the area around where you live, think it is for kids your age:

	Not Wrong at All	A Little Bit Wrong	Wrong	Very Wrong
a. to use marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. to drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. to smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

a. used marijuana, crack, cocaine, or other drugs?

- None 1 adult 3 or 4 adults
 2 adults 5 or more adults

b. sold or dealt drugs?

- None 1 adult 3 or 4 adults
 2 adults 5 or more adults

c. done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc?

- None 1 adult 3 or 4 adults
 2 adults 5 or more adults

d. gotten drunk or high?

- None 1 adult 3 or 4 adults
 2 adults 5 or more adults

78. If I had to move, I would miss the neighborhood I now live in.

	NO!	no	yes	YES!
78. If I had to move, I would miss the neighborhood I now live in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. My neighbors notice when I am doing a good job and let me know about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. I like my neighborhood, or the area around where I live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. There are lots of adults in my neighborhood I could talk to about something important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

80. I like my neighborhood, or the area around where I live.

81. There are lots of adults in my neighborhood I could talk to about something important.

82. How much do each of the following statements describe your neighborhood, or the area around where you live?

	NO!	no	yes	YES!
a. crime and/or drug selling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. lots of empty or abandoned buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. lots of graffiti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

83. People move in and out of my neighborhood a lot.
 NO! no yes YES!

84. How many times have you changed homes since kindergarten?
 Never 3 - 4 times 7 or more times
 1 - 2 times 5 - 6 times

85. There are people in my neighborhood, or the area around where I live, who are proud of me when I do something well.
 NO! no yes YES!

86. Which of the following activities for people your age are available in your community?

- a. sports teams Yes No
b. scouting Yes No
c. boys and girls clubs Yes No
d. 4-H clubs Yes No
e. service clubs Yes No

87. Have you changed schools in the past year (including changing from elementary school to middle school and middle to high)?

- No Yes

88. I feel safe in my neighborhood, or the area around where I live.
 NO! no yes YES!

89. How many times have you changed schools since kindergarten (including changing from elementary school to middle school and middle to high)?

- Never 3 - 4 times 7 or more times
 1 - 2 times 5 - 6 times

90. I would like to get out of my neighborhood, or the area around where I live.

- NO! no yes YES!

91. Have you changed homes in the past year (the last 12 months)?

- No Yes

92. There are people in my neighborhood, or the area around where I live, who encourage me to do my best.

- NO! no yes YES!

FAMILY DOMAIN

The next set of questions asks about your family. When answering these questions, please think about the people you consider to be your family. For example, parents, stepparents, grand parents, aunts, uncles, etc.

93. 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?
- b. smoke cigarettes?
- c. smoke marijuana?
- d. steal something worth more than \$5.00?
- e. draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?
- f. pick a fight with someone?

94. Have any of your brothers or sisters ever:
- a. drunk beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
 No Yes I don't have any brothers or sisters
 - b. smoked marijuana?
 No Yes I don't have any brothers or sisters
 - c. smoked cigarettes?
 No Yes I don't have any brothers or sisters
 - d. taken a handgun to school?
 No Yes I don't have any brothers or sisters
 - e. been suspended or expelled from school?
 No Yes I don't have any brothers or sisters
 - f. used MDMA (Ecstasy, E, X, Lover's Speed), Ketamine (Special K, Vitamin K), or GHB (Liquid X, G, GBL)?
 No Yes I don't have any brothers or sisters

95. The rules in my family are clear.
 NO! no yes YES!

96. Has anyone in your family ever had a severe alcohol or drug problem?
 No Yes

- | | NO! | no | yes | YES! |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 97. People in my family often insult or yell at each other. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 98. When I am not at home, one of my parents knows where I am and who I am with. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 99. We argue about the same things in my family over and over. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 100. My parents want me to call if I am going to be late getting home. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 101. If you drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 102. My family has clear rules about alcohol and drug use. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 103. If you carried a handgun without your parents' permission, would you be caught by your parents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 104. If you skipped school without your parents' permission, would you be caught by your parents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

105. 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

106. Do you feel very close to your mother?
 NO! no yes YES!

107. Do you share your thoughts and feelings with your mother?
 NO! no yes YES!

108. My parents ask me what I think before most family decisions affecting me are made.
 NO! no yes YES!

109. How often do your parents tell you that they are proud of you for something you have done?
 Never or almost never Often
 Sometimes All the time

110. Do you share your thoughts and feelings with your father?

111. Do you enjoy spending time with your mother?

112. Do you enjoy spending time with your father?

113. If I had a personal problem, I could ask my mom or dad for help.

114. Do you feel very close to your father?

115. My parents give me lots of chances to do fun things with them.

116. My parents ask if I have gotten my homework done.

117. People in my family have serious arguments.

118. Would your parents know if you did not come home on time?

	NO!	no	yes	YES!
110. Do you share your thoughts and feelings with your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111. Do you enjoy spending time with your mother?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112. Do you enjoy spending time with your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113. If I had a personal problem, I could ask my mom or dad for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114. Do you feel very close to your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115. My parents give me lots of chances to do fun things with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116. My parents ask if I have gotten my homework done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117. People in my family have serious arguments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118. Would your parents know if you did not come home on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU FOR YOUR HELP

119. How important were the questions in this survey ?
 Not too important Important
 Fairly important Very important

120. 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

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