

Attitudes & Behaviors

Your answers on this questionnaire will be kept strictly confidential. DO NOT put your name on this form. No one will be able to find out how you or anyone else answered. Your school will receive a report that combines many students' answers together. Therefore, no one will be able to connect your answers with your name.

This is not a test you take for school grades. You are just being asked to tell about yourself, your experiences, and your feelings. Please be as honest as you can.

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IMPORTANT MARKING DIRECTIONS

- Please use a blue or black pen.
- Place an "X" in the appropriate box or boxes.

RIGHT



WRONG



- To change an answer, completely black out the wrong answer and put an "X" in the correct box as shown below.

CORRECT ANSWER



INCORRECT ANSWER



1. How old are you?

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

2. What is your grade in school?

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

3. Which of the following best describes you?

- Female Transgender, do not identify as exclusively male or female
- Male Not sure
- Transgender, male-to-female
- Transgender, female-to-male

4. Would you say that you are ...?

- Only straight/heterosexual Mostly lesbian/gay
- Mostly straight/heterosexual Only lesbian/gay
- Bisexual

5. 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.

6. 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

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

ABOUT SCHOOL

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

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

21. What grades do you earn in school?

- | | |
|---------------------------------------------------------------|---------------------------------------------------------------|
| <input checked="" type="checkbox"/> Mostly As | <input checked="" type="checkbox"/> Mostly Cs |
| <input checked="" type="checkbox"/> About half As and half Bs | <input checked="" type="checkbox"/> About half Cs and half Ds |
| <input checked="" type="checkbox"/> Mostly Bs | <input checked="" type="checkbox"/> Mostly Ds |
| <input checked="" type="checkbox"/> About half Bs and half Cs | <input checked="" 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 |
|----------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 22. Help you with your school work | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23. Talk to you about what you are doing in school | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 24. Ask you about homework | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 25. Go to meetings or events at your school | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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 |
|----------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 26. At school, I try as hard as I can to do my best work | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 27. My teachers really care about me | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 28. It bothers me when I don't do something well | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 29. I get a lot of encouragement at my school | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30. Teachers at school push me to be the best I can be | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 31. My parents push me to be the best I can be | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

32. During the last four weeks, how many days of school have you missed because you skipped or "ditched"?

- | | |
|--------------------------------------------|-----------------------------------------------------|
| <input checked="" type="checkbox"/> None | <input checked="" type="checkbox"/> 4-5 days |
| <input checked="" type="checkbox"/> 1 day | <input checked="" type="checkbox"/> 6-10 days |
| <input checked="" type="checkbox"/> 2 days | <input checked="" type="checkbox"/> 11 or more days |
| <input checked="" type="checkbox"/> 3 days | |

33. During this school year, have you received special help in school for your class work or behavior on a daily or weekly basis?

- Yes No

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

- | | Usually | Sometimes | Never |
|-----------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 34. Feel bored at school | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 35. Come to classes without bringing paper or something to write with | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 36. Come to classes without your homework finished | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 37. Come to classes without your books | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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 |
|----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 38. On the whole, I like myself | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 39. It is against my values to drink alcohol while I am a teenager | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 40. I like to do exciting things, even if they are dangerous | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 41. At times, I think I am no good at all | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 42. I get along well with my parents | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 43. All in all, I am glad I am me | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 44. I feel I do not have much to be proud of | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 45. If I break one of my parents' rules, I usually get punished | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 46. My parents give me help and support when I need it | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47. It is against my values to have sex while I am a teenager | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48. In my school there are clear rules about what students can and cannot do | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49. I care about the school I go to | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 50. My parents often tell me they love me | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 51. In my family, I feel useful and important | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 52. Students in my school care about me | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 53. In my family, there are clear rules about what I can and cannot do | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 54. In my neighborhood, there are a lot of people who care about me | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 55. At my school, everyone knows that you'll get in trouble for using alcohol or other drugs | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 56. If one of my neighbors saw me do something wrong, he or she would tell one of my parents | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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

	Never	Once	Twice	3-4 Times	5 or More Times
57. 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"/>
58. 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"/>
59. 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"/>
60. 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"/>
61. 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
62. 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"/>
63. In clubs or organizations other than sports <u>at school</u> (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"/>
64. In clubs or organizations other than sports <u>outside of school</u> (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"/>
65. 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"/>
66. 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"/>
67. 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"/>
68. 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"/>
69. 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
70. 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"/>
71. 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"/>
72. 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"/>
73. 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"/>
74. 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"/>
75. 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"/>
76. 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"/>
77. 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"/>
78. 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"/>
79. 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"/>
80. 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"/>
81. 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"/>
82. 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+

83. In your lifetime..... 0 1-2 3-5 6-9 10-19 20-39 40+
84. During the past 30 days..... 0 1-2 3-5 6-9 10-19 20-39 40+

85. Think back over the past 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.)

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

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

- I have never smoked a cigarette
- Not at all
- Less than 1 cigarette per day
- 1 to 5 cigarettes per day
- About 1/2 pack per day
- About 1 pack per day
- About 1-1/2 packs per day
- 2 or more packs per day

87. During the past 30 days have you used marijuana or hashish?

- Yes
- No

88. During the past 30 days have you used prescription drugs *not prescribed* to you?

- Yes
- No

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

Very Wrong Wrong A Little Bit Wrong Not at all Wrong

89. Have one or two drinks of an alcoholic beverage nearly every day Very Wrong Wrong A Little Bit Wrong Not at all Wrong
90. Smoke tobacco..... Very Wrong Wrong A Little Bit Wrong Not at all Wrong
91. Smoke marijuana..... Very Wrong Wrong A Little Bit Wrong Not at all Wrong
92. Use prescription drugs not prescribed to you Very Wrong Wrong A Little Bit Wrong Not at all Wrong

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

Very Wrong Wrong A Little Bit Wrong Not at all Wrong

93. Have one or two drinks of an alcoholic beverage nearly every day Very Wrong Wrong A Little Bit Wrong Not at all Wrong
94. Smoke tobacco..... Very Wrong Wrong A Little Bit Wrong Not at all Wrong
95. Smoke marijuana..... Very Wrong Wrong A Little Bit Wrong Not at all Wrong
96. Use prescription drugs not prescribed to you Very Wrong Wrong A Little Bit Wrong Not at all Wrong

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

No Risk Slight Risk Moderate Risk Great Risk

97. Have five or more drinks of an alcoholic beverage once or twice a week No Risk Slight Risk Moderate Risk Great Risk
98. Smoke one or more packs of cigarettes per day No Risk Slight Risk Moderate Risk Great Risk
99. Smoke marijuana once or twice a week No Risk Slight Risk Moderate Risk Great Risk
100. Use prescription drugs that are not prescribed to them No Risk Slight Risk Moderate Risk Great Risk

101. 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+

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

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

Never Once Twice 3-4 Times 5 or More Times

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

105. 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+ |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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

- | | |
|--------------------------------------------------------|----------------------------------------------------|
| <input checked="" type="checkbox"/> None | <input checked="" type="checkbox"/> 4 times a week |
| <input checked="" type="checkbox"/> Once a week | <input checked="" type="checkbox"/> 5 times a week |
| <input checked="" type="checkbox"/> Twice a week | <input checked="" type="checkbox"/> 6 times a week |
| <input checked="" type="checkbox"/> Three times a week | <input checked="" type="checkbox"/> 7 times a week |

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

- | | |
|------------------------------------------------------|-----------------------------------------------------|
| <input checked="" type="checkbox"/> All of the time | <input checked="" type="checkbox"/> Once in a while |
| <input checked="" type="checkbox"/> Most of the time | <input checked="" type="checkbox"/> Not at all |
| <input checked="" type="checkbox"/> Some of the time | |

108. Have you ever tried to kill yourself?

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

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

- No – SKIP TO QUESTION #111
- Once
- Twice
- 3 times
- 4 or more times

110. When you have sex, how often do you and/or your partner use a birth control method such as birth control pills, Depo-Provera shot, an implant, ring, patch, male or female condom (rubber), foam, diaphragm, or IUD?

- Never
- Seldom
- Sometimes
- Often
- Always

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+ |
| 111. Chewing tobacco or snuff..... | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 112. Heroin (smack, horse, skag) or other narcotics (like opium or morphine)..... | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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 |
| 113. Sometimes I feel like my life has no purpose..... | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 114. Adults in my town or city make me feel important | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 115. Adults in my town or city listen to what I have to say | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 116. I'm given lots of chances to help make my town or city a better place in which to live | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 117. Adults in my town or city don't care about people my age | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 118. In my town or city, I feel like I matter to people | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 119. When things don't go well for me, I am good at finding a way to make things better | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 120. When I am an adult, I'm sure I will have a good life | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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 . . . ?

	Less Than None	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"/>
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"/>

152. At home with **no adult** there with you..... None 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!