



Thank you for accepting the invitation to participate in this study. The questions contained in this booklet are designed to obtain your opinion about a number of things concerning you, your friends, your family, your neighborhood and your community. In a sense, many of your answers will count as "votes" on a wide range of important issues.

In order for this study to be helpful, it is important that you answer each question as thoughtfully and honestly as possible. All of your answers will be kept strictly confidential and will never be seen by anyone at your school. This study is completely voluntary so you may skip any question that you do not wish to answer.

Be sure to read the instructions below before you begin to answer. Thank you very much for being an important part of this project.

INSTRUCTIONS

1. This is not a test, so there are no right or wrong answers.
2. All of the questions should be answered by marking one of the answer spaces. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure of what it means, just leave it blank.
3. Your answers will be read automatically by a machine called an optical mark reader. Please follow these directions carefully:

- Use a No. 2 pencil.
- Make heavy black marks inside the ovals.
- Erase cleanly any answer you wish to change.
- Make no other markings or comments on the survey pages, since they interfere with the automatic reading.
- Do NOT write your name anywhere on this booklet.

This kind of mark will work:

Correct Mark

(1) (2) (3) (4) (5)

These kinds of marks will NOT work:

Incorrect Marks

DEMOGRAPHICS AND SCHOOL CLIMATE

The following numbers will be provided to you by the person administering this survey. Please write the numbers in the space provided and then darken the ovals corresponding to those numbers.

SCHOOL DISTRICT

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

BUILDING

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

COUNTY
(where student lives)

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

REGION

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

1. How old are you?
 10 11 12 13 14
 15 16 17 18 19 or older
2. What grade are you in?
 6th 8th 10th 12th
3. Are you:
 Female Male
4. Please choose the ONE answer that BEST describes what you consider yourself to be.
 White, not of Hispanic Origin
 Black or African American
 American Indian/Native American, Eskimo or Aleut
 Spanish/Hispanic/Latino
 Asian or Pacific Islander
 Other (Please Specify) _____
5. Are you Spanish/Hispanic/Latino?
 No, not Spanish/Hispanic/Latino Yes, Puerto Rican
 Yes, Mexican American Yes, Cuban
 Yes, Mexican Yes, Central or South American
 Yes, Chicano Yes, other Spanish/Hispanic/Latino
6. What is your race? (Select one or more)
 White, Caucasian or European
 Black or African American
 Asian or Asian American
 Chinese Asian Indian Other Asian
 Japanese Cambodian
 Korean Vietnamese
 American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander
 Filipino Hawaiian Other Pacific Islander
 Samoan Guamanian
 Other (Please Specify) _____
7. 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
8. 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
9. 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
10. What is the language you use most often at home?
 English Spanish Another Language

11. What is the Zip code where you live?

6				
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

12. What is the highest level of schooling your father completed?
 Completed grade school or less Graduate or professional school after college
 Some high school
 Completed high school Do not know
 Some college Does not apply
 Completed college

13. What is the highest level of schooling your mother completed?
 Completed grade school or less Graduate or professional school after college
 Some high school
 Completed high school Do not know
 Some college Does not apply
 Completed college

14. Where are you living now?
 On a farm
 In the country, not on a farm
 In a city, town, or suburb

15. 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

16. 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

17. In my school, students have lots of chances to help decide things like class activities and rules.
 NO! no yes YES!
18. Teachers ask me to work on special classroom projects.
 NO! no yes YES!
19. My teacher(s) notices when I am doing a good job and lets me know about it.
 NO! no yes YES!
20. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.
 NO! no yes YES!
21. There are lots of chances for students in my school to talk with a teacher one-on-one.
 NO! no yes YES!
22. I feel safe at my school.
 NO! no yes YES!
23. The school lets my parents know when I have done something well.
 NO! no yes YES!
24. My teachers praise me when I work hard in school.
 NO! no yes YES!
25. Are your school grades better than the grades of most students in your class?
 NO! no yes YES!
26. I have lots of chances to be part of class discussions or activities.
 NO! no yes YES!

	NO!	no	yes	YES!
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued...

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

	Very Wrong	Wrong	A Little Bit Wrong	Not Wrong at All
f. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?	<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"/>

40. How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?

	Very Wrong	Wrong	A Little Bit Wrong	Not Wrong at All
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. It is all right to beat up people if they start the fight.
 NO! no yes YES!

42. It is important to be honest with your parents, even if they become upset or you get punished.
 NO! no yes YES!

43. I think it is okay to take something without asking if you can get away with it.
 NO! no yes YES!

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

45. If you have ever belonged to a gang, did the gang have a name?
 Yes No I never have belonged to a gang

46. In the past year, have you gambled for money or anything of value?
 Yes No

47. In the last 30 days, have you gambled for money or anything of value?
 Yes No

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

	Never	1 to 2 Times	3 to 5 Times	6 to 9 Times	10 to 19 Times	20 to 29 Times	30 to 39 Times	40+ Times
a. been suspended from school?	<input type="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. 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"/>
e. participated in clubs, organizations or 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"/>
f. 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"/>
g. 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"/>
h. 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"/>
i. 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"/>
j. 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"/>
k. 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"/>
l. been involved in a fight on school property?	<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. been offered, sold, or given drugs on school property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By PARENTS, we mean your biological parents, adoptive parents, stepparents or adult guardians - whether or not they live with you.
 Yes No Don't know or can't say

50. During the past 12 months, do you recall hearing, reading or watching an advertisement about prevention or substance abuse?
 Yes No Don't know or can't say

51. In the past year, how many times (if any) have you:

	Never	Gambled, but not in the past year	A few times in past year	Once or twice a month	Once or twice a week	Almost every day
a. Gambled at a casino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Played the lottery or scratch-off tickets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Bet on team sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Played cards for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Bet money on horse races	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Played bingo for money or prizes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Gambled on the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Bet on dice games (such as craps)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Bet on games of personal skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	No or very little chance	Little chance	Some chance	Pretty good chance	Very good chance
a. smoked cigarettes?	<input type="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"/>
h. made a commitment to stay drug-free?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53. You are looking at DVD's in the store with a friend. You look up and you see her slip a DVD under her coat. She smiles and says, "Which one do you want? Go ahead, take it while nobody's around." There is no one in sight, no employees or other customers. What would you do now?
 Ignore her
 Grab a DVD and leave the store
 Tell her to put the DVD back
 Act like it is a joke, and ask her to put the DVD back

54. 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

55. 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

56. 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

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

- NO! no yes YES!

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

	Great risk			
	Moderate risk			
	Slight risk			
	No risk			
a. Smoke one or more packs of cigarettes per day?	<input type="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 prescription drugs that are not prescribed to them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DRUG/ALCOHOL LIFETIME USAGE

59. 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

60. Have you ever smoked cigarettes?

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

61. Have you ever tried electronic cigarettes, e-cigarettes, vape pens, or e-hookahs? No Yes

62. On how many occasions have you had beer, wine, or hard liquor to drink in your lifetime? (more than just a few sips)

- 0 - occasions 6 - 9 occasions 40 or more
- 1 - 2 occasions 10 - 19 occasions occasions
- 3 - 5 occasions 20 - 39 occasions

63. On how many occasions (if any) have you used marijuana in your lifetime?

- 0 - occasions 6 - 9 occasions 40 or more
- 1 - 2 occasions 10 - 19 occasions occasions
- 3 - 5 occasions 20 - 39 occasions

64. On how many occasions (if any) have you used LSD or other psychedelics in your lifetime?

- 0 - occasions 6 - 9 occasions 40 or more
- 1 - 2 occasions 10 - 19 occasions occasions
- 3 - 5 occasions 20 - 39 occasions

65. On how many occasions (if any) have you used cocaine or crack in your lifetime?

- 0 - occasions 6 - 9 occasions 40 or more
- 1 - 2 occasions 10 - 19 occasions occasions
- 3 - 5 occasions 20 - 39 occasions

66. On how many occasions (if any) have you used heroin in your lifetime?

- 0 - occasions 6 - 9 occasions 40 or more
- 1 - 2 occasions 10 - 19 occasions occasions
- 3 - 5 occasions 20 - 39 occasions

67. On how many occasions (if any) have you used MDMA ("ecstasy") in your lifetime?

- 0 - occasions 6 - 9 occasions 40 or more
- 1 - 2 occasions 10 - 19 occasions occasions
- 3 - 5 occasions 20 - 39 occasions

68. On how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in your lifetime?

- 0 - occasions 6 - 9 occasions 40 or more
- 1 - 2 occasions 10 - 19 occasions occasions
- 3 - 5 occasions 20 - 39 occasions

69. On how many occasions (if any) have you taken methamphetamines in your lifetime?

- 0 - occasions 6 - 9 occasions 40 or more
- 1 - 2 occasions 10 - 19 occasions occasions
- 3 - 5 occasions 20 - 39 occasions

70. On how many occasions (if any) have you used prescription pain relievers, such as Vicodin, OxyContin, or Tylox, not prescribed for you by a doctor in your lifetime?

- 0 - occasions 6 - 9 occasions 40 or more
- 1 - 2 occasions 10 - 19 occasions occasions
- 3 - 5 occasions 20 - 39 occasions

71. On how many occasions (if any) have you used prescription tranquilizers, such as Xanax, Valium, or Ambien, not prescribed for you by a doctor in your lifetime?

- 0 - occasions 6 - 9 occasions 40 or more
- 1 - 2 occasions 10 - 19 occasions occasions
- 3 - 5 occasions 20 - 39 occasions

72. On how many occasions (if any) have you used prescription stimulants, such as Ritalin, Adderall, or Concerta, not prescribed for you by a doctor in your lifetime?

- 0 - occasions 6 - 9 occasions 40 or more
- 1 - 2 occasions 10 - 19 occasions occasions
- 3 - 5 occasions 20 - 39 occasions

73. On how many occasions (if any) have you taken steroids without a doctor's order in your lifetime?

- 0 - occasions 6 - 9 occasions 40 or more
 1 - 2 occasions 10 - 19 occasions occasions
 3 - 5 occasions 20 - 39 occasions

74. On how many occasions (if any) have you used phenoxydine (pox, px, breeze) in your lifetime?

- 0 - occasions 6 - 9 occasions 40 or more
 1 - 2 occasions 10 - 19 occasions occasions
 3 - 5 occasions 20 - 39 occasions

DRUG/ALCOHOL 30-DAY USAGE

75. 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

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

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

77. On how many occasions (if any) have you had beer, wine, or hard liquor during the past 30 days?

- 0 - occasions 6 - 9 occasions 40 or more
 1 - 2 occasions 10 - 19 occasions occasions
 3 - 5 occasions 20 - 39 occasions

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

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

79. During the past 30 days, on how many days did you have 5 or more drinks on the same occasion? (By 'occasion', we mean at the same time or within a couple of hours of each other.)

- None 1 - 4 5 - 9 10 or more

80. On how many occasions (if any) have you used marijuana during the past 30 days?

- 0 - occasions 6 - 9 occasions 40 or more
 1 - 2 occasions 10 - 19 occasions occasions
 3 - 5 occasions 20 - 39 occasions

81. On how many occasions (if any) have you used LSD or other psychedelics during the past 30 days?

- 0 - occasions 6 - 9 occasions 40 or more
 1 - 2 occasions 10 - 19 occasions occasions
 3 - 5 occasions 20 - 39 occasions

82. On how many occasions (if any) have you used cocaine or crack during the past 30 days?

- 0 - occasions 6 - 9 occasions 40 or more
 1 - 2 occasions 10 - 19 occasions occasions
 3 - 5 occasions 20 - 39 occasions

83. On how many occasions (if any) have you used heroin during the past 30 days?

- 0 - occasions 6 - 9 occasions 40 or more
 1 - 2 occasions 10 - 19 occasions occasions
 3 - 5 occasions 20 - 39 occasions

84. On how many occasions (if any) have you used MDMA ("ecstasy") during the past 30 days?

- 0 - occasions 6 - 9 occasions 40 or more
 1 - 2 occasions 10 - 19 occasions occasions
 3 - 5 occasions 20 - 39 occasions

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

- 0 - occasions 6 - 9 occasions 40 or more
 1 - 2 occasions 10 - 19 occasions occasions
 3 - 5 occasions 20 - 39 occasions

86. On how many occasions (if any) have you taken methamphetamines in the past 30 days?

- 0 - occasions 6 - 9 occasions 40 or more
 1 - 2 occasions 10 - 19 occasions occasions
 3 - 5 occasions 20 - 39 occasions

87. On how many occasions (if any) have you used prescription pain relievers, such as Vicodin, OxyContin, or Tylox, not prescribed for you by a doctor during the past 30 days?

- 0 - occasions 6 - 9 occasions 40 or more
 1 - 2 occasions 10 - 19 occasions occasions
 3 - 5 occasions 20 - 39 occasions

88. On how many occasions (if any) have you used prescription tranquilizers, such as Xanax, Valium, or Ambien, not prescribed for you by a doctor during the past 30 days?

- 0 - occasions 6 - 9 occasions 40 or more
 1 - 2 occasions 10 - 19 occasions occasions
 3 - 5 occasions 20 - 39 occasions

89. On how many occasions (if any) have you used prescription stimulants, such as Ritalin, Adderall, or Concerta, not prescribed for you by a doctor during the past 30 days?

- 0 - occasions 6 - 9 occasions 40 or more
 1 - 2 occasions 10 - 19 occasions occasions
 3 - 5 occasions 20 - 39 occasions

90. During the past 30 days, how did you usually get prescription drugs not prescribed for you?

- I did not use prescription drugs not prescribed to me in the past 30 days
 I got them from a stranger
 A friend or relative gave them to me
 I bought them from a friend or relative
 I took them from a friend or relative
 I got them from a drug dealer
 I got them on the internet

91. On how many occasions (if any) have you taken steroids without a doctor's order during the past 30 days?

- 0 - occasions 6 - 9 occasions 40 or more
 1 - 2 occasions 10 - 19 occasions occasions
 3 - 5 occasions 20 - 39 occasions

92. On how many occasions (if any) have you used phenoxydine (pox, px, breeze) during the past 30 days?
- 0 - occasions 6 - 9 occasions 40 or more
 1 - 2 occasions 10 - 19 occasions occasions
 3 - 5 occasions 20 - 39 occasions

COMMUNITY-BASED PERCEPTIONS

93. 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 hard Sort of easy Very easy
94. If you wanted to get some cigarettes, how easy would it be for you to get some?
- Very hard Sort of hard Sort of easy Very easy
95. If a kid smokes marijuana in your neighborhood, or the area around where you live, would he or she be caught by the police?
- NO! no yes YES!

96. If you wanted to get drugs like cocaine, LSD, or amphetamines, how easy would it be for you to get some?
- Very hard Sort of hard Sort of easy Very easy
97. 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!

98. If you wanted to get a handgun, how easy would it be for you to get one?
- Very hard Sort of hard Sort of easy Very easy
99. 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!

100. If you wanted to get some marijuana, how easy would it be for you to get some?
- Very hard Sort of hard Sort of easy Very easy
101. If a kid smoked cigarettes in your neighborhood or the area around where you live, would he or she be caught by the police?
- NO! no yes YES!

2. During the past 30 days, how did you **usually** get beer, wine or hard liquor (for example, vodka, whiskey or gin)? (CHOOSE ONLY ONE ANSWER)
- I did not drink beer, wine, or hard liquor during the past 30 days
 I bought it in a store such as a convenience store, supermarket, discount store, or gas station
 I gave someone else money to buy it for me
 I borrowed it from someone else
 A person 21 years old or older gave it to me
 I took it from a store or family member
 I got it some other way

3. During the past 30 days, when you drank beer, wine or hard liquor (for example, vodka, whiskey or gin) where did you drink it? (CHOOSE ALL THAT APPLY)
- I did not drink beer, wine, or hard liquor during the past 30 days
 School
 Car Bar
 My home Park or outdoors
 Friend's home Other

104. 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?
b. to drink alcohol?
c. to smoke cigarettes?

105. About how many adults have you known personally who in the past year have:
- a. used marijuana, crack, cocaine, or other drugs?
 None 1 adult 2 adults 3 or 4 adults 5 or more adults
- b. sold or dealt drugs?
 None 1 adult 2 adults 3 or 4 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 2 adults 3 or 4 adults 5 or more adults
- d. gotten drunk or high?
 None 1 adult 2 adults 3 or 4 adults 5 or more adults

106. Sometimes we don't know what we will do as adults, but we may have an idea. Please answer how true these statements may be for you: When I am an adult...
- a. I will smoke cigarettes NO! no yes YES!
b. I will drink beer, wine, or liquor NO! no yes YES!
c. I will smoke marijuana NO! no yes YES!

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"/>

107. If I had to move, I would miss the neighborhood I now live in.
108. My neighbors notice when I am doing a good job and let me know about it.
109. I like my neighborhood, or the area around where I live.

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"/>

110. How much do each of the following statements describe your neighborhood, or the area around where you live?
- a. crime and/or drug selling

b. fights

c. lots of empty or abandoned buildings

d. lots of graffiti

111. 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!
112. I feel safe in my neighborhood, or the area around where I live.
 NO! no yes YES!

113. I would like to get out of my neighborhood, or the area around where I live.
 NO! no yes YES!

114. 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

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

Not Wrong at All	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Little Bit Wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- a. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?
- b. smoke cigarettes?
- c. smoke marijuana?
- d. steal anything 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?
- g. use prescription drugs not prescribed to you?

116. 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

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

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

119. People in my family often insult or yell at each other.

120. When I am not at home, one of my parents knows where I am and who I am with.

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

122. 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?

123. My family has clear rules about alcohol and drug use.

124. If you carried a handgun without your parents' permission, would you be caught by your parents?

125. If you skipped school without your parents' permission, would you be caught by your parents?

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"/>
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<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"/>

126. 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

127. Do you feel very close to your mother?

- NO! no yes YES!

128. Do you share your thoughts and feelings with your mother?

- NO! no yes YES!

129. My parents ask me what I think before most family decisions affecting me are made.

- NO! no yes YES!

130. 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

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

132. Do you enjoy spending time with your mother?

133. Do you enjoy spending time with your father?

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

135. Do you feel very close to your father?

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

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

138. People in my family have serious arguments.

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

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"/>

140. How important were these questions?

- Not too important Important
 Fairly important Very important

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

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

If you were given an additional sheet of questions, please put your answers in the extra answer rows below. Make sure to put your answers on the row with the same number as the question on the additional sheet.

- | | |
|-------------------------|--------------------------|
| 1. A B C D E F G | 6. A B C D E F G |
| 2. A B C D E F G | 7. A B C D E F G |
| 3. A B C D E F G | 8. A B C D E F G |
| 4. A B C D E F G | 9. A B C D E F G |
| 5. A B C D E F G | 10. A B C D E F G |

Provided by:
Kansas Department for Aging and Disability Services/
Behavioral Health Services
Administered by:
Southeast Kansas Education Service Center - Greenbush

OPTIONAL MODULE



Additional Questions

Survey Administrator Directions

Please distribute this sheet of questions to each student with the surveys. The responses for these questions will go on the last page of the survey in the extra answer rows (1-4) at the end.

Student Directions

Please put your answers to these questions on the last page of the survey in the extra answer rows (1-4) at the end. Make sure to put your answers on the row with the same number as the question below.

1. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?

- A. No B. Yes

2. Have you ever **seriously** thought about killing yourself? (If yes, please choose the most recent answer.)

- A. No/Never B. Yes, in the past 30 days C. Yes, in the past year D. Yes, over one year ago

3. Have you ever made a **plan** about how you would kill yourself? (If yes, please choose the most recent answer.)

- A. No/Never B. Yes, in the past 30 days C. Yes, in the past year D. Yes, over one year ago

4. Have you ever **tried** to kill yourself? (If yes, please choose the most recent answer.)

- A. No/Never B. Yes, in the past 30 days C. Yes, in the past year D. Yes, over one year ago