

Attitudes and Behaviors Survey

Instructions: Your answers on this questionnaire will be kept strictly confidential. No one will be able to find out how you or anyone else answered. Your school or program 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 grades. You are just being asked to tell about yourself, your experiences, and your feelings. Please be as honest as you can.

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 relative/guardians. If you live in a one-parent family, answer for that adult.

Age: _____ Grade: _____

Race/Ethnicity (Check all that apply):

Black or African American

Native Hawaiian or Other Pacific Islander

American Indian or Alaska Native

Hispanic or Latino/Latina

Other (please specify): _____

Asian

White

Which of the following best describes your family?

I live with my two birth / biological parents

Sometimes I live with my mom and sometimes my dad

I live with one parent and one stepparent

I live with foster parents

Other

I live with my two adoptive parents

I live with one parent

I live with one birth parent and one adoptive parent

I live with my grandparents or other adult relatives who take care of me

How important is each of the following to you in your life? Mark one answer for each.

7. Helping other people

8. Helping to reduce hunger and poverty in the world

9. Helping to make the world a better place in which to live

10. Being religious or spiritual

11. Helping to make sure that all people are treated fairly

12. Getting to know people who are of a different race or ethnic group than I am

13. Speaking up for equality (everyone should have the same rights and opportunities)

14. Giving time or money to make life better for other people

15. Doing what I believe is right, even if my friends make fun of me

16. Standing up for what I believe, even when it's unpopular to do so

17. Telling the truth, even when it's not easy

18. Accepting responsibility for my actions when I make a mistake or get in trouble

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

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

About School

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

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Half hour or less |
| <input type="checkbox"/> Between a half hour and an hour | <input type="checkbox"/> 1 hour |
| <input type="checkbox"/> 2 hours | <input type="checkbox"/> 3 hours or more |

21. What grades do you earn in school?

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

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

- | | Very Often | Often | Sometimes | Seldom | Never |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 22. Help you with your school work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Talk to you about what you are doing in school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Ask you about homework | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Go to meetings or events at your school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

- | | Strongly Agree | Agree | Not Sure | Disagree | Strongly Disagree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 26. At school I try as hard as I can to do my best work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. My teachers really care about me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. It bothers me when I don't do something well | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. I get a lot of encouragement at my school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Teachers at school push me to be the best I can be | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. My parents push me to be the best I can be | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

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

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

	Usually	Sometimes	Never
34. Feel bored at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Come to classes without the supplies I need (for example, paper, computer, books)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Come to classes without your homework finished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Feel interested in what you are learning at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About You

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

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

Sample For Review Only

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
57. Been a leader in a group or organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Stolen something from a store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Gotten into trouble with the police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Hit or beat up someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Damaged property just for fun (such as breaking windows, scratching a car, putting paint on walls, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. In clubs or organizations other than sports at school (for example, school newspaper, student government, school plays, language clubs, hobby clubs, drama club, debate, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. In clubs or organizations other than sports outside of school (such as 4-H, Scouts, Boys and Girls Clubs, YWCA, YMCA, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Reading just for fun (not part of your school work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Going to programs, groups, or services at a church, synagogue, mosque, or other religious or spiritual place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During an average week, how many hours do you spend ... ?	0	1	2	3-5	6-10	11 or More
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Helping friends or neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Practicing or taking lessons in music, art, drama, or dance, after school or on weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sample: For Review Only

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

Think about 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 ...

70. Knowing how to say "no" when someone wants me to do things I know are wrong or dangerous

71. Caring about other people's feelings

72. Thinking through the possible good and bad results of different choices before I make decisions

73. Saving my money for something special rather than spending it all right away

74. Respecting the values and beliefs of people who are of a different race or culture than I am

75. Giving up when things get hard for me

76. Staying away from people who might get me in trouble

77. Feeling really sad when one of my friends is unhappy

78. Being good at making and keeping friends

79. Knowing a lot about people of other races or ethnic groups

80. Enjoying being with people who are of a different race or ethnic group than I am

81. Being good at planning ahead

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)

Not at All Like Me A Little Like Me Somewhat Like Me Quite Like Me Very Much Like Me

<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"/>
<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"/>

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...?

83. In your lifetime

84. During the past 30 days

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

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.)

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

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

<input type="checkbox"/> I have never smoked a cigarette	<input type="checkbox"/> Not at all
<input type="checkbox"/> Less than 1 cigarette per day	<input type="checkbox"/> 1 to 5 cigarettes per day
<input type="checkbox"/> About 1/2 pack per day	<input type="checkbox"/> About 1 pack per day
<input type="checkbox"/> About 1-1/2 packs per day	<input type="checkbox"/> 2 or more packs per day

Sample: For Review Only

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

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. Smoke tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. Smoke marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. Use prescription drugs not prescribed to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Very Wrong	Wrong	Little Bit Wrong	Not at all Wrong
93. Have one or two drinks of an alcoholic beverage nearly every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. Smoke tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. Smoke marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96. Use prescription drugs not prescribed to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98. Smoke one or more packs of cigarettes per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99. Smoke marijuana once or twice a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100. Use prescription drugs that are not prescribed to them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	0	1	2	3-5	6-9	10-19	20-39	40+
101. Number of Times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
102. Been to a party where other kids your age were drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103. Driven a car after you had been drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104. Ridden in a car whose driver had been drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many times during the last 30 days, if any, have you vaped tobacco, nicotine, or marijuana ... ?

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

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

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

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

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

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

108. Have you ever tried to kill yourself?

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

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

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

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

- Never
- Sometimes
- Always
- Seldom
- Often

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

	0	1	2	3-5	6-9	10-19	20-30	40+
111. Chewing tobacco or snuff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112. Heroin (smack, horse, skag) or other narcotics (like opium or morphine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- 113. Sometimes I feel like my life has no purpose
- 114. Adults in my town or city make me feel important
- 115. Adults in my town or city listen to what I have to say
- 116. I'm given lots of chances to help make my town or city a better place to live
- 117. Adults in my town or city don't care about people my age
- 118. In my town or city, I feel like I matter to people
- 119. When things don't go well for me, I am good at finding a way to make things better
- 120. When I am an adult, I'm sure I will have a good life

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
113. Sometimes I feel like my life has no purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114. Adults in my town or city make me feel important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115. Adults in my town or city listen to what I have to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116. I'm given lots of chances to help make my town or city a better place to live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117. Adults in my town or city don't care about people my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118. In my town or city, I feel like I matter to people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119. When things don't go well for me, I am good at finding a way to make things better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120. When I am an adult, I'm sure I will have a good life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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"/>

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

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"/> Seldom	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time
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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"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
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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"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
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135. Imagine that someone at your school hit you or pushed you for no reason. What would you do? Mark one answer.	<input type="checkbox"/> I'd hit or push them right back.	<input type="checkbox"/> I'd try to hurt them worse than they hurt me.	<input type="checkbox"/> I'd try to talk to this person and work out our differences.	<input type="checkbox"/> I'd talk to a teacher or other adult.	<input type="checkbox"/> I'd just ignore it and do nothing.
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Reminder: in this survey, "parents" (and "father" or "mother") refer to the adults who are now most responsible for raising you.

**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"/>

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

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

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

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

	None	Less Than 1 Hour	1 Hour	2 Hours	3 Hours	4 or More Hours
150. Watching TV or videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
151. Using a computer, cell phone, or other device to email, play games, surf the web, Instant Message, or text with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
152. At home with no adult there with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
- 2-3 times
- More than 10 times
- Once
- 4-10 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
- Twice
- 4 or more times
- Once
- 3 times

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

155. Where does your family now live?

- | | |
|--|--|
| <input type="checkbox"/> On a farm | <input type="checkbox"/> In the country, not on a farm |
| <input type="checkbox"/> On an American Indian reservation | <input type="checkbox"/> In a small town (under 2,500 in population) |
| <input type="checkbox"/> In a town (2,500 to 9,999) | <input type="checkbox"/> In a small city (10,000 to 49,999) |
| <input type="checkbox"/> In a medium size city (50,000 to 250,000) | <input type="checkbox"/> In a large city (over 250,000) |

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

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> All my life | <input type="checkbox"/> 10 years or more, but I've lived in at least one other place |
| <input type="checkbox"/> 5-9 years | <input type="checkbox"/> 3-4 years |
| <input type="checkbox"/> 1-2 years | <input type="checkbox"/> 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?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Once in a while |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |

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

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

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

- | | |
|--|--|
| <input type="checkbox"/> Did not complete grade school or less | <input type="checkbox"/> Some high school |
| <input type="checkbox"/> Completed high school | <input type="checkbox"/> Some college |
| <input type="checkbox"/> Completed college | <input type="checkbox"/> Graduate or professional school after college |
| <input type="checkbox"/> 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?

- | | |
|---|--|
| <input type="checkbox"/> Completed grade school or less | <input type="checkbox"/> Some high school |
| <input type="checkbox"/> Completed high school | <input type="checkbox"/> Some college |
| <input type="checkbox"/> Completed college | <input type="checkbox"/> Graduate or professional school after college |
| <input type="checkbox"/> Don't know, or does not apply | |

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