

# PAYS

# PENNSYLVANIA YOUTH SURVEY

[www.PAYS.pa.gov](http://www.PAYS.pa.gov)

This questionnaire is part of a statewide project with middle school, junior high, and high school students conducted every two years. The questions ask your opinions about a number of things concerning your community, your neighborhood, your school, your family, your friends, and you. In a sense, many of your answers on this questionnaire will count as “votes” on a wide range of important issues.

If this project is to be helpful, it is important that you answer each question as thoughtfully and truthfully as possible.

- All your answers are anonymous and confidential. They will never be seen by anyone at your school or by anyone who knows you.
- Your name will not be on the questionnaire.
- This project is completely voluntary. If there is any question that you do not wish to answer for any reason, just leave it blank.
- If you should have any questions or concerns after taking this survey, please talk with your school counselor or a trusted adult.

Other students have said that these questionnaires are very interesting and that they enjoy filling them out. We hope you will too. Be sure to read the instructions on the other side of this cover page before you begin to answer.

Thank you very much for being an important part of this project.

Please fill out your school district (or school's) AUN code with the help of your survey administrator.

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

Please fill out your school code with the help of your survey administrator.

0	0	0	0
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2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
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8

PLEASE DO NOT WRITE IN THIS AREA

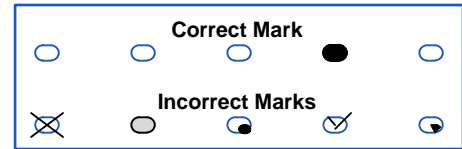
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
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**SERIAL**

## Instructions

1. This is not a test, so there are no right or wrong answers.
2. Each question should be answered by marking only one of the answer spaces. If you don't find an answer that fits exactly, use one that comes closest. If any question does not apply to you, or you are not sure of what it means, leave it blank.
3. Your answers will be read by a computer. Please follow these instructions carefully.

- Use a #2 pencil only.
- Make heavy marks inside the circles.
- Completely erase any answer you want to change.
- Make no other markings or comments on the answer pages.



4. Some of the questions have the following format: **NO! no yes YES!**

Please fill in the circle for the word that best describes how you feel.

Mark (the BIG) **NO!** if you think the statement is **DEFINITELY NOT TRUE** for you.

Mark (the little) **no** if you think the statement is **MOSTLY NOT TRUE** for you.

Mark (the little) **yes** if you think the statement is **MOSTLY TRUE** for you.

Mark (the BIG) **YES!** if you think the statement is **DEFINITELY TRUE** for you.

Example: Pepperoni pizza is one of my favorite foods.

NO!     no     yes     YES!

In the example above, the student marked "yes" because he or she thinks the statement is mostly true.

The survey begins with item X1 below.

### X1. How old are you?

- |                          |                                   |
|--------------------------|-----------------------------------|
| <input type="radio"/> 10 | <input type="radio"/> 15          |
| <input type="radio"/> 11 | <input type="radio"/> 16          |
| <input type="radio"/> 12 | <input type="radio"/> 17          |
| <input type="radio"/> 13 | <input type="radio"/> 18          |
| <input type="radio"/> 14 | <input type="radio"/> 19 or older |

### X2. What grade are you in?

- |                           |                            |
|---------------------------|----------------------------|
| <input type="radio"/> 6th | <input type="radio"/> 10th |
| <input type="radio"/> 7th | <input type="radio"/> 11th |
| <input type="radio"/> 8th | <input type="radio"/> 12th |
| <input type="radio"/> 9th |                            |

### X3. Are you of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin (for example, Argentinean, Columbian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.)

### X4. What is your race? (Mark all that apply.)

- White, Caucasian
- Black, African American
- American Indian or Alaska Native
- Asian Indian, Japanese, Native Hawaiian, Chinese, Korean, Guamanian or Chamorro, Filipino, Vietnamese, Samoan, Other Asian, Other Pacific Islander

### X5. Are you?

- Female
- Male

### X6. Think of where you live most of the time. Which of the following people live there with you? (Mark all that apply.)

- |                                     |  |
|-------------------------------------|--|
| <input type="radio"/> Mother        | <input type="radio"/> Older sister(s)        |
| <input type="radio"/> Stepmother    | <input type="radio"/> Younger sister(s)      |
| <input type="radio"/> Foster mother | <input type="radio"/> Older stepsister(s)    |
| <input type="radio"/> Grandmother   | <input type="radio"/> Younger stepsister(s)  |
| <input type="radio"/> Aunt          | <input type="radio"/> Older brother(s)       |
| <input type="radio"/> Father        | <input type="radio"/> Younger brother(s)     |
| <input type="radio"/> Stepfather    | <input type="radio"/> Older stepbrother(s)   |
| <input type="radio"/> Foster father | <input type="radio"/> Younger stepbrother(s) |
| <input type="radio"/> Grandfather   | <input type="radio"/> Other children         |
| <input type="radio"/> Uncle         |  |
| <input type="radio"/> Other Adults  |  |

### X7. What is the language you use most often at home?

- English
- Spanish
- Another language

### X8. How wrong do your parents feel it would be for you to:

#### a. Have one or two drinks of alcoholic beverage such as beer, wine, or hard liquor (vodka, whiskey, gin, or rum) nearly every day?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

#### b. Use prescription drugs not prescribed to you?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

Your responses are confidential. You will not get into any trouble for your responses.

**X9. How many times (if any) have you, in your lifetime:**

- a. Had beer, wine, or hard liquor?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- b. Used marijuana (pot, hash, cannabis, weed)?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- c. Sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- d. Used cocaine?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- e. Used crack?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- f. Used heroin?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- g. Used hallucinogens (acid, LSD, shrooms)?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- h. Used methamphetamine (meth, crystal meth, crank)?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- i. Used Ecstasy or Molly?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- j. Used metaclorazoles (such as Magenta Zip, Czoles)?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- k. Taken performance enhancing drugs (such as steroids, human growth hormone) without a doctor telling you to take them?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- l. Used prescription pain relievers (such as Vicodin, OxyContin, Percocet, or Codeine) without a doctor telling you to take them?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- m. Used prescription tranquilizers (such as Ambien, Lunesta, Valium, or Xanax) without a doctor telling you to take them?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- n. Used prescription stimulants (such as Ritalin or Adderall) without a doctor telling you to take them?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- o. Used synthetic drugs (man-made drugs such as Bath Salts, K2, Spice, Mr. Smiley, Blaze)?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- p. Used over-the-counter medicine (cough syrup, cold medicine, etc.) in order to get high?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39

**X10. How many times (if any) have you, in the past 30 days:**

- a. Had beer, wine, or hard liquor?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- b. Used marijuana (pot, hash, cannabis, weed)?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- c. Sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- d. Used cocaine?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- e. Used crack?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- f. Used heroin?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- g. Used hallucinogens (acid, LSD, shrooms)?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- h. Used methamphetamine (meth, crystal meth, crank)?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- i. Used Ecstasy or Molly?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- j. Used metaclorazoles (such as Magenta Zip, Czoles)?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- k. Taken performance enhancing drugs (such as steroids, human growth hormone) without a doctor telling you to take them?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- l. Used prescription pain relievers (such as Vicodin, OxyContin, Percocet, or Codeine) without a doctor telling you to take them?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- m. Used prescription tranquilizers (such as Ambien, Lunesta, Valium, or Xanax) without a doctor telling you to take them?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- n. Used prescription stimulants (such as Ritalin or Adderall) without a doctor telling you to take them?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- o. Used synthetic drugs (man-made drugs such as Bath Salts, K2, Spice, Mr. Smiley, Blaze)?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39
- p. Used over-the-counter medicine (cough syrup, cold medicine, etc.) in order to get high?  
 0     3-5     10-19     40 or more  
 1-2     6-9     20-39

76  
75  
72  
71  
66  
65  
62  
61  
58  
57  
54  
53  
50  
49  
46  
45  
42  
41  
38  
37  
32  
31  
26  
25  
20  
19  
15  
14  
10  
9  
5  
4

**X11. Have you ever smoked cigarettes?**

77  
76  
75  
74  
73  
72  
71  
70

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

**X12. How frequently have you smoked cigarettes during the past 30 days?**

67  
66  
65  
64  
63

- Never
- Once or twice
- Once or twice per week
- About once a day
- More than once a day

**X13. Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, or chewing tobacco)?**

60  
59  
58  
57  
56  
55  
54  
53  
52  
51  
50  
49

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

**X14. How frequently have you used smokeless tobacco during the past 30 days?**

47  
46  
45  
44  
43

- Never
- Once or twice
- Once or twice per week
- About once a day
- More than once a day

**X15. How frequently have you used an electronic vapor product such as JUUL, Vuse, MarkTen, and blu or other e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods during the past 30 days?**

41  
40  
39  
38  
37  
36  
35  
34  
33  
32  
31

- Never
- Once or twice
- Once or twice per week
- About once a day
- More than once a day

**X16. If you used an electronic vapor product such as JUUL, Vuse, MarkTen, and blu or other e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods during the past 12 months, with which substances did you use it? (Mark all that apply.)**

25  
24  
23  
22  
21  
20  
19  
18  
17  
16  
15  
14

- I did not vape
- Just flavoring
- Nicotine
- Marijuana or hash oil
- Other substance
- I don't know

**X17. If you wanted to get prescription drugs not prescribed to you, how easy would it be for you to get some?**

10  
9  
8  
7

- Very hard
- Sort of hard
- Sort of easy
- Very easy

**X18. How do you feel about someone your age:**

**a. Having one or two drinks of an alcoholic beverage (beer, wine, hard liquor) nearly every day?**

- Strongly disapprove
- Somewhat disapprove
- Neither approve or disapprove
- Approve
- Don't know/ Can't say

**b. Smoking one or more packs of cigarettes a day?**

- Strongly disapprove
- Somewhat disapprove
- Neither approve or disapprove
- Approve
- Don't know/ Can't say

**c. Using marijuana once a month or more?**

- Strongly disapprove
- Somewhat disapprove
- Neither approve or disapprove
- Approve
- Don't know/ Can't say

**d. Using prescription drugs not prescribed to them?**

- Strongly disapprove
- Somewhat disapprove
- Neither approve or disapprove
- Approve
- Don't know/ Can't say

**X19. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?**

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

**X20. How willing are you to try the drugs listed below before you are 21? These are not questions about current or past use of these drugs.**

**a. ALCOHOL (beer, wine, coolers, hard liquor such as vodka, whiskey, gin, or rum)**

- I would never try it
- I probably wouldn't try it
- I'm not sure whether or not I would try it
- I would like to try it
- I would try it any chance I got

**b. MARIJUANA (pot, hash, cannabis, weed)**

- I would never try it
- I probably wouldn't try it
- I'm not sure whether or not I would try it
- I would like to try it
- I would try it any chance I got

These questions ask about the school, neighborhood, and community where you live.

**A1. During the last four weeks, how many whole days of school have you missed because you skipped or 'cut'?**

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

**A2. How important do you think the things you are learning in school are going to be for your later life?**

- Very important  
 Quite important  
 Fairly important  
 Slightly important  
 Not at all important

**A3. How interesting are most of your courses to you?**

- Very interesting and stimulating  
 Quite interesting  
 Fairly interesting  
 Slightly dull  
 Very dull

**A4. Putting them all together, what were your grades like last year?**

- Mostly As  
 Mostly Bs  
 Mostly Cs  
 Mostly Ds  
 Mostly Es or Fs

**A5. How often do you feel that the school work you are assigned is meaningful and important?**

- Never  
 Seldom  
 Sometimes  
 Often  
 Almost always

**A6. Now thinking back over the past year in school, how often did you:**

**a. Enjoy being in school?**

- Never  
 Seldom  
 Sometimes  
 Often  
 Almost always

**b. Hate being in school?**

- Never  
 Seldom  
 Sometimes  
 Often  
 Almost always

**c. Try to do your best work in school?**

- Never  
 Seldom  
 Sometimes  
 Often  
 Almost always

**A7. Are your school grades better than the grades of most students in your class?**

- NO!  
 no  
 yes  
 YES!

**A8. Teachers ask me to work on special classroom projects.**

- NO!  
 no  
 yes  
 YES!

**A9. There are lots of chances for students in my school to talk one-on-one with a teacher.**

- NO!  
 no  
 yes  
 YES!

**A10. I have lots of chances to be part of class discussions or activities.**

- NO!  
 no  
 yes  
 YES!

**A11. In my school, students have lots of chances to help decide things like class activities and rules.**

- NO!  
 no  
 yes  
 YES!

**A12. 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!

**A13. My teacher(s) notices when I am doing a good job and lets me know about it.**

- NO!  
 no  
 yes  
 YES!

**A14. I feel safe at my school.**

- NO!  
 no  
 yes  
 YES!

**A15. The school lets my parents know when I have done something well.**

- NO!  
 no  
 yes  
 YES!

**A16. My teachers praise me when I work hard in school.**

- NO!  
 no  
 yes  
 YES!

**A17. My neighbors notice when I am doing a good job and let me know.**

- NO!  
 no  
 yes  
 YES!

**A18. There are people in my neighborhood who are proud of me when I do something well.**

- NO!  
 no  
 yes  
 YES!

**A19. There are people in my neighborhood who encourage me to do my best.**

- NO!  
 no  
 yes  
 YES!

**A20. I like my neighborhood.**

- NO!  
 no  
 yes  
 YES!

**A21. I'd like to get out of my neighborhood.**

- NO!  
 no  
 yes  
 YES!

**A22. If I had to move, I would miss the neighborhood I now live in.**

- NO!  
 no  
 yes  
 YES!

76  
75  
74  
73  
72  
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67  
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13  
12

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7  
6

A23. How wrong do your friends feel it would be for you to:

78  
77  
76  
75  
74  
73

a. Have one or two drinks of an alcoholic beverage nearly every day?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

b. Use tobacco?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

c. Use marijuana?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

d. Use prescription drugs not prescribed to you?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

A24. How easy would it be for you to get any, if you wanted to get any of the following:

46  
45  
44  
43

a. Beer, wine, or hard liquor (for example, vodka, whiskey, gin, or rum)?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

b. Cigarettes?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

c. A handgun?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

d. A drug like cocaine, LSD, heroin, or amphetamines?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

e. Marijuana

- Very hard
- Sort of hard
- Sort of easy
- Very easy

A25. If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, gin, or rum) in your neighborhood would he or she be caught by the police?

12  
11  
10  
9  
8  
7  
6  
5

- NO!
- no
- yes
- YES!

A26. If a kid smoked marijuana in your neighborhood would he or she be caught by the police?

- NO!
- no
- yes
- YES!

A27. How wrong would most adults (over 21) in your neighborhood think it was for kids your age:

a. To drink alcohol?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

b. To smoke cigarettes?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

c. To use marijuana?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

These questions ask about gangs.

A28. A gang and its members

- Get into trouble by breaking the law
- Have rules about joining the group
- Are told what to do by the group's leader
- Have three or more members
- Call the group a special name
- Wear the same colors or clothing
- Use slang words or hand signs to talk to each other

a. Have you ever belonged to a gang?

- Yes
- No

b. If you have ever belonged to a gang, did that gang have a name?

- Yes
- No
- I have never belonged to a gang.

A29. How old were you when you first belonged to a gang?

- Never
- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17 or older

A30. Think of up to four of your best friends (the friends you feel closest to). In the past 12 months, how many of your best friends have been a member of a gang?

- None
- 1
- 2
- 3
- 4



These questions ask about gambling, actions related to alcohol and drug use, and sleep.

D1. During the past 12 months, how often have you bet/gambled, even casually, for money or valuables in the following ways:

a. Table games like poker or other card games, dice, backgammon, or dominoes

- Not at all
- Less than once a month
- 1 to 3 times a month
- More than three times a month

b. Lottery (scratch cards, numbers, etc.)

- Not at all
- Less than once a month
- 1 to 3 times a month
- More than three times a month

c. Sporting events or sports pools

- Not at all
- Less than once a month
- 1 to 3 times a month
- More than three times a month

d. Online (Internet) gambling

- Not at all
- Less than once a month
- 1 to 3 times a month
- More than three times a month

e. Personal skill games (such as pool, darts, coin tossing, video games)

- Not at all
- Less than once a month
- 1 to 3 times a month
- More than three times a month

f. Bet/gambled in some other way

- Not at all
- Less than once a month
- 1 to 3 times a month
- More than three times a month

D2. How many times (if any) have you, in your lifetime bet/gambled for money or anything of value?

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

D3. In the past 30 days have you bet/gambled for money or anything of value?

- Yes
- No

D4. Have you ever felt the need to:

a. Bet more and more money?

- Yes
- No

b. Lie to important people (such as your family/friends) about how much you gamble?

- Yes
- No

D5. If you drank alcohol during the past 12 months, how did you usually get it? (Mark all that apply.)

- Did not drink any alcohol
- Bought it in a store
- Bought it at a restaurant, bar, or club
- Bought it at a public event such as a concert or sporting event
- Gave someone money to buy it for me
- Parents provided it to me
- Friends' parents provided it to me
- Friends, brothers, or sisters over 21 provided it to me
- Friends, brothers, or sisters under 21 provided it to me
- Other relatives (uncles, aunts, cousins, grandparents, etc.) provided it to me
- Other source provided it to me
- Took without permission, stole, or found it (my home, friend's home, store, etc.)

D6. If you used any prescription drugs without a prescription from your doctor during the last 12 months, how did you get them? (Mark all that apply.)

- I did not take any prescription drugs without a doctor's prescription.
- Took them from a family member living in my home.
- Took them from other relatives not living in my home.
- Took them from someone not related to me.
- A friend or family member gave them to me.
- Bought them from someone.
- Ordered them over the Internet.

D7. How often have you:

a. Driven a motor vehicle while or shortly after drinking?

- I don't drive
- Never
- Before, but not in the past year
- About once or twice a year
- About once or twice a month
- About once or twice a week
- Almost every day

b. Driven a motor vehicle while or shortly after using marijuana (pot, hash, cannabis, weed)?

- I don't drive
- Never
- Before, but not in the past year
- About once or twice a year
- About once or twice a month
- About once or twice a week
- Almost every day

D8. On an average school night, how many hours of sleep do you get?

- 4 or less hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours

D9. In the last two weeks, how often have you felt tired or sleepy during the day?

- Everyday
- Several times
- Twice
- Once
- Never

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These questions ask about your family. When answering these questions, please think about the people you consider to be your family, for example, parents, stepparents, grandparents, aunts, uncles, etc.

**B1. My parents ask me what I think before most family decisions affecting me are made.**

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- NO!
- no
- yes
- YES!

**B2. If I had a personal problem, I could ask my mom or dad for help.**

67  
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- NO!
- no
- yes
- YES!

**B3. My parents give me lots of chances to do fun things with them.**

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- NO!
- no
- yes
- YES!

**B4. My parents notice when I am doing a good job and let me know about it.**

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- Never or almost never
- Sometimes
- Often
- All of the time

**B5. How often do your parents tell you they're proud of you for something you've done?**

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- Never or almost never
- Sometimes
- Often
- All of the time

**B6. Do you feel very close to your:**

35  
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**a. Mother?**

- NO!
- no
- yes
- YES!

**b. Father?**

- NO!
- no
- yes
- YES!

**B7. Do you share your thoughts and feelings with your:**

30  
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**a. Mother?**

- NO!
- no
- yes
- YES!

**b. Father?**

- NO!
- no
- yes
- YES!

**B8. Do you enjoy spending time with your:**

14  
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**a. Mother?**

- NO!
- no
- yes
- YES!

**b. Father?**

- NO!
- no
- yes
- YES!

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**B9. When I am not at home, one of my parents knows where I am and who I am with.**

- NO!
- no
- yes
- YES!

**B10. If you skipped school, would you be caught by your parents?**

- NO!
- no
- yes
- YES!

**B11. My parents ask if I've gotten my homework done.**

- NO!
- no
- yes
- YES!

**B12. Would your parents know if you did not come home on time?**

- NO!
- no
- yes
- YES!

**B13. The rules in my family are clear.**

- NO!
- no
- yes
- YES!

**B14. If you carried a handgun without your parent's permission, would you be caught by them?**

- NO!
- no
- yes
- YES!

**B15. People in my family often insult or yell at each other.**

- NO!
- no
- yes
- YES!

**B16. We argue about the same things in my family over and over.**

- NO!
- no
- yes
- YES!

**B17. People in my family have serious arguments.**

- NO!
- no
- yes
- YES!

**B18. If you drank some beer, wine, or hard liquor (such as vodka, whiskey, gin, or rum) without your parent's permission, would you be caught by them?**

- NO!
- no
- yes
- YES!

**B19. My family has clear rules about alcohol and drug use.**

- NO!
- no
- yes
- YES!



**B20. About how many adults (over 21) have you known personally who in the past year have:**

**a. Gotten drunk or high?**

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

**b. Used marijuana, crack, cocaine, or other drugs?**

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

**c. Sold or dealt drugs?**

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

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

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

**B21. How many of your brothers or sisters ever:**

**a. Drink beer, wine, or hard liquor (for example, vodka, whiskey, gin, or rum) regularly?**

- I don't have any
- None
- 1
- 2
- 3 or 4
- 5 or more

**b. Smoked cigarettes?**

- I don't have any
- None
- 1
- 2
- 3 or 4
- 5 or more

**c. Used marijuana?**

- I don't have any
- None
- 1
- 2
- 3 or 4
- 5 or more

**d. Took a handgun to school?**

- I don't have any
- None
- 1
- 2
- 3 or 4
- 5 or more

**e. Been suspended or expelled from school?**

- I don't have any
- None
- 1
- 2
- 3 or 4
- 5 or more

**B22. Has anyone in your family ever had a severe alcohol or drug problem?**

- Yes
- No

**B23. How wrong do your parents feel it would be for you to:**

**a. Pick a fight with someone?**

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

**b. Steal anything worth more than \$5?**

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

**c. Draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)?**

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

**d. Drink beer, wine, or hard liquor (for example, vodka, whiskey, gin, or rum) regularly?**

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

**e. Smoke cigarettes?**

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

**f. Use marijuana?**

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

**B24. How many times have you:**

**a. Worried that food at home would run out before your family got money to buy more?**

- Never
- I've done it but not in the past year
- Less than once a month
- About once a month
- 2-3 times a month
- Once or more a week

**b. Skipped a meal because your family didn't have enough money to buy food?**

- Never
- I've done it but not in the past year
- Less than once a month
- About once a month
- 2-3 times a month
- Once or more a week

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**E1. In the past 12 months, how often have you:**

**a. Been threatened to be hit or beaten up on school property?**

- Never
- Once
- 2 or 3 times
- 4 or 5 times
- 6 to 9 times
- 10 times or more

**b. Been attacked and hit by someone or beaten up on school property?**

- Never
- Once
- 2 or 3 times
- 4 or 5 times
- 6 to 9 times
- 10 times or more

**c. Been threatened by someone with a weapon on school property?**

- Never
- Once
- 2 or 3 times
- 4 or 5 times
- 6 to 9 times
- 10 times or more

**d. Been attacked by someone with a weapon on school property?**

- Never
- Once
- 2 or 3 times
- 4 or 5 times
- 6 to 9 times
- 10 times or more

**E2. How many times in the past 12 months have you, been offered, given, or sold an illegal drug on school property?**

- Never
- 1 or 2 times
- 3 to 5 times
- 6 to 9 times
- 10 times or more

**E3. In the past 12 months, in which of the following activities did you participate? (Mark all that apply.)**

- Organized community activities (such as scouting, 4-H, service clubs, YMCA, etc.)
- Family supported activities or hobbies (such as dance, gymnastics, hiking, biking, skating, etc.)
- School sponsored activities (such as sports, music, clubs, after school programs, etc.)
- Faith-based activities (such as choir, youth group, missions, church leagues, etc.)
- Job, employment
- Volunteer
- Other activities
- I do not participate.

**E4. How many times in your lifetime have you: Brought a weapon (such as a handgun, knife, etc.) to school?**

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

**E5. How many times in the last 30 days have you: Brought a weapon (such as a handgun, knife, etc.) to school?**

- Never
- 1 or 2 times
- 3 to 5 times
- 6 to 9 times
- 10 times or more

**E6. How many times in the past 12 months have you:**

**a. Attacked someone with the idea of seriously hurting them?**

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

**b. Been arrested?**

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

**c. Been drunk or high at school?**

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

**d. Been suspended from school?**

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

**e. Sold illegal drugs?**

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

**f. Done anything to harm yourself (such as cutting, scraping, burning) as a way to relieve difficult feelings, or to communicate emotions that may be difficult to express verbally?**

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

**E7. During the past 12 months, have you or your family lived in a shelter, hotel, motel, car, campground, or someone else's home, etc. due to loss of housing, lack of money, or did not have another place to stay?**

- No
- Yes, but for less than a month
- Yes, but for more than a month
- Yes, for most of the year

**E8. In the past 12 months, did you ever live away from your parents or guardians because you were kicked out, ran away, or were abandoned?**

- Yes
- No

**E9. How many times have you changed homes**

**a. in the past 12 months?**

- Never
- 1
- 2
- 3 or more

**b. including the past 12 months, in the last 3 years?**

- Never
- 1
- 2
- 3 or more

These questions ask about you and your friends.

**C1. I like to see how much I can get away with.**

- Very false
- Somewhat false
- Somewhat true
- Very true

**C2. I ignore the rules that get in my way.**

- Very false
- Somewhat false
- Somewhat true
- Very true

**C3. I do the opposite of what people tell me, just to get them mad.**

- Very false
- Somewhat false
- Somewhat true
- Very true

**C4. In the past 12 months have you felt depressed or sad MOST days, even if you feel OK sometimes?**

- NO!
- no
- yes
- YES!

**C5. Sometimes I think that life is not worth it.**

- NO!
- no
- yes
- YES!

**C6. At times I think I am no good at all.**

- NO!
- no
- yes
- YES!

**C7. All in all, I am inclined to think that I am a failure.**

- NO!
- no
- yes
- YES!

**C8. How much do you think people risk harming themselves (physically or in other ways) if they:**

**a. Take one or two drinks of an alcoholic beverage (beer, wine, hard liquor) nearly every day?**

- No risk
- Slight risk
- Moderate Risk
- Great Risk

**b. Take five or more drinks of an alcoholic beverage (beer, wine, hard liquor) once or twice a week?**

- No risk
- Slight risk
- Moderate Risk
- Great Risk

**c. Smoke one or more packs of cigarettes per day?**

- No risk
- Slight risk
- Moderate Risk
- Great Risk

**d. Try marijuana once or twice?**

- No risk
- Slight risk
- Moderate Risk
- Great Risk

**e. Use marijuana once or twice a week?**

- No risk
- Slight risk
- Moderate Risk
- Great Risk

**f. Use marijuana regularly?**

- No risk
- Slight risk
- Moderate Risk
- Great Risk

**g. Use prescription drugs that are not prescribed to them?**

- No risk
- Slight risk
- Moderate Risk
- Great Risk

**C9. How often do you attend religious services or activities?**

- Never
- Rarely
- 1-2 times a month
- Once a week or more

**C10. How wrong do you think it is for someone your age to:**

**a. Stay away from school all day when their parents think they are at school?**

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

**b. Take a handgun to school?**

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

**c. Steal anything worth more than \$5?**

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

**d. Pick a fight with someone?**

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

**e. Attack someone with the idea of seriously hurting them?**

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

**f. Drink beer, wine, or hard liquor (for example, vodka, whiskey, gin, or rum) regularly?**

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

**g. Smoke cigarettes?**

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

**h. Use LSD, cocaine, amphetamines or another illegal drug?**

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

**i. Use marijuana?**

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

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**C11. How many times have you:**

**a. Done what feels good no matter what.**

- Never
- I've done it but not in the past year
- Less than once a month
- About once a month
- 2-3 times a month
- Once or more a week

**b. Done something dangerous because someone dared you to do it.**

- Never
- I've done it but not in the past year
- Less than once a month
- About once a month
- 2-3 times a month
- Once or more a week

**c. Done crazy things even if they are a little dangerous.**

- Never
- I've done it but not in the past year
- Less than once a month
- About once a month
- 2-3 times a month
- Once or more a week

**C12. What are the chances you would be seen as cool if you:**

**a. Carried a handgun?**

- No or very little chance
- Little chance
- Some chance
- Pretty good chance
- Very good chance

**b. Began drinking alcoholic beverages regularly, that is, at least once or twice a month?**

- No or very little chance
- Little chance
- Some chance
- Pretty good chance
- Very good chance

**c. Smoked cigarettes?**

- No or very little chance
- Little chance
- Some chance
- Pretty good chance
- Very good chance

**d. Used marijuana?**

- No or very little chance
- Little chance
- Some chance
- Pretty good chance
- Very good chance

**C13. I think it is okay to take something without asking as long as you get away with it.**

- NO!
- no
- yes
- YES!

**C14. It is all right to beat up people if they start the fight.**

- NO!
- no
- yes
- YES!

**C15. I think sometimes it's okay to cheat at school.**

- NO!
- no
- yes
- YES!

**C16. It is important to be honest with your parents, even if they become upset or you get punished.**

- NO!
- no
- yes
- YES!

**C17. Think of up to four of your best friends (the friends you feel closest to). In the past 12 months, how many of your best friends have:**

**a. Been arrested?**

- None  3
- 1  4
- 2

**b. Dropped out of school?**

- None  3
- 1  4
- 2

**c. Stolen or tried to steal a motor vehicle such as a car or motorcycle?**

- None  3
- 1  4
- 2

**d. Been suspended from school?**

- None  3
- 1  4
- 2

**e. Carried a handgun?**

- None  3
- 1  4
- 2

**f. Tried beer, wine, or hard liquor (for example, vodka, whiskey, gin, or rum) when their parents didn't know about it?**

- None  3
- 1  4
- 2

**g. Smoked cigarettes?**

- None  3
- 1  4
- 2

**h. Sold illegal drugs?**

- None  3
- 1  4
- 2

**i. Used LSD, cocaine, amphetamines or another illegal drug?**

- None  3
- 1  4
- 2

**j. Used marijuana?**

- None  3
- 1  4
- 2

Thank you for completing the survey. If you should have any questions or concerns after taking this survey, please talk with your school counselor or a trusted adult.