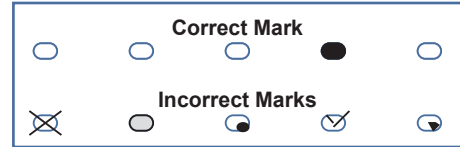




## Instructions

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 metaclozoles (such as Super MCZ serum, MCZ22)?**

- 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 metaclozoles (such as Super MCZ serum, MCZ22)?**

- 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

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

- 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?**

- 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)?**

- 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?**

- 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 e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, or hookah pens during the past 30 days?**

- 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 e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, or hookah pens during the past 12 months, with which substances did you use it? (Mark all that apply.)**

- 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?**

- 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 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.**

- NO!
- no
- yes
- YES!

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

- NO!
- no
- yes
- YES!

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

- NO!
- no
- yes
- YES!

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

- 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?**

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

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

**a. Mother?**

- NO!
- no
- yes
- YES!

**b. Father?**

- NO!
- no
- yes
- YES!

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

**a. Mother?**

- NO!
- no
- yes
- YES!

**b. Father?**

- NO!
- no
- yes
- YES!

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

**a. Mother?**

- NO!
- no
- yes
- YES!

**b. Father?**

- NO!
- no
- yes
- YES!

**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

**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



**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

These questions ask about bullying and abuse.

F1. Bullying is a student or students doing any of the following to another student on purpose repeatedly:

- making fun of
- excluding
- threatening
- spreading rumors about
- hitting
- shoving
- hurting

It is **not** bullying if

- two students argue or fight with each other
- friends tease each other

a. During the past 12 months, have you been bullied through texting and/or social media?

- NO!  yes  
 no  YES!

b. Have you stayed home from school this year because you were worried about being bullied?

- NO!  yes  
 no  YES!

c. Do adults at your school stop bullying when they see/hear it or when a student tells them about it?

- NO!  yes  
 no  YES!

d. Please state whether you have been bullied during the past 12 months.

- No  
 Yes, very rarely  
 Yes, now and then  
 Yes, several times per month  
 Yes, several times per week  
 Yes, almost daily

e. If you have been bullied in any way in the past 12 months, where were you bullied? (Mark all that apply.)

- I was not bullied  
 On school property  
 At a school-sponsored event  
 While going to or from school  
 In the community  
 At home

f. If you have been bullied in the past 12 months by other students, why were you bullied? (Mark all that apply.)

- I have not been made fun of by other students  
 I don't know why  
 The color of my skin  
 My religion  
 My size (height, weight, etc.)  
 My accent  
 The country I was born in  
 The country my family (parents, grandparents) was born in  
 The way I look (clothing, hairstyle, etc.)  
 How much money my family has or does not have  
 My gender  
 My grades or school achievement  
 My social standing  
 Social conflict  
 My sexual-orientation  
 I have a disability (learning or physical disability)  
 Some other reason

F2. If you were hurt or abused by another person in the past 12 months, how were you hurt or abused? (Mark all that apply.)

- Physical injury  
 Threats  
 Emotional abuse, insults, name-calling  
 Isolation from friends and family  
 Control of what you were wearing  
 Control with whom you socialized  
 Other injury or abuse

F3. In the past 12 months, did anyone when using technology ever try to get you to talk online about sex, look at sexual pictures, or do something else sexual?

- Yes  
 No

These questions ask about sad feelings and attempted suicide.

F4. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life. During the past 12 months:

a. 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?

- Yes  
 No

b. Did you ever seriously consider attempting suicide?

- Yes  
 No

c. Did you make a plan about how you would attempt suicide?

- Yes  
 No

d. How many times did you actually attempt suicide?

- 0 times  
 1 time  
 2 or 3 times  
 4 or 5 times  
 6 or more times

e. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

- I did not attempt suicide during the past 12 months  
 Yes  
 No

F5. In the past 12 months, have any of your friends or family members close to you died?

- Yes  
 No

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'?**

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

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

- |  |  |
|--|--|
| <input type="radio"/> Very important   | <input type="radio"/> Slightly important   |
| <input type="radio"/> Quite important  | <input type="radio"/> Not at all important |
| <input type="radio"/> Fairly 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?**

- |                                 |                                       |
|---------------------------------|---------------------------------------|
| <input type="radio"/> Mostly As | <input type="radio"/> Mostly Ds       |
| <input type="radio"/> Mostly Bs | <input type="radio"/> Mostly Es or Fs |
| <input type="radio"/> Mostly Cs |                                       |

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

- |                                 |                                     |
|---------------------------------|-------------------------------------|
| <input type="radio"/> Never     | <input type="radio"/> Often         |
| <input type="radio"/> Seldom    | <input type="radio"/> Almost always |
| <input type="radio"/> Sometimes |                                     |

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

**a. Enjoy being in school?**

- |                                 |                                     |
|---------------------------------|-------------------------------------|
| <input type="radio"/> Never     | <input type="radio"/> Often         |
| <input type="radio"/> Seldom    | <input type="radio"/> Almost always |
| <input type="radio"/> Sometimes |                                     |

**b. Hate being in school?**

- |                                 |                                     |
|---------------------------------|-------------------------------------|
| <input type="radio"/> Never     | <input type="radio"/> Often         |
| <input type="radio"/> Seldom    | <input type="radio"/> Almost always |
| <input type="radio"/> Sometimes |                                     |

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

- |                                 |                                     |
|---------------------------------|-------------------------------------|
| <input type="radio"/> Never     | <input type="radio"/> Often         |
| <input type="radio"/> Seldom    | <input type="radio"/> Almost always |
| <input type="radio"/> Sometimes |                                     |

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

- |                           |                            |
|---------------------------|----------------------------|
| <input type="radio"/> NO! | <input type="radio"/> yes  |
| <input type="radio"/> no  | <input type="radio"/> YES! |

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

- |                           |                            |
|---------------------------|----------------------------|
| <input type="radio"/> NO! | <input type="radio"/> yes  |
| <input type="radio"/> no  | <input type="radio"/> YES! |

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

- |                           |                            |
|---------------------------|----------------------------|
| <input type="radio"/> NO! | <input type="radio"/> yes  |
| <input type="radio"/> no  | <input type="radio"/> YES! |

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

- |                           |                            |
|---------------------------|----------------------------|
| <input type="radio"/> NO! | <input type="radio"/> yes  |
| <input type="radio"/> no  | <input type="radio"/> YES! |

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

- |                           |                            |
|---------------------------|----------------------------|
| <input type="radio"/> NO! | <input type="radio"/> yes  |
| <input type="radio"/> no  | <input type="radio"/> 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.**

- |                           |                            |
|---------------------------|----------------------------|
| <input type="radio"/> NO! | <input type="radio"/> yes  |
| <input type="radio"/> no  | <input type="radio"/> YES! |

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

- |                           |                            |
|---------------------------|----------------------------|
| <input type="radio"/> NO! | <input type="radio"/> yes  |
| <input type="radio"/> no  | <input type="radio"/> YES! |

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

- |                           |                            |
|---------------------------|----------------------------|
| <input type="radio"/> NO! | <input type="radio"/> yes  |
| <input type="radio"/> no  | <input type="radio"/> YES! |

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

- |                           |                            |
|---------------------------|----------------------------|
| <input type="radio"/> NO! | <input type="radio"/> yes  |
| <input type="radio"/> no  | <input type="radio"/> YES! |

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

- |                           |                            |
|---------------------------|----------------------------|
| <input type="radio"/> NO! | <input type="radio"/> yes  |
| <input type="radio"/> no  | <input type="radio"/> YES! |

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

- |                           |                            |
|---------------------------|----------------------------|
| <input type="radio"/> NO! | <input type="radio"/> yes  |
| <input type="radio"/> no  | <input type="radio"/> YES! |

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

- |                           |                            |
|---------------------------|----------------------------|
| <input type="radio"/> NO! | <input type="radio"/> yes  |
| <input type="radio"/> no  | <input type="radio"/> YES! |

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

- |                           |                            |
|---------------------------|----------------------------|
| <input type="radio"/> NO! | <input type="radio"/> yes  |
| <input type="radio"/> no  | <input type="radio"/> YES! |

**A20. I like my neighborhood.**

- |                           |                            |
|---------------------------|----------------------------|
| <input type="radio"/> NO! | <input type="radio"/> yes  |
| <input type="radio"/> no  | <input type="radio"/> YES! |

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

- |                           |                            |
|---------------------------|----------------------------|
| <input type="radio"/> NO! | <input type="radio"/> yes  |
| <input type="radio"/> no  | <input type="radio"/> YES! |

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

- |                           |                            |
|---------------------------|----------------------------|
| <input type="radio"/> NO! | <input type="radio"/> yes  |
| <input type="radio"/> no  | <input type="radio"/> YES! |

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

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:

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?

- 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

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.