

Form A

- 6. Please mark each question by completely filling in the circle or circles. ONLY USE A #2 PENCIL.**

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

- ☐ Completed grade school or less
 ☐ Completed college
- ☐ Some high school
 ☐ Graduate or professional school after college
- ☐ Completed high school
 ☐ Don't know
- ☐ Some college
 ☐ Does not apply

PLEASE DO NOT WRITE IN THIS AREA

01036

	NO!	no	yes	YES!
7. In my school, students have lots of chances to help decide things like class activities and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Teachers ask me to work on special classroom projects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. My teachers notice when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. There are lots of chances for students in my school to talk with a teacher one-on-one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I feel safe at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. The school lets my parents know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Are your school grades better than the grades of most students in your class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I have lots of chances to be part of class discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Seldom	Sometimes	Often	Almost always
17. Now thinking back over the past year in school, how often did you:					
a. enjoy being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. hate being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. try to do your best work in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. How often do you feel that the school work you are assigned is meaningful and important?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

☐ Mostly F's
 ☐ Mostly B's

☐ Mostly D's
 ☐ Mostly A's

☐ Mostly C's

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

☐ Very important
 ☐ Slightly important

☐ Quite important
 ☐ Not at all important

☐ Fairly important

21. How interesting are most of your courses to you?

☐ Very interesting and stimulating
 ☐ Slightly interesting

☐ Quite interesting
 ☐ Not at all interesting

☐ Fairly interesting

22. During the LAST FOUR WEEKS, how many whole days of school have you missed because you skipped or 'cut'?

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

23. My teacher(s) maintain good discipline in the classroom.

- ☐ Strongly agree
 ☐ Disagree
☐ Agree
 ☐ Strongly disagree

24. My principal and assistant principal maintain good discipline at my school.

- ☐ Strongly agree
 ☐ Disagree
☐ Agree
 ☐ Strongly disagree

25. During the past 30 days, on how many days did you NOT go to school because you felt you would be unsafe at school or on your way to or from school?

- ☐ 0 days
 ☐ 4 or 5 days
☐ 1 day
 ☐ 6 or more days
☐ 2 or 3 days

26. During the past 12 months, how often have you been picked on or bullied by a student ON SCHOOL PROPERTY?

- ☐ 0 days
 ☐ 4 or 5 days
☐ 1 day
 ☐ 6 or more days
☐ 2 or 3 days

27. How often have you been threatened or harassed over the internet, by email, or by someone using a cell phone?

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

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

	No risk	Slight risk	Moderate risk	Great risk
a. smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. have five or more drinks of an alcoholic beverage once or twice each weekend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. have five or more drinks of an alcoholic beverage once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. smoke 1-5 cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. use electronic cigarettes, e-cigarettes, vape pens, or e-hookahs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. How old were you when you first:

	Never	10 or younger	11	12	13	14	15	16	17 or older
a. used marijuana (grass, pot) or hashish (hash, hash oil)?	<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"/>
b. smoked a cigarette, even just a puff?	<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"/>
c. had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<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"/>
d. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<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"/>
e. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	<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"/>
f. got suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. got arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. carried a handgun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. attacked someone with the idea of seriously hurting them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. used LSD (acid) or other hallucinogens (like PCP, mescaline, peyote, "shrooms" or psilocybin)?	<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"/>
k. used cocaine (like cocaine powder) or "crack" (cocaine in chunk or rock form)?	<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"/>
l. used phenoxydine (pox, px, breeze)?	<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"/>
m. used methamphetamines (meth, speed, crank, crystal meth)?	<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"/>
n. used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) without a doctor telling you to take them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. used heroin?	<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"/>

	NO!	no	yes	YES!
30. My parents expect me to eat dinner at home with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. People in my family often insult or yell at each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. We argue about the same things in my family over and over.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. People in my family have serious arguments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Sometimes, I think that life is not worth it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. At times, I think I am no good at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. All in all, I am inclined to think that I am a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. My parents have set clear rules and expectations with me about NOT drinking ANY alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	1 to 2 times	3 to 5 times	6 to 9 times	10 to 19 times	20 to 29 times	30 to 39 times	40+ times
39. How many times in the past year (12 months) have you:								
a. been suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. carried a handgun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. sold illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. participated in clubs, organizations or activities at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. been arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. done extra work on your own for school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. attacked someone with the idea of seriously hurting them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. been drunk or high at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. volunteered to do community service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. taken a handgun to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. Have you ever belonged to a gang?

☐ No ☐ Yes, belong now
☐ No, but would like to ☐ Yes, but would like to get out
☐ Yes, in the past

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

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

On how many occasions (if any) have you:

OCCASIONS

	0	1-2	3-5	6-9	10-19	20-39	40+
42. had alcoholic beverages (beer, wine, or hard liquor) to drink in your lifetime -- more than just a few sips?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. had beer, wine, or hard liquor to drink during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. used marijuana (grass, pot) or hashish (hash, hash oil) during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. used LSD (acid) or other hallucinogens (like PCP, mescaline, peyote, "shrooms" or psilocybin) during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. used cocaine (like cocaine powder) or "crack" (cocaine in chunk or rock form) during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. used phenoxydine (pox, px, breeze) during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. used methamphetamines (meth, speed, crank, crystal meth) in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them, during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) without a doctor telling you to take them, during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them, during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them, during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. used heroin during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. used MDMA (X,E, or ecstasy) in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. used synthetic marijuana or herbal incense products (such as K2, Spice, or Gold) in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. used other synthetic drugs (such as Bath Salts like Ivory Wave or White Lightning) in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer questions 59 to 64 for both alcohol and drugs.

In the past 12 months :

	Alcohol			Drugs		
	Don't use			Don't use		
	Yes			Yes		
	No			No		
59. have you spent more time using alcohol or drugs than you intended?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. have you neglected some of your usual responsibilities because of using alcohol or drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. have you wanted to cut down on your alcohol or drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. has anyone objected to your alcohol or drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. did you frequently find yourself thinking about using alcohol or drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. did you use alcohol or drugs to relieve feelings such as sadness, anger, or boredom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

65. Have you ever tried:

	No	Yes
a. cigarettes, even just one puff?	<input type="radio"/>	<input type="radio"/>
b. cigars, cigarillos, or little cigars, even a puff?	<input type="radio"/>	<input type="radio"/>
c. tobacco in a hookah or waterpipe?	<input type="radio"/>	<input type="radio"/>
d. electronic cigarettes, e-cigarettes, vape pens, or e-hookahs?	<input type="radio"/>	<input type="radio"/>
e. chewing tobacco, snuff, or dip?	<input type="radio"/>	<input type="radio"/>
f. snus (moist smokeless tobacco usually sold in small pouches)?	<input type="radio"/>	<input type="radio"/>

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

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

67. During the past 30 days, on how many days did you:

	0 days	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20 to 29 days	All 30 days
a. smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. smoke cigars, cigarillos, or little cigars?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. smoke tobacco in a hookah or waterpipe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. use electronic cigarettes, e-cigarettes, vape pens, or e-hookahs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. use chewing tobacco, snuff, or dip?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. use snus (moist smokeless tobacco usually sold in small pouches)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. take a handgun to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. steal anything worth more than \$5?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. pick a fight with someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. attack someone with the idea of seriously hurting them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. stay away from school all day when their parents think they are at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. use LSD, cocaine, amphetamines, or another illegal drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

69. How wrong do your friends feel it would be for YOU to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. have one or two drinks of an alcoholic beverage nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. smoke tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. use prescription drugs not prescribed to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

70. During a typical week, how many days do all or most of your family eat at least one meal together?

Number of Days:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

71. How wrong do your parents feel it would be for YOU to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. steal something worth more than \$5?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. pick a fight with someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. have one or two drinks of an alcoholic beverage nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. use prescription drugs not prescribed to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

72. Has anyone in your family ever had severe alcohol or drug problems?

☐ No ☐ Yes

73. During the past year did you drink alcohol at any of the following places? (Mark the number of times for each).

	0 times	1 or 2 times	3 to 5 times	6 or more times
a. at my home or someone else's home without any parent permission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. at my home with my parent's permission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. at someone else's home with their parent's permission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. in a car.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. at or near school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. in another place _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

74. If you drank alcohol (not just a sip or taste) in the past year, how did you get it? (Mark the number of times for each).

a. I bought it myself from a store.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I got it at a party.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I gave someone else money to buy it for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I got it from someone I know age 21 or older.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I got it from someone I know under age 21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I got it from a family member or relative other than my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I got it from home with my parents' permission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I got it from home without my parents' permission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I got it in another way _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Number of friends

	0	1	2	3	4
a. participated in clubs, organizations, or activities at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. made a commitment to stay drug-free?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. tried to do well in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. liked school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. regularly attended religious services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. dropped out of school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

76. Have any of your brothers or sisters ever:

	I don't have any brothers or sisters			
	Yes			
	No			
a. drunk beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. taken a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. been suspended or expelled from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

77. Now think about all the students in your grade at your school. How many of them do you think:

	Almost all (91-100%)		Most (71-90%)		Half to most (51-70%)		Some to half (31-50%)		Some (11-30%)		Few (1-10%)		None (0%)	
a. smoke one or more cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
b. drank alcohol sometime in the past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c. used marijuana sometime in the past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
d. used an illegal drug in the past month (not including marijuana)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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

	NOI	no	yes	YESI
78. If I had to move, I would miss the neighborhood I now live in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. My neighbors notice when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. I like my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. I'd like to get out of my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. There are people in my neighborhood who are proud of me when I do something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. There are people in my neighborhood who encourage me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. Do you feel very close to your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. Do you share your thoughts and feelings with your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Do you enjoy spending time with your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. Do you feel very close to your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. Do you share your thoughts and feelings with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. Do you enjoy spending time with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. My parents ask me what I think before most family decisions affecting me are made.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. If I had a personal problem, I could ask my mom or dad for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. My parents give me lots of chances to do fun things with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

93. If you wanted to get some cigarettes, how easy would it be for you to get some?

94. If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?

95. If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?

96. If you wanted to get a handgun, how easy would it be for you to get one?

97. If you wanted to get some marijuana, how easy would it be for you to get some?

98. If you wanted to get e-cigarettes, vape pens, or e-hookahs, how easy would it be for you to get some?

	Very easy				Sort of easy				Sort of hard				Very hard			
93. If you wanted to get some cigarettes, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
94. If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
95. If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
96. If you wanted to get a handgun, how easy would it be for you to get one?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
97. If you wanted to get some marijuana, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
98. If you wanted to get e-cigarettes, vape pens, or e-hookahs, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

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

	Not wrong at all	A little bit wrong	Wrong	Very wrong
a. to use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. to drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. to smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

100. During the past 30 days, how often did you:

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. feel nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. feel hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. feel restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. feel so depressed that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. feel that everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. feel worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

101. Sometimes we don't know what we will do as adults, but we may have an idea. Please answer how true these statements may be for you.

WHEN I AM AN ADULT I WILL:

	NO!	no	yes	YES!
a. smoke cigarettes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. drink beer, wine, or liquor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke marijuana.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

103. I like to see how much I can get away with.

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

104. I ignore rules that get in my way.

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

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

- ☐ No ☐ Yes

106. During the past 12 months, did you ever seriously consider attempting suicide?

- ☐ No ☐ Yes

107. During the past 12 months, did you make a plan about how you would attempt suicide?

- ☐ No ☐ Yes

108. During the past 12 months, how many times did you actually attempt suicide?

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

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

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

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

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

	NO!	no	yes	YES!
111. If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. If a kid carried a handgun in your neighborhood, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. My parents ask if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. Would your parents know if you did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. The rules in my family are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. When I am not at home, one of my parents knows where I am and who I am with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. I think sometimes it's okay to cheat at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. I think it is okay to take something without asking if you can get away with it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
121. It is all right to beat up people if they start the fight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. It is important to be honest with your parents even if they become upset or you get punished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. If you drank some beer, wine, or liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. My family has clear rules about alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. If you carried a handgun without your parents' permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. If you skipped school, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	No or very little chance	Little chance	Some chance	Pretty good chance	Very good chance
a. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. worked hard at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. defended someone who was being verbally abused at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. regularly volunteered to do community service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Number of Adults				
	0	1	2	3-4	5+
a. used marijuana, crack, cocaine, or other drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. sold or dealt drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging, or assaulting others, etc?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. gotten drunk or high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

129. Are there any times when your parents permit you to drink alcohol? (Mark ALL that apply)

- ☐ No, not under any circumstances.
- ☐ During a religious service (mass, church).
- ☐ For a toast at a wedding or other celebration.
- ☐ At family parties (other than a toast).
- ☐ When I am with them.
- ☐ At parties when adults are present.
- ☐ At parties as long as I don't drive.
- ☐ At home with friends as long as no one is driving.
- ☐ They leave the decision to me.

130. How often do you attend religious services or activities?

☐ Never ☐ 1-2 times a month

☐ Rarely ☐ About once a week or more

131. Which is your religious preference (choose the ONE religion with which you identify the most)?

☐ Catholic ☐ Protestant (such as Baptists, Presbyterians, or Lutherans)

☐ Jewish ☐ Another religion

☐ LDS (Mormon) ☐ No religious preference

132. During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been drinking alcohol?

☐ I do not drive. ☐ 2 or 3 times

☐ 0 times ☐ 4 or 5 times

☐ 1 time ☐ 6 or more times

133. During the past 30 days, how many times did you RIDE in a car or other vehicle driven by someone who had been drinking alcohol?

☐ 0 times ☐ 4 or 5 times

☐ 1 time ☐ 6 or more times

☐ 2 or 3 times

134. During the past 12 months, how many times did you do something to purposefully hurt yourself without wanting to die, such as cutting or burning yourself on purpose?

☐ 0 times ☐ 4 or 5 times

☐ 1 time ☐ 6 or more times

☐ 2 or 3 times

If you marked 1 or more times to the above question, how did you harm yourself? (Mark ALL that apply.)

- ☐ Self-injury such as self-cutting, self-scratching, self-burning, self-hitting, etc.?
- ☐ Ingesting a medication in excess of the prescribed or generally recognized therapeutic dose?
- ☐ Ingesting a recreational or illicit drug or alcohol as a means to harm yourself?
- ☐ Ingesting a non-ingestible substance or object?
- ☐ Other? Please specify:

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

☐ I was very honest.

☐ I was honest most of the time.

☐ I was honest some of the time.

☐ I was honest once in a while.

☐ I was not honest at all.

Responses

	a	b	c	d	e	f	g	h	i
201.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
202.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
203.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
204.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
205.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
206.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
207.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
208.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
209.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
210.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
211.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
212.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
213.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
214.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
215.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
216.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
217.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
218.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
219.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
220.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Extra Questions
Start with 201**

Bach Harrison, L.L.C.
Phone: 801-359-2064

116 South 500 East
Salt Lake City, Utah 84102

Thank you for completing the survey

01036