

Form B

- 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

247728

	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"/>

30. My parents expect me to eat dinner at home with my family.

NO!	no	yes	YES!
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

33. People in my family have serious arguments.

34. Sometimes, I think that life is not worth it.

35. At times, I think I am no good at all.

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

37. In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?

38. My parents have set clear rules and expectations with me about NOT drinking ANY alcohol.

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

	Never	1 to 2 times	3 to 5 times	6 to 9 times	10 to 19 times	20 to 29 times	30 to 39 times	40+ times
a. been suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. carried a handgun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. sold illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. stolen or tried to steal a motor vehicle such as a car or 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

OCCASIONS

On how many occasions (if any) have you:

	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	Yes	No	Don't use	Yes	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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke cigars, cigarillos, or little cigars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke tobacco in a hookah or waterpipe?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. use electronic cigarettes, e-cigarettes, vape pens, or e-hookahs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. use chewing tobacco, snuff, or dip?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. use snus (moist smokeless tobacco usually sold in small pouches)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. steal anything worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. attack someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. stay away from school all day when their parents think they are at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. use LSD, cocaine, amphetamines, or another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke tobacco?	<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"/>
d. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke cigarettes?	<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"/>
d. steal something worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. at my home with my parent's permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. at someone else's home with their parent's permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. in a car.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. at or near school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. in another place _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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).

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

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75. If you have ever tried a tobacco product, which one did you try first?

- ☐ I have never tried any tobacco product
☐ Cigarettes
☐ Cigars, cigarillos, or little cigars
☐ Tobacco in a hookah or waterpipe
☐ Electronic cigarettes, e-cigarettes, vape pens, or e-hookahs
☐ Chewing tobacco, snuff, or dip
☐ Snus (moist smokeless tobacco usually sold in small pouches)
☐ Other

76. During the past 30 days, how did you usually get your own tobacco products? (CHOOSE ONLY ONE ANSWER FOR EACH TOBACCO TYPE)

	Regular cigarettes	Electronic cigarettes
I did not use cigarettes or e-cigarettes, vape pens, or hookah pipes in the past 30 days.	<input type="radio"/>	<input type="radio"/>
I bought them in a convenience store, supermarket, discount store, or gas station.	<input type="radio"/>	<input type="radio"/>
I bought them at a tobacco specialty store, smoke shop, or vape shop.	<input type="radio"/>	<input type="radio"/>
I bought them on the internet.	<input type="radio"/>	<input type="radio"/>
I gave someone else money to buy them for me.	<input type="radio"/>	<input type="radio"/>
I borrowed or bummed them from somebody else.	<input type="radio"/>	<input type="radio"/>
A person 18 years old or older gave them to me.	<input type="radio"/>	<input type="radio"/>
I took them from a store or family member.	<input type="radio"/>	<input type="radio"/>
I got them some other way.	<input type="radio"/>	<input type="radio"/>

77. The last time you visited the following places, did you see tobacco advertisements, such as displays or posters?

	No	Yes
a. Convenience store	<input type="radio"/>	<input type="radio"/>
b. Gas station	<input type="radio"/>	<input type="radio"/>
c. Pharmacy/drug store	<input type="radio"/>	<input type="radio"/>
d. Grocery store	<input type="radio"/>	<input type="radio"/>
e. Big box store, such as Walmart, Sam's Club, Costco, or K-Mart	<input type="radio"/>	<input type="radio"/>
f. Other	<input type="radio"/>	<input type="radio"/>

78. Do you think that you will try a cigarette soon?

- ☐ I have already tried smoking cigarettes.
☐ No ☐ Yes

79. How long can you go without smoking before you feel like you need a cigarette?

- ☐ I have never smoked cigarettes.
☐ I do not smoke now.
☐ Less than an hour
☐ 1 to 3 hours
☐ More than 3 hours but less than a day
☐ A whole day
☐ Several days
☐ A week or more

80. Do you want to stop smoking cigarettes?

- ☐ I do not smoke now.
☐ No ☐ Yes

81. How many times during the past 12 months have you stopped smoking for one day or longer because you were trying to quit smoking?

- ☐ I have not smoked in the past 12 months.
☐ I have not tried to quit. ☐ 3-5 times
☐ 1 time ☐ 6-9 times
☐ 2 times ☐ 10 or more times

	Definitely not	Probably not	Probably yes	Definitely yes
82. Do you think you will smoke a cigarette at any time during the next year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. If one of your best friends offered you a cigarette, would you smoke it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. Do you think people can get addicted to using tobacco just like they can get addicted to using cocaine or heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. Do you think young people who smoke cigarettes have more friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Do you think that tobacco companies have tried to mislead young people to buy their products more than other companies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. Do you think the smoke from other people's cigarettes is harmful to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. Do you think you will use an electronic cigarette, e-cigarette, vape pen, or e-hookah at any time during the next year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. If one of your best friends offered you an electronic cigarette, e-cigarette, vape pen, or e-hookah would you use it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

90. During this school year, were you taught in any of your classes about the dangers of tobacco use?

- ☐ No ☐ Yes ☐ Not sure

91. During the past 12 months, have you participated in any community activities to discourage people your age from using cigarettes, chewing tobacco, snuff, dip, or cigars?

- ☐ No ☐ Yes ☐ I did not know about any activities.

92. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?

- ☐ 0 days ☐ 5 or 6 days
☐ 1 or 2 days ☐ 7 days
☐ 3 or 4 days

93. During the past 7 days, on how many days did you ride in a car with someone who was smoking cigarettes?

- ☐ 0 days ☐ 5 or 6 days
☐ 1 or 2 days ☐ 7 days
☐ 3 or 4 days

94. Does anyone who lives with you now: (Mark ALL that apply)

- ☐ Smoke cigarettes
☐ Use e-cigarettes, vape pens, or e-hookahs
☐ Use other tobacco products
☐ No one lives with me now who uses any form of tobacco

95. In the past 30 days, how often have you seen or heard any advertising or campaigns against smoking?

- ☐ Never ☐ Often
☐ Rarely ☐ Very often
☐ Sometimes

96. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use?

☐ No ☐ Yes

97. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? (Mark ALL that apply)

☐ No ☐ Yes, alcohol use
☐ Yes, tobacco use ☐ Yes, drug use

98. During the past year (12 months), how often have you talked with at least one of your parents about the rules and expectations of NO alcohol use?

☐ At least once a month
☐ Every 2 to 3 months
☐ Every 4 to 6 months
☐ A few times in the past year
☐ Talked, but not in the past year
☐ Never

99. How often have you bet money, possessions, or anything of value on the results of a card game such as poker, sporting event, games of skill such as pool or bowling, bingo, dice, or other games?

☐ Never ☐ Once a month
☐ Not in the past year ☐ Once a week or more
☐ A few times in the past year ☐ Almost everyday

100. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

☐ 0 days ☐ 4 days
☐ 1 day ☐ 5 days
☐ 2 days ☐ 6 days
☐ 3 days ☐ 7 days

101. During the past 7 days, on how many days did you do physical activities or exercises to STRENGTHEN your muscles? Count activities using your own body weight like sit-ups or push-ups and those using weight machines, free weights, or elastic bands. Do NOT count aerobic activities like walking, running, or bicycling.

☐ 0 days ☐ 4 days
☐ 1 day ☐ 5 days
☐ 2 days ☐ 6 days
☐ 3 days ☐ 7 days

102. In a typical week, how many days do you walk, ride your bike or scooter (non-motorized), or skateboard to and from school?

☐ No days ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

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

☐ No ☐ Yes

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

☐ No ☐ Yes

105. 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

106. 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
<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"/>

107. Has a doctor or nurse ever told you that you have asthma?

108. Do you still have asthma?

109. During the past 12 months, did you have an episode of asthma or an asthma attack?

110. Do you have diabetes?

111. An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor or other health professional EVER given you a written asthma action plan?

☐ I do not have asthma ☐ No
☐ Yes ☐ Not sure

112. Has a doctor or other health professional EVER given you a written diabetes care plan to help manage your diabetes in school?

☐ I do not have diabetes ☐ No
☐ Yes ☐ Not Sure

113. During the past 12 months, about how many days of school did you miss because of your asthma?

☐ I do not have asthma ☐ 4 to 9 days
☐ 0 days ☐ 10 to 12 days
☐ 1 to 3 days ☐ 13 or more days

114. During the past 12 months, about how many days of school did you miss because of your diabetes?

☐ I do not have diabetes ☐ 4 to 9 days
☐ 0 days ☐ 10 to 12 days
☐ 1 to 3 days ☐ 13 or more days

For questions 115 and 116, write your height and weight in the blank boxes and fill in the matching circle below each number.

115. How tall are you without your shoes on?

116. How much do you weigh without your shoes on?

feet	inches
3	0
4	1
5	2
6	3
7	4
	5
	6
	7
	8
	9
	10
	11

pounds
0
1
2
3
4
5
6
7
8
9

117. During the past 12 months, how many times did you use an indoor tanning device such as sunlamps, sunbed, or tanning booth? (Do not include a spray tan).

☐ 0 times ☐ 3 to 9 times ☐ 20 to 39 times
☐ 1 or 2 times ☐ 10 to 19 times ☐ 40 or more times

118. How many sunburns did you have in the past 12 months?

☐ 0 ☐ 2 ☐ 4 ☐ 6 or more
☐ 1 ☐ 3 ☐ 5

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

a. feel nervous?

b. feel hopeless?

c. feel restless or fidgety?

d. feel so depressed that nothing could cheer you up?

e. feel that everything was an effort?

f. feel worthless?

None of the time

A little of the time

Some of the time

Most of the time

All of the time

☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐

120. During the past 30 days, what type of alcohol did you usually drink? (Select only one response.)

☐ I did not drink alcohol during the past 30 days.

☐ I do not have a usual type.

☐ Beer

☐ Flavored malt beverages, such as Smirnoff Ice, Bacardi Silver, or Hard Lemonade

☐ Wine coolers, such as Bartles & Jaymes or Seagrams.

☐ Wine

☐ Liquor, such as vodka, rum, scotch, bourbon, or whiskey

☐ Some other type.

121. Why do you think kids join gangs? Please rate how important you think the following reasons are for kids to join gangs.

Not at all important

Slightly important

Fairly important

Quite important

Very important

a. **Belonging** (to feel like they belong to a group, accepted by others)

b. **Security** (protection and to feel safe, so they won't get bullied)

c. **Certainty** (to feel sure about themselves and others, give their lives meaning)

d. **Status** (respect, to feel like somebody important, better than other kids)

e. **Excitement** (to do exciting things, have fun and thrills)

f. **Money/Stuff** (make money, to get stuff they wouldn't be able to get on their own)

☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐

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

☐ Never

☐ Rarely

☐ 1-2 times a month

☐ About once a week or more

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

☐ Catholic

☐ Jewish

☐ LDS (Mormon)

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

☐ Another religion

☐ No religious preference

124. How often do you wear a seat belt when riding in a car driven by someone else?

☐ Never

☐ Rarely

☐ Sometimes

☐ Most of the time

☐ Always

125. 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.

☐ 0 times

☐ 1 time

☐ 2 or 3 times

☐ 4 or 5 times

☐ 6 or more times

126. 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

☐ 1 time

☐ 2 or 3 times

☐ 4 or 5 times

☐ 6 or more times

127. During the past 30 days, on how many days did you talk on a cell phone while driving a car or other vehicle?

☐ I did not drive a car or other vehicle during the past 30 days

☐ 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

128. During the past 30 days, on how many days did you text or e-mail while driving a car or other vehicle?

☐ I did not drive a car or other vehicle during the past 30 days

☐ 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

129. 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

☐ 1 time

☐ 2 or 3 times

☐ 4 or 5 times

☐ 6 or more 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:

130. 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

Thank you for
completing the
survey

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