

Oregon Healthy Teens Survey 2004

This survey was developed to learn about risks to students' health and safety. The information you provide will be used to help school and communities develop ways to improve student health and safety in Oregon.

DO NOT WRITE YOUR NAME ON THIS SURVEY.

The answers you give will be kept private. No one will know how you answer.

This is **NOT** a test. There are no right or wrong answers, and your participation in this survey is **VOLUNTARY**. If you are not comfortable answering a question, you can leave it blank.

Please **do** answer each question you are comfortable with answering. Just because a question is asked, that **does not** mean that we believe you have engaged in a particular behavior. Each question has a response to indicate if you **did not** engage in that behavior. If you don't always find an answer that fits exactly, use the one that comes closest. If you are not sure what a question means, just leave it blank.

Please fill in only **ONE** bubble or answer, unless the question specifically asks you to **"MARK ALL THAT APPLY."**

Some questions have the following format:

Please fill in the bubble for the ONE word that best describes how you feel about that sentence.

NO! no yes YES!

EXAMPLE:

The Portland Trailblazers are a good basketball team

Mark the Big **NO!** if you think the statement is **definitely NOT true** for you.

Mark the little **no** if you think the statement is **mostly NOT true** for you.

Mark the little **yes** if you think the statement is **mostly true** for you.

Mark the Big **YES!** if you think the statement is **definitely true** for you.

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

Marking instructions:

Make solid marks that fill in the response bubbles. If you make a mistake, please erase your mistake, then fill in the correct response.



Your participation in this survey is voluntary

For Office Use Only



Oregon Healthy Teens Survey 2004

1 Are you?
 Female Male

2 What grade are you in?
 9th
 10th
 11th
 12th

3 How old are you?
 10 or younger
 11
 12
 13
 14
 15
 16
 17
 18 or older

4 Are you Hispanic or Latino?
 Yes
 No

5 Which one or more of the following would you say is your race group?
(Select one or more responses)
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

6 How tall are you without your shoes on?
Directions: Write your height in the shaded blank boxes. Fill in the matching circle below each number

Example

Height		Height	
Feet	Inches	Feet	Inches
5	1		
<input type="radio"/> 3	<input type="radio"/> 0	<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input checked="" type="radio"/> 2	<input type="radio"/> 4	<input type="radio"/> 1
<input checked="" type="radio"/> 5	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 4	<input type="radio"/> 6	<input type="radio"/> 3
	<input type="radio"/> 5		<input type="radio"/> 4
	<input type="radio"/> 6		<input type="radio"/> 5
	<input type="radio"/> 7		<input type="radio"/> 6
	<input type="radio"/> 8		<input type="radio"/> 7
	<input type="radio"/> 9		<input type="radio"/> 8
	<input type="radio"/> 10		<input type="radio"/> 9
	<input type="radio"/> 11		<input type="radio"/> 10
			<input type="radio"/> 11

7 How much do you weigh without your shoes on?
Directions: Write your weight in the shaded blank boxes. Fill in the matching circle below each number.

Example

Weight			Weight		
Pounds			Pounds		
0	9	5			
<input checked="" type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
3	<input type="radio"/> 3	<input type="radio"/> 3	3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4		<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5		<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input checked="" type="radio"/> 6		<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7		<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8		<input type="radio"/> 8	<input type="radio"/> 8
	<input checked="" type="radio"/> 9	<input type="radio"/> 9		<input type="radio"/> 9	<input type="radio"/> 9

8 Please tell us your zipcode.

Zipcode				
9	7			
	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	
	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	
	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	
	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	
	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	
	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	
	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	
	<input checked="" type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	
	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	
<input checked="" type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	

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HEALTH CARE ISSUES

- 9 **When did you last go to a doctor or nurse practitioner for a check-up or physical exam when you were not sick or injured?**
- During the past 12 months
 - Between 12 and 24 months ago
 - More than 24 months ago
 - Never
 - Not Sure
- 10 **DURING THE PAST 12 MONTHS, where did you usually go to meet your health care needs? (Choose only one.)**
- Emergency room
 - Family doctor
 - County or community health clinic
 - School-based health center
 - Other place not listed
 - I needed care, but didn't see anyone
 - I did not need care during the past 12 months
- 11 **During the past 12 months, did you HAVE any of the following health care needs? (Count any situation where you thought you should see a doctor, nurse, or other health professional. MARK ALL THAT APPLY)**
- Check-up or sports physical
 - Injury or accident
 - Illness
 - Immunization/Vaccination
 - Alcohol or other drug problem counseling
 - Personal or emotional problem counseling
 - Other need not listed here
 - I had no health care needs
- 12 **During the past 12 months, did you have any of the following health care needs that were NOT MET? (Count any situation when you didn't see a doctor, nurse, or other health professional, even though you wanted to or thought you should. MARK ALL THAT APPLY)**
- Check-up or sports physical
 - Injury or accident
 - Illness
 - Immunization/Vaccination
 - Alcohol or other drug problem counseling
 - Personal or emotional problem counseling
 - Other need not listed here
 - I had no health care needs
- 13 **When did you last go to a dentist or dental hygienist for a check-up, exam, teeth cleaning, or other dental work?**
- During the past 12 months
 - Between 12 and 24 months ago
 - More than 24 months ago
 - Never
 - Not Sure

- 14 **Have you ever had a cavity that you know of?**
- Yes
 - No
- 15 **Did you brush your teeth in the past 24 hours?**
- Yes
 - No

TOBACCO, ALCOHOL AND DRUGS

- 16 **DURING THE PAST 30 DAYS, on how many days did you smoke cigarettes?**
- 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
- 17 **During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?**
- I did not smoke cigarettes during the past 30 days
 - Less than 1 cigarette per day
 - 1 cigarette per day
 - 2 to 5 cigarettes per day
 - 6 to 10 cigarettes per day
 - 11 to 20 cigarettes per day
 - More than 20 cigarettes per day
- 18 **During the past 30 days, on how many days did you use chewing tobacco, snuff or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?**
- 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
- 19 **During the past 30 days, on how many days did you smoke cigarettes on school property?**
- 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

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20 During the past 30 days, on how many days did you use chewing tobacco, snuff or dip on school property?

- 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

21 During the past 12 months, did you do any of the following to quit using tobacco?

MARK ALL THAT APPLY

- I did not use tobacco during the past 12 months
- I did not try to quit using tobacco in the past 12 months
- Went to a special group or class at my school for students who want to quit using tobacco
- Talked to an adult at my school about how to quit using tobacco
- Talked to a peer helper at my school about how to quit using tobacco
- Went to a special group or class outside of school for people who want to quit using tobacco
- Tried to quit on my own
- Tried some other way to quit using tobacco

22 On how many occasions (if any) have you had beer or wine (non-religious) or hard liquor to drink during the past 30 days?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10 or more occasions

23 During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- 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

24 During the past 30 days, on how many days did you have at least one drink of alcohol on school property?

- 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

25 During the past 30 days, on how many days did you have at least one drink of alcohol at a party?

- 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

26 During the past 30 days, how many times did you use marijuana ?

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

27 During the past 30 days, how many times did you use marijuana on school property?

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

28 DURING THE PAST 30 DAYS, on how many occasions (if any) have you:

a. sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

0 occasions

1-2 occasions

3-5 occasions

6-9 occasions

10 or more occasions

b. used prescription drugs (without a doctor's orders) to get high?

c. used stimulants (amphetamines, meth, crystal, speed, crank)?

d. used cocaine or "crack" cocaine?

e. used heroin or other opiates or narcotics?

f. used Ecstasy, or MDMA?

g. used LSD or other hallucinogens or psychedelics?

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QUESTIONS ABOUT AGE OF FIRST USE AND FUTURE INTENTIONS:

29 How old were you when you first:	Never have	8 or younger	9	10	11	12	13	14	15	16	17 or older
a. smoked a whole cigarette?	<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. had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<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. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. tried marijuana or hashish for the first time?	<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"/>
e. tried to sniff or inhale gases, sprays, or glue in order to get high?	<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"/>
f. got suspended from school?	<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"/>
g. got arrested?	<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"/>
h. attacked someone with the idea of seriously hurting them?	<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"/>
i. carried a handgun?	<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"/>

30 Sometimes we don't know what we will do as adults, but we may have an idea. Please tell us how true these statements may be for you as an adult:

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

QUESTIONS ABOUT NUTRITION

31 During the past 7 days, how many times did you drink **100% fruit juices such as orange juice, apple juice, or grape juice?** (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

- I did not drink 100% fruit juice during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

32 During the past 7 days, how many times did you eat **fruit?** (Do **not** count fruit juice.)

- I did not eat fruit during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

33 During the past 7 days, how many times did you eat **green salad?**

- I did not eat salad during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

34 During the past 7 days, how many times did you eat **potatoes?** (Do **not** count French fries, fried potatoes, or potato chips.)

- I did not eat potatoes during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

35 During the past 7 days, how many times did you eat **carrots?**

- I did not eat carrots during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

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36 During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.)

- I did not eat other vegetables during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

37 In the past 7 days, on how many days did you eat breakfast?

- 0 days
- 1 day
- 2-4 days
- 5-6 days
- 7 days

QUESTIONS ABOUT PHYSICAL ACTIVITY

38 On how many of the PAST 7 DAYS did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

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

39 On how many of the PAST 7 DAYS did you participate in physical activity for at least 30 minutes that did not make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?

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

QUESTIONS ABOUT SEXUAL BEHAVIOR

40 Have you ever had sexual intercourse?

- Yes
- No

41 How old were you when you had sexual intercourse for the first time?

- I have never had sexual intercourse
- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years or older

42 DURING YOUR LIFE, with how many people have you had sexual intercourse?

- I have never had sexual intercourse
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

43 DURING THE PAST 3 MONTHS, with how many people did you have sexual intercourse?

- I have never had sexual intercourse
- I have had sexual intercourse, but not during the past 3 months
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

44 Did you drink alcohol or use drugs before you had sexual intercourse the last time?

- I have never had sexual intercourse
- Yes
- No

45 The last time you had sexual intercourse, did you or your partner use a condom?

- I have never had sexual intercourse
- Yes
- No

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46 The last time you had sexual intercourse, what **ONE** method did you or your partner use to prevent pregnancy?

- I have never had sexual intercourse
- No method was used to prevent pregnancy
- Birth control pills
- Condoms
- Depo Provera (birth control shot)
- Withdrawal
- Some other method
- Not sure

47 When did you first go to a medical office or clinic to get a method for preventing pregnancy?

- I have never had sexual intercourse
- Before my first sexual intercourse
- Less than 1 month after my first sexual intercourse
- 1 to 3 months after my first sexual intercourse
- 4 to 12 months after my first sexual intercourse
- More than 12 months after my first sexual intercourse
- I have never gone to a medical office or clinic to get a method for preventing pregnancy

48 DURING THE PAST 12 MONTHS have you ever been taught about AIDS or HIV infection in school?

- Yes
- No
- Not Sure

49 For these next statements, mark how true you feel each is for you:

- a. I can say no to activities that I think are wrong
- b. I can work out my problems
- c. At school, I help decide things like class activities or rules
- d. I am part of clubs, sports teams, church/temple or other group activities away from school
- e. I try to understand how other people feel/think
- f. I help make decisions with my family
- g. I work to make my community a better place
- h. I can do most things if I try
- i. I feel bad when someone gets their feelings hurt
- j. I volunteer on a regular basis to help others in my community

	Not at All True	A Little True	Pretty Much True	Very Much True
a.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QUESTIONS ABOUT PERSONAL BELIEFS

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

- a. smoke cigarettes?
- b. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?
- c. smoke marijuana?
- d. use LSD, cocaine, amphetamines, or another illegal drug?
- e. take a handgun to school?
- f. steal anything worth more than \$10?
- g. pick a fight with someone?
- h. attack someone with the idea of seriously hurting them?
- i. stay away from school all day when their parents think they are at school?

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

a. smoke one or more packs of cigarettes per day?

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

b. try marijuana once or twice?

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

c. smoke marijuana regularly?

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

d. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?

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

QUESTIONS ABOUT YOUR PEERS

52 Think of your four best friends (the friends you feel closest to). IN THE PAST 12 MONTHS how many of your best friends have:

	None	1	2	3	4
a. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. been members of a gang?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. dropped out of school?	<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. sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. 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"/>
k. been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QUESTIONS ABOUT MOOD

53 DURING THE PAST 30 DAYS, how much of the time have you:

a. been a very nervous person?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

b. felt calm and peaceful?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

c. felt downhearted and blue?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

d. been a happy person?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

e. felt so down in the dumps that nothing could cheer you up?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

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54 Fill in the one circle for each statement, which best describes how often you felt this way DURING THE PAST WEEK.

0 days	1-2 days	3-4 days	5-7 days
<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- a. I did not feel like eating; my appetite was poor
- b. I felt depressed
- c. I felt sad
- b. I could not get going; I had low energy

55 DURING THE PAST 12 MONTHS, did you ever seriously consider attempting suicide?

- Yes
- No

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

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

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

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

The next question asks about harassment at school. Harassment can include threatening, bullying, name calling or obscenities; offensive notes or graffiti; unwanted touching, and physical attacks.

62 DURING THE PAST 12 MONTHS, have you ever been harassed at school (or on the way to or from school) in relation to any of the following issues? **MARK ALL THAT APPLY**

- Harassment about your race or ethnic origin
- Unwanted sexual comments or attention
- Harassment because someone thought you were gay, lesbian or bisexual
- Harassment about your weight, clothes, acne, or other physical characteristics
- Harassment about your group of friends
- Other reasons
- I have not been harassed

63 IN THE PAST 30 DAYS, how many times did a student call you names, swear at you, or say mean things to you?

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

64 During the past 30 days, 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
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

QUESTIONS ABOUT UNWANTED BEHAVIOR, HARASSMENT AND THREATS

58 DURING THE PAST 12 MONTHS, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?

- Yes
- No

59 Have you ever been forced to have sexual intercourse when you did not want to?

- Yes
- No

60 DURING YOUR LIFE, has any adult ever intentionally hit or physically hurt you?

- Yes
- No

61 During your life, has any adult ever had sexual contact with you?

- Yes
- No

65 IN THE PAST 12 MONTHS, how many times:

	0 times	1 time	2 or 3 times	4 or 5 times	6 or 7 times	8 or 9 times	10-11 times	12 or more times
a. has someone threatened you with a weapon such as a gun, knife, or club ON SCHOOL PROPERTY?	<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. has someone injured you with a weapon ON SCHOOL PROPERTY?	<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. were you in a physical fight ON SCHOOL PROPERTY?	<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. has someone taken money or things directly from you by using force, a weapon or threats IN SCHOOL or ON SCHOOL PROPERTY?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. has someone deliberately damaged your property (such as clothing, books, or other property) IN SCHOOL or ON SCHOOL PROPERTY?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QUESTIONS ABOUT HARMFUL BEHAVIOR

66 How many times IN THE PAST 12 MONTHS have you:

	0 times	1 or 2 times	3-5 times	6-9 times	10-19 times	20-29 times	30-39 times	40 + times
a. been in a physical fight?	<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. gambled (e.g., bought lottery tickets or tabs, bet money on sports teams or card games, etc.)?	<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. carried a handgun?	<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. sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. attacked someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. been drunk or high AT SCHOOL?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. taken a handgun TO SCHOOL?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. been suspended FROM SCHOOL?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions are about gangs:

67 Have you ever belonged to a gang?

- Yes
 No

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

- Never belonged to a gang
 Yes
 No

69 How old were you when you first belonged to a gang?

- Never belonged to a gang
 10 or younger
 11
 12
 13
 14
 15
 16
 17 or older

70 DURING THE PAST 30 DAYS, on how many days did you:

a. carry a weapon (other than a gun) such as a knife or club on school property?

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

b. carry a gun as a weapon on school property?

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

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

- Very easy
 Sort of easy
 Sort of hard
 Very hard

Your participation in this survey is voluntary

QUESTIONS ABOUT HEALTH CONDITIONS

72 Are you limited in any way in any activities because of any physical, mental or emotional condition?

- Yes
- No

73 Is your condition: **MARK ALL THAT APPLY**

- Physical
- Learning
- Emotional
- Not sure
- Do not have a condition

74 Do you now have any condition that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

- Yes
- No

75 Because of a physical, learning or emotional condition that you have had for at least a year do you: **MARK ALL THAT APPLY**

- have any limitations attending school or in your ability to do regular schoolwork?
- have difficulty in doing regular household chores, shopping or errands?
- have limitations in doing strenuous activities/sports?
- have difficulty with personal care...
- I do not have a physical, learning or emotional condition

76 DURING THE PAST 12 MONTHS, have you had an episode of asthma or an asthma attack?

- Never had asthma
- Yes
- No
- Not sure

77 Has a doctor, nurse or other health professional ever told you that you have Asthma?

- Yes
- No
- Not sure

78 Do you still have asthma?

- I have never had asthma
- Yes, I still have asthma
- No, I no longer have asthma
- Don't know/not sure

79 DURING THE PAST 30 DAYS, how many days of school did you miss because of your asthma?

- I don't have asthma
- None
- One day
- Two or three days
- Four to six days
- Seven or more days
- Don't know/not sure

80 During the past 30 days, how many nights did symptoms of asthma make it difficult for you to stay asleep?

- I don't have asthma
- None
- One night
- Two or three nights
- Four to six nights
- Seven or more nights
- Don't know/not sure

QUESTIONS ABOUT GENERAL SAFETY

81 When you rode a bicycle during the PAST 12 MONTHS, how often did you wear a helmet?

- I did not ride a bicycle during the past 12 months
- Never wore a helmet
- Rarely wore a helmet
- Sometimes wore a helmet
- Most of the time wore a helmet
- Always wore a helmet

82 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

QUESTIONS ABOUT TOBACCO PREVENTION

83 Is there a rule against tobacco in your school?

- There is no rule
- There is a rule, but it isn't enforced
- There is a rule and it is sometimes enforced
- There is a rule and it is strictly enforced

84 DURING THE PAST 12 MONTHS, have you seen teachers or staff smoke on school property?

- Yes
- No

85 During the past 12 months, how often have your parent(s) talked to you about not smoking cigarettes or using chewing tobacco?

- Very often
- Fairly often
- Sometimes
- Almost Never
- Never

86 If one of your best friends were to offer you a cigarette, would you smoke it?

- Definitely not
- Probably not
- Probably would
- Definitely would

87 At any time during the next year, do you think you will smoke a cigarette?

- Definitely not
- Probably not
- Probably would
- Definitely would

88 Does someone living in your house (other than you) smoke cigarettes?

- Nobody smokes
- Someone smokes, but not inside the house
- Someone smokes inside the house

89 Do you want to completely stop smoking cigarettes?

- Yes
- No
- I do not smoke now

90 DURING THE PAST 12 MONTHS:

	<i>Very often</i>	<i>A few times</i>	<i>Once</i>	<i>Never</i>
a. Did you have any SCHOOL LESSONS about tobacco use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. When you had lessons, how often did you PRACTICE different ways to say "no" to tobacco offers during any class at school (for example, in role plays)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Did a student from middle or high school come to your class to talk about tobacco use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Did a GUEST SPEAKER (for example, a nurse or someone from your community) talk to your class about tobacco use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Did you discuss the REASON WHY PEOPLE YOUR AGE SMOKE during any of your classes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Did you discuss HOW MANY PEOPLE YOUR AGE SMOKE during any of your classes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Did you discuss the EFFECTS OF CIGARETTE SMOKING ON YOUR BODY during any of your classes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Did you discuss the EFFECTS SECOND HAND SMOKE during any of your classes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your participation in this survey is voluntary

91 IN THE PAST 30 DAYS, how often have you seen or heard any information against using tobacco from any of the following sources:

- a. Your parents
- b. Your friends
- c. Your school
- d. TV show, news story, or commercial
- e. Newspaper article or advertisement
- f. Magazine article or advertisement
- g. Radio news story or advertisement
- h. Movie
- i. Billboard
- j. Internet/World Wide Web
- k. An event in your town or city
- l. Boy or Girl Scouts or a club

Very often	Fairly often	Some times	Almost never	Never
<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"/>	<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"/>	<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"/>	<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"/>	<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"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



QUESTIONS ABOUT ACCESS TO TOBACCO AND ALCOHOL

92 DURING THE PAST 30 DAYS, how many times did you get tobacco (cigarettes, chew, snuff, dip or cigars) from each of the following sources:

- a. Grocery stores
- b. Vending machines
- c. Convenience stores (such as 7-Eleven)
- d. Drug stores
- e. Gas stations
- f. Friends older than 18
- g. Friends under 18
- h. Took from home without permission
- i. A parent
- j. A brother or sister
- k. Through the Internet
- l. People selling tobacco on the street

None	1 time	2 times	3 times	4 times	5-9 times	10-14 times	15 or more times
<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



93 DURING THE PAST 30 DAYS, how many times did you get alcohol (beer, wine, or hard liquor) from each of the following sources:

- a. Grocery stores
- b. Convenience stores (such as 7-Eleven) or drug stores
- c. Gas stations
- d. Friend older than 21
- e. Friends under 21
- f. Took from home without permission
- g. A parent
- h. A brother or sister
- i. Through the Internet
- j. By asking a stranger to buy it for me
- k. Liquor store
- l. Bar/Night Club or Restaurant

None	1 time	2 times	3 times	4 times	5-9 times	10-14 times	15 or more times
<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>
<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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- | | | | | | |
|----|---|------------------|---------------------|---------------------|------------------|
| | | Very easy | Sort of easy | Sort of hard | Very hard |
| 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 some tobacco (for example, cigarettes or chewing tobacco), how easy would it be for you to get some? | ○ | ○ | ○ | ○ |
| 96 | If you wanted to get some marijuana, how easy would it be for you to get some? | ○ | ○ | ○ | ○ |
| 97 | If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some? | ○ | ○ | ○ | ○ |

QUESTIONS ABOUT FAMILY AND OTHER COMMUNITY INFLUENCES

The next statements are about what might occur outside your school or home, such as in your Neighborhood, Community or with an adult other than your parents or guardian.

98 Please mark how you feel about each statement:

NO! **no** **yes** **YES!**

- | | | | | | |
|----|---|---|---|---|---|
| | | ○ | ○ | ○ | ○ |
| a. | When I am not at home, one of my parents knows where I am and who I am with | ○ | ○ | ○ | ○ |
| b. | In my home, there is a parent or some other adult who always wants me to do my best | ○ | ○ | ○ | ○ |
| c. | 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? | ○ | ○ | ○ | ○ |

99 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? | ○ | ○ | ○ | ○ |
| b. | smoke cigarettes? | ○ | ○ | ○ | ○ |
| c. | smoke marijuana? | ○ | ○ | ○ | ○ |
| d. | steal anything worth more than \$10? | ○ | ○ | ○ | ○ |
| e. | draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)? | ○ | ○ | ○ | ○ |
| f. | pick a fight with someone? | ○ | ○ | ○ | ○ |

100 Outside of my home and school, there is an adult...

Not at All True **A Little True** **Pretty Much True** **Very Much True**

- | | | | | | |
|----|---------------------------------------|---|---|---|---|
| | | ○ | ○ | ○ | ○ |
| a. | who tells me when I do a good job | ○ | ○ | ○ | ○ |
| b. | who always wants me to do my best | ○ | ○ | ○ | ○ |
| c. | who believes that I will be a success | ○ | ○ | ○ | ○ |

101 How wrong would most adults in your neighborhood think it was for kids your age to:

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

- | | | | | | |
|----|-------------------|---|---|---|---|
| | | ○ | ○ | ○ | ○ |
| a. | smoke cigarettes? | ○ | ○ | ○ | ○ |
| b. | drink alcohol? | ○ | ○ | ○ | ○ |
| c. | smoke marijuana? | ○ | ○ | ○ | ○ |

102 When you are scared, worried, or concerned about yourself or your friends, is there a caring adult you can talk to?

- No, there is no adult
- Yes, there is one adult
- Yes there are 2 to 3 adults
- Yes there are 4 or more adults

103 If at least one of your parents knew that you had used tobacco, how likely is it that they would discipline you in some way?

- Not at all likely
- Only slightly likely
- Somewhat likely
- Quite likely
- Very likely

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QUESTIONS ABOUT SCHOOL

104 Choose the answer that best describes how you feel about the statements below:

- | | NO! | no | yes | YES! |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. 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"/> |
| b. 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"/> |
| c. Teachers ask me to work on special classroom projects | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. 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"/> |
| e. 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"/> |
| f. My teachers notice when I am doing a good job | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. The school lets my parents know when I have done something well | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

105 At my school, there is a teacher or some other adult:

- | | Not at All True | A Little True | Pretty Much True | Very Much True |
|--|------------------------|-----------------------|-------------------------|-----------------------|
| a. who tells me when I do a good job. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. who listens to me when I have something to say. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. who believes that I will be a success. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's
- None of those grades
- Not sure

107 Are your grades better than the grades of most students in your class?

- NO!
 no
 yes
 YES!

ADDITIONAL QUESTIONS ABOUT ALCOHOL

108 In the last 12 months, how often how have you ...

- | | 0 times | 1-2 times | 3-5 times | 6-9 times | 10 or more times |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------|
| a. Missed school or class because of drinking alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Gotten sick to your stomach because of drinking alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Not been able to remember what happened while you were drinking alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Later regretted something you did while drinking alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Worried that you drank alcohol too much or too often? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

109 DURING THE PAST 30 DAYS, how many times did you drive a car or other vehicle when you had been drinking alcohol?

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

110 During the past 30 days, how many times did you ride in a car or other vehicle with a teenager who had been drinking alcohol?

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

Your participation in this survey is voluntary

111 In your opinion, how likely or unlikely is it that each of the following things would happen, if you were to drink 3 or 4 whole drinks of an alcoholic beverage, like beer, wine, wine cooler, or liquor? If you have never had that much to drink, please try to imagine and make your best guess.

How about...

	Very likely	Somewhat likely	Somewhat unlikely	Very unlikely
a. Feel relaxed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Get into trouble with police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Feel more confident or sure of yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Harm your health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Feel happy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Have a hang over?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. have an easier time expressing your feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Do something you will regret?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Feel sick to your stomach?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Feel out of control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Get into fights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Feel good?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Have an easier time talking to people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Have a lot of fun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Feel sad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your school or school district may have chosen to add some questions to this survey. The question(s) have been handed out on a separate sheet of paper or written on the blackboard. **Fill in the corresponding answers to those questions here:**

1. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H	6. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H	11. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H
2. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H	7. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H	12. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H
3. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H	8. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H	13. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H
4. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H	9. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H	14. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H
5. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H	10. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H	15. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H

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