

1. How old are you?

- 10 11 12 13 14
15 16 17 18 19 or older

2. What grade are you in?

- 8th 10th 12th

3. Are you: Female Male

4. What do you consider yourself to be?

(Choose one best answer)

- White, not of Hispanic Origin
B
American Indian/Native
S
Mexican American Chicano
Mexican Puerto Rican
Cuban Central American
Other Spanish South American
Asian or Pacific Islander
Chinese Japanese
Filipino Asian Indian
Hawaiian Samoan
Korean Guamanian
Vietnamese Cambodian
Other Asian or Pacific Islander
Other (Please Specify)

5. Think of where you live most of the time. Which of the following people live there with you?

(Choose all that apply)

- Mother Father Other adults
Foster mother Foster father Sister(s)
Stepmother Stepfather Stepsister(s)
Grandmother Grandfather Brother(s)
Aunt Uncle Stepbrother(s)
Other children

6. How many brothers and sisters, including stepbrothers and stepsisters, do you have that are older than you?

- 0 1 2 3 4 5 6 or more

7. How many brothers and sisters, including stepbrothers and stepsisters, do you have that are younger than you?

- 0 1 2 3 4 5 6 or more

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

- English Spanish Another Language

9. What is the highest level of schooling your father completed?

- Completed grade school or less Some school
Completed college
Some high school Graduate or professional
Completed high school school after college
Do not know Does not apply

10. What is the highest level of schooling your mother completed?

- Completed grade school or less Some school
Completed college
Some high school Graduate or professional
Completed high school school after college
Do not know Does not apply

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

- Mostly F's Mostly D's Mostly C's Mostly B's Mostly A's

12. During the LAST FOUR WEEKS how many whole days of school have you missed?

- a. because of illness?
None 2 days 4-5 days 11 or more days
1 day 3 days 6-10 days
b. because you skipped or "cut"?
None 2 days 4-5 days 11 or more days
1 day 3 days 6-10 days
c. for other reasons?
None 2 days 4-5 days 11 or more days
1 day 3 days 6-10 days

13. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?

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

14. 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 2-3 days 6 or more days
1 day 4-5 days

15. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?

- 0 times 2-3 times 6-7 times 10-11 times
1 time 4-5 times 8-9 times 12 or more times

16. During the past 12 months, how many times were you in a physical fight on school property?

- 0 times 2-3 times 6-7 times 10-11 times
1 time 4-5 times 8-9 times 12 or more times

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

18. Teachers ask me to work on special classroom projects.

19. My teacher(s) notice when I am doing a good job and lets me know about it.

20. There are a lot of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.

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

22. I feel safe at my school.

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

Table with 4 columns: NO!, no, yes, YES! and 9 rows corresponding to items 17-23.

	NO!	no	yes	YES!
24. My teachers praise me when I work hard in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are your school grades better than the grades of most students in your class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I have lots of chances to be part of class discussions or activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Never
 Seldom
 Sometimes
 Often
 Almost Always

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

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

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

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

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

	Almost always	Often	Sometimes	Seldom	Never
a. enjoy being in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. hate being in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. try to do your best work in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PEER INFLUENCES

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

	None	1	2	3	4
a. smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin), when their parents didn't know about it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. used marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. been suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. carried a handgun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. sold illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. 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"/>
i. been arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. dropped out of school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. been members of a gang?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. attended a RAVE party?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a. smoked cigarettes?

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

c. used marijuana?

d. used LSD, cocaine, amphetamines, or other illegal drugs?

e. been suspended from school?

f. carried a handgun?

g. sold illegal drugs?

h. stolen or tried to steal a motor vehicle such as a car or motorcycle?

i. been arrested?

j. dropped out of school?

k. been members of a gang?

l. attended a RAVE party?

32. How old were you when you first:

	10 or Younger	11	12	13	14	15	16	17 or Older	Never Have
a. smoked marijuana?	<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. tried smokeless tobacco?	<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. smoked marijuana?	<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. used cocaine or crack?	<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. used methamphetamines (meth, crystal, crank)?	<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. used LSD or other psychedelics?	<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. 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"/>
k. taken steroids without a doctor's orders?	<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 heroin or other narcotics?	<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 Derbisol?	<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 Quaaludes, barbituates, or tranquilizers?	<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 Ecstasy?	<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. 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"/>
q. 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"/>
r. 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"/>
s. 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"/>
t. belonged to a gang?	<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"/>

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

	Not Wrong at All	A Little Bit Wrong	Wrong	Very Wrong
a. take a handgun to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. steal anything worth more than \$5.00?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. pick a fight with someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. attack someone with the idea of seriously hurting them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. stay away from school all day when their parents think they are at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. use LSD, cocaine, amphetamines, or another illegal drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a. take a handgun to school?

b. steal anything worth more than \$5.00?

c. pick a fight with someone?

d. attack someone with the idea of seriously hurting them?

e. stay away from school all day when their parents think they are at school?

f. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?

g. smoke cigarettes?

h. smoke marijuana?

i. use LSD, cocaine, amphetamines, or another illegal drug?

PLEASE DO NOT WRITE IN THIS AREA



34. I ignore rules that get in my way.

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

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

- NO!
- no
- yes
- YES!

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

- NO!
- no
- yes
- YES!

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

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

38. I think it is okay to take something without asking if you can get away with it.

- NO!
- no
- yes
- YES!

39. How many times have you done the following things?

Once a week or more
Two or three times a month
About once a month
Less than once a month
I've done it, but not in the past year
Never

- a. done what feels good no matter what.
- b. done something dangerous because someone dared you to do it.
- c. done crazy things even if they are a little dangerous.

40. Have you ever belonged to a gang?

- No, not interested
- No, but would like to
- Yes, in the past
- Yes, belong now
- Yes, but would like to get out

41. If you have ever belonged to a gang, what was the one major reason you joined?

- Protection/safety
- Friendship
- Parents are in a gang
- Other
- I have never belonged to gang

42. If you have ever belonged to a gang, did the gang have a name?

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

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

40+ Times
30 to 39 Times
20 to 29 Times
10 to 19 Times
6 to 9 Times
3 to 5 Times
1 to 2 Times
Never

- a. been suspended from school?
- b. carried a handgun?
- c. sold illegal drugs?
- d. stolen or tried to steal a motor vehicle such as a car or a motorcycle?
- e. been arrested?
- f. attacked someone with the idea of seriously hurting them?
- g. been drunk or high at school?
- h. taken a handgun to school?

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

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

- a. smoked cigarettes?
- b. began drinking alcoholic beverages regularly, at least once or twice a month?
- c. smoked marijuana?
- d. carried a handgun?

45. You are looking at CD's in the music store with a friend. You look up and see her slip a CD under her coat. She smiles and says, "Which one do you want? Go ahead, take it while nobody's around." There is no one in sight, no employees or other customers. What would you do?

- Ignore her
- Grab a CD and leave the store
- Tell her to put the CD back
- Act like it is a joke, and ask her to put the CD back

46. It is 8:00 on a weeknight and you are about to go over to a friend's house when your mother asks you where you are going. You say "Oh, just going to go hang out with some friends. She says, "NO, you'll just get into trouble if you go out. Stay home tonight." What would you do now?

- Leave the house anyway
- Explain what you are going to do with your friends, tell her when you will get home, and ask if you can go out
- Not say anything and start watching TV
- Get into an argument with her

47. You are visiting another part of town, and you do not know any of the people your age there. You are walking down the street, and some teenager you do not know is walking toward you. He is about your size, and as he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do?

- Push the person back
- Say "Excuse me" and keep on walking
- Say "Watch where you're going" and keep on walking
- Swear at the person and walk away

48. You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do?

- Drink it
- Tell your friend, "No thanks, I don't drink" and suggest that you and your friend go and do something else
- Just say, "No thanks" and walk away
- Make up a good excuse, tell your friend you had something else to do, and leave

49. I think sometimes it is okay to cheat at school.

- NO!
- no
- yes
- YES!

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

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

51. Sometimes I think that life is not worth it.

- NO!
- no
- yes
- YES!

52. At times I think that I am no good at all.

- NO!
- no
- yes
- YES!

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

- NO!
- no
- yes
- YES!

54. In the past year, have you felt depressed or sad most days, even if you felt okay sometimes.

- NO!
- no
- yes
- YES!

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

Great risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moderate risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Slight risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- a. smoke one or more packs of cigarettes per day?
- b. try marijuana once or twice?
- c. smoke marijuana regularly?
- d. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?

DRUG/ALCOHOL USAGE

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

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

57. 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

58. On how many occasions (if any) have you had beer, wine, or hard liquor during the past 30 days?

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

59. 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
- 1 time
- 6 - 9 times
- 2 times
- 10 or more times

60. On how many occasions (if any) have you used marijuana during the past 30 days?

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

61. On how many occasions (if any) have you used LSD or other psychedelics during the past 30 days?

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

62. On how many occasions (if any) have you used cocaine or crack in the past 30 days?

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

63. On how many occasions (if any) have you 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?

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

64. On how many occasions (if any) have you taken methamphetamines in the past 30 days?

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

65. On how many occasions (if any) have you used steroids without a doctor's permission during the past 30 days?

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

PLEASE DO NOT WRITE IN THIS AREA

66. On how many occasions (if any) have you used heroin or other narcotics during the past 30 days?

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

67. On how many occasions (if any) have you used Quaaludes, barbituates, or tranquilizers during the past 30 days?

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

68. On how many occasions (if any) have you used ecstasy during the past 30 days?

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

69. On how many occasions (if any) have you used derbisol during the past 30 days?

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

COMMUNITY-BASED PERCEPTIONS

70. 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?

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

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

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

72. If a kid smokes marijuana in your neighborhood, would he or she be caught by the police?

- NO!
- no
- yes
- YES!

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

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

74. 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?

- NO!
- no
- yes
- YES!

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

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

76. If a kid carried a handgun in your neighborhood, would he or she be caught by the police?

- NO!
- no
- yes
- YES!

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

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

78. If a kid smoked cigarettes in your neighborhood, would he or she be caught by the police?

- NO!
- no
- yes
- YES!

79. How wrong would most adults in your neighborhood think it is for kids your age:

Not Wrong at All				
A Little Bit Wrong				
Wrong				
Very Wrong				

a. to use marijuana?

b. to drink alcohol?

c. to smoke cigarettes?

80. About how many adults have you known personally who in the past year have:

- a. used marijuana, crack, cocaine, or other drugs?
- None
 - 1 adult
 - 2 adults
 - 3 or 4 adults
 - 5 or more adults

b. sold or dealt drugs?

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

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

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

d. gotten drunk or high?

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

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

	NO!	no	yes	YES!
81. If I had to move, I would miss the neighborhood I now live in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. My neighbors notice when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. I like my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. There are lots of adults in my neighborhood I could talk to about something important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

83. I like my neighborhood.

84. There are lots of adults in my neighborhood I could talk to about something important.

85. How much do each of the following statements describe your neighborhood?

	NO!	no	yes	YES!
a. crime and/or drug selling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. lots of empty or abandoned buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. lots of graffiti	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

86. People move in and out of my neighborhood a lot.

NO! no yes YES!

87. How many times have you changed homes since kindergarten?

Never 3 - 4 times 7 or more times
 1 - 2 times 5 - 6 times

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

NO! no yes YES!

89. Which of the following activities for people your age are available in your community?

- a. Sports teams
 No Yes, but I don't participate Yes, and I participate
- b. Scouting
 No Yes, but I don't participate Yes, and I participate
- c. Boys & girls clubs
 No Yes, but I don't participate Yes, and I participate
- d. 4-H clubs
 No Yes, but I don't participate Yes, and I participate
- e. Service clubs
 No Yes, but I don't participate Yes, and I participate

90. Have you changed schools in the past year (the last 12 months)?

No Yes

91. I feel safe in my neighborhood.

NO! no yes YES!

92. How many times have you changed schools since kindergarten?

Never 3 - 4 times 7 or more times
 1 - 2 times 5 - 6 times

93. I would like to get out of my neighborhood.

NO! no yes YES!

94. Have you changed homes in the past year (the last 12 months)?

No Yes

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

NO! no yes YES!

96. If you have a job (part-time or full-time), how much do you work?

I do not have a job 30-40 hrs per week
 Less than 20 hrs per week More than 40 hrs per week

FAMILY DOMAIN

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

	Not Wrong at All	A Little Bit Wrong	Wrong	Very Wrong
a. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?	<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 anything worth more than \$5.00?	<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"/>

98. Have any of your brothers or sisters ever:

- a. drunk beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
 No Yes I don't have any brothers or sisters
- b. smoke marijuana?
 No Yes I don't have any brothers or sisters
- c. smoke cigarettes?
 No Yes I don't have any brothers or sisters
- d. taken a handgun to school?
 No Yes I don't have any brothers or sisters
- e. been suspended or expelled from school?
 No Yes I don't have any brothers or sisters

99. The rules in my family are clear.

NO! no yes YES!

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

No Yes

PLEASE DO NOT WRITE IN THIS AREA



FAMILY DOMAIN

	NO!	no	yes	YES!
101. People in my family often insult or yell at each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102. When I am not at home, one of my parents knows where I am and who I am with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103. We argue about the same things in my family over and over.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. My parents want me to call if I am going to be late getting home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. If you drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. My family has clear rules about alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. If you carried a handgun without your parents' permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. If you skipped school without your parents' permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Never or almost never Often
 Sometimes All the time

110. Do you feel very close to your mother?
 NO! no yes YES!

111. Do you share your thoughts and feelings with your mother?
 NO! no yes YES!

112. My parents ask me what I think before most family decisions affecting me are made.
 NO! no yes YES!

113. How often do your parents tell you that they are proud of you for something you have done?

- Never or almost never Often
 Sometimes All the time

114. Do you share your thoughts and feelings with your father?

115. Do you enjoy spending time with your mother?

116. Do you enjoy spending time with your father?

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

118. Do you feel very close to your father?

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

120. My parents ask if I have gotten my homework done.

121. People in my family have serious arguments.

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

123. How important were these questions?

- Not too important Important
 Fairly important Very important

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

- I was very honest
 I was honest pretty much of the time
 I was honest some of the time
 I was honest once in a while
 I was not honest at all

	NO!	no	yes	YES!
114. Do you share your thoughts and feelings with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. Do you enjoy spending time with your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. Do you enjoy spending time with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. If I had a personal problem, I could ask my mom or dad for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. Do you feel very close to your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. My parents give me lots of chances to do fun things with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. My parents ask if I have gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
121. People in my family have serious arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. Would your parents know if you did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>