

The next section asks about your experiences at school.

	Strongly disagree	Disagree	Agree	Strongly agree
17. 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"/>
18. 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"/>
19. Teachers ask me to work on special classroom projects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. My teachers notice when I am doing a good job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. 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"/>
22. 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"/>
23. I feel safe at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. The school lets my parents know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I have lots of chances to be part of class discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

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

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

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

- Very interesting Slightly interesting
 Quite interesting Not at all interesting
 Fairly interesting

31. During the past 30 days, how many days of school have you missed because you skipped or 'cut'?

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

	0 times	1 time	2-3 times	4-5 times	6-7 times	8-9 times	10-11 times	12 or more times
32. 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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. During the past 12 months, how many times 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"/>
34. During the past 12 months, how often have you been picked on or bullied by a student 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"/>
35. During the past 12 months, how many times have you been harassed, mistreated, or made fun of by another person while on-line or through a cell phone or other electronic device?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. During the past 12 months, how often have you picked on or bullied another student 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"/>
37. During the past 12 months, how often have you seen bullying ON SCHOOL PROPERTY and done nothing to stop it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. 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 the way to or from school?

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

39. 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 4 or 5 days
 1 day 6 or more days
 2 or 3 days

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

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

On how many occasions (if any) have you:

OCCASIONS:

	0	1-2	3-5	6-9	10-19	20-39	40+
66. had alcoholic beverages (beer, wine or hard liquor) to drink in your lifetime -- more than just a few sips?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. had beer, wine or hard liquor to drink during the past 30 days ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. used marijuana in your lifetime ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. used marijuana during the past 30 days ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. used LSD or other hallucinogens in your lifetime ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. used LSD or other hallucinogens during the past 30 days ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. used cocaine or crack in your lifetime ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. used cocaine or crack during the past 30 days ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high in your lifetime ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high during the past 30 days ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. used phenoxydine (pox, px, breeze) in your lifetime ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. used phenoxydine (pox, px, breeze) during the past 30 days ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. used methamphetamines (meth, crystal meth) in your lifetime ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. used methamphetamines (meth, crystal meth) in the past 30 days ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. used heroin in your lifetime ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. used heroin during the past 30 days ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. used Ecstasy ('X', 'E', MDMA, or 'Molly') in your lifetime ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. used Ecstasy ('X', 'E', MDMA, or 'Molly') in the past 30 days ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in your lifetime ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in the past 30 days ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. used prescription pain relievers (such as Vicodin, OxyContin, Percocet, or Codeine) without a doctor telling you to take them in your lifetime ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. used prescription pain relievers (such as Vicodin, OxyContin, Percocet, or Codeine) without a doctor telling you to take them during the past 30 days ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. used prescription stimulants (such as Ritalin, Adderal, or Dexedrine) without a doctor telling you to take them in your lifetime ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. used prescription stimulants (such as Ritalin, Adderal, or Dexedrine) without a doctor telling you to take them during the past 30 days ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. used prescription sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them in your lifetime ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. used prescription sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them during the past 30 days ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. used over the counter drugs (such as cough syrup, cold medicine, or diet pills) for the purposes of getting high in your lifetime ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. used over the counter drugs (such as cough syrup, cold medicine, or diet pills) for the purposes of getting high during the past 30 days ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. used synthetic drugs (such as Bath Salts like Ivory Wave or White Lightning or herbal incense products like K2, Spice, or Gold) in your lifetime ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. used synthetic drugs (such as Bath Salts like Ivory Wave or White Lightning or herbal incense products like K2, Spice, or Gold) during the past 30 days ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96. drank beer, wine or hard liquor at the same time you used prescription drugs (e.g., OxyContin, Vicodin, Valium, Xanax, Ritalin, Adderal, sleeping pills) during the past 30 days ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

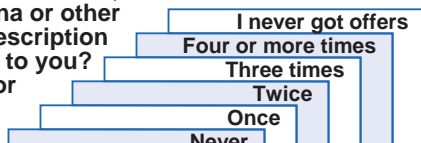
97. If during the past 30 days you used marijuana, how did you get it? (Mark all that apply.)

- I did not use marijuana during the past 30 days
- I got it from someone with a Medical Marijuana Card
- Friends Parties School
- Family/Relatives Home Other

98. In the last 30 days, how often have you avoided people or places because you might be offered alcohol, cigarettes, marijuana or other drugs including prescription drugs?

- None 2-3 times 7-10 times
- Once 4-6 times More than 10 times

99. In the last 30 days, how often did you respond in the following ways when alcohol, cigarettes, marijuana or other drugs including prescription drugs were offered to you? (Fill in an answer for each way of responding)



- a. say "No" without giving a reason why.
- b. give an explanation or excuse to turn down the offer.
- c. decide to leave the situation without accepting the offer.
- d. use some other way to not accept the alcohol or drugs.

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

	No risk	Slight risk	Moderate risk	Great risk
a. smoke one or more packs of cigarettes per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. try marijuana once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. smoke marijuana once or twice a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. have five or more drinks of an alcoholic beverage in a row once or twice a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. use prescription drugs without a doctor telling them to take them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

101. Compared to using illegal drugs (e.g., cocaine, meth, heroin), how harmful do you think it is for people to take prescription drugs (e.g., OxyContin, Vicodin, Valium, Xanax, Ritalin, Adderal, sleeping pills) without a doctor telling them to take them?

- A lot less harmful No difference A lot more harmful
- Less harmful More harmful

102. If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.)
- I did not drink alcohol in the past 30 days
 - I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
 - I bought it at a restaurant, bar, or club
 - I bought it at a public event such as a concert or sporting event
 - I gave someone else money to buy it for me
 - My parent or guardian gave it to me
 - Another family member who is 21 or older gave it to me
 - Someone not related to me who is 21 or older gave it to me
 - Someone under the age of 21 gave it to me
 - I got it at a party
 - I took it from home
 - I took it from a store or someone else's home
 - I got it some other way

103. If, during the past 30 days you used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all that apply.)

- I've never used prescription drugs to get high
- Friends
- Family/Relatives
- Parties
- Home (e.g., Medicine Cabinet)
- Doctor/Pharmacy
- School
- Other
- Over the Internet
- Outside the United States (e.g., Mexico, Canada)

104. If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply):

- To fit in with my friends
- To try something new or exciting
- To get back at my parents or to get my parent's attention
- To help me lose weight
- To keep from feeling sad or down
- I was bored and needed something to do
- To get a high or to have a good feeling
- To help me feel normal
- To help me stay focused or think better
- To have fun
- To be like an actor or musician/band that I admire
- To feel more grown up or prove that I am grown up
- I needed it, craved it, or am addicted
- To deal with the stress in my life (Please mark all areas of stress that were related to your substance use below)
 - Parents/family
 - Peers/Friends (e.g., fighting with friends, getting bullied, dealing with rumors, etc.)
 - School
 - Community
- Other

105. If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply):

- I'm not interested in using drugs
- It can harm my body
- My parents would be disappointed in me
- My parents would take away my privileges if they found out
- My teachers/mentors/other adults in my life would be disappointed in me
- I might get kicked out of school or extracurricular activities (e.g., sports, cheerleading, drama club/plays)
- My friends would stop talking to me or hanging out with me
- I would get a bad reputation with peers
- I wanted to, but I couldn't get it or wasn't offered it
- It's illegal – I could get arrested
- I've tried them before and I don't like them
- It's morally wrong
- It's against my religious or spiritual beliefs

These questions ask about the neighborhood and community where you live.

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

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

	Very hard	Sort of hard	Sort of easy	Very easy
107. If you wanted to get some cigarettes, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109. If you wanted to get some marijuana, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. If you wanted to get a handgun, how easy would it be for you to get one?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

112. If a kid smoked marijuana in your neighborhood, he or she would be caught by the police.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

113. If a kid drank some beer, wine or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, he or she would be caught by the police.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

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

- Strongly disagree
- Disagree
- Agree
- Strongly agree

115. Have you ever belonged to a gang?

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

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

- Protection/safety
- Friendship
- Parent(s) are in a gang
- Sibling(s) are in a gang
- Make money
- Felt pressured
- To get respect
- Other

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

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

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

a. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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

No Yes

	Strongly disagree	Disagree	Agree	Strongly agree
120. 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"/>
121. 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"/>
122. I like my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. 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"/>
124. I'd like to get out of my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. There are people in my neighborhood who are proud of me when I do something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. There are people in my neighborhood who encourage me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Number of days: 0 1 2 3 4 5 6 7

129. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, prescription drugs, or illegal drugs? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians – whether or not they live with you. (Mark all that apply.)

- No, I did not talk with my parents about the dangers of tobacco, alcohol, prescription drugs, or illegal drugs.
- Yes, I talked with my parents about the dangers of tobacco use.
- Yes, I talked with my parents about the dangers of alcohol use.
- Yes, I talked with my parents about the dangers of prescription drug use.
- Yes, I talked with my parents about the dangers of marijuana use.
- Yes, I talked with my parents about the dangers of illegal drug use.

130. Have any of your brothers or sisters ever:

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

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

No Yes

132. Have any of your relatives been in prison or jail any time during the past year (12 months)? (Mark all that apply.)

- No one has been in prison or jail
- Mother
- Father
- Step-parent
- Grandparent(s)
- Other adult(s)
- Sibling (i.e. brother, sister, step-sibling etc.)

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

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. have 1 to 2 drinks of beer, wine, or hard liquor (for example, vodka, whiskey or gin) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. steal something worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. use prescription drugs without a doctor telling you to take them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Disagree	Agree	Strongly agree
134. The rules in my family are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
135. People in my family often insult or yell at each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
136. 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"/>
137. We argue about the same things in my family over and over.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
138. If I drank some beer, wine or liquor (for example, vodka, whiskey, or gin) without my parents' permission, my parents would catch me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
139. My family has clear rules about alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
140. If I carried a handgun without my parents' permission, my parents would catch me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
141. If I skipped school, my parents would catch me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
142. My parents ask me what I think before most family decisions affecting me are made.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
143. I feel very close to my mother.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
144. I feel very close to my father.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
145. I share my thoughts and feelings with my mother.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
146. I share my thoughts and feelings with my father.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
147. I enjoy spending time with my mother.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
148. I enjoy spending time with my father.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
149. 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"/>

	Strongly disagree	Disagree	Agree	Strongly agree
150. 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"/>
151. My parents ask if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
152. People in my family have serious arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
153. My parents would know if I did not come home on time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
154. It is important to be honest with your parents, even if they become upset or you get punished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Never or Almost Never
- Sometimes
- Often
- All the Time

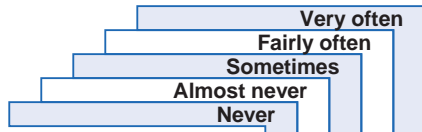
156. How often do your parents tell you they're proud of you for something you've done?

- Never or Almost Never Often
 Sometimes All the Time

157. In a normal school week, how many days are you home after school for at least one hour without an adult there?

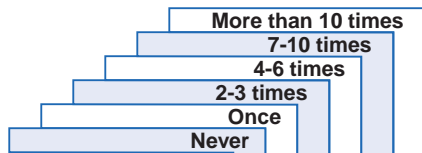
- Never or Almost Never 3 days
 1 day 4 day
 2 days 5 days

158. In the last month, how often have you felt:



- | | Never | Almost never | Sometimes | Fairly often | Very often |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. that you were unable to control the important things in your life? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. confident about you abilities to handle your personal problems? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. that things were going your way? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. that difficulties were piling up so high that you could not overcome them? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

159. In the last 30 days, how many times have you taken money that didn't belong to you or used someone else's credit card without their approval in order to:

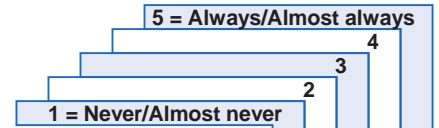


- | | Never | Once | 2-3 times | 4-6 times | 7-10 times | More than 10 times |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Purchase alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Purchase prescription (Rx) drugs? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Purchase illicit drugs (e.g. marijuana, meth, heroin)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Purchase a gun, knife, or other weapon? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Support gang activities? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Gamble or place a bet? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

160. All questions refer to the time period from when you were born until now. Now, looking back —

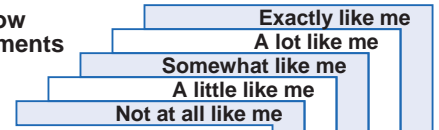
- a. Did you live with anyone who was a problem drinker or alcoholic?
 Yes No Don't know / Not sure
- b. Did you live with anyone who used illegal street drugs or who abused prescription medications?
 Yes No Don't know / Not sure
- c. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
 Yes No Don't know / Not sure
- d. Were your parents separated or divorced?
 Yes Parents not married
 No Don't know / Not sure
- e. How often did adults in your home ever slap, hit, kick, punch, or beat each other up?
 Never Once More than once
- f. How often did an adult in your home ever swear at you, insult you, or put you down?
 Never Once More than once

161. People have many different types of interactions with their peers at school. Please answer the following questions about your peer experiences in school during the last month.



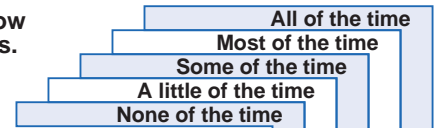
- | | 1 = Never/Almost never | 2 | 3 | 4 | 5 = Always/Almost always |
|---|------------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| a. How often do other students exclude you from activities? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. How often are other students mean to you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. How often do other students push or hit you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. How often do other students make fun of you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

162. Please indicate how much these statements describe you.



- | | Not at all like me | A little like me | Somewhat like me | A lot like me | Exactly like me |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. I expect good things to happen to me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I am excited about my future. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I trust my future will turn out well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I develop step-by-step plans to reach my goals. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. I have goals in my life. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. If I set goals, I take action to reach them. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. It is important to me that I reach my goals. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. I know how to make my plans happen. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

163. Please indicate how often this happens.



- | | None of the time | A little of the time | Some of the time | Most of the time | All of the time |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. How often do you make plans to achieve your goals? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. How often do you have trouble figuring out how to make your goals happen? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

