

# Youth Experience Survey (5<sup>th</sup> Grade)

Evidence2Success

THE ANNIE E. CASEY FOUNDATION





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## Thank you for taking part in this survey!

### INSTRUCTIONS

- Please mark your answers by putting a dark “X” in the box next to the answer you choose.
- If you don’t find an answer that fits exactly, pick one that makes the most sense.
- Mark only one answer for each question unless it says you can mark more than one.
- If you make a mistake or want to change your answer, make an “X” in the box for your new answer and put a circle around it.
- Please answer the questions truthfully.
- Do not make any other marks or comments on the survey.
- Do not write your name or any other personal information on the booklet.

Some of the questions will look like this:

**Q1** How many times have you watched TV this week?

- None
- 1 or 2 times
- 3 or 4 times
- 5 or more times

Mark your choice by making an “X” in the box that is next to the answer you want.

Other questions will look like this:

(For each, please mark an “X” in the box under your answer.)	NO!	no	yes	YES!
a. I like to eat pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

Please try to answer every question. If you decide not to answer a question, draw an "X" through the question number.

For questions that look like this:

- How many times have you watched TV this week?
  - None
  - 1 or 2 times
  - 3 or 4 times
  - 5 or more times

For questions that look like this:

(For each, please mark an "X" in the box under your answer.)	NO!	no	yes	YES!
<input checked="" type="checkbox"/> I like to eat pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Survey

First are some general information questions about you.

**Q1** In which neighborhood do you live? Please read the list of neighborhoods below and choose the ONE best answer.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Blackstone – East Side                   | <input type="checkbox"/> Olneyville                    | <input type="checkbox"/> Manton          |
| <input type="checkbox"/> College Hill – East Side                 | <input type="checkbox"/> West End                      | <input type="checkbox"/> Mount Pleasant  |
| <input type="checkbox"/> Fox Point – East Side                    | <input type="checkbox"/> Federal Hill                  | <input type="checkbox"/> Reservoir       |
| <input type="checkbox"/> Hope (Summit) – East Side                | <input type="checkbox"/> Elmwood – South Side          | <input type="checkbox"/> Silver Lake     |
| <input type="checkbox"/> Mount Hope – East Side                   | <input type="checkbox"/> South Providence – South Side | <input type="checkbox"/> Smith Hill      |
| <input type="checkbox"/> Wayland – East Side                      | <input type="checkbox"/> Downtown                      | <input type="checkbox"/> South Elmwood   |
| <input type="checkbox"/> Charles – North End                      | <input type="checkbox"/> Elmhurst                      | <input type="checkbox"/> Valley          |
| <input type="checkbox"/> Wanskuck – North End –Chad Brown Housing | <input type="checkbox"/> Hartford                      | <input type="checkbox"/> Washington Park |

**Q2** Which of the following people live with you? Choose all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Mother                                   | <input type="checkbox"/> Uncle                            |
| <input type="checkbox"/> Father                                   | <input type="checkbox"/> Sister(s)                        |
| <input type="checkbox"/> Stepmother                               | <input type="checkbox"/> Stepsister(s)                    |
| <input type="checkbox"/> Stepfather                               | <input type="checkbox"/> Brother(s)                       |
| <input type="checkbox"/> Adoptive mother                          | <input type="checkbox"/> Stepbrother(s)                   |
| <input type="checkbox"/> Adoptive father                          | <input type="checkbox"/> Friend(s)                        |
| <input type="checkbox"/> Foster mother                            | <input type="checkbox"/> Other adults not related to me   |
| <input type="checkbox"/> Foster father                            | <input type="checkbox"/> My boyfriend/girlfriend/spouse   |
| <input type="checkbox"/> My parent's boyfriend/girlfriend/partner | <input type="checkbox"/> My biological children           |
| <input type="checkbox"/> Grandmother                              | <input type="checkbox"/> Other children not related to me |
| <input type="checkbox"/> Grandfather                              | <input type="checkbox"/> Other (Please specify)           |
| <input type="checkbox"/> Aunt                                     | _____   |

**Q3 Are you...**

- Female?
- Male?

**Q4 How old are you?**

- 8
- 9
- 10
- 11
- 12
- 13 or older

**Q5 Please choose the ONE answer that BEST describes what you consider yourself to be.**

- White, not of Hispanic Origin
- Black, African American or African
- Spanish, Hispanic or Latino
- Asian or Pacific Islander
- American Indian, Native American, Eskimo or Aleut
- Multiracial or biracial
- Other (Please specify)

**Q6 What is the language you use the most at home?**

- English
- Spanish
- Another language (please specify):
-

**Q7 How many times have you changed homes since kindergarten?**

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

**Q8 Have you changed homes in the past year (12 months)?**

- Yes
- No

**Q9 Have you ever spent time in foster care?**

- Yes
- No

**Q10 In the past year (12 months), how much time did you spend in foster care?**

- None in the past year
- One week or less
- More than a week but less than a month
- Between one and four months
- More than four months and less than six months
- Six months or more

**Q11 Are you currently living in foster care?**

- Yes
- No

**The next questions ask about your experiences at school.**



**Q12 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

**Q13 Are your school grades better than the grades of most students in your class?**

- NO!
- no
- yes
- YES!

**Q14 Have you ever been held back a year in school (repeated a grade)?**

- Yes
- No

**Q15 Have you changed schools in the past year (12 months)?**

- Yes
- No

**Q16 How many times have you changed schools since kindergarten?**

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

**Q17** How often do you feel that the schoolwork you are assigned is meaningful and important?

- Never
- Seldom
- Sometimes
- Often
- Almost Always

**Q18** How interesting are most of your school subjects to you?

- Very interesting
- Quite interesting
- Fairly interesting
- Slightly boring
- Very boring

**Q23** How many times in the **past year** (12 months) have you been suspended or expelled from school?

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

**Q19 During the last four weeks, how many whole days of school have you missed...**

<i>(For each, please mark an "X" in the box under your answer.)</i>	None	1 day	2 days	3 days	4-5 days	6-10 days	11 or more days
<b>a. ...because of illness or injury?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. ...because you skipped or "cut"?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q20 Overall, the ONE MOST COMMON reason for why I have missed school (been absent) during this past school year is...Please select ONLY ONE answer.**

In the **past year** (12 months) I have missed the most days of school because...

- I was sick
- Someone else in my family was sick
- I had to take care of family responsibilities (for example, watch my younger siblings)
- The weather was too bad to come to school
- I feared for my safety on the way to school
- I feared for my safety in school
- I didn't have a way to get to school
- I didn't feel my classes were worthwhile
- I didn't want to go
- I didn't wake up on time
- Other reason (Please specify) \_\_\_\_\_

**Q21** The last time I missed school, it was because... Please select ONLY ONE answer.

- I was sick
- Someone else in my family was sick
- Appointments (e.g., medical or dental)
- I had to take care of family responsibilities (for example, watch my younger siblings)
- The weather was too bad to come to school
- I feared for my safety on the way to school
- I feared for my safety in school
- I didn't have a way to get to school
- I didn't feel my classes were worthwhile
- I didn't want to go/skipped
- I didn't wake up on time
- I was on vacation or on a trip
- I was suspended
- Other (please specify): \_\_\_\_\_

**Q22**

<i>(For each, please mark an "X" in the box under your answer.)</i>	NO!	no	yes	YES !
<b>a. In my school, students have lots of chances to help decide things like class activities and rules.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Teachers ask me to work on special classroom projects.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. There are lots of chances for students in my school to get involved in sports, clubs, or other school activities outside of class.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. There are lots of chances for students in my school to talk with a teacher one-on-one.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e. There are lots of chances to be part of class discussions or activities.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f. My teachers notice when I am doing a good job and let me know about it.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(For each, please mark an "X" in the box under your answer.)</i>	NO!	no	yes	YES !
<b>g. I feel safe at my school.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>h. The school lets my parents (or caregivers) know when I have done something well.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>i. My teachers praise me when I work hard in school.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q23 How important do you think the things you are learning in school are going to be for your later life?**

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

**Q24 Now, thinking back over the past year (12 months) in school...**

<i>(For each, please mark an "X" in the box under your answer.)</i>	Never	Seldom	Some times	Often	Almost always
<b>a. ...how often did you hate being in school?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. ...how often did you try to do your best work in school?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q25 Do you plan to finish high school?**

- Yes
- No

**Q25** What are your educational plans after high school? Please select ONLY ONE answer.

- Go to a two year college (e.g., a community college)
- Go to a four year college or university
- Go to trade/vocational school (computer or technical, electrical, cosmetology, plumbing, or other trade institute)
- Take the GED (General Education Development) test/Get a high school equivalency certificate
- I don't plan to continue my education after high school
- Other (please specify): \_\_\_\_\_

**Q27** What are your work plans after high school? Please select ONLY ONE answer.

- Work part time
- Work full time
- Go into the military
- I don't have specific plans
- I don't plan work/get a job

The next group of questions asks about your friends.

**Q28**

<i>(For each, please mark an "X" in the box under your answer.)</i>	None	1	2	3	4	5	6	7	8	9	10 or more
<b>a. How many friends do you have who you can talk to about your problems?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. How many friends do you have who would help you when you need it?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For these questions, think about your **four** best friends (the friends you feel closest to).

**Q29** In the past year (12 months), how many of your best friends have...

<i>(For each, please mark an "X" in the box under your answer.)</i>	None of my friends	1 of my friends	2 of my friends	3 of my friends	4 of my friends
<b>a.</b> ...participated in clubs, organizations or activities at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> ...tried to do well in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> ...been suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> ...stolen something worth more than \$5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> ...attacked someone with the idea of seriously hurting them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b> ...smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g.</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"/>
<b>h.</b> ...used marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q30** In the past year (12 months), how many of your best friends have liked school?

- None of my friends
- 1 of my friends
- 2 of my friends
- 3 of my friends
- 4 of my friends

The next questions ask about your feelings and experiences in other parts of your life.

**Q31**

<i>(For each, please mark an "X" in the box under your answer.)</i>	Very false	Some what false	Some what true	Very true
<b>a. I like to see how much I can get away with (for example, do things I'm not supposed to do without getting caught).</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. I ignore rules that get in my way.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. I do the opposite of what people tell me, just to get them mad.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q32**

<i>(For each, please mark an "X" in the box under your answer.)</i>	NO!	no	yes	YES!
<b>a. It is all right to beat up people if they start the fight.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. I think sometimes it is okay to cheat at school.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. It is important to be honest with your parents (or caregivers), even if they become upset or you get punished.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. I think it is okay to take something without asking if you can get away with it.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



For the next group of questions, think about how things have been for you over the past year (12 months).

**Q33** How many times in the past year (12 months) have you...

<i>(For each, please mark an "X" in the box under your answer.)</i>	Never	1 or 2 times	3 to 5 times	6 to 9 times	10 to 19 times	20 to 29 times	30 to 39 times	40+ times
<b>a.</b> ...participated in clubs, organizations or activities at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> ...done extra work on your own for school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> ...volunteered to do community service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> ...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"/>
<b>e.</b> ...stolen something worth more than \$5?	<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>f.</b> ...purposely damaged or destroyed property that did not belong to you (not counting family property)?	<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>g.</b> ...taken something from a store without paying for it?	<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>h.</b> ...been suspended or expelled 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"/>

**Q34 What are the chances you would be seen as cool if you...**

<i>(For each, please mark an "X" in the box under your answer.)</i>	No or very little chance	Little chance	Some chance	Pretty good chance	Very good chance
<b>a. ... worked hard at school?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. ...defended someone who was being verbally abused at school (for example, tried to protect someone when others were saying mean things to them or about them)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. ...regularly volunteered to do community service?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q35 How much do you think people risk harming themselves (physically or in other ways) if they...**

<i>(For each, please mark an "X" in the box under your answer.)</i>	No risk	Slight risk	Moderate risk	Great risk
<b>a. ...smoke one or more packs of cigarettes per day?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. ...try marijuana once or twice?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. ...smoke marijuana regularly?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. ...take one or two drinks of an alcoholic beverage (beer, wine, or liquor) nearly every day?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions are about situations that you may or may not find yourself in. Please tell us what you would do in each situation.

- Q35** You're looking at DVD's in a store with a friend. You look up and see her slip a DVD under her coat. She smiles and says 'Which one do you want? Go ahead, take it while nobody's around.' There is nobody in sight, no employees and no other customers. What would you do now?
- Ignore her
  - Grab a DVD and leave the store
  - Tell her to put the DVD back
  - Act like it's a joke, and ask her to put the DVD back
- Q37** It's 8:00 on a weeknight and you are about to go over to a friend's home 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 your mom or dad when you'd get home, and ask if you can go out
  - Not say anything and start watching TV
  - Get into an argument with your mom or dad
- Q38** You are visiting another part of town, and you don't know any of the people your age there. You are walking down the street, and some teenager you don't 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

**Q39** 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

**Q40** On a scale of 1 to 5, where 1 = Not true at all and 5 = Very true, please rate how true each of the following statements are for you.

<i>(For each, please mark an "X" in the box under your answer.)</i>	1 Not true at all	2	3 Some-what true	4	5 Very true
<b>a.</b> I can do almost all the work in class if I don't give up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> Even if the work is hard, I can learn it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> I can do even the hardest work in class if I try.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Once again, think about how things have been for you over the past year (12 months).

**Q41 A student or group of kids...**

<i>(For each, please mark an "X" in the box under your answer.)</i>	A lot	Several times	Once or twice	Never
<b>a. ...pushed, shoved, tripped or picked a fight with me.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. ...teased and said mean things to me.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. ...spread rumors or told lies about me.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. ...told lies or made fun of me using the internet or a cell phone (for example, email, instant messaging, text messaging, or websites).</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q42**

<i>(For each, please mark an "X" in the box under your answer.)</i>	Not true	Somewhat true	Certainly true
<b>a. I get a lot of headaches, stomach aches or sickness.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. I worry a lot.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. I am often unhappy, depressed or tearful.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. I am nervous in new situations. I easily lose confidence.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e. I have many fears, I am easily scared.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continue to think about how things have been for you over the **past year** (12 months).

**Q43**

<i>(For each, please mark an "X" in the box under your answer.)</i>	NO!	no	yes	YES!
<b>a. I know how to relax when I feel tense.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. I am always able to keep my feelings under control.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. I know how to calm down when I am feeling nervous.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. I control my temper when people are angry with me.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q44**

<i>(For each, please mark an "X" in the box under your answer.)</i>	Not true	Somewhat true	Certainly true
<b>a. I try to be nice to other people. I care about their feelings.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. I usually share with others.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. I am helpful if someone is hurt, upset or feeling ill.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. I am kind to younger children.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e. I often volunteer to help others (parents, teachers, children).</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q45** During the past year (12 months), have you seriously thought about killing yourself?

- Yes
- No

These questions ask about health problems you might have had at any time in your life.

**Q46 Have you ever had...**

<i>(For each, please mark an "X" in the box under your answer.)</i>	Yes	No
<b>a. ...asthma?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. ...ADD or ADHD (Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder)?</b>	<input type="checkbox"/>	<input type="checkbox"/>

**Q47 During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time).**

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

The next section asks about your experiences with tobacco, alcohol and other drugs. Remember, your answers are confidential.

**Q48 Have you ever smoked cigarettes?**

- Never
- Once or twice
- Once in a while, but not regularly
- Regularly in the past
- Regularly now

**Q49 During your lifetime, on how many occasions (if any) have you...**

<i>(For each, please mark an "X" in the box under your answer.)</i>	0 occasions	1 to 2 occasions	3 to 5 occasions	6 to 9 occasions	10 to 19 occasions	20 to 39 occasions	40 or more occasions
<b>a. ...had beer, wine, or hard liquor?</b>							
<b>b. ...used marijuana?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. ...used amphetamine ('amp', 'A')?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. Used other illegal drugs (such as LSD, cocaine, ecstasy, meth, or others)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q50 Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?**

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





**Q51**

<i>(For each, please mark an "X" in the box under your answer.)</i>	Very hard	Sort of hard	Sort of easy	Very easy
<b>a.</b> If you wanted to get some cigarettes, how easy would it be for you to get some?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> If you wanted to get some marijuana, how easy would it be for you to get some?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The next questions ask about the neighborhood and community where you live.**

**Q52 How much do each of the following statements describe your neighborhood?**

<i>(For each, please mark an "X" in the box under your answer.)</i>	NO!	no	yes	YES!
<b>a. Crime and/or drug selling</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Fights</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. Lots of empty or abandoned buildings</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. Lots of graffiti</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e. Racial insults or attacks (for example, treating someone badly because of their race)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q53 Which of the following activities for people your age are available in your community?**

<i>(For each, please mark an "X" in the box under your answer.)</i>	Yes	No
<b>a. Sports teams</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Scouting (for example, Boy Scouts or Girl Scouts)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. Boys and Girls Clubs</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. Religious groups or church youth groups</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e. Service clubs, community service groups, or other groups aimed at helping others</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f. Organized clubs such as band, choir, drill team or drama club</b>	<input type="checkbox"/>	<input type="checkbox"/>

**Q54**

<i>(For each, please mark an "X" in the box under your answer.)</i>	NO!	no	yes	YES!
<b>a. There are people in my neighborhood who are proud of me when I do something well.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. There are people in my neighborhood who encourage me to do my best.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. My neighbors notice when I am doing a good job and let me know about it.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. There are lots of adults in my neighborhood I could talk to about something important.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q55**

<i>(For each, please mark an "X" in the box under your answer.)</i>	NO!	no	yes	YES!
<b>a. I like my neighborhood.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e. If I had to move, I would miss the neighborhood I now live in.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. I feel safe in my neighborhood.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. I'd like to get out of my neighborhood.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The next questions are about your parents. If you don't have parents, think about the people who are most like parents to you (your caregivers).**

**Q56**

<i>(For each, please mark an "X" in the box under your answer.)</i>	NO!	no	yes	YES!	I don't have a mother or someone who is like a mom to me
<b>a. Do you feel very close to your mother (or the person who is like a mother to you)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Do you share your thoughts and feelings with your mother (or the person who is like a mother to you)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. Do you enjoy spending time with your mother (or the person who is like a mother to you)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q57**

<i>(For each, please mark an "X" in the box under your answer.)</i>	NO!	no	yes	YES!	I don't have a father or someone who is like a dad to me
<b>a. Do you feel very close to your father (or the person who is like a father to you)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Do you share your thoughts and feelings with your father (or the person who is like a father to you)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. Do you enjoy spending time with your father (or the person who is like a father to you)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q58 How wrong do your parents (or caregivers) feel it would be for you to...**

<i>(For each, please mark an "X" in the box under your answer.)</i>	Very Wrong	Wrong	A Little Bit Wrong	Not Wrong at All
<b>a. ...steal something worth more than \$5?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. ...draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. ...pick a fight with someone?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. ...drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly (at least once or twice a month)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e. ...smoke cigarettes?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f. ...smoke marijuana?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q59**

<i>(For each, please mark an "X" in the box under your answer.)</i>	NO!	no	yes	YES!
<b>a. If you drank some beer, wine or hard liquor (for example, vodka, whiskey or gin) without your parents' (or caregivers') permission, would you be caught by your parents (or caregivers)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. If you skipped school, would you be caught by your parents (or caregivers)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q60** When I am not at home, one of my parents (or caregivers) knows where I am and who I am with.

- NO!
- no
- yes
- YES!

**Q61** My parents (or caregivers) notice when I am doing a good job and let me know about it.

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

**Q62**

<i>(For each, please mark an "X" in the box under your answer.)</i>	NO!	no	yes	YES!
<b>a. If I had a personal problem, I could ask my parents (or caregivers) for help.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. My parents (or caregivers) ask me what I think before most family decisions affecting me are made.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. My parents (or caregivers) give me lots of chances to do fun things with them.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q63** How often do your parents (or caregivers) tell you they're proud of you for something you've done?

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

**Q64**

<i>(For each, please mark an "X" in the box under your answer.)</i>	Never	Sometimes	Usually
<b>a. My parents (or caregivers) help with homework when I ask.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. My parents (or caregivers) know how I am doing in school.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. My parents (or caregivers) go to school programs for parents.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. My parents (or caregivers) watch me in sports or activities at school.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q65** My parents (or caregivers) ask if I've gotten my homework done.

- NO!
- no
- yes
- YES!

**Q66** Would your parents (or caregivers) know if you did not come home on time?

- NO!
- no
- yes
- YES!

**Q67 When you have misbehaved do your parents (or caregivers).....**

<i>(For each, please mark an "X" in the box under your answer.)</i>	NO!	no	yes	YES!
<b>a. ...take away your privileges (TV, movies, etc.)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. ...listen to your side?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. ...discuss what you did and why it was wrong?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q68 What is the highest level of schooling your mother (or the person who is like a mother to you) completed?**

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school after college
- I don't know
- I don't have a mother or someone who is like a mom to me

**Q69 What is the highest level of schooling your father (or the person who is like a father to you) completed?**

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school after college
- I don't know
- I don't have a father or someone who is like a dad to me

**Q70 Is there an adult in your life (other than your parents) you can usually turn to for help and advice?**

- Yes
- No

For these questions, please think about the people you consider to be your family (for example, parents, step-parents, grandparents, aunts, uncles, brothers, sisters, etc.).

**Q71**

<i>(For each, please mark an "X" in the box under your answer.)</i>	NO!	no	yes	YES!
<b>a. The rules in my family are clear.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. My family has clear rules about alcohol and drug use.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q72**

<i>(For each, please mark an "X" in the box under your answer.)</i>	NO!	no	yes	YES!
<b>c. We argue about the same things in my family over and over.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. People in my family have serious arguments.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e. People in my family often insult or yell at each other.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The final question asks about you and this survey.

**Q73 How honest were you in filling out this survey?**

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



**Q73** How honest were you in filling out this survey?



**Thank You!**

That is the end of the survey!  
We appreciate you taking the time to answer the questions