

# Youth Experience Survey (High School)

Evidence2Success

THE ANNIE E. CASEY FOUNDATION





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## Thank you for taking part in this survey!

**This is not a test.** There are no right or wrong answers. The survey is anonymous, which means it does not have your name or any identifying information. Your answers will remain secret. They will be seen only by our research team and will not be read by anyone connected with your school or your home.

Some questions may seem similar to each other but they are each a little different. All of the questions in the survey are important and have their own purpose. We ask that you read each question carefully and answer the best you can.

If you don't find an answer that fits exactly, select the one that makes the most sense. Please answer all questions truthfully.

### INSTRUCTIONS

Please read each question carefully and mark your answer by putting an "X" in the box next to the answer you choose. Make sure to 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, completely fill in the box with the wrong answer and put an "X" in the box next to your new answer.

*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:*

- ~~2~~ 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:*

<i>(For each, please mark an "X" in the box under your answer.)</i>	NO!	no	yes	YES!
<del>2</del> I like to eat pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Survey

**Q1** What grade are you in?

- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th

**Q2** How old are you?

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

**Q3** Are you...

- Female?
- Male?

**Q4** Are you Spanish, Hispanic or Latino?

- No, not Spanish, Hispanic or Latino
- Yes, Mexican American
- Yes, Mexican
- Yes, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Central or South American
- Yes, other Spanish, Hispanic or Latino

**Q5** What is your race? (Select one or more)

- White, Caucasian or European
- Black, African American or African

Asian or Asian American:

- Chinese
- Korean
- Cambodian
- Japanese
- Asian Indian
- Vietnamese
- Other Asian

American Indian or Alaskan Native

Native Hawaiian or other Pacific Islander:

- Filipino
  - Hawaiian
  - Samoan
  - Guamanian
  - Other Pacific Islander
- Other (Please specify)

**Q6** 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)

**Q7** Think of where you live most of the time. Which best describes your living situation? (Select only one option.)

- House, apartment or condo
- Residential or group home away from parents or family
- Moving around from place to place
- Living out of a car or living on the street
- Other living situation (Please specify)



**Q8** Which of the following people live there 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/<br>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   | _____   |

**Q9** In which neighborhood do you live? (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 |

**Q11** What is the language you use the most at home?

- English
- Spanish
- Another language (Please write in)

**Q12** 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

**Q13** Have you changed homes in the **past year** (12 months)?

- Yes
- No

**Q14** Have you ever spent time in foster care?

- Yes
- No

**Q15** 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

**Q16** Have you ever spent time in a juvenile detention center ('juvy') or a juvenile or adult correctional center?

- Yes
- No

**Q17** In the **past year** (12 months), how much time did you spend there?

- 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

The next questions ask about your experiences at school.

**Q18** 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

**Q19** Are your school grades better than the grades of most students in your class?

- NO!
- no
- yes
- YES!

**Q20** Have you ever been held back a year in school (repeated a grade)?

- Yes
- No

**Q21** How many times have you changed schools (including changing from elementary to middle or middle to high school) since kindergarten?

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

**Q22** Have you changed schools (including changing from elementary to middle or middle to high school) in the **past year** (12 months)?

- Yes
- No

**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

**Q24** 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.</b> ...because of illness or injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> ...because you skipped or "cut"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q25** Please choose the answer that best describes the reasons for your school absences this past year.

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) \_\_\_\_\_

**Q26**

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

**Q27** How often do you feel that the schoolwork you are assigned is meaningful and important?

- Never
- Seldom
- Sometimes
- Often
- Almost Always

**Q28** How interesting are most of your school subjects to you?

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

**Q29** 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

**Q30** On the average over the school year, how many hours per week do you work in a **paid** job?

- None
- 5 or less hours
- 6-10 hours
- 11-15 hours
- 16-20 hours
- 21-25 hours
- 26-30 hours
- More than 30 hours

**Q31** Now, thinking back over the **past year** 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.</b> ...how often did you enjoy being in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> ...how often did you hate being in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> ...how often did you try to do your best work in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q32** What do you think you will do after you finish high school? (Select all that apply.)

- Go to community college
- Go to a two year college
- Go to a four year college
- Go to trade/vocational school (computer or technical institute, electrical, cosmetology, plumbing, or other trade institute)
- Go into the military
- Work/get a job
- I don't have specific plans
- I don't plan to finish high school

The next few questions are about race and discrimination.

**Q33** In the **past year** (12 months), how often have you been treated badly by other people because of your race?

- Never
- Rarely
- Sometimes
- Often

**Q34** Do you think it will be harder for you to get ahead in life because of your race?

- A lot harder
- Somewhat harder
- A little harder
- Not at all harder

**Q35** To what extent do you feel that there are opportunities for people of your race (or ethnic group) to get ahead in your community?

- A lot of opportunities
- Some
- A little
- None

**Q36** In the **past year** (12 months), how much negative discrimination have you experienced because of your race?

- A lot
- Some
- A little
- None



The next group of questions asks about your **four** best friends (the friends you feel closest to).

**Q37** 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> ...made a commitment to stay drug-free?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> ...regularly attended religious services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> ...tried to do well in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> ...been suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b> ...dropped out of school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g.</b> ...smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h.</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>i.</b> ...used marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>j.</b> ...used LSD, cocaine, amphetamines or other illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>k.</b> ...sold illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>l.</b> ...carried a handgun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>m.</b> ...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"/>
<b>n.</b> ...been arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>o.</b> ...been members of a gang?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q38** 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

**Q39** How many friends do you have who you can talk to about your problems?

**Q40** How many friends do you have who would help you when you need it?

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

**Q41** How old were you when you first...

<i>(For each, please mark an "X" in the box under your answer.)</i>	Never have	10 or younger	11	12	13	14	15	16	17 or older
<b>a.</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"/>
<b>b.</b> ...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"/>
<b>c.</b> ...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"/>
<b>d.</b> ...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>e.</b> ...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"/>
<b>f.</b> ...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"/>

<i>(For each, please mark an "X" in the box under your answer.)</i>	Never have	10 or younger	11	12	13	14	15	16	17 or older
<b>g.</b> ...carried a handgun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h.</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"/>	<input type="checkbox"/>

**Q42**

<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.</b> I like to see how much I can get away with (for example, do things I'm not supposed to do without getting caught).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> I ignore rules that get in my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> I do the opposite of what people tell me, just to get them mad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q43**

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

**Q44** 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> ...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"/>
<b>e.</b> ...sold illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b> ...stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g.</b> ...been arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h.</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>i.</b> ...been drunk or high at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>j.</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>k.</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>l.</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"/>

**Q45** Have you ever belonged to a gang?

Yes

No

**Q46** If you have ever belonged to a gang, did the gang have a name?

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

**Q47** 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.</b> ... worked hard at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> ...regularly volunteered to do community service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> ...made a commitment to stay drug-free?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q48** 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.</b> ...smoke one or more packs of cigarettes per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> ...try marijuana once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> ...smoke marijuana regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> ...take one or two drinks of an alcoholic beverage (beer, wine, or liquor) nearly every day?	<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.

**Q49** 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

**Q50** 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

**Q51** 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

**Q52** 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

**Q5** 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 Somewhat true	4	5 Very true
<b>a.</b> I'm certain I can master the skills taught in class this year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> I'm certain I can figure out how to do the most difficult class work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</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>d.</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>e.</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"/>

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

**Q54** 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.</b> ...pushed, shoved, tripped or picked a fight with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> ...teased and said mean things to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> ...spread rumors or told lies about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> ...told lies or made fun of me using the internet or a cell phone (for example, email, instant messaging, text messaging, or websites).	<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>	Not true	Somewhat true	Certainly true
<b>a.</b> I get a lot of headaches, stomach aches or sickness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> I worry a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> I am often unhappy, depressed or tearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> I am nervous in new situations. I easily lose confidence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> I have many fears, I am easily scared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Q56**

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

**Q57**

<i>(For each, please mark an "X" in the box under your answer.)</i>	Not true	Sometimes true	Certainly true
<b>a.</b> I get very angry and often lose my temper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> I usually do as I am told.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> I fight a lot. I can make other people do what I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> I am often accused of lying or cheating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> I take things that are not mine from home, school or elsewhere.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q58**

<i>(For each, please mark an "X" in the box under your answer.)</i>	Not true	Somewhat true	Certainly true
<b>a.</b> I try to be nice to other people. I care about their feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> I usually share with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> I am helpful if someone is hurt, upset or feeling ill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> I am kind to younger children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> I often volunteer to help others (parents, teachers, children).	<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.</b> Sometimes I think that life is not worth it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> At times I think I am no good at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> All in all, I am inclined to think that I am a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q60** In the **past year** (12 months), have you felt depressed or sad MOST days, even if you felt OK sometimes?

- NO!
- no
- yes
- YES!

**Q61** 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.

**Q62** Have you ever had...

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

**Q63** 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. Please pay close attention to the time frame of the questions. Questions ask about your lifetime, past year, and past month.

**Q64** Have you smoked at least 100 cigarettes in your entire lifetime?

- Yes
- No

**Q65** How frequently have you smoked cigarettes during the **past year** (12 months)?

- 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

**Q66** How frequently have you smoked cigarettes during the **past month** (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

**Q67** On how many occasions (if any) have you had beer, wine, or hard liquor during the **past year** (12 months)?

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

**Q68** On how many occasions (if any) have you had beer, wine, or hard liquor during the **past month** (30 days)?

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

**Q69** 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

**Q70**

<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.</b> On how many occasions (if any) have you used marijuana in the <b>past year</b> (12 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> On how many occasions (if any) have you used marijuana in the <b>past month</b> (30 days)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> On how many occasions (if any) have you used prescription drugs (for example, Vicodin, OxyContin, Ritalin, Valium, Xanax) not prescribed for you by a doctor in the <b>past year</b> (12 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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>	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>d.</b> On how many occasions (if any) have you used prescription drugs (for example, Vicodin, OxyContin, Ritalin, Valium, Xanax) not prescribed for you by a doctor in the <b>past month</b> (30 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> On how many occasions (if any) have you used amphetamine ('amp', 'A') in the <b>past year</b> (12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b> On how many occasions (if any) have you used amphetamine ('amp', 'A') in the <b>past month</b> (30 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g.</b> On how many occasions (if any) have you used other illegal drugs (such as LSD, cocaine, ecstasy, meth, or others) in the <b>past year</b> (12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h.</b> On how many occasions (if any) have you used other illegal drugs (such as LSD, cocaine, ecstasy, meth, or others) in the <b>past month</b> (30 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q71**

<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"/>
<b>d.</b> If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> If you wanted to get a handgun, how easy would it be for you to get one?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions ask about sexual behavior. Remember, all of your answers are confidential.

**Q72** Have you ever had sexual intercourse? (By sexual intercourse we mean vaginal or anal sex.)

Yes

No

**Q73** During the **past year** (12 months) with how many people have you had sexual intercourse? (By sexual intercourse we mean vaginal or anal sex.)

I have never had sexual intercourse

I have had sexual intercourse, but not in the past year

1 person

2 people

3 people

4 people

5 people

6 or more people

**Q74** In the **past year** (12 months) how often did you or your partner use any form of birth control when you had vaginal intercourse (e.g., condom, birth control pills, Norplant, spermicides, contraceptive sponge, diaphragm, IUD, or Depo-Provera)?

I have never had vaginal intercourse

I haven't had vaginal intercourse in the past year

None of the time

Less than half of the time

About half of the time

Most of the time

Always

I don't know if my partner used birth control

**Q75** In the **past year** (12 months), when you had vaginal or anal sex with someone, how often did you or your partner use a condom?

- I have never had vaginal or anal sex
- I haven't had vaginal or anal sex in the past year
- None of the time
- Less than half of the time
- About half of the time
- Most of the time
- Always
- I don't know if my partner used a condom

**Q76** In the **past year** (12 months), have you been told by a doctor or nurse that you had a sexually transmitted disease or infection, such as chlamydia, gonorrhea, syphilis, genital herpes, hepatitis, or HIV/AIDS?

- Yes
- No

**Q77** How many times have you been pregnant or gotten someone pregnant?

- Never
- 1 time
- 2 or more times
- Not sure

**Q78** How many children have you given birth to or fathered?

- None
- Currently pregnant/expecting or my partner is currently pregnant/expecting
- 1 child
- 2 or more children
- Not sure



**Q79** During the **past year** (12 months), did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?

- Yes
- No
- I did not have a boyfriend or girlfriend in the past year

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

**Q80** 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.</b> Crime and/or drug selling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> Fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> Lots of empty or abandoned buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> Lots of graffiti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> Racial insults or attacks (for example, treating someone badly because of their race)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q81** 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.</b> Sports teams	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> Scouting (for example, Boy Scouts or Girl Scouts)	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> Boys and Girls Clubs	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> Religious groups or church youth groups	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> Service clubs, community service groups, or other groups aimed at helping others	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b> Organized clubs such as band, choir, drill team or drama club	<input type="checkbox"/>	<input type="checkbox"/>

**Q82**

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

**Q83**

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

**Q84** If a group of neighborhood children were skipping school and hanging out on a street corner, how likely is it that your neighbors would do something about it?

- Very unlikely
- Unlikely
- Neither likely nor unlikely
- Likely
- Very likely

**Q85** If there was a fight in front of your house and someone was being beaten or threatened, how likely is it that your neighbors would break it up?

- Very unlikely
- Unlikely
- Neither likely nor unlikely
- Likely
- Very likely

**Q86** People around here are willing to help their neighbors.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

**Q87** People in this neighborhood can be trusted.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

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).

**Q88**

<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.</b> Do you feel very close to your mother (or the person who is like a mother to you)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> Do you share your thoughts and feelings with your mother (or the person who is like a mother to you)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> Do you enjoy spending time with your mother (or the person who is like a mother to you)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q89** 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

**Q90** In the **past year** (12 months), has your mother (or the person who is like a mother to you) been unemployed and looking for work for one month or more?

- Yes
- No
- I don't know
- I don't have a mother or someone who is like a mom to me

**Q91**

<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.</b> Do you feel very close to your father (or the person who is like a father to you)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> Do you share your thoughts and feelings with your father (or the person who is like a father to you)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> Do you enjoy spending time with your father (or the person who is like a father to you)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q92** 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

**Q93** In the **past year** (12 months), has your father (or the person who is like a father to you) been unemployed and looking for work for one month or more?

- Yes
- No
- I don't know
- I don't have a father or someone who is like a dad to me

**Q94** 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.</b> ...steal something worth more than \$5?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> ...draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> ...pick a fight with someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> ...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"/>
<b>e.</b> ...smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b> ...smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q95**

<i>(For each, please mark an "X" in the box under your answer.)</i>	NO!	no	yes	YES!
<b>a.</b> 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)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> If you carried a handgun without your parents' (or caregivers') permission, would you be caught by your parents (or caregivers)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> If you skipped school, would you be caught by your parents (or caregivers)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q96** 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!

**Q97** 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

**Q98**

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

**Q99** 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

**Q100**

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



**Q101** My parents (or caregivers) ask if I've gotten my homework done.

- NO!
- no
- yes
- YES!

**Q102** Would your parents (or caregivers) know if you did not come home on time?

- NO!
- no
- yes
- YES!

**Q103** 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.</b> ...take away your privileges (TV, movies, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> ...listen to your side?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> ...discuss what you did and why it was wrong?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q104** 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.).

**Q105** The rules in my family are clear.

- NO!
- no
- yes
- YES!

**Q10** My family has clear rules about alcohol and drug use.

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- NO!
- no
- yes
- YES!

**Q107**

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

**Q10** In the **past year** (12 months), how many adult family members **who live with you**  
**8** have...

<i>(For each, please mark an "X" in the box under your answer.)</i>	None	1 adult	2 adults	3 or 4 adults	5 or more adults
<b>a.</b> ...smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> ...used marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> ... used cocaine, amphetamines or other illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> ...sold or dealt drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> ...done other things that could get them in trouble with the police like stealing, selling stolen goods, mugging or assaulting others, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b> ...gotten drunk?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The final question asks about you and this survey.

**Q109** 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

**Q110** If there is anything else you would like to share with us or if you have any comments, please enter them here.

**Thank You!**

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