

INSTRUCTIONS

- **DO NOT WRITE YOUR NAME ON THIS SURVEY!**
- Use a No. 2 pencil only.
- Make solid marks that fill the response completely.
- **CORRECT:** ● **INCORRECT:** ○/X/○/○
- Erase cleanly any marks you wish to change.
- Fill in only **ONE** bubble per question unless otherwise directed.
- You may leave blank any questions that you don't want to answer.
- Some of the questions have the following format:

EXAMPLE: The Dallas Cowboys are a good football team.

NO! no yes YES!
○ ○ ○ ○

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.

This section is to be used for answering any additional questions supplied by your school. Skip this section if there are no additional questions.

Additional Questions

1.	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
2.	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
3.	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
4.	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
5.	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
6.	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
7.	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
8.	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
9.	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
10.	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)

1. What is your race?

- White ○ Asian/Pacific Islander ○ Other
○ African American ○ Native American
○ Hispanic/Latino ○ Mixed Origin

2. Are you...

- Male ○ Female

3. How old are you?

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

4. What grade are you in?

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

5. Do you live with...

- both parents ○ mother & stepfather
○ mother only ○ father & stepmother
○ father only ○ other

6. Job

- | Status: | You | Father | Mother |
|-------------|-------------|-------------|--------|
| ○ Full-time | ○ Full-time | ○ Full-time | |
| ○ Part-time | ○ Part-time | ○ Part-time | |
| ○ None | ○ None | ○ None | |

7. Educational

- | Level: | Father | Mother |
|--------------------|--------------------|--------------------|
| ○ some high school | ○ some high school | ○ some high school |
| ○ high school grad | ○ high school grad | ○ high school grad |
| ○ some college | ○ some college | ○ some college |
| ○ college grad | ○ college grad | ○ college grad |

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

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

9. During the LAST FOUR WEEKS how many whole days have you missed...

a. because of illness

b. because you skipped or "cut"

c. for other reasons

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

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

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

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

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

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

15. I feel safe at my school.

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

17. My teachers praise me when I work hard in school.

18. Are your school grades better than the grades of most students in your class?

19. There are lots of chances to be part of class discussions or activities.

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

- Very interesting and stimulating ○ Slightly boring
○ Quite interesting ○ Very boring
○ Fairly interesting

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

a. enjoy being in school?

b. hate being in school?

c. try to do your best work in school?

Never	Seldom	Often	Almost always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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23. Think of your four best friends (the friends you feel closest to). In the past year (12 months) how many of your best friends have...

a. smoked cigarettes?

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

c. used marijuana?

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

e. been suspended from school?

f. carried a handgun?

g. sold illegal drugs?

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

i. been arrested?

j. dropped out of school?

k. been members of a gang?

l. participated in clubs, organizations or activities at school?

m. made a commitment to stay drug-free?

n. liked school?

o. regularly attended religious services?

p. tried to do well in school?

None of my friends	1 of my friends	2 of my friends	3 of my friends	4 of my friends
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Within the past year how often have you...

a. used tobacco (cigarettes, cigars, dip, etc.)?

b. drunk alcohol (beer, coolers, liquor, etc.)?

c. smoked marijuana (pot, hash, etc.)?

d. used synthetic marijuana (K2, Spice, etc.)?

e. used Bath Salts to get high?

f. used cocaine (crack, etc.)?

g. used inhalants (glue, gas, etc.)?

h. used hallucinogens (PCP, LSD, etc.)?

i. used heroin (opiates)?

j. used anabolic steroids?

k. used ecstasy (MDMA)?

l. used crystal meth (ice, crank, etc.)?

m. used prescription drugs not prescribed to you?

n. Used over the counter drugs (to get high)?

Did not use	Once	Twice	3 times	Everyday
year	year	month	week	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

☐ Very important

☐ Fairly important

☐ Not at all important

☐ Quite important

☐ Slightly important

26. Have you ever belonged to a gang?

☐ No

☐ Yes

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

☐ I have never belonged to a gang

☐ No

☐ Yes

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

a. take a handgun to school?

b. steal something worth more than \$5?

c. pick a fight with someone?

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

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

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

g. smoke cigarettes?

h. smoke marijuana?

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

Very wrong	A little bit wrong	Not wrong at all
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

a. been suspended from school?

b. carried a handgun?

c. sold illegal drugs?

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

e. been arrested?

f. attacked someone with the idea of seriously hurting them?

g. been drunk or high at school?

h. taken a handgun to school?

i. participated in clubs, organizations or activities at school?

j. done extra work on your own for school?

k. volunteered to do community service?

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
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. During the past 30 days,
did you...

- | | No | Yes |
|---|-----------------------|-----------------------|
| a. smoke part or all of a cigarette? | <input type="radio"/> | <input type="radio"/> |
| b. drink one or more drinks of an alcoholic beverage? | <input type="radio"/> | <input type="radio"/> |
| c. use marijuana or hashish? | <input type="radio"/> | <input type="radio"/> |
| d. use prescription drugs not prescribed to you? | <input type="radio"/> | <input type="radio"/> |

31. How frequently have you smoked cigarettes during
the past 30 days?

- ☐ Not at all
☐ Less than one cigarette per day
☐ One to five cigarettes per day
☐ About one-half pack per day
☐ About one pack per day
☐ About one and one-half packs per day
☐ Two packs or more per day

32. Where do you usually...
(You may mark more than 1
response for each question)

- | | Do not use | At home | At school | In a car | Friends' homes | Other |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. use tobacco? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. drink alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. smoke marijuana (pot, hash, etc.)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. use prescription drugs not prescribed
to you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

33. When do you usually...
(You may mark more than 1
response for each question)

- | | Do not use | Before school | During school | After school | Week nights | Weekends |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. use tobacco? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. drink alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. smoke marijuana (pot, hash, etc.)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. use prescription drugs not prescribed
to you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

34. Do you make good grades in school?

35. Do you get into trouble at school?

36. Do you attend church, synagogue, etc.?

37. Do your parents set clear rules for you?

38. Do your parents punish you when you
break the rules?

39. Do your parents talk with you about the
problems of tobacco, alcohol and drug use?

40. Do your teachers talk with you about the
problems of tobacco, alcohol and drug use?

41. How do you feel about someone your age having one or
two drinks of an alcoholic beverage nearly every day?

- | | Neither approve nor disapprove | Strongly disapprove |
|---|--------------------------------|-----------------------|
| <input type="radio"/> Somewhat disapprove | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Don't know or can't say | <input type="radio"/> | <input type="radio"/> |

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

- | | A little bit wrong | Wrong | Not wrong at all |
|---|-----------------------|-----------------------|-----------------------|
| a. smoke tobacco? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. have one or two drinks of an alcoholic
beverage nearly every day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. smoke marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. use prescription drugs not prescribed to you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

43. Does your school ask any students
to take a drug test?

44. Does your school have a Student Assistance
Program (SAP)?

45. Does your school have a school
security (police) officer?

46. Does your school security (police) officer
help keep your school safe?

47. Have you bought or sold drugs AT school?

48. Have you bought or sold drugs when NOT at school?

49. Have you carried a gun for protection or as a
weapon when NOT at school in the past year?

50. I'd like to get out of my neighborhood.

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

52. I like my neighborhood.

53. I feel safe in my neighborhood.

54. How much do the following statements
describe your neighborhood?

a. Crime and/or drug selling.

b. Fights.

c. Lots of empty or abandoned buildings.

d. Lots of graffiti.

55. If you wanted to, how easy would it
be for you to get ...

a. some beer, wine or hard liquor (for example,
vodka, whiskey, or gin)?

b. some cigarettes?

c. some marijuana?

d. a drug like cocaine, LSD, or amphetamines?

e. a handgun?

DO NOT WRITE IN THIS AREA

377786

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

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

b. have five or more drinks of an alcoholic beverage once or twice a week?

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

d. smoke marijuana once or twice a week?

e. use prescription drugs that are not prescribed to them?

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

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

a. smoked cigarettes?

b. began drinking alcoholic beverages regularly, that is, at least once or twice a month?

c. smoked marijuana?

d. carried a handgun?

e. worked hard at school?

f. defended someone who was being verbally abused at school?

g. regularly volunteered to do community service?

h. made a commitment to stay drug-free?

No or very little chance	Little chance	Some chance	Very good chance	Great chance
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

61. If a kid smoked a cigarette in your neighborhood would he or she be caught by the police?

No	Yes
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

62. Have you changed homes in the past year?
☐ No ☐ Yes

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

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

64. Have you changed schools (including changing from elementary to middle or middle to high school) in the past year?

☐ No ☐ Yes

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

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

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

a. smoke tobacco?

b. have one or two drinks of an alcoholic beverage (for example beer, coolers, or liquor) nearly every day?

c. smoke marijuana?

d. use prescription drugs not prescribed to you?

e. steal something worth more than \$5?

f. draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)?

g. pick a fight with someone?

Very wrong	A little bit wrong	Not wrong at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

67. My parents ask if I've gotten my homework done.

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

69. When I am not at home, one of my parents knows where I am and who I am with.

70. The rules in my family are clear.

71. My family has clear rules about alcohol and drug use.

72. If you drank some beer or wine or liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?

73. If you carried a handgun without your parents' permission, would you be caught by your parents?

74. If you skipped school would you be caught by your parents?

No	Yes
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

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

a. to use marijuana?

b. to drink alcohol?

c. to smoke cigarettes?

Very wrong	A little bit wrong	Not wrong at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

THANK YOU FOR PARTICIPATING!