



# Kansas Communities That Care Student Survey

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**You must enter your school district, grade, school building, and county in which you live before continuing. The information for the questions may be provided to you by the person administering the survey. Use the drop-down boxes to view the possible options for your school district, grade, school building, and county in which you live. Questions 1-2 are required.**

1) District -      Grade -      Building -      County-

2) How old are you?\*

**Are you:**

Female     Male

**Are you of Hispanic, Latino/a/x, or Spanish origin?**

No     Yes

**Which of these describe you? (Choose all that apply)**

American Indian/Alaska Native

Asian

Black or African American

Native Hawaiian/Other Pacific Islander

White or Caucasian

**So far this school year, how have you MOSTLY attended school?**

At school

Remotely

**Where are you taking the survey today?**

At school

Remotely

**Think of where you live most of the time. Which of the following people live there with you? (Choose all that apply)**

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

**What is the highest level of schooling your father completed?**

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

**What is the highest level of schooling your mother completed?**

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

**Where are you living now?**

- On a farm  
 In the country, not on a farm  
 In a city, town, or suburb

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

- English       Spanish  
 Another language: \_\_\_\_\_

**Is anyone in your family (including parents, stepparents, brothers, sisters, stepbrothers, or stepsisters) currently serving in the United States military?**

Yes  No

**At my school...**

	<b>NO! Strongly disagree</b>	<b>no, disagree</b>	<b>yes, agree</b>	<b>YES! Strongly agree</b>
Students have opportunities to help decide things like class activities and rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers ask me to work on special classroom projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
There are opportunities for students to get involved in school activities and other activities outside of class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are opportunities for students to talk with a teacher one-on-one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The school lets the adults I live with know when I have done something well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teachers praise me when I work hard .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My grades are better than the grades of most students in my class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have opportunities to be part of class discussions or activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think it is sometimes ok to cheat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Never  Not often  Sometimes  Often  Almost Always

**How interesting are most of your classes to you?**

Very interesting  Quite interesting  Fairly interesting  Slightly boring  Very boring

**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

**Thinking about the PAST 12 MONTHS, how often did you:**

	Never	Not often	Sometimes	Often	Almost always
enjoy being in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hate being in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
try to do your best work in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**During the LAST FOUR WEEKS, how many whole days of school have you missed because you skipped?**

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

**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

**During the PAST 12 MONTHS, how often have you:**

	Never	Sometimes (1 or 2 times a month)	Regularly (1 or 2 times a week)	Every day
seen someone being bullied?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
been bullied at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
been bullied through texting, social media, or gaming?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
missed school because you felt unsafe, uncomfortable or nervous at school, or on your way to/from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
had your property stolen or damaged on purpose, such as your car, clothing, or books?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If you saw bullying at school, what would you do?**

- I haven't seen any bullying     Ignore it as none of my business     Nothing, just watch  
 Join in     Report it to a teacher or other adult     Intervene to stop the bullying

**What do adults do at school when they see bullying?**

- Nothing, they ignore it     Stop it and tell everyone to leave  
 Stop it and solve the problem     I'm not certain

**Please answer the questions below.**

	Not at all	Slightly	Somewhat	Quite	Extremely
When you are feeling pressured, how easily can you stay in control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When everybody around you gets angry, how relaxed can you stay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When things go wrong for you, how calm are you able to remain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How often are you able to...**

	Almost never	Once in a while	Sometimes	Often	Almost always
pull yourself out of a bad mood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
control your emotions when you need to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get yourself to relax once you get upset?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**In YOUR LIFETIME, on how many occasions (if any) have you:**

	<b>0 occasions</b>	<b>1-2 occasions</b>	<b>3-5 occasions</b>	<b>6-9 occasions</b>	<b>10-19 occasions</b>	<b>20-39 occasions</b>	<b>40 or more occasions</b>
had alcohol? (more than just a few sips)	( )	( )	( )	( )	( )	( )	( )
used marijuana?	( )	( )	( )	( )	( )	( )	( )
used hallucinogens including LSD (acid, boomers, yellow sunshine), MDMA (ecstasy, Molly), mushrooms, or mescaline?	( )	( )	( )	( )	( )	( )	( )
used LSD (acid, boomers, yellow sunshine)?	( )	( )	( )	( )	( )	( )	( )
used cocaine including powder, crack, or freebase?	( )	( )	( )	( )	( )	( )	( )
used heroin (smack, junk, or China White)?	( )	( )	( )	( )	( )	( )	( )
used MDMA (ecstasy, Molly)?	( )	( )	( )	( )	( )	( )	( )
sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high?	( )	( )	( )	( )	( )	( )	( )
taken methamphetamines (speed, crystal meth, crank, ice, meth)?	( )	( )	( )	( )	( )	( )	( )
used phenoxydine (pox, px, breeze)?	( )	( )	( )	( )	( )	( )	( )
used prescription relievers, such as Vicodin, OxyContin, or Tylox, not prescribed for you by a doctor?	( )	( )	( )	( )	( )	( )	( )
used prescription tranquilizers, such as Xanax, Valium, or Ambien, not prescribed for you by a doctor?	( )	( )	( )	( )	( )	( )	( )
used prescription stimulants, such as Ritalin, Adderall, or Concerta, not prescribed to you by a doctor?	( )	( )	( )	( )	( )	( )	( )

**Have you ever:**

	<b>Never</b>	<b>Once or twice</b>	<b>Once in a while but not regularly</b>	<b>Regularly in the past</b>	<b>Regularly now</b>
Used smokeless tobacco (chew, snuff, plug, dipping tobacco, or chewing tobacco)?	( )	( )	( )	( )	( )
Smoked cigarettes?	( )	( )	( )	( )	( )
Tried vaping?	( )	( )	( )	( )	( )

**How old were you when you first:**

	<b>Never Have</b>	<b>10 or Younger</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17 or Older</b>
used marijuana?	( )	( )	( )	( )	( )	( )	( )	( )	( )
used smokeless tobacco?	( )	( )	( )	( )	( )	( )	( )	( )	( )
smoked a cigarette, even just a puff?	( )	( )	( )	( )	( )	( )	( )	( )	( )
vaped?	( )	( )	( )	( )	( )	( )	( )	( )	( )
had more than a sip or two of alcohol?	( )	( )	( )	( )	( )	( )	( )	( )	( )
began drinking alcohol regularly, that is, at least once or twice a month?	( )	( )	( )	( )	( )	( )	( )	( )	( )

**On how many occasions (if any) have you:**

	<b>0 occasions</b>	<b>1-2 occasions</b>	<b>3-5 occasions</b>	<b>6-9 occasions</b>	<b>10-19 occasions</b>	<b>20-39 occasions</b>	<b>40 or more occasions</b>
drank alcohol during the past 30 days?	( )	( )	( )	( )	( )	( )	( )
used marijuana during the past 30 days?	( )	( )	( )	( )	( )	( )	( )
used LSD (acid, boomers, yellow sunshine) during the past 30 days?	( )	( )	( )	( )	( )	( )	( )
used cocaine including powder, crack, or freebase during the past 30 days?	( )	( )	( )	( )	( )	( )	( )
used heroin (smack, junk, or China White) during the past 30 days?	( )	( )	( )	( )	( )	( )	( )
used MDMA (ecstasy, Molly) during the past 30 days?	( )	( )	( )	( )	( )	( )	( )
used mushrooms (magic mushrooms, shrooms) during the past 30 days?	( )	( )	( )	( )	( )	( )	( )
sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high during the past 30 days?	( )	( )	( )	( )	( )	( )	( )
taken methamphetamines (speed, crystal meth, crank, ice, or meth) during the past 30 days?	( )	( )	( )	( )	( )	( )	( )
used phenoxydine (pox, px, breeze) during the past 30 days?	( )	( )	( )	( )	( )	( )	( )
used prescription pain relievers, such as Vicodin, OxyContin, or Tylox, not prescribed for you by a doctor during the past 30 days?	( )	( )	( )	( )	( )	( )	( )
used prescription tranquilizers, such as Xanax, Valium, or Ambien, not prescribed for you by a doctor during the past 30 days?	( )	( )	( )	( )	( )	( )	( )
used prescription stimulants, such as Ritalin, Adderall, or Concerta, not prescribed for you by a doctor during the past 30 days?	( )	( )	( )	( )	( )	( )	( )



**During the PAST 30 DAYS, how did you usually get alcohol?**

- I bought it in a store such as a convenience store, supermarket, discount store, or gas station
- I gave someone else money to buy it for me
- I asked someone to give it to me
- A person 21 years old or older gave it to me
- I took it from a store or family member
- I got it some other way

**During the PAST 30 DAYS, when you drank alcohol where did you drink it? (Choose all that apply.)**

- School
- Car
- My home
- Friend's home
- Bar
- Park or outdoors
- Other - Please specify: \_\_\_\_\_

**During the PAST 30 DAYS, on how many days did you have 5 or more alcoholic drinks on the same occasion? (By occasion, we mean at the same time or within a couple of hours of each other.)**

- None
- 1-4
- 5-9
- 10 or more

**Over the LAST TWO WEEKS, how many times have you had five or more alcoholic drinks in a row?**

- None
- 1 time
- 2 times
- 3-5 times
- 6-9 times
- 10 or more times

**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

**During the PAST 30 DAYS, how did you usually get cigarettes?**

- I bought them in a vape shop or tobacco/smoke shop
- I bought them at a convenience store, drug store, or gas station
- I bought them on the internet
- I gave someone else money to buy them for me
- I asked someone to give them to me
- A person 21 years old or older gave them to me
- I took them from a store or family member
- I got them some other way

**How frequently have you used smokeless tobacco during the PAST 30 DAYS?**

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

**How frequently have you vaped during the PAST 30 DAYS?**

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

**During the PAST 30 DAYS, how did you usually get your vaping products?**

- I bought them in a vape shop or tobacco/smoke shop
- I bought them at a convenience store, drug store, or gas station
- I bought them on the internet
- I gave someone else money to buy them for me
- I asked someone else to give them to me
- A person 21 years old or older gave them to me
- I took them from a store or family member
- I got them some other way

**During the PAST 30 DAYS, how did you usually get prescription drugs not prescribed for you?**

- I did not use prescription drugs not prescribed to me in the past 30 days
- I got them from a stranger
- A friend or relative gave them to me
- I bought them from a friend or relative
- I took them from a friend or relative
- I got them from a drug dealer
- I got them on the internet

**If you wanted to, how easy would it be for you to get:**

	Very hard	Sort of hard	Sort of easy	Very easy
alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vaping products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
prescription drugs not prescribed for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Would you be seen as cool if you:**

	No or very little chance	Little chance	Some chance	Pretty good chance	Very good chance
smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
began drinking alcohol regularly, at least once or twice a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	<b>Very Wrong</b>	<b>Wrong</b>	<b>A Little Bit Wrong</b>	<b>Not Wrong At All</b>
have one or two drinks of an alcoholic beverage nearly every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
drink alcohol regularly, at least once or twice a month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoke tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoke marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use prescription drugs not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use LSD, cocaine, amphetamines, or another illegal drug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	<b>Very Wrong</b>	<b>Wrong</b>	<b>A Little Bit Wrong</b>	<b>Not Wrong At All</b>
drink alcohol regularly, at least once or twice a month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How concerning is fentanyl to you?**

Very concerning    Concerning    Somewhat concerning    Not concerning at all    What is fentanyl?

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

	No risk	Slight risk	Moderate risk	Great risk
smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use vaping products some days or everyday?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have five or more drinks of an alcoholic beverage once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How much do you think people risk harming themselves (physically or in other ways) if they take fentanyl not prescribed to them?**

No risk       Slight risk       Moderate risk       Great risk

**Do you know someone who has taken fentanyl not prescribed to them either accidentally or on purpose?**

Yes     No

**Sometimes we don't know what we will do as adults, but we may have an idea. Please answer how true these statements may be for you: When I am an adult, I will:**

	NO! Strongly disagree	no, disagree	yes, agree	YES! Strongly agree
smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
drink alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use marijuana	<input type="radio"/>	<input type="radio"/>		

**In the PAST 12 MONTHS, have you talked with the adults you live with about the dangers of tobacco, alcohol, or drug use?**

Yes       No       Don't know or can't say

**In the PAST 12 MONTHS, have you seen or heard media messages about preventing alcohol, tobacco, or other drug use?**

- Yes
- No
- Don't know or can't say

**In the PAST 12 MONTHS, have you gambled for money or anything of value?**

- Yes
- No

**In the PAST 12 MONTHS, how many times have you:**

	Never	Yes, but not in the past 12 months	A few times in past year	Once or twice a month	Once or twice a week	Almost every day
played the lottery or scratch-off tickets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bet on team sports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
participated in any type of fantasy sports betting, whether for money or for free?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
spent any real money on games you can play on your phone or computer to buy credits, extra lives, or upgrades?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
felt like you would like to stop gambling, but didn't think you could?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
worried about the health and safety of anyone in your household because of gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How many times in the PAST 12 MONTHS have you:**

	Never	1 to 2 Times	3 to 5 Times	6 to 9 Times	10 to 19 Times	20 to 29 Times	30 to 39 Times	40+ Times
been suspended from school?	( )	( )	( )	( )	( )	( )	( )	( )
carried a gun without permission or supervision?	( )	( )	( )	( )	( )	( )	( )	( )
sold illegal drugs?	( )	( )	( )	( )	( )	( )	( )	( )
stolen or tried to steal a car or other vehicle?	( )	( )	( )	( )	( )	( )	( )	( )
participated in clubs, organizations or activities at school?	( )	( )	( )	( )	( )	( )	( )	( )
been arrested?	( )	( )	( )	( )	( )	( )	( )	( )
attacked someone with the idea of seriously hurting them?	( )	( )	( )	( )	( )	( )	( )	( )
been drunk or high at school?	( )	( )	( )	( )	( )	( )	( )	( )
volunteered to do community service?	( )	( )	( )	( )	( )	( )	( )	( )
taken a gun to school?	( )	( )	( )	( )	( )	( )	( )	( )
been involved in a fight on school property?	( )	( )	( )	( )	( )	( )	( )	( )
been offered, sold, or given drugs on school property?	( )	( )	( )	( )	( )	( )	( )	( )

**Would you be seen as cool if you carried a gun without permission or supervision?**

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

**If you wanted to, how easy would it be for you to get a gun?**

- Very hard     Sort of hard     Sort of easy     Very easy

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

- NO!                       no,                       yes,                       YES!  
 Strongly disagree      disagree                  agree                      Strongly agree

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

- NO!                       no,                       yes,                       YES!  
 Strongly disagree      disagree                  agree                      Strongly agree

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

- NO!                       no,                       yes,                       YES!  
 Strongly disagree      disagree                  agree                      Strongly agree

**Think of your four best friends. In the PAST 12 MONTHS, how many of your best friends have:**

	None	1	2	3	4
smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vaped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tried alcohol when the adult(s) they live with don't know about it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
used marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
been suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sold illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stolen or tried to steal a car or other vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
been arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dropped out of school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

	<b>Very Wrong</b>	<b>Wrong</b>	<b>A Little Bit Wrong</b>	<b>Not Wrong At All</b>
steal anything worth more than \$5.00?	( )	( )	( )	( )
start a fight with someone?	( )	( )	( )	( )
attack someone with the idea of seriously hurting them?	( )	( )	( )	( )
skip school when the adult(s) they live with think they're at school?	( )	( )	( )	( )

**About how many adults have you known personally who in the PAST 12 MONTHS have:**

	<b>None</b>	<b>1 adult</b>	<b>2 adults</b>	<b>3 or 4 adults</b>	<b>5 or more adults</b>
used marijuana, crack, cocaine, or other drugs?	( )	( )	( )	( )	( )
sold or dealt drugs?	( )	( )	( )	( )	( )
done things to get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?	( )	( )	( )	( )	( )
gotten drunk or high?	( )	( )	( )	( )	( )

**How wrong would most adults in the neighborhood or area around where you live, think it is for kids your age to:**

	<b>Very Wrong</b>	<b>Wrong</b>	<b>A Little Bit Wrong</b>	<b>Not Wrong At All</b>
use marijuana?	( )	( )	( )	( )
drink alcohol?	( )	( )	( )	( )
smoke cigarettes?	( )	( )	( )	( )

**Would a kid be caught by the police in the neighborhood or area around where you live if they:**

	<b>NO! Strongly disagree</b>	<b>no, disagree</b>	<b>yes, agree</b>	<b>YES! Strongly agree</b>
used marijuana	( )	( )	( )	( )
drank alcohol	( )	( )	( )	( )
carried a gun without permission or supervision	( )	( )	( )	( )
smoked cigarettes	( )	( )	( )	( )

**In my neighborhood, or the area around where I live...**

	<b>NO! Strongly disagree</b>	<b>no, disagree</b>	<b>yes, agree</b>	<b>YES! Strongly agree</b>
My neighbors notice when I am doing a good job and let me know about it.	( )	( )	( )	( )
There are people in the area around where I live who are proud of me when I do something well.	( )	( )	( )	( )
There are people in the area around where I live who encourage me to do my best.	( )	( )	( )	( )
I like the area around where I live.	( )	( )	( )	( )
If I had to move, I would miss the area around where I live.	( )	( )	( )	( )
I feel safe in the area around where I live.	( )	( )	( )	( )
I would like to get out of the area around where I live.	( )	( )	( )	( )

**How much do each of the following statements describe the neighborhood or area around where you live?**

	<b>NO! Strongly disagree</b>	<b>no, disagree</b>	<b>yes, agree</b>	<b>YES! Strongly agree</b>
crime and/or drug selling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
lots of empty or abandoned buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
lots of graffiti	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How many times have you worried that food at home would run out before your family got money to buy more?**

- Never                       I've done it, but not in the past 12 months                       Less than once a month  
 About once a month                       3 times a month                       Once a week or more

**How many times have you skipped a meal because your family didn't have enough money to buy food?**

- Never                       I've done it, but not in the past 12 months                       Less than once a month  
 About once a month                       2 or 3 times a month                       Once a week or more

**How important are these questions?**

- Not too important       Fairly important       Important       Very important

**How honest were you in answering this survey?\***

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

**Thank you!**

**Before you go, we want you to know that at any time, you can contact:**

**[The National Suicide Prevention Lifeline](#) or call 800-273-8255**

**[SAMHSA's National Helpline](#) or call 800-662-HELP (4357)**

**All calls are confidential.**