Communities That Care Youth Survey

This survey is voluntary. That means you do not have to take it. If you choose to take it, you may skip any question you don’t want to answer.

Thank you for agreeing to participate in this survey. The survey asks your opinion about a number of things in your life, including your friends, your family, your neighborhood and your community. Your answers to these questions will be confidential. That means no one will know your answers. To help us keep your answers secret, please do not write your name on this survey form.

Instructions

1. This is not a test. There are no right or wrong answers.
2. If you don’t find an answer that fits exactly, use one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank.
3. Mark your answers clearly:
   • You must use a #2 pencil
   • Completely fill in the circles.
   • Completely erase any answer you want to change.
   • Make no other markings or comments on the answer pages.
4. Some of the questions have the following format:

   Please fill in the circle for the word that best describes how you feel.

   EXAMPLE: Pepperoni pizza is one of my favorite foods.

   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.

*Revised in 2012 to meet new Federal Core Measures Guidelines.
These questions ask for some general information about you. Please mark the response that best describes you.

**How old are you?**
- 10 years old or less
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old or older

**What grade are you in?**
- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th

**Are you:**
- Female
- Male

**What do you consider yourself to be?**
(choose all that apply)
- White
- Black or African American
- American Indian/Native American, Eskimo or Aleut
- Spanish/Hispanic/Latino
- Asian or Pacific Islander
- Other (Please specify: _____________________________)

**What is the language you use most often at home?**
- English
- Spanish
- Another language (Please specify: _____________________________)

This section asks about your experiences at school.

**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 LAST FOUR WEEKS, how many whole days have you missed because you skipped or “cut”?**
- None
- 1
- 2
- 3
- 4-5
- 6-10
- 11 or more

**How often do you feel that the schoolwork you are assigned is meaningful and important?**
- Almost always
- Often
- Sometimes
- Seldom
- Never

**How interesting are most of your courses to you?**
- Very interesting and stimulating
- Quite interesting
- Fairly interesting
- Slightly dull
- Very dull

**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
Now, thinking back over the past year in school, how often did you:

- Enjoy being in school?
- Hate being in school?
- Try to do your best work in school?

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

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:

- Smoked cigarettes?
- Tried beer, wine or hard liquor (for example, vodka, whiskey or gin) when their parents didn’t know about it?
- Used marijuana?
- Used LSD, cocaine, amphetamines, or other illegal drugs?
- Been suspended from school?
- Carried a handgun?
- Sold illegal drugs?
- Stolen or tried to steal a motor vehicle such as a car or motorcycle?
- Been arrested?
- Dropped out of school?
- Been members of a gang?

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

Teachers ask me to work on special classroom projects.

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

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

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

I feel safe at my school.

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

My teachers praise me when I work hard in school.

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

I have lots of chances to be part of class discussions or activities.

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

- Smoked cigarettes?
- Began drinking alcoholic beverages regularly, that is, at least once or twice a month?
- Smoked marijuana?
- Carried a handgun?
The next section asks about your experience with tobacco, alcohol, and other drugs. It also asks some other personal questions. Remember, your answers are confidential. This means your answers will stay secret.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?</td>
<td>Never, Once or twice, Once in a while but not regularly, Regularly in the past, Regularly now</td>
</tr>
<tr>
<td>How frequently have you used smokeless tobacco during the past 30 days?</td>
<td>Never, Once or twice, Once or twice per week, About once a day, More than once a day</td>
</tr>
<tr>
<td>Have you ever smoked cigarettes?</td>
<td>Never, Once or twice, Once in a while but not regularly, Regularly in the past, Regularly now</td>
</tr>
<tr>
<td>How frequently have you smoked cigarettes during the past 30 days?</td>
<td>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</td>
</tr>
</tbody>
</table>

On how many occasions (if any) have you:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Occasions Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drunk one or more drinks of an alcoholic beverage in your lifetime?</td>
<td>0 occasions, 1 or 2 occasions, 3 to 5 occasions, 6 to 9 occasions, 10 to 19 occasions, 20 to 39 occasions, 40 or more occasions</td>
</tr>
<tr>
<td>Drunk one or more drinks of an alcoholic beverage during the past 30 days?</td>
<td>0 occasions, 1 or 2 occasions, 3 to 5 occasions, 6 to 9 occasions, 10 to 19 occasions, 20 to 39 occasions, 40 or more occasions</td>
</tr>
<tr>
<td>Sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in your lifetime?</td>
<td>0 occasions, 1 or 2 occasions, 3 to 5 occasions, 6 to 9 occasions, 10 to 19 occasions, 20 to 39 occasions, 40 or more occasions</td>
</tr>
<tr>
<td>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?</td>
<td>0 occasions, 1 or 2 occasions, 3 to 5 occasions, 6 to 9 occasions, 10 to 19 occasions, 20 to 39 occasions, 40 or more occasions</td>
</tr>
<tr>
<td>Used cocaine in your lifetime?</td>
<td>0 occasions, 1 or 2 occasions, 3 to 5 occasions, 6 to 9 occasions, 10 to 19 occasions, 20 to 39 occasions, 40 or more occasions</td>
</tr>
<tr>
<td>Used cocaine during the past 30 days?</td>
<td>0 occasions, 1 or 2 occasions, 3 to 5 occasions, 6 to 9 occasions, 10 to 19 occasions, 20 to 39 occasions, 40 or more occasions</td>
</tr>
<tr>
<td>Used marijuana or hashish in your lifetime?</td>
<td>0 occasions, 1 or 2 occasions, 3 to 5 occasions, 6 to 9 occasions, 10 to 19 occasions, 20 to 39 occasions, 40 or more occasions</td>
</tr>
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<td>Used marijuana or hashish during the past 30 days?</td>
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<tr>
<td>Used prescription drugs not prescribed to you in your lifetime?</td>
<td>0 occasions, 1 or 2 occasions, 3 to 5 occasions, 6 to 9 occasions, 10 to 19 occasions, 20 to 39 occasions, 40 or more occasions</td>
</tr>
<tr>
<td>Used prescription drugs not prescribed to you during the past 30 days?</td>
<td>0 occasions, 1 or 2 occasions, 3 to 5 occasions, 6 to 9 occasions, 10 to 19 occasions, 20 to 39 occasions, 40 or more occasions</td>
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<tr>
<td>Used synthetic marijuana (K2, Spice, etc.) in your lifetime?</td>
<td>0 occasions, 1 or 2 occasions, 3 to 5 occasions, 6 to 9 occasions, 10 to 19 occasions, 20 to 39 occasions, 40 or more occasions</td>
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<td>Used bath salts to get high in your lifetime?</td>
<td>0 occasions, 1 or 2 occasions, 3 to 5 occasions, 6 to 9 occasions, 10 to 19 occasions, 20 to 39 occasions, 40 or more occasions</td>
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<td>Used bath salts to get high during the past 30 days?</td>
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<tr>
<td>Used heroin in your lifetime?</td>
<td>0 occasions, 1 or 2 occasions, 3 to 5 occasions, 6 to 9 occasions, 10 to 19 occasions, 20 to 39 occasions, 40 or more occasions</td>
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<td>Used heroin during the past 30 days?</td>
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</table>
**On how many occasions (if any) have you:**

<table>
<thead>
<tr>
<th>Substance/Activity</th>
<th>Frequency Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used LSD (acid) or other psychedelics (peyote, PCP) in your lifetime?</td>
<td>40 or more occasions &lt;br&gt;20 to 39 occasions &lt;br&gt;10 to 19 occasions &lt;br&gt;6 to 9 occasions &lt;br&gt;3 to 5 occasions &lt;br&gt;1 or 2 occasions &lt;br&gt;0 occasions</td>
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</tr>
<tr>
<td>Used Ecstasy in your lifetime?</td>
<td>40 or more occasions &lt;br&gt;20 to 39 occasions &lt;br&gt;10 to 19 occasions &lt;br&gt;6 to 9 occasions &lt;br&gt;3 to 5 occasions &lt;br&gt;1 or 2 occasions &lt;br&gt;0 occasions</td>
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<td>40 or more occasions &lt;br&gt;20 to 39 occasions &lt;br&gt;10 to 19 occasions &lt;br&gt;6 to 9 occasions &lt;br&gt;3 to 5 occasions &lt;br&gt;1 or 2 occasions &lt;br&gt;0 occasions</td>
</tr>
<tr>
<td>Used Daztrex in your lifetime?</td>
<td>40 or more occasions &lt;br&gt;20 to 39 occasions &lt;br&gt;10 to 19 occasions &lt;br&gt;6 to 9 occasions &lt;br&gt;3 to 5 occasions &lt;br&gt;1 or 2 occasions &lt;br&gt;0 occasions</td>
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<tr>
<td>Used Daztrex during the past 30 days?</td>
<td>40 or more occasions &lt;br&gt;20 to 39 occasions &lt;br&gt;10 to 19 occasions &lt;br&gt;6 to 9 occasions &lt;br&gt;3 to 5 occasions &lt;br&gt;1 or 2 occasions &lt;br&gt;0 occasions</td>
</tr>
<tr>
<td>Used methamphetamine (meth, crystal meth, crank) in your lifetime?</td>
<td>40 or more occasions &lt;br&gt;20 to 39 occasions &lt;br&gt;10 to 19 occasions &lt;br&gt;6 to 9 occasions &lt;br&gt;3 to 5 occasions &lt;br&gt;1 or 2 occasions &lt;br&gt;0 occasions</td>
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<td>40 or more occasions &lt;br&gt;20 to 39 occasions &lt;br&gt;10 to 19 occasions &lt;br&gt;6 to 9 occasions &lt;br&gt;3 to 5 occasions &lt;br&gt;1 or 2 occasions &lt;br&gt;0 occasions</td>
</tr>
<tr>
<td>Used prescription pain relievers, such as Vicodin®, OxyContin®, or Tylox®, without a doctor’s orders, in your lifetime?</td>
<td>40 or more occasions &lt;br&gt;20 to 39 occasions &lt;br&gt;10 to 19 occasions &lt;br&gt;6 to 9 occasions &lt;br&gt;3 to 5 occasions &lt;br&gt;1 or 2 occasions &lt;br&gt;0 occasions</td>
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<td>Used prescription pain relievers, such as Vicodin®, OxyContin®, or Tylox®, without a doctor’s orders, during the past 30 days?</td>
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</tr>
<tr>
<td>Used prescription tranquilizers, such as Xanax®, Valium®, or Ambien®, without a doctor’s orders, in your lifetime?</td>
<td>40 or more occasions &lt;br&gt;20 to 39 occasions &lt;br&gt;10 to 19 occasions &lt;br&gt;6 to 9 occasions &lt;br&gt;3 to 5 occasions &lt;br&gt;1 or 2 occasions &lt;br&gt;0 occasions</td>
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</tr>
<tr>
<td>Used prescription stimulants, such as Ritalin® or Adderall®, without a doctor’s orders, in your lifetime?</td>
<td>40 or more occasions &lt;br&gt;20 to 39 occasions &lt;br&gt;10 to 19 occasions &lt;br&gt;6 to 9 occasions &lt;br&gt;3 to 5 occasions &lt;br&gt;1 or 2 occasions &lt;br&gt;0 occasions</td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Frequency Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Been suspended from school?</td>
<td>40+ times &lt;br&gt;30 to 39 times &lt;br&gt;20 to 29 times &lt;br&gt;10 to 19 times &lt;br&gt;6 to 9 times &lt;br&gt;3 to 5 times &lt;br&gt;1 or 2 times &lt;br&gt;0 occasions</td>
</tr>
<tr>
<td>Carried a handgun?</td>
<td>40+ times &lt;br&gt;30 to 39 times &lt;br&gt;20 to 29 times &lt;br&gt;10 to 19 times &lt;br&gt;6 to 9 times &lt;br&gt;3 to 5 times &lt;br&gt;1 or 2 times &lt;br&gt;0 occasions</td>
</tr>
<tr>
<td>Sold illegal drugs?</td>
<td>40+ times &lt;br&gt;30 to 39 times &lt;br&gt;20 to 29 times &lt;br&gt;10 to 19 times &lt;br&gt;6 to 9 times &lt;br&gt;3 to 5 times &lt;br&gt;1 or 2 times &lt;br&gt;0 occasions</td>
</tr>
<tr>
<td>Stolen or tried to steal a motor vehicle such as a car or motorcycle?</td>
<td>40+ times &lt;br&gt;30 to 39 times &lt;br&gt;20 to 29 times &lt;br&gt;10 to 19 times &lt;br&gt;6 to 9 times &lt;br&gt;3 to 5 times &lt;br&gt;1 or 2 times &lt;br&gt;0 occasions</td>
</tr>
<tr>
<td>Been arrested?</td>
<td>40+ times &lt;br&gt;30 to 39 times &lt;br&gt;20 to 29 times &lt;br&gt;10 to 19 times &lt;br&gt;6 to 9 times &lt;br&gt;3 to 5 times &lt;br&gt;1 or 2 times &lt;br&gt;0 occasions</td>
</tr>
<tr>
<td>Attacked someone with the idea of seriously hurting them?</td>
<td>40+ times &lt;br&gt;30 to 39 times &lt;br&gt;20 to 29 times &lt;br&gt;10 to 19 times &lt;br&gt;6 to 9 times &lt;br&gt;3 to 5 times &lt;br&gt;1 or 2 times &lt;br&gt;0 occasions</td>
</tr>
<tr>
<td>Been drunk or high at school?</td>
<td>40+ times &lt;br&gt;30 to 39 times &lt;br&gt;20 to 29 times &lt;br&gt;10 to 19 times &lt;br&gt;6 to 9 times &lt;br&gt;3 to 5 times &lt;br&gt;1 or 2 times &lt;br&gt;0 occasions</td>
</tr>
<tr>
<td>Taken a handgun to school?</td>
<td>40+ times &lt;br&gt;30 to 39 times &lt;br&gt;20 to 29 times &lt;br&gt;10 to 19 times &lt;br&gt;6 to 9 times &lt;br&gt;3 to 5 times &lt;br&gt;1 or 2 times &lt;br&gt;0 occasions</td>
</tr>
</tbody>
</table>

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

- No
- Yes

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

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

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

- None
- Once
- Twice
- 3-5 times
- 6-9 times
- 10 or more times
How often do you attend religious services or activities?
- Never
- Rarely
- 1-2 times a month
- About once a week or more

I like to see how much I can get away with.
- Very false
- Somewhat false
- Somewhat true
- Very true

Sometimes I think that life is not worth it.

At times I think I am no good at all.

All in all, I am inclined to think that I am a failure.

In the past year have you felt depressed or sad MOST days, even if you feel OK sometimes?

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

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

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

I think sometimes it’s okay to cheat at school.
I ignore rules that get in my way.
- Very false
- Somewhat false
- Somewhat true
- Very true

I do the opposite of what people tell me, just to get them mad.
- Very false
- Somewhat false
- Somewhat true
- Very true

These questions ask about how you would act in certain situations. They also ask your opinion about certain things.

How many times have you done the following things?

<table>
<thead>
<tr>
<th>How many times</th>
<th>Never</th>
<th>I’ve done it, but not in the past year</th>
<th>Less than once a month</th>
<th>About once a month</th>
<th>2 or 3 times a month</th>
<th>Once a week or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Done what feels good no matter what.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Done something dangerous because someone dared you to do it.</td>
<td></td>
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<tr>
<td>Done crazy things even if they are a little dangerous.</td>
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</tbody>
</table>

Sometimes we don’t know what we will do as adults, but we may have an idea. Please tell me how true these statements may be for you.

When I am an adult:
- I will smoke cigarettes.
- I will drink beer, wine, or liquor.
- I will smoke marijuana.

You’re looking at CDs in a music store with a friend. You look up and see her slip a CD 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 CD and leave the store.
- Tell her to put the CD back.
- Act like it’s a joke, and ask her to put the CD back.

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 her when you’d get home, and ask if you can go out.
- Not say anything and start watching TV.
- Get into an argument with her.

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.

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

<table>
<thead>
<tr>
<th>How wrong do you think it is for someone your age to:</th>
<th>Not wrong at all</th>
<th>A little bit wrong</th>
<th>Wrong</th>
<th>Very wrong</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take a handgun to school?</td>
<td></td>
<td></td>
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<tr>
<td>Steal anything worth more than $5?</td>
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<tr>
<td>Pick a fight with someone?</td>
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<tr>
<td>Attack someone with the idea of seriously hurting them?</td>
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<td></td>
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<tr>
<td>Stay away from school all day when their parents think they are at school?</td>
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<tr>
<td>Drink beer, wine or hard liquor (for example, vodka, whiskey, or gin) regularly?</td>
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<tr>
<td>Smoke cigarettes?</td>
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<tr>
<td>Smoke marijuana?</td>
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<tr>
<td>Use LSD, cocaine, amphetamines or another illegal drug?</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How much do you think people risk harming themselves (physically or in other ways):</th>
<th>No risk</th>
<th>Slight risk</th>
<th>Moderate risk</th>
<th>Great risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>If they smoke one or more packs of cigarettes per day?</td>
<td></td>
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<td></td>
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<tr>
<td>If they try marijuana once or twice?</td>
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<tr>
<td>If they smoke marijuana once or twice a week?</td>
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<tr>
<td>If they use prescription drugs that are not prescribed to them?</td>
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<tr>
<td>If they take one or two drinks of an alcoholic beverage nearly every day?</td>
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<tr>
<td>When they have five or more drinks of an alcoholic beverage once or twice a week?</td>
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</tbody>
</table>

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?

If you wanted to get some cigarettes, how easy would it be for you to get some?

If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?

If you wanted to get some marijuana, how easy would it be for you to get some?

If you wanted to get a handgun, how easy would it be for you to get one?

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

<table>
<thead>
<tr>
<th>How wrong do you think it is for someone your age to:</th>
<th>Very wrong</th>
<th>Sort of hard</th>
<th>Sort of easy</th>
<th>Very easy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take a handgun to school?</td>
<td></td>
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<tr>
<td>Steal anything worth more than $5?</td>
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<tr>
<td>Pick a fight with someone?</td>
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<tr>
<td>Attack someone with the idea of seriously hurting them?</td>
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<tr>
<td>Stay away from school all day when their parents think they are at school?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Drink beer, wine or hard liquor (for example, vodka, whiskey, or gin) regularly?</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoke cigarettes?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoke marijuana?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use LSD, cocaine, amphetamines or another illegal drug?</td>
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</tr>
</tbody>
</table>

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

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?

If a kid carried a handgun in your neighborhood, would he or she be caught by the police?
About how many adults (over 21) have you known personally who in the past year have:

- Used marijuana, crack, cocaine, or other drugs?
- Sold or dealt drugs?
- Done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?
- Gotten drunk or high?

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

My neighbors notice when I am doing a good job and let me know.

I like my neighborhood.

There are lots of adults in my neighborhood I could talk to about something important.

There are people in my neighborhood who are proud of me when I do something well.

I feel safe in my neighborhood.

I’d like to get out of my neighborhood.

There are people in my neighborhood who encourage me to do my best.

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

- Sports teams
- Scouting
- Boys and girls clubs
- 4-H clubs
- Service clubs

How much do each of the following statements describe your neighborhood:

- Crime and/or drug selling
- Fights
- Lots of empty or abandoned buildings
- Lots of graffiti
The next few questions ask about your family.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you changed homes in the past year?</td>
<td>No/Yes</td>
</tr>
<tr>
<td>How many times have you changed homes since kindergarten?</td>
<td>Never/1 or 2 times/3 or 4 times/5 or 6 times/7 or more times</td>
</tr>
<tr>
<td>Have you changed schools (including changing from elementary to middle and middle to high school) in the past year?</td>
<td>No/Yes</td>
</tr>
<tr>
<td>How many times have you changed schools (including changing from elementary to middle and middle to high school) since kindergarten?</td>
<td>Never/1 or 2 times/3 or 4 times/5 or 6 times/7 or more times</td>
</tr>
</tbody>
</table>

Has anyone in your family ever had a severe alcohol or drug problem?
- No
- Yes

I don't have any brothers or sisters
- Yes

Have any of your brothers or sisters ever:
- Drunk beer, wine or hard liquor (for example, vodka, whiskey or gin)?
- Smoked marijuana?
- Smoked cigarettes?
- Taken a handgun to school?
- Been suspended or expelled from school?

The rules in my family are clear.
- Yes
- No

People in my family often insult or yell at each other.
- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

When I am not at home, one of my parents knows where I am and who I am with.
- Yes
- No

We argue about the same things in my family over and over.
- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

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?
- Yes
- No

My family has clear rules about alcohol and drug use.
- Yes
- No

If you carried a handgun without your parents' permission, would you be caught by your parents?
- Yes
- No

If you skipped school, would you be caught by your parents?
- Yes
- No

Has anyone in your family ever had a severe alcohol or drug problem?
- No
- Yes

Have any of your brothers or sisters ever:
- Drunk beer, wine or hard liquor (for example, vodka, whiskey or gin)?
- Smoked marijuana?
- Smoked cigarettes?
- Taken a handgun to school?
- Been suspended or expelled from school?

The rules in my family are clear.
- Yes
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When I am not at home, one of my parents knows where I am and who I am with.
- Yes
- No

We argue about the same things in my family over and over.
- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

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?
- Yes
- No

My family has clear rules about alcohol and drug use.
- Yes
- No

If you carried a handgun without your parents' permission, would you be caught by your parents?
- Yes
- No

If you skipped school, would you be caught by your parents?
- Yes
- No
Do you feel very close to your mother?  
Do you share your thoughts and feelings with your mother?  
My parents ask me what I think before most family decisions affecting me are made.  
Do you share your thoughts and feelings with your father?  
Do you enjoy spending time with your mother?  
Do you enjoy spending time with your father?  
If I had a personal problem, I could ask my mom or dad for help.  
Do you feel very close to your father?  
My parents give me lots of chances to do fun things with them.  
My parents ask if I’ve gotten my homework done.  
People in my family have serious arguments.  
Would your parents know if you did not come home on time?  

These questions ask for more information about your friends.  

<table>
<thead>
<tr>
<th>Participated in clubs, organizations or activities at school?</th>
<th>4 of my friends</th>
<th>3 of my friends</th>
<th>2 of my friends</th>
<th>1 of my friends</th>
<th>None of my friends</th>
</tr>
</thead>
<tbody>
<tr>
<td>Made a commitment to stay drug-free?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Liked school?</td>
<td></td>
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<tr>
<td>Regularly attended religious services?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Tried to do well in school?</td>
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</tbody>
</table>

Think about your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:

- Participated in clubs, organizations or activities at school?
- Made a commitment to stay drug-free?
- Liked school?
- Regularly attended religious services?
- Tried to do well in school?

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

- Have one or two drinks of an alcoholic beverage nearly every day?
- Smoke tobacco?
- Smoke marijuana?
- Use prescription drugs not prescribed to you?

How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?
- Neither approve or disapprove
- Somewhat disapprove
- Strongly disapprove
- Don’t know or can’t say
You may be asked to answer some additional questions. If so, those questions will be handed to you on a sheet of paper or written where everyone taking the survey can see them. In the spaces that follow, record your answer to each additional question.

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