

# C ommunities 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.

## I nstructions

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:

**This kind of mark will work:**



**This kind of mark will NOT work:**



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

NO!    no    yes    YES!



EXAMPLE: Pepperoni pizza is one of my favorite foods.

Admin code									
(0)	(0)	(0)	(0)	(0)	(0)				
(1)	(1)	(1)	(1)	(1)	(1)				
(2)	(2)	(2)	(2)	(2)	(2)				
(3)	(3)	(3)	(3)	(3)	(3)				
(4)	(4)	(4)	(4)	(4)	(4)				
(5)	(5)	(5)	(5)	(5)	(5)				
(6)	(6)	(6)	(6)	(6)	(6)				
(7)	(7)	(7)	(7)	(7)	(7)				
(8)	(8)	(8)	(8)	(8)	(8)				
(9)	(9)	(9)	(9)	(9)	(9)				

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.

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

**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

**PLEASE DO NOT WRITE IN THIS AREA**



	Almost always	Often	Sometimes	Seldom	Never
<b>Now, thinking back over the past year in school, how often did you:</b>					
<b>Enjoy being in school?</b>	<input type="radio"/>				
<b>Hate being in school?</b>	<input type="radio"/>				
<b>Try to do your best work in school?</b>	<input type="radio"/>				

	YES!	yes	no	NO!
<b>In my school, students have lots of chances to help decide things like class activities and rules.</b>			<input type="radio"/>	<input type="radio"/>
<b>Teachers ask me to work on special classroom projects.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>My teacher(s) notices when I am doing a good job and lets me know about it.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>There are lots of chances for students in my school to talk with a teacher one-on-one.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I feel safe at my school.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>The school lets my parents know when I have done something well.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>My teachers praise me when I work hard in school.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Are your school grades better than the grades of most students in your class?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I have lots of chances to be part of class discussions or activities.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	4	3	2	1	None
<b>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:</b>					
<b>Smoked cigarettes?</b>	<input type="radio"/>				
<b>Tried beer, wine or hard liquor (for example, vodka, whiskey or gin) when their parents didn't know about it?</b>	<input type="radio"/>				
<b>Used marijuana?</b>	<input type="radio"/>				
<b>Used LSD, cocaine, amphetamines, or other illegal drugs?</b>	<input type="radio"/>				
<b>Been suspended from school?</b>	<input type="radio"/>				
<b>Carried a handgun?</b>	<input type="radio"/>				
<b>Sold illegal drugs?</b>	<input type="radio"/>				
<b>Stolen or tried to steal a motor vehicle such as a car or motorcycle?</b>	<input type="radio"/>				
<b>Been arrested?</b>	<input type="radio"/>				
<b>Dropped out of school?</b>	<input type="radio"/>				
<b>Been members of a gang?</b>	<input type="radio"/>				
<b>What are the chances you would be seen as cool if you:</b>					
<b>Smoked cigarettes?</b>	<input type="radio"/>				
<b>Began drinking alcoholic beverages regularly, that is, at least once or twice a month?</b>	<input type="radio"/>				
<b>Smoked marijuana?</b>	<input type="radio"/>				
<b>Carried a handgun?</b>	<input type="radio"/>				

**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.**

**Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?**

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

**How frequently have you used smokeless tobacco during the past 30 days?**

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

**Have you ever smoked cigarettes?**

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

**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

On how many occasions (if any) have you:	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
Drunk one or more drinks of an alcoholic beverage in your <u>lifetime</u> ?	<input type="radio"/>						
Drunk one or more drinks of an alcoholic beverage during the <u>past 30 days</u> ?	<input type="radio"/>						
Sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in your <u>lifetime</u> ?	<input type="radio"/>						
Sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high during the <u>past 30 days</u> ?	<input type="radio"/>						
Used cocaine in your <u>lifetime</u> ?	<input type="radio"/>						
Used cocaine during the <u>past 30 days</u> ?	<input type="radio"/>						
Used marijuana or hashish in your <u>lifetime</u> ?	<input type="radio"/>						
Used marijuana or hashish during the <u>past 30 days</u> ?	<input type="radio"/>						
Used prescription drugs not prescribed to you in your <u>lifetime</u> ?	<input type="radio"/>						
Used prescription drugs not prescribed to you during the <u>past 30 days</u> ?	<input type="radio"/>						
Used synthetic marijuana (K2, Spice, etc.) in your <u>lifetime</u> ?	<input type="radio"/>						
Used synthetic marijuana (K2, Spice, etc.) during the <u>past 30 days</u> ?	<input type="radio"/>						
Used bath salts to get high in your <u>lifetime</u> ?	<input type="radio"/>						
Used bath salts to get high during the <u>past 30 days</u> ?	<input type="radio"/>						
Used heroin in your <u>lifetime</u> ?	<input type="radio"/>						
Used heroin during the <u>past 30 days</u> ?	<input type="radio"/>						





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

- Used LSD (acid) or other psychedelics (peyote, PCP) in your lifetime?
- Used LSD (acid) or other psychedelics (peyote, PCP) during the past 30 days?
- Used Ecstasy in your lifetime?
- Used Ecstasy during the past 30 days?
- Used Daztrex in your lifetime?
- Used Daztrex during the past 30 days?
- Used methamphetamine (meth, crystal meth, crank) in your lifetime?
- Used methamphetamine (meth, crystal meth, crank) during the past 30 days?
- Used prescription pain relievers, such as Vicodin®, OxyContin® or Tylox®, without a doctor's orders, in your lifetime?
- Used prescription pain relievers, such as Vicodin®, OxyContin® or Tylox®, without a doctor's orders, during the past 30 days?
- Used prescription tranquilizers, such as Xanax®, Valium® or Ambien®, without a doctor's orders, in your lifetime?
- Used prescription tranquilizers, such as Xanax®, Valium® or Ambien®, without a doctor's orders, during the past 30 days?
- Used prescription stimulants, such as Ritalin® or Adderall®, without a doctor's orders, in your lifetime?
- Used prescription stimulants, such as Ritalin® or Adderall®, without a doctor's orders, during the past 30 days?



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

- 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?
- Attacked someone with the idea of seriously hurting them?
- Been drunk or high at school?
- Taken a handgun to school?

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

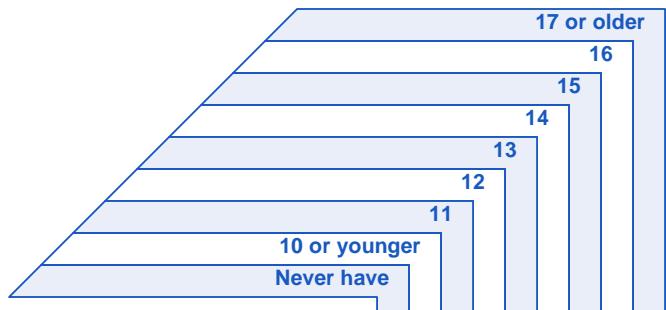
- No  
 Yes

**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 old were you when you first:**

<b>Smoked marijuana?</b>	<input type="radio"/>
<b>Smoked a cigarette, even just a puff?</b>	<input type="radio"/>
<b>Had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?</b>	<input type="radio"/>
<b>Began drinking alcoholic beverages regularly, that is, at least once or twice a month?</b>	<input type="radio"/>
<b>Got suspended from school?</b>	<input type="radio"/>
<b>Got arrested?</b>	<input type="radio"/>
<b>Carried a handgun?</b>	<input type="radio"/>
<b>Attacked someone with the idea of seriously hurting them?</b>	<input type="radio"/>
<b>Belonged to a gang?</b>	<input type="radio"/>

### 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

	YES!	yes	
Sometimes I think that life is not worth it.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	no	
At times I think I am no good at all.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	NO!	
All in all, I am inclined to think that I am a failure.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		
In the past year have you felt depressed or sad MOST days, even if you feel OK sometimes?	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		
It is all right to beat up people if they start the fight.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		
I think it is okay to take something without asking if you can get away with it.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		
It is important to be honest with your parents, even if they become upset or you get punished.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		
I think sometimes it's okay to cheat at school.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		

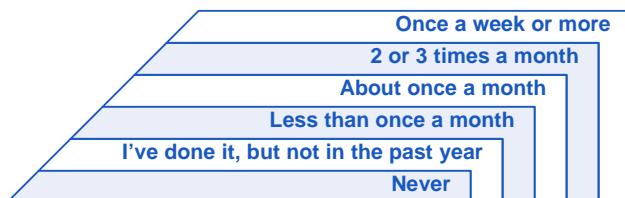


I ignore rules that get in my way.

- 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



How many times have you done the following things?

Done what feels good no matter what.

- 
- 
- 
- 
- 
- 

Done something dangerous because someone dared you to do it.

- 
- 
- 
- 
- 
- 

Done crazy things even if they are a little dangerous.

- 
- 
- 
- 
- 
- 

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.

A vertical scale with two horizontal bars at the top labeled 'YES!' and 'no' above them, and one horizontal bar at the bottom labeled 'NO!' below it. The bars decrease in length from top to bottom.

When I am an adult:	YES!	no	NO!
I will smoke cigarettes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will drink beer, wine, or liquor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will smoke marijuana.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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?

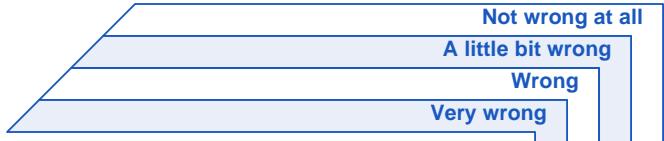
- Leave the house anyway.
- Explain what you are going to do with your friends, tell her when you'd get home, and ask if you can go out.
- Not say anything and start watching TV.
- Get into an argument with her.

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.



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

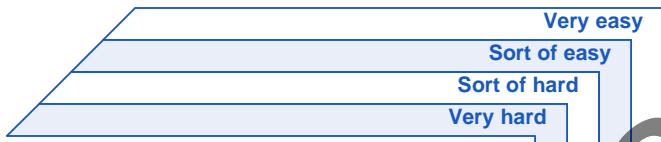
Take a handgun to school?	<input type="radio"/>				
Steal anything worth more than \$5?	<input type="radio"/>				
Pick a fight with someone?	<input type="radio"/>				
Attack someone with the idea of seriously hurting them?	<input type="radio"/>				
Stay away from school all day when their parents think they are at school?	<input type="radio"/>				
Drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?	<input type="radio"/>				
Smoke cigarettes?	<input type="radio"/>				
Smoke marijuana?	<input type="radio"/>				
Use LSD, cocaine, amphetamines or another illegal drug?	<input type="radio"/>				



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

If they smoke one or more packs of cigarettes per day?	<input type="radio"/>				
If they try marijuana once or twice?	<input type="radio"/>				
If they smoke marijuana once or twice a week?	<input type="radio"/>				
If they use prescription drugs that are not prescribed to them?	<input type="radio"/>				
If they take one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>				
When they have five or more drinks of an alcoholic beverage once or twice a week?	<input type="radio"/>				

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



**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?**



**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?**



**How wrong would most adults (over 21) in your neighborhood think it was for kids your age:**

**To use marijuana?**

**To drink alcohol?**

**To smoke cigarettes?**


**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.**

**Yes**

**No**

**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**

**YES!**

**yes**

**no**

**NO!**

**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.**

		Not wrong at all	A little bit wrong	Wrong	Very wrong
How wrong do your parents feel it would be for <u>you</u> to:					
Have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>				
Smoke tobacco?	<input type="radio"/>				
Smoke marijuana?	<input type="radio"/>				
Use prescription drugs not prescribed to you?	<input type="radio"/>				
Steal anything worth more than \$5?	<input type="radio"/>				
Draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)?	<input type="radio"/>				
Pick a fight with someone?	<input type="radio"/>				

Have you changed homes in the past year?  
 No  
 Yes

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

Have you changed schools (including changing from elementary to middle and middle to high school) in the past year?  
 No  
 Yes

How many times have you changed schools (including changing from elementary to middle and middle to high school) since kindergarten?  
 Never  
 1 or 2 times  
 3 or 4 times  
 5 or 6 times  
 7 or more times

Has anyone in your family ever had a severe alcohol or drug problem?

- No  
 Yes

		I don't have any brothers or sisters	Yes	No
Have any of your brothers or sisters ever:				
Drunk beer, wine or hard liquor (for example, vodka, whiskey or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taken a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been suspended or expelled from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		YES!	yes	no	NO!
The rules in my family are clear.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my family often insult or yell at each other.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am not at home, one of my parents knows where I am and who I am with.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We argue about the same things in my family over and over.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family has clear rules about alcohol and drug use.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you carried a handgun without your parents' permission, would you be caught by your parents?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you skipped school, would you be caught by your parents?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	All the time
	Often
	Sometimes
	Never or almost never

**My parents notice when I am doing a good job and let me know about it.**

**How often do your parents tell you they're proud of you for something you've done?**

	YES!
	yes
	no
	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?**

	YES!
	yes
	no
	NO!

**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.**

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

**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?**

	Not wrong at all
	A little bit wrong
	Wrong
	Very wrong

**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

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

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)



PLEASE DO NOT WRITE IN THIS AREA

