

# 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.

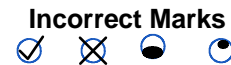
## I nstructions

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.

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.

Admin code

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

\*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**

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

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

	None	1	2	3	4
Think of your <u>four best friends</u> (the friends you feel closest to). In the past year (12 months), how many of your best friends have:					
Smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tried beer, wine or hard liquor (for example, vodka, whiskey or gin) when their parents didn't know about it?	<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"/>
Used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dropped out of school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been members of a gang?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No or very little chance	Little chance	Some chance	Pretty good chance	Very good chance
What are the chances you would be seen as cool if you:					
Smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="radio"/>	<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"/>	<input type="radio"/>
Carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drunk one or more drinks of an alcoholic beverage during the <u>past 30 days</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used cocaine in your <u>lifetime</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used cocaine during the <u>past 30 days</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used marijuana or hashish in your <u>lifetime</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used marijuana or hashish during the <u>past 30 days</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used prescription drugs not prescribed to you in your <u>lifetime</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used prescription drugs not prescribed to you during the <u>past 30 days</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used synthetic marijuana (K2, Spice, etc.) in your <u>lifetime</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used synthetic marijuana (K2, Spice, etc.) during the <u>past 30 days</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used bath salts to get high in your <u>lifetime</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used bath salts to get high during the <u>past 30 days</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used heroin in your <u>lifetime</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used heroin during the <u>past 30 days</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

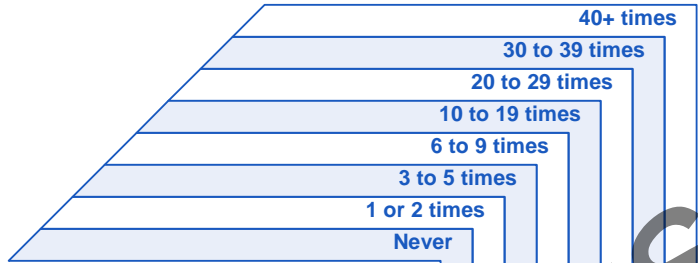


© ISA / Pride Surveys



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

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



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

Been suspended from school?	<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"/>
Carried a handgun?	<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"/>
Sold illegal drugs?	<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"/>
Stolen or tried to steal a motor vehicle such as a car or motorcycle?	<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"/>
Been arrested?	<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"/>
Attacked someone with the idea of seriously hurting them?	<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"/>
Been drunk or high at school?	<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"/>
Taken a handgun to school?	<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"/>

**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:	Never have	10 or younger	11	12	13	14	15	16	17 or older
Smoked marijuana?	<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"/>
Smoked a cigarette, even just a puff?	<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"/>
Had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?	<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"/>
Began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<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"/>
Got suspended from school?	<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"/>
Got arrested?	<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"/>
Carried a handgun?	<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"/>
Attacked someone with the idea of seriously hurting them?	<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"/>
Belonged to a gang?	<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"/>

**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

	NO!	no	yes	YES!
Sometimes I think that life is not worth it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At times I think I am no good at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>



© ISA



**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

	Once a week or more	2 or 3 times a month	About once a month	Less than once a month	I've done it, but not in the past year	Never
<b>How many times have you done the following things?</b>						
<b>Done what feels good no matter what.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Done something dangerous because someone dared you to do it.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Done crazy things even if they are a little dangerous.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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.**

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

	Not wrong at all	A little bit wrong	Wrong	Very wrong
<b>How wrong do you think it is for someone your age to:</b>				
Take a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steal anything worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attack someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stay away from school all day when their parents think they are at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?	<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"/>
Smoke marijuana?	<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"/>

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

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

	Very easy	Sort of easy	Sort of hard	Very hard
<b>If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>If you wanted to get some cigarettes, how easy would it be for you to get some?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>If you wanted to get some marijuana, how easy would it be for you to get some?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>If you wanted to get a handgun, how easy would it be for you to get one?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	YES!	yes	no	NO!
<b>If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>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?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>If a kid carried a handgun in your neighborhood, would he or she be caught by the police?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



	Not wrong at all	A little bit wrong	Wrong	Very wrong
<b>How wrong would most adults (over 21) in your neighborhood think it was for kids your age:</b>				
To use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	5 or more adults	3 or 4 adults	2 adults	1 adult	None
<b>About how many adults (over 21) have you known personally who in the past year have:</b>					
Used marijuana, crack, cocaine, or other drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sold or dealt drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gotten drunk or high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	YES!	yes	no	NO!
<b>If I had to move, I would miss the neighborhood I now live in.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>My neighbors notice when I am doing a good job and let me know.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I like my neighborhood.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>There are lots of adults in my neighborhood I could talk to about something important.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>There are people in my neighborhood who are proud of me when I do something well.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I feel safe in my neighborhood.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I'd like to get out of my neighborhood.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>There are people in my neighborhood who encourage me to do my best.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No
<b>Which of the following activities for people your age are available in your community?</b>		
Sports teams	<input type="radio"/>	<input type="radio"/>
Scouting	<input type="radio"/>	<input type="radio"/>
Boys and girls clubs	<input type="radio"/>	<input type="radio"/>
4-H clubs	<input type="radio"/>	<input type="radio"/>
Service clubs	<input type="radio"/>	<input type="radio"/>

	YES!	yes	no	NO!
<b>How much do each of the following statements describe your neighborhood:</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"/>



**The next few questions ask about your family.**

	Not wrong at all	A little bit wrong	Wrong	Very wrong
<b>How wrong do your parents feel it would be for <u>you</u> to:</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"/>
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"/>
Steal anything worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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
<b>Have any of your brothers or sisters ever:</b>			
Drunk beer, wine or hard liquor (for example, vodka, whiskey or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taken a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been suspended or expelled from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

**People in my family often insult or yell at each other.**

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

**We argue about the same things in my family over and over.**

**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?**

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

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

**If you skipped school, would you be caught by your parents?**

	Never or almost never	Sometimes	Often	All the time
My parents notice when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do your parents tell you they're proud of you for something you've done?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	NO!	no	yes	YES!
Do you feel very close to your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you share your thoughts and feelings with your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents ask me what I think before most family decisions affecting me are made.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you share your thoughts and feelings with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you enjoy spending time with your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you enjoy spending time with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	NO!	no	yes	YES!
If I had a personal problem, I could ask my mom or dad for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel very close to your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents give me lots of chances to do fun things with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents ask if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my family have serious arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would your parents know if you did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**These questions ask for more information about your friends.**

	None of my friends	1 of my friends	2 of my friends	3 of my friends	4 of my friends
Think about your <u>four best friends</u> (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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made a commitment to stay drug-free?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liked school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regularly attended religious services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tried to do well in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very wrong	Wrong	A little bit wrong	Not wrong at all
How wrong do your friends feel it would be for you to:				
Have one or two drinks of an alcoholic beverage nearly every day?	<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"/>

**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

© ISA / Pride Surveys

PLEASE DO NOT WRITE IN THIS AREA

