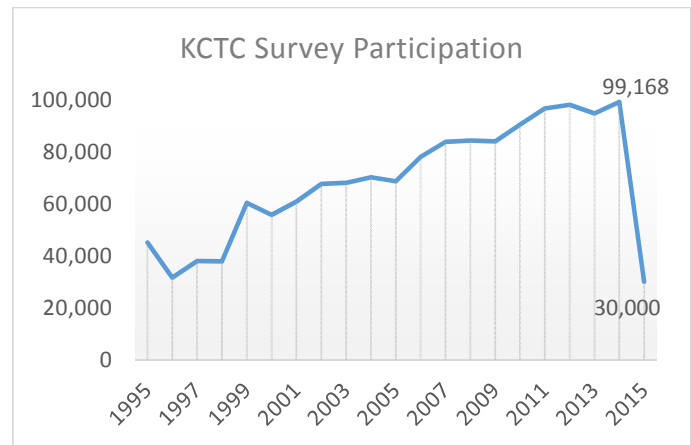


Testimony for Public Hearing
Kansas House Committee on Education
February 13, 2015

H.B. 2099 – Student Data Privacy Act

Good Afternoon Education Committee Members. My name is Lisa Chaney. I am the Director of Research and Evaluation with the Center for Learning Tree Institute, a division of the Southeast Kansas Education Service Center. The Learning Tree Institute is the contractor that administers and reports the Kansas Communities That Care (KCTC) student survey.

This survey, funded by Kansas Department for Aging and Disability Services, has been offered annually, free of charge to Kansas schools for students in 6th, 8th, 10th, and 12th grade since 1995. The survey tracks teen use of and attitudes toward harmful substances such as alcohol, tobacco and other drugs, and asks questions regarding bullying, safety and school climate. At the same time, the survey asks students about opportunities for positive involvement with peers, in schools and in communities. The survey has had regular and high rates of participation. In the 2013-2014 school year, 70% of all eligible students in Kansas took the survey, resulting in high-quality, valid and reliable data. However, since the new student data privacy law requiring written parent consent, participation has plummeted, not because parents don't want their children to participate, but more often, schools are declining due to the added burden of obtaining written consent. Instead of 99,000 surveys plus collected as in the previous year, it is estimated there will be only 30,000 surveys this year.



The Communities That Care survey was developed through the research of Dr. David Hawkins and Dr. Richard Catalano at the University of Washington in the early 1980s. Kansas

There is no risk of identifying an individual student

- The survey is voluntary and does not collect personally identifiable data.
- All data reported as aggregate groups.
- To safeguard concerns with small groups, any question or aggregation with less than 20 students is not reported.
- There is no risk of identifying an individual student.

was one of seven states involved in the development and pilot of the survey. The original authors have updated the survey regularly and at least 21 states currently administer a version of the survey. The KCTC survey has a long and proven track-record of producing valid and reliable data in Kansas. The survey is voluntary, parents are notified in advance, and it does not collect any personally identifiable information – no names, no identification numbers. In addition, data are only analyzed and reported by groups. To safeguard concerns with small groups, any question or aggregation with less than 20

students is not reported. There is no risk of identifying any individual student.

The survey is administered both online and on paper forms. Schools can choose to administer the comprehensive version or an alternate version which excludes all questions from the family domain – which is the last page of the survey. Paper forms are read with a scanner that automatically records into a database. All data are stored on an internal server at the Southeast Kansas Education Service Center. The server is not connected to the internet and passwords are required to log in. Aggregate data are uploaded to an external server that has a managed firewall, with two-factor authentication and encrypted passwords. This server houses the kctcdata.org website. District and building level data are password protected with only the respective school superintendent given the password. County and state data are publicly accessible if at least 25% of the county has taken the survey. The data are secure and have never been sold or given to any commercial group.

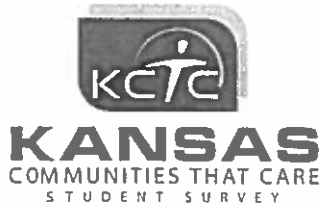
The information provided from the KCTC survey is essential for schools, communities and state agencies to understand youth behavior, perception and attitudes and how they change over time, yet the 2014 student data privacy act has tied the hands of these agencies by requiring prior written parent consent. This is particularly burdensome in large districts.

Organizations rely on data provided by the KCTC survey to combat youth substance use and bullying, to select appropriate prevention strategies, to report outcomes, acquire funds and to guide data-informed decisions.

As surveys such as the KCTC do not collect personally identifiable information, they should be exempt from written consent if the precautions outlined in House Bill 2099 (Section 1. C. 1-4) are followed.

Thank you for your time and consideration.

Lisa Chaney



Thank you for accepting the invitation to participate in this study. The questions contained in this booklet are designed to obtain your opinion about a number of things concerning you, your friends, your family, your neighborhood and your community. In a sense, many of your answers will count as "votes" on a wide range of important issues.

In order for this study to be helpful, it is important that you answer each question as thoughtfully and honestly as possible. All of your answers will be kept strictly confidential and will never be seen by anyone at your school. This study is completely voluntary so you may skip any question that you do not wish to answer.

Be sure to read the instructions below before you begin to answer. Thank you very much for being an important part of this project.

INSTRUCTIONS

1. This is not a test, so there are no right or wrong answers.
2. All of the questions should be answered by marking one of the answer spaces. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure of what it means, just leave it blank.
3. Your answers will be read automatically by a machine called an optical mark reader. Please follow these directions carefully:

- Use a No. 2 pencil.
- Make heavy black marks inside the ovals.
- Erase cleanly any answer you wish to change.
- Make no other markings or comments on the survey pages, since they interfere with the automatic reading.
- Do NOT write your name anywhere on this booklet.

This kind of mark will work:

Correct Mark

① ② ☒ ④ ⑤

These kinds of marks will NOT work:

Incorrect Marks

☒ ☒ ☒ ☒ ☒

DEMOGRAPHICS AND SCHOOL CLIMATE

The following numbers will be provided to you by the person administering this survey. Please write the numbers in the space provided and then darken the ovals corresponding to those numbers.

SCHOOL DISTRICT

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

BUILDING

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

COUNTY
(where student lives)

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

REGION

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

1. How old are you?

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

2. What grade are you in?

- ☐ 6th ☐ 8th ☐ 10th ☐ 12th

3. Are you:

- ☐ Female ☐ Male

4. Please choose the ONE answer that BEST describes what you consider yourself to be.

- ☐ White, not of Hispanic Origin
☐ Black or African American
☐ American Indian/Native American, Eskimo or Aleut
☐ Spanish/Hispanic/Latino
☐ Asian or Pacific Islander
☐ Other (Please Specify) _____

5. Are you Spanish/Hispanic/Latino?

- ☐ No, not Spanish/Hispanic/Latino ☐ Yes, Puerto Rican
☐ Yes, Mexican American ☐ Yes, Cuban
☐ Yes, Mexican ☐ Yes, Central or South American
☐ Yes, Chicano ☐ Yes, other Spanish/Hispanic/Latino

6. What is your race? (Select one or more)

- ☐ White, Caucasian or European
☐ Black or African American
☐ Asian or Asian American
☐ Chinese ☐ Asian Indian ☐ Other Asian
☐ Japanese ☐ Cambodian
☐ Korean ☐ Vietnamese
☐ American Indian or Alaskan Native
☐ Native Hawaiian or Other Pacific Islander
☐ Filipino ☐ Hawaiian ☐ Other Pacific Islander
☐ Samoan ☐ Guamanian
☐ Other (Please Specify) _____

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

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

8. How many brothers and sisters, including stepbrothers and stepsisters, do you have that are older than you?

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 or more

9. How many brothers and sisters, including stepbrothers and stepsisters, do you have that are younger than you?

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 or more

10. What is the language you use most often at home?

- ☐ English ☐ Spanish ☐ Another Language

11. What is the Zip code where you live?

6				
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

12. What is the highest level of schooling your father completed?

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

13. What is the highest level of schooling your mother completed?

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

14. Where are you living now?

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

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

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

16. During the LAST FOUR WEEKS how many whole days of school have you missed because you skipped or "cut"?

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

17. In my school, students have lots of chances to help decide things like class activities and rules.
18. Teachers ask me to work on special classroom projects.
19. My teacher(s) notices when I am doing a good job and lets me know about it.
20. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.
21. There are lots of chances for students in my school to talk with a teacher one-on-one.
22. I feel safe at my school.
23. The school lets my parents know when I have done something well.
24. My teachers praise me when I work hard in school.
25. Are your school grades better than the grades of most students in your class?
26. I have lots of chances to be part of class discussions or activities.

NO!	no	yes	YES!
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- ☐ Never ☐ Sometimes ☐ Almost Always
☐ Seldom ☐ Often

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

- ☐ Very interesting and stimulating ☐ Fairly interesting
☐ Quite interesting ☐ Slightly dull ☐ Very dull

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

- ☐ Very important ☐ Fairly important ☐ Not at all important
☐ Quite important ☐ Slightly important

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

	Almost always	Often	Sometimes	Seldom	Never
a. enjoy being in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. hate being in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. try to do your best work in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. During this school year how often have you seen someone being bullied?

- ☐ Never
☐ Sometimes (1 or 2 times a month)
☐ Regularly (1 or 2 times a week)
☐ Every day

32. During this school year, how often have you been bullied at school?

- ☐ Never
☐ Sometimes (1 or 2 times a month)
☐ Regularly (1 or 2 times a week)
☐ Every day

33. During the past year, how often did you miss school because you felt unsafe, uncomfortable or nervous at school or on your way to or from school?

- ☐ Never
☐ Sometimes (1 or 2 times a month)
☐ Regularly (1 or 2 times a week)
☐ Every day

34. If you saw bullying at school, what would you do?

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

35. During this past school year, how often have you had your property stolen or deliberately damaged, such as your car, clothing, or books?

- ☐ Never
☐ Sometimes (1 or 2 times a month)
☐ Regularly (1 or 2 times a week)
☐ Every day

36. What do adults do at school when they see bullying?

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

PEER INFLUENCES

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

- a. participated in clubs, organizations or activities at school?
b. smoked cigarettes?
c. tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?
d. made a commitment to stay drug-free?
e. used marijuana?
f. tried to do well in school?
g. used LSD, cocaine, amphetamines, or other illegal drugs?
h. been suspended from school?
i. liked school?
j. carried a handgun?
k. sold illegal drugs?
l. stolen or tried to steal a motor vehicle such as a car or a motorcycle?
m. been arrested?
n. dropped out of school?
o. been members of a gang?

	None	1	2	3	4
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. How old were you when you first:

- a. smoked marijuana?
b. smoked a cigarette, even just a puff?
c. had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
d. began drinking alcoholic beverages regularly that is, at least once or twice a month?
e. got suspended from school?
f. got arrested?
g. carried a handgun?
h. attacked someone with the idea of seriously hurting them?
i. belonged to a gang?

	10 or Younger	11	12	13	14	15	16	17 or Older
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- a. take a handgun to school?
b. steal anything worth more than \$5.00?
c. pick a fight with someone?
d. attack someone with the idea of seriously hurting them?
e. stay away from school all day when their parents think they are at school?

	Very Wrong	Wrong	A Little Bit Wrong	Not Wrong at All
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued...

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

- f. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?
- g. smoke cigarettes?
- h. smoke marijuana?
- i. use LSD, cocaine, amphetamines, or another illegal drug?

40. How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?

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

- ☐ NO! ☐ no ☐ yes ☐ YES!

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

- ☐ NO! ☐ no ☐ yes ☐ YES!

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

- ☐ NO! ☐ no ☐ yes ☐ YES!

44. Have you ever belonged to a gang? ☐ Yes ☐ No

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

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

46. In the past year, have you gambled for money or anything of value?

- ☐ Yes ☐ No

47. In the last 30 days, have you gambled for money or anything of value?

- ☐ Yes ☐ No

48. How many times in the past year (the last 12 months) have you:

- a. been suspended from school?
- b. carried a handgun?
- c. sold illegal drugs?
- d. stolen or tried to steal a motor vehicle such as a car or a motorcycle?
- e. participated in clubs, organizations or activities at school?
- f. been arrested?
- g. done extra work on your own for school?
- h. attacked someone with the idea of seriously hurting them?
- i. been drunk or high at school?
- j. volunteered to do community service?
- k. taken a handgun to school?
- l. been involved in a fight on school property?
- m. been offered, sold, or given drugs on school property?

Very Wrong	Wrong	A Little Bit Wrong	Not Wrong at All
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Never	1 to 2 Times	3 to 5 Times	6 to 9 Times	10 to 19 Times	20 to 29 Times	30 to 39 Times	40+ Times
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By PARENTS, we mean your biological parents, adoptive parents, stepparents or adult guardians - whether or not they live with you.

☐ Yes ☐ No ☐ Don't know or can't say

50. During the past 12 months, do you recall hearing, reading or watching an advertisement about prevention or substance abuse?

☐ Yes ☐ No ☐ Don't know or can't say

51. In the past year, how many times (if any) have you:

Never	Gambled, but not in the past year	A few times in past year	Once or twice a month	Once or twice a week	Almost every day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

53. You are looking at DVD's in the store with a friend. You look up and you see her slip a DVD under her coat. She smiles and says, "Which one do you want? Go ahead, take it while nobody's around." There is no one in sight, no employees or other customers. What would you do now?

☐ Ignore her

☐ Grab a DVD and leave the store

☐ Tell her to put the DVD back

☐ Act like it is a joke, and ask her to put the DVD back

54. It is 8:00 on a weeknight and you are about to go over to a friend's house 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 will get home, and ask if you can go out
- ☐ Not say anything and start watching TV
- ☐ Get into an argument with her

55. You are visiting another part of town, and you do not know any of the people your age there. You are walking down the street, and some teenager you do not 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

56. 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

57. I think sometimes it is okay to cheat at school.

- ☐ NO! ☐ no ☐ yes ☐ YES!

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

	Great risk			
	Moderate risk			
	Slight risk			
	No risk			
a. Smoke one or more packs of cigarettes per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Try marijuana once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Smoke marijuana regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. use prescription drugs that are not prescribed to them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DRUG/ALCOHOL LIFETIME USAGE

59. Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, or chewing tobacco)?

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

60. Have you ever smoked cigarettes?

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

61. Have you ever tried electronic cigarettes, e-cigarettes, vape pens, or e-hookahs? ☐ No ☐ Yes

62. On how many occasions have you had beer, wine, or hard liquor to drink in your lifetime? (more than just a few sips)

- ☐ 0 - occasions ☐ 6 - 9 occasions ☐ 40 or more
☐ 1 - 2 occasions ☐ 10 - 19 occasions occasions
☐ 3 - 5 occasions ☐ 20 - 39 occasions

63. On how many occasions (if any) have you used marijuana in your lifetime?

- ☐ 0 - occasions ☐ 6 - 9 occasions ☐ 40 or more
☐ 1 - 2 occasions ☐ 10 - 19 occasions occasions
☐ 3 - 5 occasions ☐ 20 - 39 occasions

64. On how many occasions (if any) have you used LSD or other psychedelics in your lifetime?

- ☐ 0 - occasions ☐ 6 - 9 occasions ☐ 40 or more
☐ 1 - 2 occasions ☐ 10 - 19 occasions occasions
☐ 3 - 5 occasions ☐ 20 - 39 occasions

65. On how many occasions (if any) have you used cocaine or crack in your lifetime?

- ☐ 0 - occasions ☐ 6 - 9 occasions ☐ 40 or more
☐ 1 - 2 occasions ☐ 10 - 19 occasions occasions
☐ 3 - 5 occasions ☐ 20 - 39 occasions

66. On how many occasions (if any) have you used heroin in your lifetime?

- ☐ 0 - occasions ☐ 6 - 9 occasions ☐ 40 or more
☐ 1 - 2 occasions ☐ 10 - 19 occasions occasions
☐ 3 - 5 occasions ☐ 20 - 39 occasions

67. On how many occasions (if any) have you used MDMA ("ecstasy") in your lifetime?

- ☐ 0 - occasions ☐ 6 - 9 occasions ☐ 40 or more
☐ 1 - 2 occasions ☐ 10 - 19 occasions occasions
☐ 3 - 5 occasions ☐ 20 - 39 occasions

68. On how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in your lifetime?

- ☐ 0 - occasions ☐ 6 - 9 occasions ☐ 40 or more
☐ 1 - 2 occasions ☐ 10 - 19 occasions occasions
☐ 3 - 5 occasions ☐ 20 - 39 occasions

69. On how many occasions (if any) have you taken methamphetamines in your lifetime?

- ☐ 0 - occasions ☐ 6 - 9 occasions ☐ 40 or more
☐ 1 - 2 occasions ☐ 10 - 19 occasions occasions
☐ 3 - 5 occasions ☐ 20 - 39 occasions

70. On how many occasions (if any) have you used prescription pain relievers, such as Vicodin, OxyContin, or Tylox, not prescribed for you by a doctor in your lifetime?

- ☐ 0 - occasions ☐ 6 - 9 occasions ☐ 40 or more
☐ 1 - 2 occasions ☐ 10 - 19 occasions occasions
☐ 3 - 5 occasions ☐ 20 - 39 occasions

71. On how many occasions (if any) have you used prescription tranquilizers, such as Xanax, Valium, or Ambien, not prescribed for you by a doctor in your lifetime?

- ☐ 0 - occasions ☐ 6 - 9 occasions ☐ 40 or more
☐ 1 - 2 occasions ☐ 10 - 19 occasions occasions
☐ 3 - 5 occasions ☐ 20 - 39 occasions

72. On how many occasions (if any) have you used prescription stimulants, such as Ritalin, Adderall, or Concerta, not prescribed for you by a doctor in your lifetime?

- ☐ 0 - occasions ☐ 6 - 9 occasions ☐ 40 or more
☐ 1 - 2 occasions ☐ 10 - 19 occasions occasions
☐ 3 - 5 occasions ☐ 20 - 39 occasions

73. On how many occasions (if any) have you taken steroids without a doctor's order in your lifetime?

- ☐ 0 - occasions ☐ 6 - 9 occasions ☐ 40 or more
☐ 1 - 2 occasions ☐ 10 - 19 occasions occasions
☐ 3 - 5 occasions ☐ 20 - 39 occasions

74. On how many occasions (if any) have you used phenoxydine (pox, px, breeze) in your lifetime?

- ☐ 0 - occasions ☐ 6 - 9 occasions ☐ 40 or more
☐ 1 - 2 occasions ☐ 10 - 19 occasions occasions
☐ 3 - 5 occasions ☐ 20 - 39 occasions

DRUG/ALCOHOL 30-DAY USAGE

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

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

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

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

77. On how many occasions (if any) have you had beer, wine, or hard liquor during the past 30 days?

- ☐ 0 - occasions ☐ 6 - 9 occasions ☐ 40 or more
☐ 1 - 2 occasions ☐ 10 - 19 occasions occasions
☐ 3 - 5 occasions ☐ 20 - 39 occasions

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

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

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

- ☐ None ☐ 1 - 4 ☐ 5 - 9 ☐ 10 or more

80. On how many occasions (if any) have you used marijuana during the past 30 days?

- ☐ 0 - occasions ☐ 6 - 9 occasions ☐ 40 or more
☐ 1 - 2 occasions ☐ 10 - 19 occasions occasions
☐ 3 - 5 occasions ☐ 20 - 39 occasions

81. On how many occasions (if any) have you used LSD or other psychedelics during the past 30 days?

- ☐ 0 - occasions ☐ 6 - 9 occasions ☐ 40 or more
☐ 1 - 2 occasions ☐ 10 - 19 occasions occasions
☐ 3 - 5 occasions ☐ 20 - 39 occasions

82. On how many occasions (if any) have you used cocaine or crack during the past 30 days?

- ☐ 0 - occasions ☐ 6 - 9 occasions ☐ 40 or more
☐ 1 - 2 occasions ☐ 10 - 19 occasions occasions
☐ 3 - 5 occasions ☐ 20 - 39 occasions

83. On how many occasions (if any) have you used heroin during the past 30 days?

- ☐ 0 - occasions ☐ 6 - 9 occasions ☐ 40 or more
☐ 1 - 2 occasions ☐ 10 - 19 occasions occasions
☐ 3 - 5 occasions ☐ 20 - 39 occasions

84. On how many occasions (if any) have you used MDMA ("ecstasy") during the past 30 days?

- ☐ 0 - occasions ☐ 6 - 9 occasions ☐ 40 or more
☐ 1 - 2 occasions ☐ 10 - 19 occasions occasions
☐ 3 - 5 occasions ☐ 20 - 39 occasions

85. On how many occasions (if any) have you 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?

- ☐ 0 - occasions ☐ 6 - 9 occasions ☐ 40 or more
☐ 1 - 2 occasions ☐ 10 - 19 occasions occasions
☐ 3 - 5 occasions ☐ 20 - 39 occasions

86. On how many occasions (if any) have you taken methamphetamines in the past 30 days?

- ☐ 0 - occasions ☐ 6 - 9 occasions ☐ 40 or more
☐ 1 - 2 occasions ☐ 10 - 19 occasions occasions
☐ 3 - 5 occasions ☐ 20 - 39 occasions

87. On how many occasions (if any) have you used prescription pain relievers, such as Vicodin, OxyContin, or Tylox, not prescribed for you by a doctor during the past 30 days?

- ☐ 0 - occasions ☐ 6 - 9 occasions ☐ 40 or more
☐ 1 - 2 occasions ☐ 10 - 19 occasions occasions
☐ 3 - 5 occasions ☐ 20 - 39 occasions

88. On how many occasions (if any) have you used prescription tranquilizers, such as Xanax, Valium, or Ambien, not prescribed for you by a doctor during the past 30 days?

- ☐ 0 - occasions ☐ 6 - 9 occasions ☐ 40 or more
☐ 1 - 2 occasions ☐ 10 - 19 occasions occasions
☐ 3 - 5 occasions ☐ 20 - 39 occasions

89. On how many occasions (if any) have you used prescription stimulants, such as Ritalin, Adderall, or Concerta, not prescribed for you by a doctor during the past 30 days?

- ☐ 0 - occasions ☐ 6 - 9 occasions ☐ 40 or more
☐ 1 - 2 occasions ☐ 10 - 19 occasions occasions
☐ 3 - 5 occasions ☐ 20 - 39 occasions

90. During the past 30 days, how did you usually get prescription drugs not prescribed for you?

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

91. On how many occasions (if any) have you taken steroids without a doctor's order during the past 30 days?

- ☐ 0 - occasions ☐ 6 - 9 occasions ☐ 40 or more
☐ 1 - 2 occasions ☐ 10 - 19 occasions occasions
☐ 3 - 5 occasions ☐ 20 - 39 occasions

92. On how many occasions (if any) have you used phenoxymethine (pox, px, breeze) during the past 30 days?
- ☐ 0 - occasions ☐ 6 - 9 occasions ☐ 40 or more occasions
- ☐ 1 - 2 occasions ☐ 10 - 19 occasions ☐ occasions
- ☐ 3 - 5 occasions ☐ 20 - 39 occasions

COMMUNITY-BASED PERCEPTIONS

93. 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?
- ☐ Very hard ☐ Sort of hard ☐ Sort of easy ☐ Very easy
94. If you wanted to get some cigarettes, how easy would it be for you to get some?
- ☐ Very hard ☐ Sort of hard ☐ Sort of easy ☐ Very easy
95. If a kid smokes marijuana in your neighborhood, or the area around where you live, would he or she be caught by the police?
- ☐ NO! ☐ no ☐ yes ☐ YES!
96. If you wanted to get drugs like cocaine, LSD, or amphetamines, how easy would it be for you to get some?
- ☐ Very hard ☐ Sort of hard ☐ Sort of easy ☐ Very easy
97. If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, or the area around where you live, would he or she be caught by the police?
- ☐ NO! ☐ no ☐ yes ☐ YES!
98. If you wanted to get a handgun, how easy would it be for you to get one?
- ☐ Very hard ☐ Sort of hard ☐ Sort of easy ☐ Very easy
99. If a kid carried a handgun in your neighborhood, or the area around where you live, would he or she be caught by the police?
- ☐ NO! ☐ no ☐ yes ☐ YES!
100. If you wanted to get some marijuana, how easy would it be for you to get some?
- ☐ Very hard ☐ Sort of hard ☐ Sort of easy ☐ Very easy
101. If a kid smoked cigarettes in your neighborhood or the area around where you live, would he or she be caught by the police?
- ☐ NO! ☐ no ☐ yes ☐ YES!
102. During the past 30 days, how did you usually get beer, wine or hard liquor (for example, vodka, whiskey or gin)? (CHOOSE ONLY ONE ANSWER)
- ☐ I did not drink beer, wine, or hard liquor during the past 30 days
- ☐ I bought it in a store such as a convenience store, supermarket, discount store, or gas station
- ☐ I gave someone else money to buy it for me
- ☐ I borrowed it from someone else
- ☐ A person 21 years old or older gave it to me
- ☐ I took it from a store or family member
- ☐ I got it some other way
103. During the past 30 days, when you drank beer, wine or hard liquor (for example, vodka, whiskey or gin) where did you drink it? (CHOOSE ALL THAT APPLY)
- ☐ I did not drink beer, wine, or hard liquor during the past 30 days
- ☐ School
- ☐ Car
- ☐ Bar
- ☐ My home
- ☐ Park or outdoors
- ☐ Friend's home
- ☐ Other

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

	Not Wrong at All	A Little Bit Wrong	Wrong	Very Wrong
a. to use marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. to drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. to smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

105. About how many adults have you known personally who in the past year have
- a. used marijuana, crack, cocaine, or other drugs?
- ☐ None ☐ 1 adult ☐ 2 adults ☐ 3 or 4 adults ☐ 5 or more adults
- b. sold or dealt drugs?
- ☐ None ☐ 1 adult ☐ 2 adults ☐ 3 or 4 adults ☐ 5 or more adults
- c. done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc?
- ☐ None ☐ 1 adult ☐ 2 adults ☐ 3 or 4 adults ☐ 5 or more adults
- d. gotten drunk or high?
- ☐ None ☐ 1 adult ☐ 2 adults ☐ 3 or 4 adults ☐ 5 or more adults
106. Sometimes we don't know what we will do as adults, but we may have an idea. Please answer how true these statements may be for you: When I am an adult...
- a. I will smoke cigarettes ☐ NO! ☐ no ☐ yes ☐ YES!
- b. I will drink beer, wine, or liquor ☐ NO! ☐ no ☐ yes ☐ YES!
- c. I will smoke marijuana ☐ NO! ☐ no ☐ yes ☐ YES!

NO!	no	yes	YES!
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

107. If I had to move, I would miss the neighborhood I now live in.
108. My neighbors notice when I am doing a good job and let me know about it.
109. I like my neighborhood, or the area around where I live.

NO!	no	yes	YES!
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

110. How much do each of the following statements describe your neighborhood, or the area around where you live?
- a. crime and/or drug selling
- b. fights
- c. lots of empty or abandoned buildings
- d. lots of graffiti

111. There are people in my neighborhood, or the area around where I live, who are proud of me when I do something well.

☐ NO! ☐ no ☐ yes ☐ YES!

112. I feel safe in my neighborhood, or the area around where I live.

☐ NO! ☐ no ☐ yes ☐ YES!

113. I would like to get out of my neighborhood, or the area around where I live.

☐ NO! ☐ no ☐ yes ☐ YES!

114. There are people in my neighborhood, or the area around where I live, who encourage me to do my best.

☐ NO! ☐ no ☐ yes ☐ YES!

FAMILY DOMAIN

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

	Not Wrong at All	A Little Bit Wrong	Wrong	Very Wrong
a. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. steal anything worth more than \$5.00?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. pick a fight with someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. use prescription drugs not prescribed to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

116. Have any of your brothers or sisters ever:

- a. drunk beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
☐ No ☐ Yes ☐ I don't have any brothers or sisters
- b. smoked marijuana?
☐ No ☐ Yes ☐ I don't have any brothers or sisters
- c. smoked cigarettes?
☐ No ☐ Yes ☐ I don't have any brothers or sisters
- d. taken a handgun to school?
☐ No ☐ Yes ☐ I don't have any brothers or sisters
- e. been suspended or expelled from school?
☐ No ☐ Yes ☐ I don't have any brothers or sisters

117. The rules in my family are clear.

☐ NO! ☐ no ☐ yes ☐ YES!

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

☐ No ☐ Yes

119. People in my family often insult or yell at each other.
120. When I am not at home, one of my parents knows where I am and who I am with.
121. We argue about the same things in my family over and over.
122. If you drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?
123. My family has clear rules about alcohol and drug use.
124. If you carried a handgun without your parents' permission, would you be caught by your parents?
125. If you skipped school without your parents' permission, would you be caught by your parents?

	NO!	no	yes	YES!
119. People in my family often insult or yell at each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120. When I am not at home, one of my parents knows where I am and who I am with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121. We argue about the same things in my family over and over.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122. If you drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123. My family has clear rules about alcohol and drug use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124. If you carried a handgun without your parents' permission, would you be caught by your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125. If you skipped school without your parents' permission, would you be caught by your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

☐ Never or almost never ☐ Often
☐ Sometimes ☐ All the time

127. Do you feel very close to your mother?

☐ NO! ☐ no ☐ yes ☐ YES!

128. Do you share your thoughts and feelings with your mother?

☐ NO! ☐ no ☐ yes ☐ YES!

129. My parents ask me what I think before most family decisions affecting me are made.

☐ NO! ☐ no ☐ yes ☐ YES!

130. How often do your parents tell you that they are proud of you for something you have done?

☐ Never or almost never ☐ Often
☐ Sometimes ☐ All the time

131. Do you share your thoughts and feelings with your father?

132. Do you enjoy spending time with your mother?

133. Do you enjoy spending time with your father?

134. If I had a personal problem, I could ask my mom or dad for help.

135. Do you feel very close to your father?

136. My parents give me lots of chances to do fun things with them.

137. My parents ask if I have gotten my homework done.

138. People in my family have serious arguments.

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

	NO!	no	yes	YES!
131. Do you share your thoughts and feelings with your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
132. Do you enjoy spending time with your mother?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133. Do you enjoy spending time with your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
134. If I had a personal problem, I could ask my mom or dad for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
135. Do you feel very close to your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
136. My parents give me lots of chances to do fun things with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
137. My parents ask if I have gotten my homework done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
138. People in my family have serious arguments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
139. Would your parents know if you did not come home on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

140. How important were these questions?

☐ Not too important ☐ Important
☐ Fairly important ☐ Very important

141. How honest were you in filling out this survey?

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

If you were given an additional sheet of questions, please put your answers in the extra answer rows below. Make sure to put your answers on the row with the same number as the question on the additional sheet.

- A B C D E F G
- A B C D E F G
- A B C D E F G
- A B C D E F G
- A B C D E F G

- A B C D E F G
- A B C D E F G
- A B C D E F G
- A B C D E F G
- A B C D E F G