



- Thank you for agreeing to participate in this survey. The purpose of this survey is to learn how students in our schools feel about their school, peers, community, and family.
- The survey is completely voluntary and anonymous. DO NOT put your name on the questionnaire.**
- This is not a test, so there are no right or wrong answers. We would like you to work quickly so you can finish, but it is still important that you answer each question as thoughtfully and honestly as possible.
- All of the questions should be answered by completely filling in 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 what it means, just leave it blank. You can skip any question that you do not wish to answer.
- For questions that have the following answers: **NO! no yes YES!**
 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.

Example: Chocolate is the best ice cream flavor.

NO! no yes YES!

In the example above, the student marked "yes" because he or she thinks the statement is mostly true.

- Please mark each question by completely filling in the oval or ovals. ONLY USE A #2 PENCIL.**

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. Enter the Zip code where you live.

SCHOOL DISTRICT	BUILDING	COUNTY (where student lives)	REGION	ZIP CODE (where student lives)
				6
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input checked="" type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

- How old are you?
 10 11 12 13 14
 15 16 17 18 19 or older
- What grade are you in?
 6th 8th 10th 12th
- Are you:
 Female Male
- Are you of Hispanic/Latino/Spanish origin?
 No Yes
- What do you consider yourself to be? (Choose all that apply)
 White
 Black or African American
 Native Hawaiian/Other Pacific Islander
 Asian
 American Indian/Alaska Native
- 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
- What is the language you use most often at home?
 English Spanish Another Language
- 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

9. 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

10. Is anyone in your family (including parents, stepparents, brothers, sisters, stepbrothers, or stepsisters) currently serving in the United States military?
- Yes No

11. Where are you living now?
- On a farm
- In the country, not on a farm
- In a city, town, or suburb

12. 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

13. 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

	NO!	yes	YES!
14. 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"/>
15. Teachers ask me to work on special classroom projects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. 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"/>
17. 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"/>
18. 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"/>
19. I feel safe at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. The school lets my parents know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Are your school grades better than the grades of most students in your class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I have lots of chances to be part of class discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. How often do you feel that the school work you are assigned is meaningful and important?
- Never Sometimes Almost Always
- Seldom Often

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

26. How important do you think the things you are learning in school are going to be for your later life?
- Very important Slightly important
- Quite important Not at all important
- Fairly important

	Never	Seldom	Sometimes	Often	Almost always
27. Now thinking back over the past year in school, how often did you:					
a. enjoy being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. hate being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. try to do your best work in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Sometimes (1 or 2 times a month)	Regularly (1 or 2 times a week)	Every day
28. During this school year, how often have you seen someone being bullied?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. During this school year, how often have you been bullied at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. During the past 12 months, have you ever been electronically bullied? (Include being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. 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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. During this past school year, how often have you had your property stolen or deliberately damaged, such as your car, clothing, or books?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. If you saw bullying at school, what would you do?				
<input type="radio"/> I haven't seen any bullying				
<input type="radio"/> Ignore it as none of my business				
<input type="radio"/> Nothing, just watch				
<input type="radio"/> Join in				
<input type="radio"/> Report it to a teacher or other adult				
<input type="radio"/> Intervene to stop the bullying				
34. What do adults do at school when they see bullying?				
<input type="radio"/> Nothing, they ignore it				
<input type="radio"/> Stop it and tell everyone to leave				
<input type="radio"/> Stop it and solve the problem				
<input type="radio"/> I'm not certain				

PEER INFLUENCES

	None	1	2	3	4
35. 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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. used electronic cigarettes (e-cigarettes)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. 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"/>

Continued . . .

35. 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:

	None	1	2	3	4
e. made a commitment to stay drug-free?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. tried to do well in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. liked school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. stolen or tried to steal a motor vehicle such as a car or a motorcycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. dropped out of school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. been members of a gang?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. How old were you when you first:

	Never Have	10 or Younger	11	12	13	14	15	16	17 or Older
a. 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"/>
b. 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"/>
c. used an electronic cigarette (e-cigarette)?	<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"/>
d. 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"/>
e. 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"/>
f. 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"/>
g. 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"/>
h. 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"/>
i. 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"/>
j. 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"/>

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

	Not Wrong At All	A Little Bit Wrong	Wrong	Very Wrong
a. take a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. steal anything worth more than \$5.00?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. attack someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. 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"/>
f. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. use electronic cigarettes (e-cigarettes)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. use LSD, cocaine, amphetamines, or another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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39. It is all right to beat up people if they start the fight.
 NO! no yes YES!

40. It is important to be honest with your parents, even if they become upset or you get punished.
 NO! no yes YES!

41. I think it is okay to take something without asking if you can get away with it.
 NO! no yes YES!

42. Have you ever belonged to a gang?
 Yes No

43. If you have ever belonged to a gang, did the gang have a name?
 Yes No I never have belonged to a gang

44. In the past year, have you gambled for money or anything of value?
 Yes No

45. In the last 30 days, have you gambled for money or anything of value?
 Yes No

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

	Never	1 to 2 Times	3 to 5 Times	6 to 9 Times	10 to 19 Times	20 to 29 Times	30 to 39 Times	40+ Times
a. 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"/>
b. 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"/>
c. 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"/>
d. stolen or tried to steal a motor vehicle such as a car or a 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"/>

Continued . . .

	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
46. How many times in the past year (the last 12 months) have you:								
e. participated in clubs, organizations or activities 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"/>
f. 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"/>
g. done extra work on your own for 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"/>
h. 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"/>
i. 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"/>
j. volunteered to do community service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. 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"/>
l. been involved in a fight on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. been offered, sold, or given drugs on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47. 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

48. 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

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

	Never	Yes, 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
a. played the lottery or scratch-off tickets?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. bet on team sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. participated in any type of fantasy sports betting, whether for money or for free?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. played cards for money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. played bingo for money or prizes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. bet on games of personal skill?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. spent any real money on games you can play on your phone or computer to buy credits, extra lives, or upgrades?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. felt like you would like to stop gambling, but didn't think you could?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. worried about the health and safety of anyone in your household because of gambling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. 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
a. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. worked hard at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. began drinking alcoholic beverages regularly, at least once or twice a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. defended someone who was being verbally abused at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. regularly volunteered to do community service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. made a commitment to stay drug-free?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. You are looking at DVDs 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

52. 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

53. 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

54. 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

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

- NO!
- no
- yes
- YES!

56. 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="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. use electronic cigarettes (e-cigarettes) some days or every day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. try marijuana once or twice? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. smoke marijuana regularly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. use prescription drugs that are not prescribed to them? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

DRUG/ALCOHOL LIFETIME USAGE

57. 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
58. Have you ever smoked cigarettes?
- Never Regularly in the past
 Once or twice Regularly now
 Once in a while but not regularly
59. Have you ever tried electronic cigarettes (e-cigarettes)?
- No Yes

On how many occasions (if any) have you:

- | | 40 or more occasions | 20 - 39 occasions | 10 - 19 occasions | 6 - 9 occasions | 3 - 5 occasions | 1 - 2 occasions | 0 occasions |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 60. had beer, wine, or hard liquor to drink in your lifetime? (more than just a few sips) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 61. used marijuana in your lifetime? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 62. used LSD or other psychedelics in your lifetime? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 63. used cocaine or crack in your lifetime? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 64. used heroin in your lifetime? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 65. used MDMA ("ecstasy") in your lifetime? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 66. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in your lifetime? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 67. taken methamphetamines in your lifetime? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 68. used phenoxydine (pox, px, breeze) in your lifetime? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 69. used prescription pain relievers, such as Vicodin, OxyContin, or Tylox, not prescribed for you by a doctor in your lifetime? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Continued . . .

On how many occasions (if any) have you:

- | | 40 or more occasions | 20 - 39 occasions | 10 - 19 occasions | 6 - 9 occasions | 3 - 5 occasions | 1 - 2 occasions | 0 occasions |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 70. used prescription tranquilizers, such as Xanax, Valium, or Ambien, not prescribed for you by a doctor in your lifetime? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 71. used prescription stimulants, such as Ritalin, Adderall, or Concerta, not prescribed for you by a doctor in your lifetime? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

DRUG/ALCOHOL 30-DAY USAGE

72. How frequently have you used smokeless tobacco during the past 30 days?
- Never
 Once or twice
 Once or twice a week
 About once a day
 More than once a day
73. 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
74. During the past 30 days, on how many days have you used electronic cigarettes (e-cigarettes)?
- 0 days
 1-2 days
 3-5 days
 6-9 days
 10-19 days
 20-30 days
75. During the past 30 days, how frequently did you smoke cigars, cigarillos, or little cigars?
- 0 days
 1-2 days
 3-5 days
 6-9 days
 10-19 days
 20-30 days
76. Think back over the **last two weeks**. How many times have you had five or more alcoholic drinks in a row?
- None
 1 time
 2 times
 3 - 5 times
 6 - 9 times
 10 or more times
77. 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 5 - 9
 1 - 4 10 or more

On how many occasions (if any) have you:

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

78. had beer, wine, or hard liquor during the past 30 days?	<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"/>
79. used marijuana during the past 30 days?	<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"/>
80. used LSD or other psychedelics during the past 30 days?	<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"/>
81. used cocaine or crack during the past 30 days?	<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"/>
82. used heroin during the past 30 days?	<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"/>
83. used MDMA ("ecstasy") during the past 30 days?	<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"/>
84. 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?	<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"/>
85. taken methamphetamines during the past 30 days?	<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"/>
86. taken steroids without a doctor's order during the past 30 days?	<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"/>
87. used phenoxydine (pox, px, breeze) during the past 30 days?	<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"/>
88. used prescription pain relievers, such as Vicodin, OxyContin, or Tylox, not prescribed for you by a doctor during the past 30 days?	<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"/>
89. used prescription tranquilizers, such as Xanax, Valium, or Ambien, not prescribed for you by a doctor during the past 30 days?	<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"/>
90. used prescription stimulants, such as Ritalin, Adderall, or Concerta, not prescribed for you by a doctor during the past 30 days?	<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"/>

COMMUNITY-BASED PERCEPTIONS

If you wanted to get:

Very easy
Sort of easy
Sort of hard
Very hard

91. some beer, wine, or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. some cigarettes, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. drugs like cocaine, LSD, or amphetamines, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. a handgun, how easy would it be for you to get one?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. some marijuana, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. some prescription drugs not prescribed for you, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

97. 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

YES!
yes
no
NO!

98. If a kid smokes marijuana in your neighborhood, or the area around where you live, would he or she be caught by the police?
99. 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?
100. 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?
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?
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
 - My home
 - Friend's home
 - Bar
 - Park or outdoors
 - Other

104. During the past 30 days, how did you **usually** get cigarettes?
- I did not smoke cigarettes during the past 30 days
 - I bought them at a vape shop or tobacco/smoke shop
 - I bought them at a convenience store, drug store, or gas station
 - I bought them on the internet
 - I gave someone else money to buy them for me
 - I borrowed (or bummed) them from someone else
 - A person 18 years old or older gave them to me
 - I took them from a store or family member
 - I got them some other way
105. During the past 30 days, how did you **usually** get electronic cigarettes (e-cigarettes)?
- I did not use electronic cigarettes (e-cigarettes) during the past 30 days
 - I bought them at a vape shop or tobacco/smoke shop
 - I bought them at a convenience store, drug store, or gas station
 - I bought them on the internet
 - I gave someone else money to buy them for me
 - I borrowed (or bummed) them from someone else
 - A person 18 years old or older gave them to me
 - I took them from a store or family member
 - I got them some other way

106. 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="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. to drink alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. to smoke cigarettes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
107. About how many adults have you known personally who in the past year have:
- a. used marijuana, crack, cocaine, or other drugs?
- None 2 adults 5 or more adults
 1 adult 3 or 4 adults
- b. sold or dealt drugs?
- None 2 adults 5 or more adults
 1 adult 3 or 4 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 2 adults 5 or more adults
 1 adult 3 or 4 adults
- d. gotten drunk or high?
- None 2 adults 5 or more adults
 1 adult 3 or 4 adults

108. 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! |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 109. If I had to move, I would miss the neighborhood I now live in. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 110. My neighbors 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"/> |
| 111. I like my neighborhood, or the area around where I live. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

112. How much do each of the following statements describe your neighborhood, or the area around where you live?
- | | NO! | no | yes | YES! |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. crime and/or drug selling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. fights | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. lots of empty or abandoned buildings | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. lots of graffiti | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- | | NO! | no | yes | YES! |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 113. There are people in my neighborhood, or the area around where I live, who are proud of me when I do something well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 114. I feel safe in my neighborhood, or the area around where I live. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 115. I would like to get out of my neighborhood, or the area around where I live. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 116. There are people in my neighborhood, or the area around where I live, who encourage me to do my best. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

FAMILY DOMAIN

117. 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="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. smoke cigarettes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. use electronic cigarettes (e-cigarettes) some days or everyday? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. smoke marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. steal anything worth more than \$5.00? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. draw graffiti, 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"/> |
| g. pick a fight with someone? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. use prescription drugs not prescribed to you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

118. Have any of your brothers or sisters ever:
- | | No | Yes |
|--|-----------------------|-----------------------|
| a. drunk beer, wine, or hard liquor (for example, vodka, whiskey, or gin)? | <input type="radio"/> | <input type="radio"/> |
| b. smoked marijuana? | <input type="radio"/> | <input type="radio"/> |
| c. smoked cigarettes? | <input type="radio"/> | <input type="radio"/> |
| d. taken a handgun to school? | <input type="radio"/> | <input type="radio"/> |
| e. been suspended or expelled from school? | <input type="radio"/> | <input type="radio"/> |

119. The rules in my family are clear.
 NO! no yes YES!
120. Has anyone in your family ever had a severe alcohol or drug problem?
 No Yes



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

128. 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

129. Do you feel very close to your mother?
 NO! no yes YES!

130. Do you share your thoughts and feelings with your mother?
 NO! no yes YES!

131. My parents ask me what I think before most family decisions affecting me are made.
 NO! no yes YES!

132. 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

	NO!	no	yes	YES!
133. Do you share your thoughts and feelings with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
134. Do you enjoy spending time with your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
135. Do you enjoy spending time with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
136. 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"/>
137. Do you feel very close to your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
138. 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"/>
139. My parents ask if I have gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
140. People in my family have serious arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
141. Would your parents know if you did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

142. How important were these questions?

- Not too important
 Fairly important
 Important
 Very important

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

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

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.

1. A B C D E F G H I
2. A B C D E F G H I
3. A B C D E F G H I
4. A B C D E F G H I
5. A B C D E F G H I
6. A B C D E F G H I
7. A B C D E F G H I
8. A B C D E F G H I
9. A B C D E F G H I
10. A B C D E F G H I
11. A B C D E F G H I
12. A B C D E F G H I
13. A B C D E F G H I
14. A B C D E F G H I
15. A B C D E F G H I
16. A B C D E F G H I
17. A B C D E F G H I
18. A B C D E F G H I
19. A B C D E F G H I
20. A B C D E F G H I

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