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# ennsylvania Youth Survey

Thank you for agreeing to participate in this survey. The survey asks your opinion about a number of things in your life, including your friends, your family, your neighborhood and your community. Your answers to these questions will be confidential. This means your answers will stay secret. Your name will never be asked. Please do not write your name on this survey form.

**This survey is completely voluntary. You may skip any question you don't want to answer.**

Other students have said they enjoy taking part in these surveys. We hope you will, too. Be sure to read the instructions before you mark any answers. Thank you very much.

## I nstructions

1. This is not a test, so there are no right or wrong answers.
2. Each question should be answered by marking only one of the answer spaces. If you don't find an answer that fits exactly, use one that comes closest. If any question does not apply to you, or you are not sure of what it means, just leave it blank.
3. Your answers will be read by a computer. Please follow these instructions carefully.
  - Use a #2 pencil only.
  - Make heavy marks inside the circles.
  - Completely erase any answer you want to change.
  - Make no other markings or comments on the answer pages.
4. Some of the questions have the following format:

This kind of mark will work:  
Correct Mark



These kinds of marks will NOT work:  
Incorrect Marks



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

EXAMPLE: Pepperoni pizza is one of my favorite foods.      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.

In the example above, the student marked yes because he or she thinks the statement is mostly true. (Please mark only one answer for each question or statement.)

**These questions ask for some general information about you. Please mark the response that best describes you.**

**How old are you?**

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

**What grade are you in?**

- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th

**Are you:**

- Female
- Male

**What do you consider yourself to be?  
(choose all that apply)**

- White
- Black or African American
- American Indian/Native American, Eskimo or Aleut
- Spanish/Hispanic/Latino
- Asian or Pacific Islander
- Other (Please specify: \_\_\_\_\_)

**What is the language you use most often at home?**

- English
- Spanish
- Another language (Please specify: \_\_\_\_\_)

**This section asks about your experiences at school.**

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

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

**During the LAST FOUR WEEKS, how many whole days have you missed because you skipped or "cut"?**

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

**How often do you feel that the schoolwork you are assigned is meaningful and important?**

- Almost always
- Often
- Sometimes
- Seldom
- Never

**How interesting are most of your courses to you?**

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

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

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

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

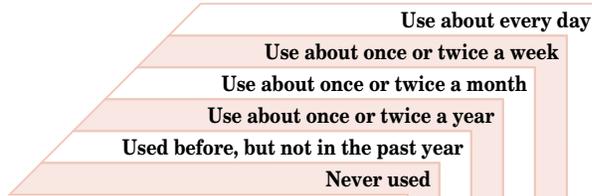
	NO!	no	yes	YES!
In my school, students have lots of chances to help decide things like class activities and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers ask me to work on special classroom projects.	<input type="radio"/>	<input type="radio"/>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

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

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

	No or very little chance	Little chance	Some chance	Pretty good chance	Very good chance
What are the chances you would be seen as cool if you:					
Smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next section asks about your experience with tobacco, alcohol, and other drugs. Please fill in the circle for the answer that best describes how often you use or have used each drug. Remember, your answers are confidential. This means your answers will stay secret.



	Never used	Used before, but not in the past year	Use about once or twice a year	Use about once or twice a month	Use about once or twice a week	Use about every day
BEER (beer, ale, malt liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WINE (wine, champagne)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LIQUOR (vodka, whiskey, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

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

Have you ever smoked cigarettes?

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

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

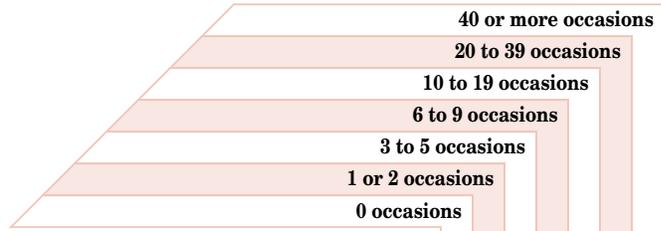
- Not at all
- Less than one cigarette per day
- One to five cigarettes per day
- About one-half pack per day
- About one pack per day
- About one and one-half packs per day
- Two packs or more per day



On how many occasions (if any) have you:

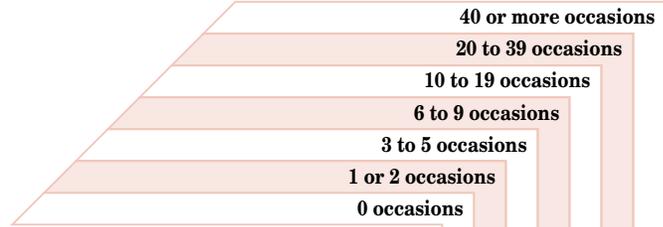
	0 occasions	1 or 2 occasions	3 to 5 occasions	6 to 9 occasions	10 to 19 occasions	20 to 39 occasions	40 or more occasions
Had beer, wine, or hard liquor in your <u>lifetime</u> ?	<input type="radio"/>						
Had beer, wine, or hard liquor during the <u>past 30 days</u> ?	<input type="radio"/>						
Used marijuana in your <u>lifetime</u> ?	<input type="radio"/>						
Used marijuana during the <u>past 30 days</u> ?	<input type="radio"/>						
Sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in your <u>lifetime</u> ?	<input type="radio"/>						
Sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high during the <u>past 30 days</u> ?	<input type="radio"/>						
Used cocaine in your <u>lifetime</u> ?	<input type="radio"/>						
Used cocaine during the <u>past 30 days</u> ?	<input type="radio"/>						
Used crack in your <u>lifetime</u> ?	<input type="radio"/>						
Used crack during the <u>past 30 days</u> ?	<input type="radio"/>						
Used heroin in your <u>lifetime</u> ?	<input type="radio"/>						
Used heroin during the <u>past 30 days</u> ?	<input type="radio"/>						
Used hallucinogens (acid, LSD, shrooms) in your <u>lifetime</u> ?	<input type="radio"/>						
Used hallucinogens (acid, LSD, shrooms) during the <u>past 30 days</u> ?	<input type="radio"/>						

**This section asks you questions about your use of prescription drugs.**



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

Used derbisol in your <u>lifetime</u> ?	<input type="radio"/>								
Used derbisol during the <u>past 30 days</u> ?	<input type="radio"/>								
Used methamphetamine (meth, crystal meth, crank) in your <u>lifetime</u> ?	<input type="radio"/>								
Used methamphetamine (meth, crystal meth, crank) during the <u>past 30 days</u> ?	<input type="radio"/>								
Used Ecstasy in your <u>lifetime</u> ?	<input type="radio"/>								
Used Ecstasy during the <u>past 30 days</u> ?	<input type="radio"/>								
Taken steroids without a doctor's orders in your <u>lifetime</u> ?	<input type="radio"/>								
Taken steroids without a doctor's orders during the <u>past 30 days</u> ?	<input type="radio"/>								



Amphetamines have been prescribed by doctors to help people lose weight or to give people more energy. They are sometimes called uppers, ups, speed, bennies, dexies, pep pills, and diet pills. Drugstores are not supposed to sell them without a prescription from a doctor. Amphetamines do NOT include any non-prescription drugs, such as over-the-counter diet pills (like Dexatrim®) or stay-awake pills (like No-Doz®), or any mail-order drugs. On how many occasions (if any) have you taken amphetamines on your own—that is, without a doctor telling you to take them...

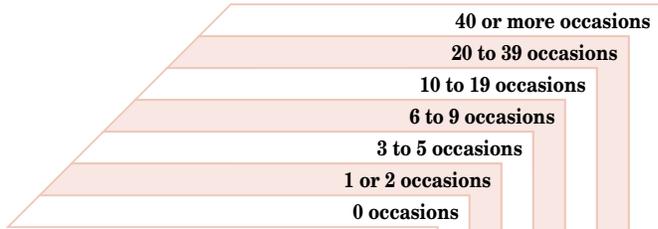
in your lifetime?	<input type="radio"/>								
during the last 12 months?	<input type="radio"/>								
during the last 30 days?	<input type="radio"/>								

Sedatives, including barbiturates, are sometimes prescribed by doctors to help people relax or get to sleep. They are sometimes called downs or downers, and include phenobarbital, Tuinal, Nembutal, and Seconal. On how many occasions (if any) have you taken sedatives on your own—that is, without a doctor telling you to take them...

in your lifetime?	<input type="radio"/>								
during the last 12 months?	<input type="radio"/>								
during the last 30 days?	<input type="radio"/>								

Tranquilizers are sometimes prescribed by doctors to calm people down, quiet their nerves, or relax their muscles. Librium, Valium, and Xanax are all tranquilizers. On how many occasions (if any) have you taken tranquilizers on your own—that is, without a doctor telling you to take them...

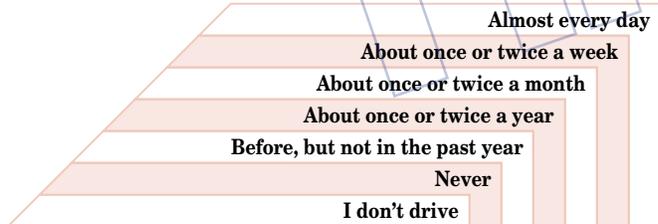
in your lifetime?	<input type="radio"/>								
during the last 12 months?	<input type="radio"/>								
during the last 30 days?	<input type="radio"/>								



There are a number of narcotics other than heroin, such as methadone, opium, morphine, codeine, Demerol, Vicodin, OxyContin, and Percocet. These are sometimes prescribed by doctors. On how many occasions (if any) have you taken narcotics other than heroin on your own—that is, without a doctor telling you to take them. . .

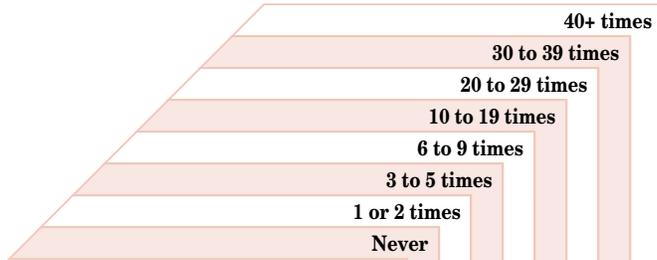
in your lifetime?	<input type="radio"/>								
during the last 12 months?	<input type="radio"/>								
during the last 30 days?	<input type="radio"/>								

**These questions ask about experiences in other areas of your personal life.**



How often have you:

Driven a car while or shortly after drinking?	<input type="radio"/>						
Driven a car while or shortly after smoking pot?	<input type="radio"/>						



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

Been suspended from school?	<input type="radio"/>								
Sold illegal drugs?	<input type="radio"/>								
Stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>								
Been arrested?	<input type="radio"/>								
Attacked someone with the idea of seriously hurting them?	<input type="radio"/>								
Been drunk or high at school?	<input type="radio"/>								
How many times in the past 30 days have you brought a weapon (such as a gun, knife or club) to school?	<input type="radio"/>								

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

- No
- Yes

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

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

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

- None
- Once
- Twice
- 3–5 times
- 6–9 times
- 10 or more times

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

**How often do you attend religious services or activities?**

- Never
- Rarely
- 1-2 times a month
- About once a week or more

**I like to see how much I can get away with.**

- Very false
- Somewhat false
- Somewhat true
- Very true

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

**I ignore rules that get in my way.**

- Very false
- Somewhat false
- Somewhat true
- Very true

**I do the opposite of what people tell me, just to get them mad.**

- Very false
- Somewhat false
- Somewhat true
- Very true

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

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

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

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

	Great risk	Moderate risk	Slight risk	No risk
<b>How much do you think people risk harming themselves (physically or in other ways) if they:</b>				
Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>

	YES!	yes	no	NO!
<b>If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>If a kid drank some beer, wine or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, would he or she be caught by the police?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>If a kid carried a handgun in your neighborhood, would he or she be caught by the police?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

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

	NO!	no	yes	YES!
<b>How much do each of the following statements describe your neighborhood:</b>				
Crime and/or drug selling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lots of empty or abandoned buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lots of graffiti	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

**Have you changed homes in the past year?**

- No
- Yes

**How many times have you changed homes since kindergarten?**

- Never
- 1 or 2 times
- 3 or 4 times
- 5 or 6 times
- 7 or more times

**Have you changed schools (including changing from elementary to middle and middle to high school) in the past year?**

- No
- Yes

**How many times have you changed schools (including changing from elementary to middle and middle to high school) since kindergarten?**

- Never
- 1 or 2 times
- 3 or 4 times
- 5 or 6 times
- 7 or more times

I don't have any brothers or sisters

	No	Yes
<b>Have any of your brothers or sisters ever:</b>		
Drunk beer, wine or hard liquor (for example, vodka, whiskey or gin)?	<input type="radio"/>	<input type="radio"/>
Smoked marijuana?	<input type="radio"/>	<input type="radio"/>
Smoked cigarettes?	<input type="radio"/>	<input type="radio"/>
Taken a handgun to school?	<input type="radio"/>	<input type="radio"/>
Been suspended or expelled from school?	<input type="radio"/>	<input type="radio"/>

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

- No
- Yes

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

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

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

**Please fill in the circle for the answer that best describes how many times these things have happened to you in the past 12 months.**

	10 times or more	6 to 9 times	4 or 5 times	2 or 3 times	Once	Never
<b>In the past 12 months, how often have you:</b>						
<b>Been threatened to be hit or beaten up on school property?</b>	<input type="radio"/>					
<b>Been attacked and hit by someone, or beaten up, on school property?</b>	<input type="radio"/>					
<b>Been threatened by someone with a weapon on school property?</b>	<input type="radio"/>					
<b>Been attacked by someone with a weapon on school property?</b>	<input type="radio"/>					

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

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

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

Please fill in the circle for the answer that best describes how willing you are to try or use the drugs listed below. These are not questions about current or past use of these drugs.

	I would use it any chance I got	I would like to try it or use it	I'm not sure whether or not I would use it	I probably wouldn't use it	I would never use it
ALCOHOL (beer, wine, coolers, hard liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MARIJUANA (pot, hash, hemp, weed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COCAINE (coke, snow, blow, dust)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HALLUCINOGENS (acid, trip, LSD, shrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INHALANTS (whippets, butane, paint thinner)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This section asks about your gambling experiences.

How old were you the first time you gambled (bet money or something of value on sports, a game of chance or skill, played the lottery, or bet cards or dice games)?

- Never have gambled
- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17 or older

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

- Yes
- No

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

- Yes
- No

In the past year, have you often found yourself thinking about gambling or planning to gamble?

- Yes
- No

In the past year, have you ever spent more than you meant to on gambling?

- Yes
- No

In the past year, has your gambling ever led to lies to your family?

- Yes
- No