

Communities That Care Youth Survey

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 survey 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 survey 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 for your participation.

I nstructions

1. This is not a test, so there are no right or wrong answers; we would like you to work quickly, so that you can finish.
2. All of the questions should be answered by marking 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 automatically by a computer. Please follow these instructions carefully.

- Use only a blue or black pen or pencil.
- Make heavy marks inside the circles.
- Erase cleanly or mark a big "X" over any answer you wish to change.
- Make no other markings or comments on the answer pages, since they interfere with the automatic reading. (If you want to add a comment about any question, please use the space provided on page 12.)

This kind of mark will work:
Correct Mark



These kinds of marks will NOT work:
Incorrect Marks



4. Some of the questions have the following format:

Please mark in the circle which of the four words best describes how you feel about that sentence.

EXAMPLE: I like to play video games. YES! yes no NO!

Mark (the BIG) YES! if you think the statement is definitely true for you.

Mark (the little) yes if you think the statement is mostly true for you.

Mark (the little) no if you think the statement is mostly not true for you.

Mark (the BIG) NO! if you think the statement is definitely not true for you.

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

5. Please mark only one answer.

BEFORE BEGINNING THE SURVEY:

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

School #

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

SERIAL #

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

1. How old are you?

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

2. What grade are you in?

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

3. Are you:

- Female Male

4. Are you Spanish/Hispanic/Latino?

- No
 Yes

5. What is your race?

(Select one or more.)

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Unknown/Other _____

6. What is the zip code where you live?

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

7. How long have you lived in this community?

- Less than a year
 1-2 years
 3-4 years
 4-5 years
 6 or more years

8. Where are you living now?

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

This section asks about your experiences at school.

9. 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

10. During the LAST FOUR WEEKS how many whole days of school have you missed . . .

									11 or more days
									6-10 days
									4-5 days
									3 days
									2 days
									1 day
									None
a. because of illness	<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. because you skipped or "cut"	<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"/>

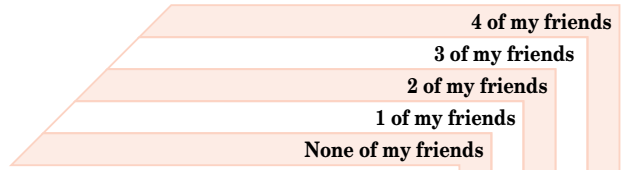
11. Does your school provide a counselor, intervention specialist, or other school staff member for students to discuss problems with alcohol, tobacco, or other drugs?

- Yes No Not sure

									YES!
									yes
									no
									NO!
12. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Teachers ask me to work on special classroom projects.	<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"/>
14. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. There are lots of chances for students in my school to get involved in sports, clubs, or other school activities outside of class.	<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"/>
16. There are lots of chances for students in my school to talk with a teacher one-to-one.	<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"/>

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

26. 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. regularly attended religious services?
- m. stolen or tried to steal a motor vehicle such as a car or motorcycle?
- n. been arrested?
- o. dropped out of school?
- p. been members of a gang?

- | | | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | | | | NO! | no | yes | YES! |
| 17. I feel safe at my school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. The school lets my parents know when I have done something well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. My teachers praise me when I work hard in school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. 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"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. There are lots of chances to be part of class discussions or activities. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

- Never
- Seldom
- Sometimes
- Often
- Almost always

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

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

24. 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

25. Now, thinking back over the past year in school, how often did you ...
- | | | | | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | | | | | Never | Seldom | Sometimes | Often | Almost Always |
| a. enjoy being in 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"/> |
| b. hate being in 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"/> |
| c. try to do your best work in 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"/> |

SERIAL #

27. How old were you when you first:

	10 or Younger	11	12	13	14	15	16	17 or Older	Never Have
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. 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"/>
d. 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"/>
e. 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"/>
f. 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"/>
g. 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"/>
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"/>	<input type="radio"/>
i. 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"/>

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

	Very Wrong	Wrong	A Little Bit Wrong	Not Wrong at All
a. take a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. steal something worth more than \$5?	<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. have one or two drinks of an alcoholic beverage nearly everyday?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly, that is, at least once or twice a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. smoke 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"/>

29. How wrong do your friends feel it would be for you to:

	Very Wrong	Wrong	A Little Bit Wrong	Not at All Wrong
a. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. I ignore rules that get in my way.

- Very False Somewhat True
 Somewhat False Very True

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

- NO! no yes YES!

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

- NO! no yes YES!

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

- Very False
- Somewhat False
- Somewhat True
- Very True

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

- NO!
- no
- yes
- YES!

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

	Never	1 or 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 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"/>
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. stolen something worth <u>more</u> than \$5?	<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. purposely damaged or destroyed property that did not belong to you (not counting family 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"/>
n. taken something from a store without paying for it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. Have you ever belonged to a gang?

- Yes
- No

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

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

38. 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, that is, 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"/>

39. You're looking at DVD's in a store with a friend. You look up and 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 nobody in sight, no employees and no 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's a joke, and ask her to put the DVD back

40. It's 8:00 on a weeknight and you are about to go over to a friend's home when your mother asks you where you are going. You say, "Oh, just going to go hang out with some friends." She says, "No, you'll just get into trouble if you go out. Stay home tonight." What would you do now?

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

SERIAL #

41. You are visiting another part of town, and you don't know any of the people your age there. You are walking down the street, and some teenager you don't know is walking toward you. He is about your size, and as he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do?

- Push the person back
- Say "Excuse me" and keep on walking
- Say "Watch where you are going" and keep on walking
- Swear at the person and walk away

42. 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

43. I think sometimes it's okay to cheat at school.

- NO!
- no
- yes
- YES!

44. How often do you attend religious services or activities?

- Never
- Rarely
- 1-2 Times a Month
- About Once a Week or More

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

- Very False
- Somewhat False
- Somewhat True
- Very True

	NO!	no	yes	YES!
46. Sometimes I think that life is not worth it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. At times I think I am no good at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. All in all, I am inclined to think that I am a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	No Risk	Slight Risk	Moderate Risk	Great Risk
a. smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke marijuana regularly (once or twice a week)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. 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"/>
e. have five or more drinks of an alcoholic beverage once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next section asks about your experiences with tobacco, alcohol, and other drugs. Remember, your answers are confidential.

51. 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

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

- Never
- Once or twice
- Once or twice per week
- 3-5 times per week
- About once a day
- More than once a day

53. Have you ever smoked cigarettes?

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

54. How old were you when you smoked a whole cigarette for the first time?

- I never have
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old

55. 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

56. Have you smoked at least 100 cigarettes in your entire life?

- Yes
- No

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

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

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

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

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

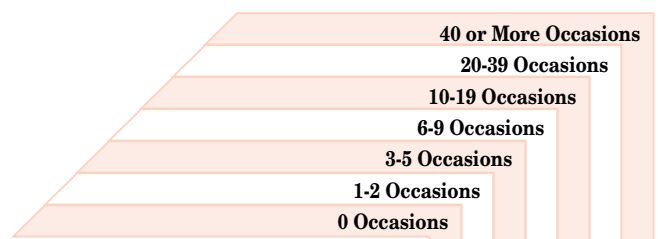
- None
- Once
- Twice
- 3-5 times
- 6-9 times
- 10 or more times

60. During the past 30 days, how many times did you RIDE in a car or other vehicle driven by someone who had been drinking alcohol?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

61. During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been drinking alcohol?

- I do not drive
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times



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

-
-
-
-
-
-
-

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

-
-
-
-
-
-
-

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

-
-
-
-
-
-
-

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

-
-
-
-
-
-
-

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

-
-
-
-
-
-
-

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

-
-
-
-
-
-
-

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

-
-
-
-
-
-
-

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

-
-
-
-
-
-
-

70. 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?

-
-
-
-
-
-
-

71. 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	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40 or More Occasions
72. On how many occasions (if any) have you used Tyrexatine ("T-Rex", "Reck") in your <u>lifetime</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. On how many occasions (if any) have you used Tyrexatine ("T-Rex", "Reck") during the <u>past 30 days</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. On how many occasions (if any) have you used methamphetamines ("meth") in your <u>lifetime</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. On how many occasions (if any) have you used methamphetamines ("meth") during the <u>past 30 days</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. On how many occasions (if any) have you used prescription opiate pain relievers, such as Vicodin®, OxyContin®, or Tylox®, without a doctor's orders, in your <u>lifetime</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. On how many occasions (if any) have you used prescription opiate pain relievers, such as Vicodin®, OxyContin®, or Tylox®, without a doctor's orders, during the <u>past 30 days</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. On how many occasions (if any) have you used prescription tranquilizers, such as Xanax®, Valium®, or Ambien®, without a doctor's orders, in your <u>lifetime</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. On how many occasions (if any) have you used prescription tranquilizers, such as Xanax®, Valium®, or Ambien®, without a doctor's orders, during the <u>past 30 days</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40 or More Occasions
80. On how many occasions (if any) have you used prescription stimulants, such as Ritalin® or Adderall®, without a doctor's orders, in your <u>lifetime</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. On how many occasions (if any) have you used prescription stimulants, such as Ritalin® or Adderall®, without a doctor's orders, during the <u>past 30 days</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. On how many occasions (if any) have you used other illegal drugs in your <u>lifetime</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. On how many occasions (if any) have you used other illegal drugs during the <u>past 30 days</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

84. 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 Easy
 Sort of Hard Very Easy

85. If you wanted to get some cigarettes, how easy would it be for you to get some?

Very Hard Sort of Easy
 Sort of Hard Very Easy

86. If a kid smoked marijuana in your neighborhood would he or she be caught by the police?

NO! no yes YES!

87. If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?

Very Hard Sort of Easy
 Sort of Hard Very Easy

88. 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?

- NO! no yes YES!

89. If you wanted to get a handgun, how easy would it be for you to get one?

- Very Hard Sort of Easy
 Sort of Hard Very Easy

90. If a kid carried a handgun in your neighborhood would he or she be caught by the police?

- NO! no yes YES!

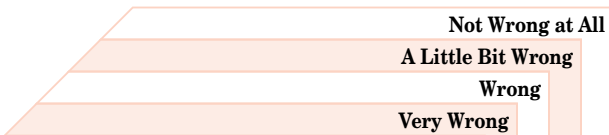
91. If you wanted to get some marijuana, how easy would it be for you to get some?

- Very Hard Sort of Easy
 Sort of Hard Very Easy

92. What percent of students at your school do you think have had beer, wine, or hard liquor in the past 30 days?

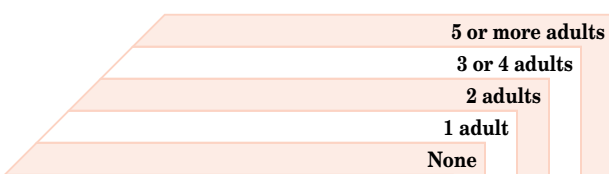
- 0% 21-30% 51-60% 81-90%
 1-10% 31-40% 61-70% 91-100%
 11-20% 41-50% 71-80%

93. How wrong would most adults (over 21) in your neighborhood think it is for kids your age:



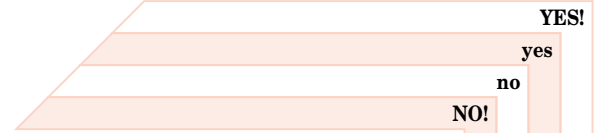
- a. to use marijuana?
- b. to drink alcohol?
- c. to smoke cigarettes?

94. About how many adults (over 21) have you known personally who in the past year have:



- a. used marijuana, crack, cocaine, or other drugs?
- b. sold or dealt drugs?
- c. done other things that could get them in trouble with the police like stealing, selling stolen goods, mugging or assaulting others, etc.?
- d. gotten drunk or high?

95. Sometimes we don't know what we will do as adults, but we may have an idea. Please tell me how true these statements may be for you.



- a. When I am an adult I will smoke cigarettes.
- b. When I am an adult I will drink beer, wine or liquor.
- c. When I am an adult I will smoke marijuana.

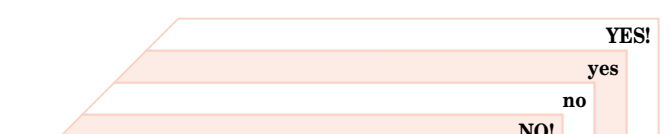
96. If I had to move, I would miss the neighborhood I now live in.

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

98. I like my neighborhood.

99. There are lots of adults in my neighborhood I could talk to about something important.

100. How much do each of the following statements describe your neighborhood?



- a. Crime and/or drug selling
- b. Fights
- c. Lots of empty or abandoned buildings
- d. Lots of graffiti

101. How many times have you changed homes since kindergarten?

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

102. There are people in my neighborhood who are proud of me when I do something well.

- NO! no yes YES!

103. Which of the following activities for people your age are available in your community?

	Yes	No
a. Sports teams	<input type="radio"/>	<input type="radio"/>
b. Scouting	<input type="radio"/>	<input type="radio"/>
c. Boys and girls clubs	<input type="radio"/>	<input type="radio"/>
d. 4-H clubs	<input type="radio"/>	<input type="radio"/>
e. Service clubs	<input type="radio"/>	<input type="radio"/>

104. Have you changed schools (including changing from elementary to middle or middle to high school) in the past year?

No Yes

105. I feel safe in my neighborhood.

NO! no yes YES!

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

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

107. I'd like to get out of my neighborhood.

NO! no yes YES!

108. Have you changed homes in the past year?

No Yes

109. There are people in my neighborhood who encourage me to do my best.

NO! no yes YES!

The next set of questions asks about your family. When answering these questions please think about the people you consider to be your family. For example, parents, stepparents, grandparents, aunts, uncles, etc.

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

	Very Wrong	Wrong	A Little Bit Wrong	Not Wrong at All
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. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. steal something worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. 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"/>
f. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. use prescription drugs that are not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

111. Have any of your brothers or sisters ever:

	I Don't Have Any Brothers or Sisters	Yes	No
a. drunk beer, wine or hard liquor (for example, vodka, whiskey or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. taken a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. been suspended or expelled from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SERIAL #

112. The rules in my family are clear.

- NO! no yes YES!

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

- No Yes

	NO!	no	yes	YES!
114. People in my family often insult or yell at each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. 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"/>
116. We argue about the same things in my family over and over.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. If you drank some beer or 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"/>
118. My family has clear rules about alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. If you carried a handgun without your parent's permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. If you skipped school, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

-

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

-

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

-

117. If you drank some beer or wine or hard liquor (for example vodka, whiskey or gin) without your parents' permission, would you be caught by your parents?

-

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

-

119. If you carried a handgun without your parent's permission, would you be caught by your parents?

-

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

-

121. 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

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

122. Do you feel very close to your mother?

-

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

-

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

-

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

- Never or almost never
 Sometimes
 Often
 All the time

	NO!	no	yes	YES!
126. Do you share your thoughts and feelings with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127. Do you enjoy spending time with your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
128. Do you enjoy spending time with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
129. 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"/>
130. Do you feel very close to your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
131. 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"/>
132. My parents ask if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
133. People in my family have serious arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
134. Would your parents know if you did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

-

127. Do you enjoy spending time with your mother?

-

128. Do you enjoy spending time with your father?

-

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

-

130. Do you feel very close to your father?

-

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

-

132. My parents ask if I've gotten my homework done.

-

133. People in my family have serious arguments.

-

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

-

135. During a typical week, how many days do all or most of your family eat at least one meal together?

- 0 4
 1 5
 2 6
 3 7

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

- I was very honest
- I was honest most of the time
- I was honest some of the time
- I was honest once in awhile
- I was not honest at all

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

- | | |
|--------------------------------------|--------------------------------------|
| <input type="radio"/> Mother | <input type="radio"/> Father |
| <input type="radio"/> Stepmother | <input type="radio"/> Stepfather |
| <input type="radio"/> Foster Mother | <input type="radio"/> Foster Father |
| <input type="radio"/> Grandmother | <input type="radio"/> Grandfather |
| <input type="radio"/> Aunt | <input type="radio"/> Uncle |
| <input type="radio"/> Sister(s) | <input type="radio"/> Brother(s) |
| <input type="radio"/> Stepsister(s) | <input type="radio"/> Stepbrother(s) |
| <input type="radio"/> Other children | <input type="radio"/> Other Adults |

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

- | | | | |
|-------------------------|-------------------------|-------------------------|---------------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 2 | <input type="radio"/> 4 | <input type="radio"/> 6 or more |
| <input type="radio"/> 1 | <input type="radio"/> 3 | <input type="radio"/> 5 | |

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

- English
- Spanish
- Another Language

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

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school after college
- Don't know
- Does not apply

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

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school after college
- Don't know
- Does not apply

Thank You!

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. When finished, please take a moment to tell us what you thought about the survey in the Comments space below.

1. (A B C D E F G H I J K)
2. (A B C D E F G H I J K)
3. (A B C D E F G H I J K)
4. (A B C D E F G H I J K)
5. (A B C D E F G H I J K)
6. (A B C D E F G H I J K)
7. (A B C D E F G H I J K)
8. (A B C D E F G H I J K)
9. (A B C D E F G H I J K)
10. (A B C D E F G H I J K)

11. (A B C D E F G)
12. (A B C D E F G)
13. (A B C D E F G)
14. (A B C D E F G)
15. (A B C D E F G)
16. (A B C D E F G)
17. (A B C D E F G)
18. (A B C D E F G)
19. (A B C D E F G)
20. (A B C D E F G)

21. (A B C D E F G)
22. (A B C D E F G)
23. (A B C D E F G)
24. (A B C D E F G)
25. (A B C D E F G)
26. (A B C D E F G)
27. (A B C D E F G)
28. (A B C D E F G)
29. (A B C D E F G)
30. (A B C D E F G)

31. (A B C D E F G)
32. (A B C D E F G)
33. (A B C D E F G)
34. (A B C D E F G)
35. (A B C D E F G)
36. (A B C D E F G)
37. (A B C D E F G)
38. (A B C D E F G)
39. (A B C D E F G)
40. (A B C D E F G)

Comments

*Date: _____

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