

PREVENTION NEEDS ASSESSMENT SURVEY

** 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 community, family, peers, and school. The survey also asks about health behaviors.

** **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.

** 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 circle or circles. ONLY USE A #2 PENCIL.**

1. Are you: MALE FEMALE

2. How old are you?

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

3. What grade are you in?

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

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

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White

The next section asks about your experiences at school.

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

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

	Never	Seldom	Sometimes	Often	Almost always
6. Now thinking back over the past year in school, how often did you:					
a. enjoy being in school?	<input type="radio"/>				
b. hate being in school?	<input type="radio"/>				
c. try to do your best work in school?	<input type="radio"/>				
7. How often do you feel that the school work you are assigned is meaningful and important?	<input type="radio"/>				

8. 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

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

- Very interesting and stimulating
- Quite interesting
- Fairly interesting
- Slightly interesting
- Not at all interesting

		NO!	no	yes	YES!
77					
75	10. 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"/>
73					
71	11. My teachers 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"/>
68	12. 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"/>
64	13. 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"/>
61	14. The school lets my parents know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59	15. My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58					
56	16. 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"/>
55					
53	17. 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"/>
52					
50					

- 48 **18. During the LAST FOUR WEEKS how many whole days of school have you missed because you skipped or 'cut'?**
- 46 None
- 45 1 day
- 43 2 days
- 41 3 days
- 4-5 days
- 6-10 days
- 11 or more days

		None (0%)	Few (1-10%)	Some (11-30%)	Some to half (31-50%)	Half to most (51-70%)	Most (71-90%)	Almost all (91-100%)
39								
37	19. Now think about all the students in your grade at your school. How many of them do you think...							
35								
33								
30	a. smoke one or more cigarettes a day?	<input type="radio"/>						
28	b. drank alcohol sometime in the past month?	<input type="radio"/>						
27								
24	c. used marijuana sometime in the past month?	<input type="radio"/>						
21	d. used an illegal drug in the past month (not including marijuana)?	<input type="radio"/>						
18	e. used electronic cigarettes, e-cigarettes, vape pens, or e-hookahs in the past month?	<input type="radio"/>						
16								

- 13 **20. During the past 30 days, on how many days did you NOT go to school because you felt you would be unsafe at school or on the way to or from school?**
- 10 0 days
- 9 1 day
- 7 2-3 days
- 4-5 days
- 6 or more days

- 21. During the past 12 months, how often have you been picked on or bullied by a student ON SCHOOL PROPERTY?**
- 0 days
- 1 day
- 2-3 days
- 4-5 days
- 6 or more days

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

	Number of friends				
	0	1	2	3	4
22. 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"/>				
b. smoked cigarettes?	<input type="radio"/>				
c. tried beer, wine or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?	<input type="radio"/>				
d. made a commitment to stay drug-free?	<input type="radio"/>				
e. used marijuana?	<input type="radio"/>				
f. tried to do well in school?	<input type="radio"/>				
g. used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="radio"/>				
h. been suspended from school?	<input type="radio"/>				
i. liked school?	<input type="radio"/>				
j. carried a handgun?	<input type="radio"/>				
k. sold illegal drugs?	<input type="radio"/>				
l. regularly attended religious services?	<input type="radio"/>				
m. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>				
n. been arrested?	<input type="radio"/>				
o. dropped out of school?	<input type="radio"/>				

	No or very little chance	Little chance	Some chance	Pretty good chance	Very good chance
23. What are the chances you would be seen as cool if you:					
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"/>

24. 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 anything 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. 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"/>
g. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. use LSD, cocaine, amphetamines or another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. use prescription pain relievers not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?

Neither Approve nor Disapprove Strongly Disapprove
 Somewhat Disapprove Don't know or can't say

26. How many times in the past year (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"/>							
b. carried a handgun?	<input type="radio"/>							
c. sold illegal drugs?	<input type="radio"/>							
d. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>							
e. been arrested?	<input type="radio"/>							
f. attacked someone with the idea of seriously hurting them?	<input type="radio"/>							
g. been drunk or high at school?	<input type="radio"/>							
h. taken a handgun to school?	<input type="radio"/>							
i. participated in clubs, organizations or activities <u>at</u> school?	<input type="radio"/>							
j. done extra work on your own for school?	<input type="radio"/>							
k. volunteered to do community service?	<input type="radio"/>							
l. participated in clubs, organizations or activities <u>outside</u> school?	<input type="radio"/>							

27. If you drank alcohol (not just a sip or taste) in the past year (12 months), how did you get it? (Mark all that apply).

I bought it myself from a store.
 I got it at a party.
 I gave someone else money to buy it for me.
 I got it from someone I know **age 21 or older**.
 I got it from someone I know **under age 21**.
 I got it from a family member or relative other than my parents.
 I got it from home **with** my parents' permission.
 I got it from home **without** my parents' permission.
 I got it at work.
 I bought it over the internet.
 I got it in an other way _____

28. During the past year (12 months) did you drink alcohol at any of the following places? (Mark all that apply).

At my home or someone else's home **without** any parent permission.
 At my home **with** my parent's permission.
 At someone else's home **with** their parent's permission.
 At an open area like a park, beach, or back road.
 At public events such as a sporting event, festival, or concert.
 At a restaurant, bar, or a nightclub.
 In a car.
 At a school dance, a game, or other event.
 At school during the day.
 Near school.
 In another place _____

29. If you smoked cigarettes or used vape products in the past 30 days, how did you usually get your own ANSWER FOR EACH TOBACCO TYPE.)

	Regular cigarettes	Vape products
I did not use cigarettes or vape products (e-cigarettes, vape pens, or mods) in the past 30 days.	<input type="radio"/>	<input type="radio"/>
I bought them in a convenience store, supermarket, discount store, or gas station.	<input type="radio"/>	<input type="radio"/>
I bought them at a tobacco specialty store or smoke shop.	<input type="radio"/>	<input type="radio"/>
I bought them at a vape shop.	<input type="radio"/>	<input type="radio"/>
I bought them on the Internet.	<input type="radio"/>	<input type="radio"/>
I gave someone else money to buy them for me.	<input type="radio"/>	<input type="radio"/>
I borrowed or bummed them from somebody else.	<input type="radio"/>	<input type="radio"/>
A person 18 years old or older gave them to me.	<input type="radio"/>	<input type="radio"/>
I took them from a store or family member.	<input type="radio"/>	<input type="radio"/>
I got them some other way.	<input type="radio"/>	<input type="radio"/>

30. If you used a vape product such as e-cigarettes, vape pens or mods in the past 12 months, what did you put in it? (Mark ALL that apply.)

I did not use a vape product in the past 12 months
 E-juice with zero nicotine
 E-juice with nicotine
 Marijuana
 Other
 Not sure

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18
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31. How wrong do your friends feel it would be for you to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
78				
76	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. How old were you when you first:

	Never	10 or younger	11	12	13	14	15	16	17 or older
53	<input type="radio"/>								
51	<input type="radio"/>								
48	<input type="radio"/>								
47	<input type="radio"/>								
43	<input type="radio"/>								
42	<input type="radio"/>								
41	<input type="radio"/>								
38	<input type="radio"/>								
36	<input type="radio"/>								
34	<input type="radio"/>								
31	<input type="radio"/>								
29	<input type="radio"/>								
27	<input type="radio"/>								
26	<input type="radio"/>								
23	<input type="radio"/>								

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

<input type="radio"/> I do not drive	<input type="radio"/> 2 or 3 times
<input type="radio"/> 0 times	<input type="radio"/> 4 or 5 times
<input type="radio"/> 1 time	<input type="radio"/> 6 or more times

34. 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?

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

	NO!	no	yes	YES!
35. I think sometimes it's okay to cheat at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Sometimes I think that life is not worth it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. At times I think I am no good at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. 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"/>
39. 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"/>
40. It is all right to beat up people if they start the fight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I think it is okay to take something without asking if you can get away with it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. During the past 12 months, did you ever seriously consider attempting suicide?

No Yes

43. During the past 12 months, did you make a plan about how you would attempt suicide?

No Yes

44. During the past 12 months, how many times did you actually attempt suicide?

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

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

	No risk	Slight risk	Moderate risk	Great risk
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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?	<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 each weekend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. 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"/>
g. smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. use electronic cigarettes, e-cigarettes, vape pens, or e-hookahs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. use other prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. During the past 30 days, on how many days did you have 5 or more drinks on the same occasion?

<input type="radio"/> None	<input type="radio"/> 3-5 days
<input type="radio"/> Once	<input type="radio"/> 6-9 days
<input type="radio"/> Twice	<input type="radio"/> 10 or more days

In your lifetime, On how many occasions (if any) have you:**OCCASIONS**

	0	1-2	3-5	6-9	10-19	20-39	40+	
47. had alcoholic beverages (beer, wine or hard liquor) to drink -- more than just a few sips?	<input type="radio"/>	77						
48. used marijuana (grass, pot) or hashish (hash, hash oil)?	<input type="radio"/>	75						
49. used LSD (acid) or other hallucinogens (like PCP, mescaline, peyote, "shrooms" or psilocybin)?	<input type="radio"/>	73						
50. used cocaine (like cocaine powder) or "crack" (cocaine in chunk or rock form)?	<input type="radio"/>	70						
51. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	<input type="radio"/>	68						
52. used phenoxydine (pox, px, breeze)?	<input type="radio"/>	65						
53. used methamphetamines (meth, speed, crank, crystal meth)?	<input type="radio"/>	63						
54. used prescription stimulants or amphetamines (such as Ritalin, Adderall, or Dexedrine) not prescribed to you?	<input type="radio"/>	61						
55. used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) not prescribed to you?	<input type="radio"/>	58						
56. used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) not prescribed to you?	<input type="radio"/>	55						
57. used prescription pain relievers (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, or Percocet) not prescribed to you?	<input type="radio"/>	52						
58. used heroin?	<input type="radio"/>	49						
59. used MDMA (X,E, or ecstasy)?	<input type="radio"/>	47						
60. used "synthetic marijuana" ("K2", "Spice") to get high?	<input type="radio"/>	45						
61. used electronic cigarettes, e-cigarettes, vape pens, or e-hookahs?	<input type="radio"/>	43						

During the past 30 days, On how many occasions (if any) have you:**OCCASIONS**

	0	1-2	3-5	6-9	10-19	20-39	40+	
62. had alcoholic beverages (beer, wine or hard liquor) to drink -- more than just a few sips?	<input type="radio"/>	35						
63. used marijuana (grass, pot) or hashish (hash, hash oil)?	<input type="radio"/>	33						
64. used LSD (acid) or other hallucinogens (like PCP, mescaline, peyote, "shrooms" or psilocybin)?	<input type="radio"/>	31						
65. used cocaine (like cocaine powder) or "crack" (cocaine in chunk or rock form)?	<input type="radio"/>	28						
66. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	<input type="radio"/>	26						
67. used phenoxydine (pox, px, breeze)?	<input type="radio"/>	23						
68. used methamphetamines (meth, speed, crank, crystal meth)?	<input type="radio"/>	21						
69. used prescription stimulants or amphetamines (such as Ritalin, Adderall, or Dexedrine) not prescribed to you?	<input type="radio"/>	19						
70. used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) not prescribed to you?	<input type="radio"/>	16						
71. used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) not prescribed to you?	<input type="radio"/>	13						
72. used prescription pain relievers (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, or Percocet) not prescribed to you?	<input type="radio"/>	10						
73. used heroin?	<input type="radio"/>	7						
74. used MDMA (X,E, or ecstasy)?	<input type="radio"/>	5						

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During the past 30 days, On how many occasions (if any) have you:

OCCASIONS

	0	1-2	3-5	6-9	10-19	20-39	40+
78. drank energy drinks with caffeine (like Red Bull, Monster, Rockstar, or 5-Hour-Energy)?	<input type="radio"/>						
76. used caffeine pills (No-Doz, Vivarin, Dexatrim)?	<input type="radio"/>						
74. used "synthetic marijuana" ("K2", "Spice") to get high?	<input type="radio"/>						
72. used electronic cigarettes, e-cigarettes, vape pens, or e-hookahs?	<input type="radio"/>						

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

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

80. 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

81. Have you ever smoked cigarettes?

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

82. 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

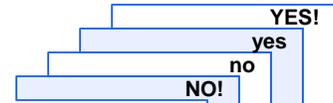
83. The last time you used prescription pain relievers without a doctor's orders (such as OxyContin, Percocet, Vicodin, or Tylox), how did you get them?

- Have not ever used them
- Found them at home
- From a friend or a relative for free
- Bought them from a friend or relative
- From a doctor, but I didn't follow doctor's orders
- From a drug dealer or other stranger
- Bought them on the Internet

The next few questions ask 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.

84. 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"/>



	NO!	no	yes	YES!
85. Do you feel very close to your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Do you share your thoughts and feelings with your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. Do you enjoy spending time with your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. 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"/>
89. 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"/>
90. Do you feel very close to your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. Do you share your thoughts and feelings with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. Do you enjoy spending time with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. 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"/>
94. My parents ask if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. People in my family have serious arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. Would your parents know if you did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. My family has clear rules about alcohol use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. My family has clear rules about other drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. 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"/>
100. If you skipped school would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101. It is important to be honest with your parents, even if they become upset or you get punished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102. The rules in my family are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103. People in my family often insult or yell at each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. 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"/>
105. We argue about the same things in my family over and over.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Never or almost never Often
 Sometimes All the time

107. 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

108. 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?

- NO! no yes YES!

109. 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?	<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, 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. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. use electronic cigarettes, e-cigarettes, vape pens, or e-hookahs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. use other prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

110. During the past 12 months, how many times has each of the following things happened?

	Never	Once	Twice	Three or four times	Five or more times
a. You had problems at school or work because you had been drinking.	<input type="radio"/>				
b. You had problems with your friends because you had been drinking.	<input type="radio"/>				
c. You had problems with someone you were dating because you had been drinking.	<input type="radio"/>				
d. You were hung over.	<input type="radio"/>				
e. You were sick to your stomach or threw up after drinking.	<input type="radio"/>				
f. You got into a sexual situation that you later regretted because you had been drinking.	<input type="radio"/>				
g. You got into a physical fight because you had been drinking.	<input type="radio"/>				
h. You were drunk at school or work.	<input type="radio"/>				

111. During the past 12 months, have you talked with at least one of your parents (by parents, we mean either your biological parents, adoptive parents, stepparents, foster parents, or other adult caregivers whether or not they live with you) about :

	Yes	No
a. the dangers of underage drinking?	<input type="radio"/>	<input type="radio"/>
b. the dangers of tobacco use?	<input type="radio"/>	<input type="radio"/>
c. the dangers of drug abuse?	<input type="radio"/>	<input type="radio"/>

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

	NO!	no	yes	YES!
112. 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"/>
113. There are people in my neighborhood who are proud of me when I do something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. There are people in my neighborhood who encourage me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. If a kid smoked marijuana in your neighborhood would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. 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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. If a kid carried a handgun in your neighborhood would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very hard	Sort of hard	Sort of easy	Very easy
118. If you wanted to get some cigarettes, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. 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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. If you wanted to get a drug 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"/>
121. If you wanted to get some marijuana, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. If you wanted to get some prescription pain relievers (such as OxyContin, Percocet, Vicodin, or Tylox), how easy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very wrong	Wrong	A little bit wrong	Not wrong at all
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"/>

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

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

125. These next questions ask about gambling for money or other things of value. During the past year (12 months), how often did you :

	Never	Before, but not in the past year	A few times in the past year	Once a month	Once a week or more	Almost everyday
a. bet on card games (poker)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. bet using Internet gambling sites?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. bet on sporting events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. buy lottery or scratch-off tickets?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. bet on pool, bowling, other games of skill?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. bet on video poker, slot machines, or other gambling machines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. bet on dice games?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. bet on bingo?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. bet on horse racing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. bet at a casino?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

126. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use? (Mark all that apply).

- No
 Yes, Smoking prevention messages
 Yes, Alcohol use prevention messages
 Yes, Prescription Drug use prevention messages
 Yes, Other Drug use prevention messages

127. Have you ever belonged to a gang?

- No Yes, belong now
 No, but would like to Yes, but would like to get out
 Yes, in the past

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

Number of Adults

	0	1	2	3-4	5+
a. used marijuana, crack, cocaine, or other drugs?	<input type="radio"/>				
b. sold or dealt drugs?	<input type="radio"/>				
c. 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"/>				
d. gotten drunk or high?	<input type="radio"/>				

129. How often have you been threatened or harassed over the internet, by e-mail, or by someone using a cell phone?

- 0 days 4-5 days
 1 day 6 or more days
 2-3 days

130. 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 a while
 I was not honest at all

Responses

	a	b	c	d	e	f	g	h	i
201.	<input type="radio"/>								
202.	<input type="radio"/>								
203.	<input type="radio"/>								
204.	<input type="radio"/>								
205.	<input type="radio"/>								
206.	<input type="radio"/>								
207.	<input type="radio"/>								
208.	<input type="radio"/>								
209.	<input type="radio"/>								
210.	<input type="radio"/>								
211.	<input type="radio"/>								
212.	<input type="radio"/>								
213.	<input type="radio"/>								
214.	<input type="radio"/>								
215.	<input type="radio"/>								
216.	<input type="radio"/>								
217.	<input type="radio"/>								
218.	<input type="radio"/>								
219.	<input type="radio"/>								
220.	<input type="radio"/>								

Extra Questions Start with 201

Thank you for completing the survey