



**9. What, if any, is the current military status of your parent(s)? (Mark all that apply)**

- Neither of my parents have ever been in the military
- Active Duty
  - In country
  - Overseas – not in a combat zone
  - Overseas – in a combat zone
- Reserve
  - Not Deployed
  - In country
  - Overseas – not in a combat zone
  - Overseas – in a combat zone
- Former military
- Died while serving in the military

**The next section asks about your experiences at school.**

	NO!	no	yes	YES!
10. In my school, students have lots of chances to help decide things like class activities and rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Teachers ask me to work on special classroom projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My teachers notice when I am doing a good job and let me know about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. There are lots of chances for students in my school to talk with a teacher one-on-one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I feel safe at my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The school lets my parents know when I have done something well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. My teachers praise me when I work hard in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Are your school grades better than the grades of most students in your class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I have lots of chances to be part of class discussions or activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**20. Which school-sponsored activities are you involved in during after-school hours? (Mark all that apply)**

- Sports
- Performing arts (such as band, dance, drama, chorus)
- Academic clubs (such as language, math, and science clubs)
- Volunteering, service, or mentoring
- Student government or student council
- Newspaper or yearbook
- Homework help or tutoring to help your grades
- Other school group or club
- I do not participate in an organized activity at school

**21. Which after-school activities, that are not school-sponsored, are you involved in? (Mark all that apply)**

- Sports
- Performing arts (such as band, dance, drama, chorus)
- Volunteering or service
- Scouts/Campfire
- Boys & Girls Clubs/Junior Achievement/YMCA
- 4-H/FFA (Future Farmers of America)
- Big Brothers Big Sisters or another mentoring program
- Other after school activity
- I do not participate in an organized activity after school

**22. 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="checkbox"/>				
b. hate being in school?	<input type="checkbox"/>				
c. try to do your best work?	<input type="checkbox"/>				
23. How often do you feel that the school work you are assigned is meaningful and important?	<input type="checkbox"/>				

**24. 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

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

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

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

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

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

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

**28. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club ON SCHOOL PROPERTY?**

- 0 times
- 1 time
- 2-3 times
- 4-5 times
- 6-7 times
- 8-9 times
- 10-11 times
- 12 or more times

**29. During the past 12 months, how many times were you in a physical fight ON SCHOOL PROPERTY?**

- 0 times
- 1 time
- 2-3 times
- 4-5 times
- 6-7 times
- 8-9 times
- 10-11 times
- 12 or more times

**30. During the past 12 months, how often have you been picked on or bullied by a student ON SCHOOL PROPERTY?**

- 0 times
- 1 time
- 2-3 times
- 4-5 times
- 6-7 times
- 8-9 times
- 10-11 times
- 12 or more times

**31. During the past 12 months, how many times have you been harassed, mistreated, or made fun of by another person while on-line or through a cell phone or other electronic device?**

- 0 times
- 1 time
- 2-3 times
- 4-5 times
- 6-7 times
- 8-9 times
- 10-11 times
- 12 or more times

**32. During the past 12 months, how often have you picked on or bullied another student ON SCHOOL PROPERTY?**

- 0 times
- 1 time
- 2-3 times
- 4-5 times
- 6-7 times
- 8-9 times
- 10-11 times
- 12 or more times

**33. 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?**

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

34. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club ON SCHOOL PROPERTY?

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

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

- Very good chance  
 Pretty good chance  
 Some chance  
 Little chance  
 No or very little chance

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

36. How old were you when you first:

- 19 or older  
 18  
 17  
 16  
 15  
 14  
 13  
 12  
 11  
 10  
 9  
 8 or younger  
 Never

a. smoked marijuana?	<input type="radio"/>																		
b. smoked a cigarette, even just a puff?	<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"/>																		
d. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="radio"/>																		
e. attacked someone with the idea of seriously hurting them?	<input type="radio"/>																		
f. belonged to a gang?	<input type="radio"/>																		
g. gambled or bet on anything (cards, lottery, sports, bingo, dice, raffles, casino, internet or video games, etc.)?	<input type="radio"/>																		
h. used prescription drugs without a doctor telling you to take them?	<input type="radio"/>																		

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

- Not wrong at all  
 A little bit wrong  
 Wrong  
 Very wrong

a. take a handgun to school?	<input type="radio"/>								
b. steal anything worth more than \$5?	<input type="radio"/>								
c. pick a fight with someone?	<input type="radio"/>								
d. attack someone with the idea of seriously hurting them?	<input type="radio"/>								
e. stay away from school all day when their parents think they are at school?	<input type="radio"/>								
f. have one or two drinks of beer, wine, or hard liquor nearly every day?	<input type="radio"/>								
g. smoke cigarettes?	<input type="radio"/>								
h. smoke marijuana?	<input type="radio"/>								
i. use LSD, cocaine, amphetamines or another illegal drug?	<input type="radio"/>								
j. use prescription drugs without a doctor telling them to take them?	<input type="radio"/>								

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

- 40+ times  
 30 to 39 times  
 20 to 29 times  
 10 to 19 times  
 6 to 9 times  
 3 to 5 times  
 1 to 2 times  
 Never

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. participated in clubs, organizations or activities at school?	<input type="radio"/>																		
f. been arrested?	<input type="radio"/>																		
g. done extra work on your own for school?	<input type="radio"/>																		
h. attacked someone with the idea of seriously hurting them?	<input type="radio"/>																		
i. been drunk or high at school?	<input type="radio"/>																		
j. volunteered to do community service?	<input type="radio"/>																		
k. taken a handgun to school?	<input type="radio"/>																		
l. been hit, slapped, pushed, shoved, kicked or any other way physically assaulted by your boyfriend or girlfriend?	<input type="radio"/>																		
m. seen someone punched with a fist, kicked, choked, or beaten up?	<input type="radio"/>																		
n. seen someone attacked with a weapon, other than a gun, such as a knife, bat, bottle, or chain?	<input type="radio"/>																		
o. seen someone shot or shot at?	<input type="radio"/>																		

**39. How often have you done the following for money, possessions, or anything of value:**

	Never	Before, but not in the past 12 months	At least once in the past 12 months	Once or twice a month	Once or twice a week	Almost every day
79 78						
75 74						
71 70						
69						
67 66						
64						
62						
60						
58 57 56						
54						

**40. 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:**

	Number of friends				
	0	1	2	3	4
51 50					
46 45					
43 42 41 40					
37 36 35 34					
32					
30 29 28					
25 24 23 22 21					
19					
17					
14					

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

- Very False                       Somewhat True  
 Somewhat False                 Very True

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

- Very False                       Somewhat True  
 Somewhat False                 Very True

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

- Very False                       Somewhat True  
 Somewhat False                 Very True

	NO!	no	yes	YES!
44. I think sometimes it's okay to cheat at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. 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"/>
46. 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"/>

**47. 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                       2 or 3 times                       6 or more times  
 1 time                       4 or 5 times

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

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

**49. During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been taking prescription drugs (e.g., OxyContin, Vicodin, Valium, Xanax, Ritalin, Adderal, sleeping pills) that were not prescribed to you by a doctor or that you took only for the experience or feeling they cause?**

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

**50. Think back over the LAST TWO WEEKS. How many times have you had five or more alcoholic drinks in a row?**

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

**51. Have you ever smoked cigarettes?**

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

**52. During the past 30 days, on how many days did you smoke cigarettes?**

- 0 days                       6 to 9 days                       All 30 days  
 1 or 2 days                       10 to 19 days  
 3 to 5 days                       20 to 29 days

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

- 0 days                       6 to 9 days                       All 30 days  
 1 or 2 days                       10 to 19 days  
 3 to 5 days                       20 to 29 days

**54. In the last 30 days, about how many times were you offered:**

	Never	Once	2-3 times	4-6 times	7-10 times	More than 10 times
a. alcohol?	<input type="radio"/>					
b. cigarettes?	<input type="radio"/>					
c. marijuana?	<input type="radio"/>					
d. other drugs?	<input type="radio"/>					

**55. During the past 12 months, how many times have you talked with your parents about strategies to avoid or resist people or places where you might be offered alcohol, prescription drugs, or other drugs?**

<input type="radio"/>					
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78  
77  
76  
75  
74  
73

87. If during the past 30 days you used marijuana, how did you get it? (Mark all that apply.)

- I did not use marijuana during the past 30 days
- I got it from someone with a Medical Marijuana Card
- Friends  Parties  School
- Family/Relatives  Home  Other

88. In the last 30 days, how often have you avoided people or places because you might be offered alcohol, cigarettes, marijuana or other drugs including prescription drugs?

- None  2-3 times  7-10 times
- Once  4-6 times  More than 10 times

89. In the last 30 days, how often did you respond in the following ways when alcohol, cigarettes, marijuana or other drugs including prescription drugs were offered to you? (Fill in an answer for each way of responding)

	Never	Once	Twice	Three times	Four or more times	I never got offers
a. say "No" without giving a reason why.	<input type="checkbox"/>					
b. give an explanation or excuse to turn down the offer.	<input type="checkbox"/>					
c. decide to leave the situation without accepting the offer.	<input type="checkbox"/>					
d. use some other way to not accept the alcohol or drugs.	<input type="checkbox"/>					

90. 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. try marijuana once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. smoke marijuana once or twice a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. have five or more drinks of an alcoholic beverage in a row once or twice a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. use prescription drugs without a doctor telling them to take them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

91. Compared to using illegal drugs (e.g., cocaine, meth, heroin), how harmful do you think it is for people to take prescription drugs (e.g., OxyContin, Vicodin, Valium, Xanax, Ritalin, Adderal, sleeping pills) without a doctor telling them to take them?

- A lot less harmful  No difference  A lot more harmful
- Less harmful  More harmful

92. If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.)

- I did not drink alcohol in the past 30 days
- I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
- I bought it at a restaurant, bar, or club
- I bought it at a public event such as a concert or sporting event
- I gave someone else money to buy it for me
- My parent or guardian gave it to me
- Another family member who is 21 or older gave it to me
- Someone not related to me who is 21 or older gave it to me
- Someone under the age of 21 gave it to me
- I got it at a party
- I took it from home
- I took it from a store or someone else's home
- I got it some other way

93. If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all that apply.)

- I've never used prescription drugs to get high
- Doctor/Pharmacy
- Friends  School
- Family/Relatives  Other
- Parties  Over the Internet
- Home (e.g., Medicine Cabinet)  Outside the United States (e.g., Mexico, Canada)

94. If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply):

- To fit in with my friends
- To try something new or exciting
- To get back at my parents or to get my parent's attention
- To help me lose weight
- To keep from feeling sad or down
- I was bored and needed something to do
- To get a high or to have a good feeling
- To help me feel normal
- To help me stay focused or think better
- To have fun
- To be like an actor or musician/band that I admire
- To feel more grown up or prove that I am grown up
- I needed it, craved it, or am addicted
- To deal with the stress in my life (Please mark all areas of stress that were related to your substance use below)
  - Parents/family
  - Peers/Friends (e.g., fighting with friends, getting bullied, dealing with rumors, etc...)
  - School
  - Community
  - Other

95. If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply):

- I'm not interested in using drugs
- It can harm my body
- My parents would be disappointed in me
- My parents would take away my privileges if they found out
- My teachers/mentors/other adults in my life would be disappointed in me
- I might get kicked out of school or extracurricular activities (e.g., sports, cheerleading, drama club/plays)
- My friends would stop talking to me or hanging out with me
- I would get a bad reputation with peers
- I wanted to, but I couldn't get it or wasn't offered it
- It's illegal – I could get arrested
- I've tried them before and I don't like them
- It's morally wrong
- It's against my religious or spiritual beliefs

These questions ask about the neighborhood and community where you live

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

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

	Very easy	Sort of easy	Sort of hard	Very hard
97. 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"/>
98. 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"/>
99. 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"/>
100. 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"/>
101. If you wanted to get a handgun, how easy would it be for you to get one?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	NO!	no	yes	YES!
102. 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"/>
103. 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"/>
104. 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"/>

105. 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

106. If you have ever belonged to a gang, what was the one major reason you joined?

- Protection/safety       Make money  
 Friendship               Other  
 Parent(s) are in a gang    I have never belonged to a gang  
 Sibling(s) are in a gang

	Not wrong at all	A little bit wrong	Wrong	Very wrong
107. How wrong would most adults (over 21) in your neighborhood think it is for kids your age:				
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"/>

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

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"/>

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

- No       Yes

	NO!	no	yes	YES!
110. If I had to move, I would miss the neighborhood I now live in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. 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"/>
112. I like my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. There are lots of adults in my neighborhood I could talk to about something important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. I'd like to get out of my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. 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"/>
116. 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"/>
117. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Number of days:  0  1  2  3  4  5  6  7

119. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, prescription drugs, or illegal drugs? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians – whether or not they live with you. (Mark all that apply)

- No, I did not talk with my parents about the dangers of tobacco, alcohol, prescription drugs, or illegal drugs.  
 Yes, I talked with my parents about the dangers of tobacco use.  
 Yes, I talked with my parents about the dangers of alcohol use.  
 Yes, I talked with my parents about the dangers of prescription drug use.  
 Yes, I talked with my parents about the dangers of illegal drug use.

120. Which of the following people do you feel comfortable going to for help when things go wrong or when you need someone to talk to about your problems? (Mark all that apply)

- Parents/Step-parents       Mentors  
 Grandparents               Tutors  
 Siblings                       Counselors  
 Other relatives               Other adults  
 Friends                       I have no one I can talk to or go to for help  
 Teachers  
 Coaches/Instructors

121. 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"/>

**122. How wrong do your parents feel it would be for YOU to:**

	Very wrong	Wrong	A little bit wrong	Not wrong at all
77				
75				
74				
72				
70				
68				
66				
65				
63				
62				
60				
57				

	NO!	no	yes	YES!
53				
51				
50				
47				
45				
44				
39				
38				
35				
32				
31				
30				
27				
25				
24				
23				
22				
21				
20				
19				
18				
17				
14				
13				
12				
11				
10				
9				
8				
7				
6				

	NO!	no	yes	YES!
137. Do you enjoy spending time with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
138. 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"/>
139. 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"/>
140. My parents ask if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
141. People in my family have serious arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
142. Would your parents know if you did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
143. 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"/>

**144. Has anyone in your family ever had severe alcohol or drug problems?**

- No  Yes

**145. 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

**146. 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

**147. In a normal school week, how many days are you home after school for at least one hour without an adult there?**

- Never or Almost Never  3 days  
 1 day  4 day  
 2 days  5 days

**148. Have any of your relatives previously been in prison or jail? (Mark all that apply)**

- No one has been in prison or jail  
 Mother  Other Adult(s)  
 Stepmother  Brother(s)  
 Father  Stepbrother(s)  
 Stepfather  Sister(s)  
 Grandparent(s)  Stepsister(s)  
 Aunt  Uncle  
 Other Children

**149. Are any of your relatives currently in prison or jail? (Mark all that apply)**

- No one has been in prison or jail  
 Mother  Other Adult(s)  
 Stepmother  Brother(s)  
 Father  Stepbrother(s)  
 Stepfather  Sister(s)  
 Grandparent(s)  Stepsister(s)  
 Aunt  Uncle  
 Other Children

**Thank you for completing the survey**