

1. Thank you for agreeing to participate in the **ARIZONA YOUTH SURVEY**. The survey is being conducted by researchers at Arizona State University. The goal of the project is to learn more about how teens' experiences with their community, family, peers, and school are related to their health behaviors.
2. The survey is completely voluntary and anonymous. **DO NOT put your name on it.** To protect your privacy, at the end of the period you will place the survey in an envelope that will be sealed by a student and mailed to researchers at Arizona State University. **School officials ARE NOT allowed to open the envelope or look at your responses.**
3. 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.
4. **Please answer each question by completely filling in the oval with a #2 pencil.** If you do not find an answer that fits exactly, use the response 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.

5. For questions that have the following answers: **NO! no yes YES!**

Mark (the BIG) **NO!** if you think the statement is **DEFINITELY NOT TRUE.**

Mark (the little) **no** if you think the statement is **MOSTLY NOT TRUE.**

Mark (the little) **yes** if you think the statement is **MOSTLY TRUE.**

Mark (the BIG) **YES!** if you think the statement is **DEFINITELY TRUE.**

**EXAMPLE**

Chocolate is the best ice cream flavor.

NO!  no  yes  YES!

The student marked "yes" because he or she thinks the statement is mostly true.

**SCHOOL CODE:**

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

**STUDENT'S HOME ZIP CODE:**

8				
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

1. Are you?  Male  Female
2. How old are you?  11  13  15  17  19  
 12  14  16  18  20
3. What grade are you in?  8th  10th  12th
4. Do you get a free or reduced cost lunch at school?  
 No  Yes

5. What is your race? (Mark all that apply)

- White (Caucasian)  Asian  
 Hispanic/Latino  American Indian/Alaska Native  
 Black/African American  Hawaiian/Other Pacific Islander

**Answer the following set of questions thinking about WHERE YOU LIVE MOST OF THE TIME.**

6. Who is your primary female caregiver?  
 Mother  Foster mother  
 Stepmother  Other female adult  
 Grandmother  No female caregiver in the home
7. Did your primary female caregiver complete high school?  
 No  Yes  No female caregiver in the home
8. Who is your primary male caregiver?  
 Father  Foster father  
 Stepfather  Other male adult  
 Grandfather  No male caregiver in the home
9. Did your primary male caregiver complete high school?  
 No  Yes  No male caregiver in the home
10. Who else lives in your home? (Mark all that apply)  
 No one else  Other adult(s)  Other children  
 Brother(s)/sister(s)  Stepbrother(s)/sister(s)

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

- Neither in the military  Active duty  Reserve  
 Former military  Died in the military

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

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

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

13. 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

	NO!	no	yes	YES!
14. In my school, students have lots of chances to help decide things like class activities and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Teachers ask me to work on special classroom projects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. 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"/>
17. 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"/>
18. There are lots of chances for students in my school to talk with a teacher one-on-one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I feel safe at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. The school lets my parents know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. 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"/>
23. 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"/>



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

- Never joined     Make money     Sibling(s) in a gang  
 Get respect     Friendship     Parent(s) in a gang  
 Protection     Felt pressured     Other

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

- I have never belonged to a gang     No     Yes

35. Have you ever smoked cigarettes (not including electronic cigarettes)?

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

36. During the past 30 days, on how many days did you smoke cigarettes (not including electronic cigarettes)?

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

37. Have you ever used electronic cigarettes (e-cigs, vapes)?

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

38. During the past 30 days, on how many days did you use electronic cigarettes (e-cigs, vapes)?

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

39. Over the LAST TWO WEEKS, how many times have you had five (5) or more alcoholic drinks in a row?

- 0     1     2     3-5     6-9     10 or more

On how many OCCASIONS (if any) have you:

40. drunk alcoholic beverages -- more than just a few sips

	0	1-2	3-5	6-9	10-19	20+
a. ....in your lifetime?	<input type="radio"/>					
b. during the past 30 days?	<input type="radio"/>					

41. used marijuana

	0	1-2	3-5	6-9	10-19	20+
a. ....in your lifetime?	<input type="radio"/>					
b. during the past 30 days?	<input type="radio"/>					

42. smoked or vaped marijuana concentrates (e.g., hash oil, wax, crumble, shatter)

	0	1-2	3-5	6-9	10-19	20+
a. ....in your lifetime?	<input type="radio"/>					
b. during the past 30 days?	<input type="radio"/>					

43. used cocaine or crack

	0	1-2	3-5	6-9	10-19	20+
a. ....in your lifetime?	<input type="radio"/>					
b. during the past 30 days?	<input type="radio"/>					

On how many OCCASIONS (if any) have you:

44. used LSD or other hallucinogens (e.g., shrooms, peyote, salvia)

	0	1-2	3-5	6-9	10-19	20+
a. ....in your lifetime?	<input type="radio"/>					
b. during the past 30 days?	<input type="radio"/>					

45. inhaled gases or fumes from glues, liquids, or sprays in order to get high (e.g., whippets, nitrous, paint, gas, aerosols)

	0	1-2	3-5	6-9	10-19	20+
a. ....in your lifetime?	<input type="radio"/>					
b. during the past 30 days?	<input type="radio"/>					

46. used phenoxydine (e.g., px, breeze)

	0	1-2	3-5	6-9	10-19	20+
a. ....in your lifetime?	<input type="radio"/>					
b. during the past 30 days?	<input type="radio"/>					

47. used methamphetamines (e.g., meth, crystal meth)

	0	1-2	3-5	6-9	10-19	20+
a. ....in your lifetime?	<input type="radio"/>					
b. during the past 30 days?	<input type="radio"/>					

48. used heroin

	0	1-2	3-5	6-9	10-19	20+
a. ....in your lifetime?	<input type="radio"/>					
b. during the past 30 days?	<input type="radio"/>					

49. used ecstasy (e.g., Molly, MDMA, X, E)

	0	1-2	3-5	6-9	10-19	20+
a. ....in your lifetime?	<input type="radio"/>					
b. during the past 30 days?	<input type="radio"/>					

50. used steroids or anabolic steroids (e.g., Anadrol, Oxandrin, Durabolin, Equipoise, Depo-Testosterone)

	0	1-2	3-5	6-9	10-19	20+
a. ....in your lifetime?	<input type="radio"/>					
b. during the past 30 days?	<input type="radio"/>					

51. used prescription pain relievers without a doctor telling you to take them (e.g., codeine, OxyContin, Vicodin, Percocet, hydrocodone, fentanyl)

	0	1-2	3-5	6-9	10-19	20+
a. ....in your lifetime?	<input type="radio"/>					
b. during the past 30 days?	<input type="radio"/>					

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

52. used prescription stimulants without a doctor telling you to take them (e.g., Adderall, Ritalin, Concerta, Vyvanse, Dexedrine)

	0	1-2	3-5	6-9	10-19	20+
a. ....in your lifetime?	<input type="radio"/>					
b. during the past 30 days?	<input type="radio"/>					

53. used prescription sedatives without a doctor telling you to take them (e.g., bars, Valium, Xanax, Klonopin, Ambien, Lunesta)

	0	1-2	3-5	6-9	10-19	20+
a. ....in your lifetime?	<input type="radio"/>					
b. during the past 30 days?	<input type="radio"/>					

54. used synthetic drugs (e.g., Bath Salts, K2, Spice, Gold)

	0	1-2	3-5	6-9	10-19	20+
a. ....in your lifetime?	<input type="radio"/>					
b. during the past 30 days?	<input type="radio"/>					

55. used over the counter drugs for the purposes of getting high (e.g., cough syrup, cold medicine, diet pills)

	0	1-2	3-5	6-9	10-19	20+
a. ....in your lifetime?	<input type="radio"/>					
b. during the past 30 days?	<input type="radio"/>					

56. used multiple drugs at the same time (including alcohol, prescription medications, marijuana, and other illegal drugs)

	0	1-2	3-5	6-9	10-19	20+
a. ....in your lifetime?	<input type="radio"/>					
b. during the past 30 days?	<input type="radio"/>					

57. drunk alcohol at the same time you used prescription pain relievers (e.g., Vicodin, OxyContin, codeine)

	0	1-2	3-5	6-9	10-19	20+
a. ....in your lifetime?	<input type="radio"/>					
b. during the past 30 days?	<input type="radio"/>					

This section asks about your experiences as a driver and passenger in cars and other vehicles.

58. During the **past 30 days**, how many times did you **RIDE** in a car or other vehicle driven by someone who had been:

	0	1	2-3	4-5	6+
a. drinking alcohol?	<input type="radio"/>				
b. using marijuana?	<input type="radio"/>				

59. Do you **currently** have a valid driver's license or permit?

- No     Yes, driver's permit     Yes, driver's license

60. During the **past 30 days**, how many times did you **DRIVE** a car or other vehicle when you had been:

	0	1	2-3	4-5	6+
a. drinking alcohol?	<input type="radio"/>				
b. using marijuana?	<input type="radio"/>				

61. During the **past 30 days**, how many times did you **DRIVE** a vehicle while texting or talking on your phone?

- 0     1     2-3     4-5     6+

This section asks about your beliefs and personal characteristics.

	NO!	no	yes	YES!
62. 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"/>
63. 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"/>
64. I think sometimes it is okay to cheat at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. 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"/>

	Not at all true	Somewhat true	Very true	Definitely true
66. I care about how well I do at school or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. I feel bad or guilty when I do something wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. I always try my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. I try not to hurt others' feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. I work hard on everything I do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. I apologize (say, "I am sorry") to people I hurt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

73. What are the CHANCES that you would be seen as cool if you:

	Very good	Pretty good	Some	Little	No or very little
a. worked hard at school?	<input type="radio"/>				
b. regularly volunteered to do community service?	<input type="radio"/>				
c. defended someone who was being verbally abused at school?	<input type="radio"/>				
d. smoked cigarettes?	<input type="radio"/>				
e. began drinking alcoholic beverages regularly (at least once or twice a month)?	<input type="radio"/>				
f. smoked marijuana?	<input type="radio"/>				
g. carried a handgun?	<input type="radio"/>				

74. I ignore rules that get in my way.

	Very true	Somewhat true	Somewhat false	Very false
74. I ignore rules that get in my way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. I do the opposite of what people tell me, just to get them mad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. I like to see how much I can get away with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

77. How WRONG do you think it is for someone your age to:

	Not wrong at all	A little bit wrong	Wrong	Very wrong
a. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. have one or two alcoholic drinks nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. drink alcoholic beverages regularly (at least once or twice a month)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. use prescription drugs without a doctor telling them to take them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. use illegal drugs besides marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. take a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. steal something worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. attack someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. 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"/>

78. How EASY would it be for you to get the following things if you wanted them:

	Very easy	Sort of easy	Sort of hard	Very hard
a. some cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. some alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. prescription drugs that can be used to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. some marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. an illegal drug besides marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When answering these questions, please think about the people you consider to be your family (e.g., parents, stepparents, grandparents, etc.).

79. How WRONG do your parents feel it would be for YOU to:

	Not wrong at all	A little bit wrong	Wrong	Very wrong
a. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. have 1 or 2 alcoholic drinks nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. drink alcoholic beverages regularly (at least once or twice a month)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. use prescription drugs without a doctor telling you to take them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. use illegal drugs besides marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. steal something worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. 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"/>
i. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

80. Has anyone in your family ever had a severe alcohol or drug problem?  No  Yes

81. During the past 12 months, have either of your parents or guardians spent time in jail or prison?

No  Yes, part of the time  Yes, full 12 months

	NO!	no	yes	YES!
82. The rules in my family are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. People in my family often insult or yell at each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. 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"/>
85. We argue about the same things in my family over and over.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. If you drank some alcohol without your parents' permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. My family has clear rules about alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. 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"/>
89. If you skipped school, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

90. 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

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

Never or almost never  Often  
 Sometimes  All the time

	NO!	no	yes	YES!
92. 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"/>
93. Do you feel very close to your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. Do you feel very close to your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. Do you share your thoughts and feelings with your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. Do you share your thoughts and feelings with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. Do you enjoy spending time with your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. Do you enjoy spending time with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. 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"/>
100. 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"/>
101. My parents ask if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102. People in my family have serious arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103. Would your parents know if you did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

104. Have any of your brothers or sisters <u>ever</u> :	No siblings	No	Yes
a. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. drunk beer, wine, or hard liquor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. used prescription drugs without a doctor telling them to take them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. used illegal drugs besides marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. been suspended or expelled from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. taken a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**This section asks about the neighborhood and community where you live.**

105. Would a kid in your neighborhood get caught by police if they:	NO!	no	yes	YES!
a. drank alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. used prescription drugs without a doctor telling them to take them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. used illegal drugs besides marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

106. How many times in the <u>past 12 months</u> have you:	0	1-2	3-5	6-9	10+
a. SEEN someone punched, kicked, choked, or beaten up?	<input type="radio"/>				
b. SEEN someone attacked with a weapon other than a gun (e.g., knife, bat, bottle)?	<input type="radio"/>				
c. SEEN someone shot, shot at, or threatened with a gun?	<input type="radio"/>				
d. BEEN punched, kicked, choked, or beaten up?	<input type="radio"/>				
e. BEEN physically assaulted (e.g., hit, slapped, pushed) by your boyfriend/girlfriend?	<input type="radio"/>				
f. BEEN attacked with a weapon other than a gun (e.g., knife, bat, bottle)?	<input type="radio"/>				
g. BEEN shot, shot at, or threatened with a gun?	<input type="radio"/>				
h. BEEN harassed or made fun of by another person online or through text?	<input type="radio"/>				

	NO!	no	yes	YES!
107. 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"/>
108. 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"/>
109. I like my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. 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"/>
111. I'd like to get out of my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. 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"/>
113. 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"/>
114. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

115. About how many adults (over 21) have you known personally who in the <u>past 12 months</u> have:	0	1	2	3	4	5+
a. gotten drunk or high?	<input type="radio"/>					
b. used marijuana, crack, cocaine, or other drugs?	<input type="radio"/>					
c. sold or dealt drugs?	<input type="radio"/>					
d. done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging, assaulting others, etc.?	<input type="radio"/>					

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

**You're almost done! Keep working.**

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

**117. During the past 12 months, how many times have the following things occurred ON SCHOOL PROPERTY?**

	0	1	2	3	4+
a. you were picked on or bullied?	<input type="radio"/>				
b. you picked on or bullied someone else?	<input type="radio"/>				
c. you saw someone being bullied?	<input type="radio"/>				
d. you were in a physical fight?	<input type="radio"/>				
e. someone threatened or injured you with a weapon (e.g., gun, knife, or club)?	<input type="radio"/>				

**118. During the past 12 months, how many times did you NOT go to school because you felt you would be unsafe?**

- 0 times    1 time    2 times    3 times    4+ times

**This section asks about your experiences avoiding, using, and obtaining tobacco, alcohol, and other drugs.**

**119. During the past 30 days, how often have you avoided people or places because you might be offered tobacco, alcohol, prescription drugs, marijuana, or other illegal drugs?**

- 0    1    2-3    4-6    7-10    11 or more

**120. During the past 30 days, how many times were you offered:**

	0	1	2-3	4-6	7-9	10+
a. cigarettes?	<input type="radio"/>					
b. alcohol?	<input type="radio"/>					
c. prescription drugs?	<input type="radio"/>					
d. marijuana?	<input type="radio"/>					
e. illegal drugs besides marijuana?	<input type="radio"/>					

**121. During the past 30 days, how many times did you respond in the following ways when offered tobacco, alcohol, prescription drugs, marijuana, or other illegal drugs:**

	Never got offers	0	1	2	3	4+
a. say "No" without giving a reason why.	<input type="radio"/>					
b. give an explanation or excuse to turn down the offer.	<input type="radio"/>					
c. decide to leave the situation without accepting the offer.	<input type="radio"/>					
d. use some other way to not accept the alcohol or drugs.	<input type="radio"/>					

**122. During the past 30 days, if you DID NOT USE tobacco, alcohol, prescription drugs, marijuana, or other illegal drugs, please tell us about some of the reasons for not using (Mark all that apply):**

- Not applicable, I used in the past 30 days
- Not interested in drugs
- Tried them and don't like them
- Couldn't get it or wasn't offered
- Parents would be disappointed
- Other adults would be disappointed
- Parents would take away privileges
- Might get kicked out of school, sports, cheerleading, etc.
- Would get bad reputation
- Friends would stop talking to me or hanging out with me
- Illegal and could get arrested
- It can harm my body
- Other

**123. During the past 30 days, if you DID USE tobacco, alcohol, prescription drugs, marijuana, or other illegal drugs, please tell us about some of your reasons for using (Mark all that apply):**

- Not applicable, I did not use in the past 30 days
- Try something new and exciting
- Have fun
- Bored and needed something to do
- Deal with the stress from my parents and family
- Deal with the stress from my peers and friends
- Deal with the stress from my school
- Deal with the stress from my community
- Needed it, craved it, or am addicted
- Stay focused or think better
- Get high or feel good
- Feel normal
- Feeling sad or down
- Lose weight
- Get back at my parents or get their attention
- Feel grown up or prove that I am grown up
- Be like someone famous
- Fit in with friends
- Other

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

- Not applicable, I did not drink alcohol in the past 30 days
- Bought it at a restaurant, bar, or club
- Bought it at a store
- Bought it at a public event (e.g., concert)
- Bought it when outside of the U.S.
- Stole it from a store or someone else's home
- Stole it from my own home
- From my parent or guardian
- Gave someone money to buy it
- From a relative over 21
- From a non-related adult over 21
- From someone under 21
- At a party
- Over the internet
- Other

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

- Not applicable, I did not use marijuana in the past 30 days
- From someone with a medical marijuana card
- Bought it from a dispensary within AZ
- Bought it from a dispensary outside of AZ
- From family or relatives
- From home
- From friends
- At school
- At a party
- Over the internet
- Other

**126. If you have ever used prescription drugs without a doctor telling you to use them, how did you get them? (Mark all that apply)**

- Not applicable, I did not use without a doctor's approval
- From a doctor or pharmacy within the U.S.
- From a doctor or pharmacy outside the U.S.
- From family or relatives
- From home
- From friends
- At school
- At a party
- Over the internet
- Other

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

- No  Yes

**This section asks about your experiences interacting with your parents and other adults in your life.**

**128. During a typical school week, how many days are you home after school for at least one hour without an adult there?**

- 0  1  2  3  4  5

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

- 0  1  2  3  4  5  6  7

**130. During a typical week, how many days do you spend at least 30 minutes of quality time (e.g., talking, sharing interests and feelings) with all or most of your family?**

- 0  1  2  3  4  5  6  7

**131. 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 tobacco, alcohol, prescription drugs, marijuana, or other illegal drugs?**

- 0  1  2-3  4-6  7-10  11 or more

**132. During the past 12 months, have you talked with a parent/guardian about the dangers of the following substances (Mark all that apply):**

- Tobacco  Prescription drugs  Other illegal drugs  
 Alcohol  Marijuana

**133. 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)**

- I have no one I can talk to or go to for help
- Parents/stepparents
- Foster parents
- Other guardians
- Other relatives
- Other adults
- Faith-based leaders
- Coaches/instructors
- Neighbors
- Teachers
- Mentors
- Siblings
- Grandparents
- Friends
- Tutors
- Counselors

**This last section asks about your coping, expectations, and future goals.**

**134. In the last month, how often have you felt:**

	Never	Almost never	Sometimes	Fairly often	Very often
a. that you were unable to control the important things in your life?	<input type="checkbox"/>				
b. confident about your ability to handle your personal problems?	<input type="checkbox"/>				
c. that things were going your way?	<input type="checkbox"/>				
d. that difficulties were piling up so high that you could not overcome them?	<input type="checkbox"/>				

**135. Please indicate how much these statements describe you.**

	Not at all like me	A little like me	Somewhat like me	A lot like me	Exactly like me
a. I expect good things to happen to me.	<input type="checkbox"/>				
b. I feel excited about my future.	<input type="checkbox"/>				
c. I trust my future will turn out well.	<input type="checkbox"/>				
d. I have goals in my life.	<input type="checkbox"/>				
e. If I set goals, I take action to reach them.	<input type="checkbox"/>				
f. It is important to me that I reach my goals.	<input type="checkbox"/>				
g. I develop step-by-step plans to reach my goals.	<input type="checkbox"/>				
h. I know how to make my plans happen.	<input type="checkbox"/>				

**Thank you for completing this survey.**