

63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

1. What is the zip code for your home address?
Please write in the **numbers**, then fill in the proper **circles**.

EXAMPLE

ZIP CODE				
1	9	7	1	6
0	0	0	0	0
●	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	●
7	7	●	7	7
8	8	8	8	8
9	●	9	9	9

ZIP CODE				
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

2. What is your gender?

- Male
- Female

3. Do you get a free or reduced lunch at school?

- Yes
- No

4. How old are you TODAY?

- 12 years or younger
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years
- 19 years or older

5. Are you Hispanic or Latino?

- No
- Yes

6. Which of the following BEST describes you?
(CHOOSE **ONLY ONE** ANSWER)

- American Indian or Alaskan Native
- Asian
- Black or African American
- White/Caucasian
- Other (describe) _____

7. What **ONE** category best describes your overall grades on your last report card?

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

8. Which of the following people live with you most of the time? (**MARK ALL THAT APPLY**)

- Mother
- Father
- Grandparent(s), aunt(s) or uncle(s)
- Step-parent(s)
- Siblings(s)
- Other adult(s)

9. Which of the people who live with you right now work to earn money to pay the bills and buy the food? (**MARK ALL THAT APPLY.**)

- Mother
- Father
- Grandparent(s), aunt(s) or uncle(s)
- Step-parent(s)
- Brother(s)
- Sister(s)
- Other adult(s)

10. How old is your mother?
If you don't know, please put your best guess.

Age	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

11. How old is your father?
If you don't know, please put your best guess.

Age	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

12. What is the **highest** level of schooling your mother or female guardian completed?
(CHOOSE **ONLY ONE** ANSWER)

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school after college

13. What is the **highest** level of schooling your father or male guardian completed?
(CHOOSE **ONLY ONE** ANSWER)

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school after college

CHOOSE THE ONE BEST ANSWER FOR EACH ROW:

63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

HOW OFTEN DO YOU:	NEVER	BEFORE, BUT NOT IN PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
31. Argue or fight with either of your parents/guardians?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Take some kind of weapon to school or to a school event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Take part in a fight where a group of your friends are against another group?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Steal something from a store without paying for it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Break into a car, house or other building?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Get arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Talk to either of your parents about how things are going at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Go places with your parents such as concerts, museums, plays, historical sites or other educational trips or activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Cheat on a test in class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Attend religious services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Ride in a car when the driver - an adult - has been drinking alcohol while driving or shortly before driving?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Ride in a car when the driver - someone less than 21 yrs old - has been drinking alcohol while driving or shortly before driving?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Sneak money from an adult's wallet, purse, or other place?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Do chores or help out at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Get stopped by police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Ride in a car when the driver has been smoking pot while driving or shortly before driving?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Skip or miss classes (not the whole school day) <u>without permission</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Get suspended or expelled from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Hear name-calling, threats or yelling between adults in your home which makes you uncomfortable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Hear or see violence between adults in your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

63. Does anybody living in your home smoke cigarettes or tobacco? **(MARK ALL THAT APPLY)**

- No one
- Mother or Stepmother
- Father or Stepfather
- Brother(s) or Stepbrother(s)
- Sister(s) or Stepsister(s)
- Other household member(s)

64. How old were you the first time you smoked a cigarette (not just a few puffs)?

- I have never smoked a cigarette
- 10 years or younger
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

How many cigarettes have you smoked:

	NONE	LESS THAN 1	1-5 CIGARETTES	6-10 CIGARETTES	11-20 CIGARETTES	21-30 CIGARETTES	31 OR MORE CIGARETTES
65. ...in your whole life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. ...in the past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. ...in the past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

68. In the past month, on the days that you smoked, about how many cigarettes did you smoke per day?

- Did not smoke cigarettes
- Less than 1 cigarette per day
- About 1-5 cigarettes per day
- About 1/2 pack per day
- About 1 to 1 and 1/2 packs per day
- About 2 packs per day or more

69. If you wanted to get cigarettes, where would you most likely get them? **(MARK ALL THAT APPLY)**

- From my friends or other kids I know
- From my brothers, sisters, or cousins
- From my parents/guardians (with them knowing)
- From my parents/guardians (without them knowing)
- From other adults (with them knowing)
- From other adults (without them knowing)
- From a vending machine
- From a store cashier or clerk

HOW OFTEN HAVE YOU USED ANY OF THE FOLLOWING:	NEVER	BEFORE, BUT NOT IN PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
70. Chewing tobacco, snuff, dip, snus (Skoal, Red Man)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. Cigarillos, little cigars, black and tans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

82. How old were you the first time you tried marijuana (grass, pot, hash, weed, blunts)?

- I have never tried marijuana
- 10 years old or younger
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

How many times have you smoked marijuana (grass, pot, hash, weed, blunts)?

	0 TIMES	1 - 2 TIMES	3 - 5 TIMES	6 - 9 TIMES	10 - 19 TIMES	20 - 39 TIMES	40 OR MORE TIMES
83. ...in your whole life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. ...in the past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. ...in the past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

86. In the past 30 days if you used marijuana, **WITH WHOM** did you use it? (**MARK ALL THAT APPLY**)

- Never used marijuana
- Didn't use marijuana in past 30 days
- Brother(s) or sister(s)
- Adult family members
- Friends from school
- Friends from my neighborhood
- Co-workers
- Used alone

87. Do you take any medicine **by prescription** for any of the following? (**MARK ALL THAT APPLY**)

- Depression
- Blood Pressure
- Anxiety
- Asthma
- ADD/ADHD
- Allergies
- Bipolar Disorder
- Weight Loss
- Chronic Skin Conditions (such as acne)
- Other _____
- No

88. Do you take any medicine **by prescription** to help you concentrate better in school?

- Yes
- No

89. During the past year, have you taken any of the following **PRESCRIPTION** drugs that were **NOT** prescribed **for you**? (**MARK ALL THAT APPLY**)

- Yes, OxyContin
- Yes, Codeine/Tylenol with codeine
- Yes, Percocet/Percodan
- Yes, Vicodin
- Yes, Darvon/Darvacet/Endocet
- Yes, Xanax
- Yes, Somas
- Yes, Ritalin/Adderall/Strattera
- Yes, Albuterol or other asthma medication
- Yes, Other **PRESCRIPTION DRUG NOT PRESCRIBED FOR YOU** (please specify) _____
- No

HOW OFTEN DO YOU USE:	NEVER	BEFORE, BUT NOT IN PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
90. Ecstasy or E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. Hallucinogens (acid, shrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. Steroids without a prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. Over-the-counter drugs (cough & cold meds, Nyquil) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. Downers (tranqs, barbs, Xanax) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. Prescription uppers (diet pills, etc) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. Street uppers (speed, meth, crank) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. Inhalants (aerosols spray cans, gasoline, whippets, glue)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. Pain killers (OxyContin, codeine, Percocet, Tylenol III) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. Dactyls (rubes, dacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100. Ritalin, Adderall, Strattera, Cylert or Concerta without a prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101. Crack (rock)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102. Powder cocaine (powder, blow)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103. Heroin (funk, dope)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<u>MARK ALL THAT APPLY FOR EACH DRUG:</u>	Alcohol	Marijuana	Prescription Pain Killers	Other Illegal Drugs
104. I know where students my age can buy:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. During the past year, I have sold or given someone else:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. During the past year, I tried to cut down on or stop my use of:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. During the past year, I have been unable to cut down on my use of:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. During the past year, I needed larger amounts to get the same effect from:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109. During the past year, I used daily or almost daily for 2 or more weeks in a row:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. During the past year, I had withdrawal symptoms or felt sick because I cut down or stopped my use of:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

<i>DURING THE PAST YEAR, HAVE ANY OF THESE THINGS HAPPENED DUE TO DRINKING ALCOHOL?</i>	DID NOT DRINK IN PAST YEAR	YES	NO
111. I got into a heated argument while drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. I stayed away from school because of a hangover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. I was high or a little drunk at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. My girl/boyfriend told me that I should cut down on my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. Friends told me that I should cut down on my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. I stayed drunk for more than one day at a time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. Once I started drinking, it was difficult for me to stop before I became completely intoxicated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. I have awakened unable to remember some of the things I had done while drinking the day before.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. My hands shook a lot after drinking the day before.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. Sometimes I kept on drinking after promising myself not to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
121. My parents punished me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<u><i>DURING THE PAST YEAR:</i></u>	NOT IN PAST YEAR	DUE TO DRINKING	DUE TO MARIJUANA USE	DUE TO PRESCRIPTION PAINKILLER USE
122. I became depressed or lost interest in things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. I had arguments or fights with family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. I felt completely alone and isolated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. I felt very nervous or anxious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. I had health problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127. I found it difficult to think clearly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
128. I felt irritable and upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
129. I got less work done than usual at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
130. I felt suspicious and distrustful of people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
131. I found it harder to handle my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
132. I had to get emergency medical help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

When you have dated, has the person you were dating done any of the following?	NEVER DATED/NOT ALLOWED TO DATE	BEFORE BUT NOT IN PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
154. Always checked on where you were, what you did, who you spoke to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
155. Told you how to act or dress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
156. Discouraged you from spending time how you wanted to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
157. Threatened to do something bad if you broke up with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
158. Pressured you to do things you didn't want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
159. Shown embarrassing photos/videos of you to other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
160. Done or said things that made you fear for your safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
161. Hit, slapped, pushed, punched, kicked or choked you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
162. Talked about you to others in rude ways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do each of the following describe your neighborhood?	Not at All	A Little	Some	A Lot
163. Crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
164. Drug selling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
165. Regular supervised activities for children and teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
166. Fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
167. Neighbors help each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
168. Good lighting in public areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
169. Parks and places it's safe to walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
170. Empty or abandoned buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
171. Graffiti	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
172. Litter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
173. Vandalism/broken windows	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
174. Teenagers hanging out in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
175. People move in and out a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
176. People call the police if something illegal happens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
177. Gang activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

During the past 30 days, which of the following things has happened **TO YOU**, and who was involved: **MARK ALL THAT APPLY.**

	Did Not Happen	Parents	Siblings	Boyfriend/Girlfriend	Kids In Neighborhood	Kids In School
178. Threatened, called names, made fun of or teased you in a hurtful way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
179. Left alone, ignored or left out of things on purpose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
180. Hit, slapped, kicked, pushed, pinched, choked or shoved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
181. Told lies or spread false rumors about you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
182. Took money or things away from you or damaged your things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
183. Forced to do things you didn't want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
184. Fought/threatened you with a weapon.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past 30 days, which of the following things have you done to someone else, and who was involved: **MARK ALL THAT APPLY.**

	Did not Happen	Parents	Siblings	Boyfriend/Girlfriend	Kids In Neighborhood	Kids In School
185. I threatened, called names, made fun of or teased them in a hurtful way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
186. I left alone, ignored or left them out of things on purpose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
187. I hit, slapped, kicked, pushed, pinched, choked or shoved them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
188. I told lies or spread false rumors about them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
189. I took money or things away from them or damaged their things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
190. I forced them to do things they didn't want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
191. I threatened/fought them with a weapon.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

192. If you have drunk alcohol or used illegal drugs in the past year, when were you most likely to do so:
- I did not drink alcohol or use illegal drugs in the past year.
 - Weekends
 - After school
 - Late at night
 - Before school
 - During school hours

193. Which of the following people give you a lot of support and encouragement? (**MARK ALL THAT APPLY.**)
- No one
 - Your parents
 - Your teachers
 - Your friends
 - Your friends' parents
 - Other adults in your neighborhood
 - Other adults in your school
 - Adults in your church, synagogue or other place of worship

63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

HOW OFTEN HAVE YOU DONE ANY OF THE FOLLOWING:	NEVER	BEFORE, BUT NOT IN PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
194. Gambled at a casino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
195. Played the lottery or scratch-off tickets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
196. Bet on team sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
197. Played cards for money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
198. Bet money on horse races	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
199. Played Bingo for money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
200. Bet on dice games such as craps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
201. Gambled on the Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
202. Bet on games of personal skill such as pool, darts or basketball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
203. Bet on video games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	NEVER GAMBLED	YES	NO
204. Have you ever felt the need to bet more and more money in any of the above activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
205. Have you ever lied to people important to you about how much you gambled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

206. In the past year, have you bet money or other valuables on any of the following (MARK ALL THAT APPLY.)

- March Madness
- NFL games
- NBA games
- College football games
- College football bowl games
- College basketball games
- World Series
- Horse races
- Hockey
- Superbowl
- Delaware high school teams

63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

How many times in the past year have you used any of the following means to embarrass or harass someone?						
	HAVE NOT USED SERVICE IN PAST YEAR	NOT AT ALL IN PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	DAILY OR MORE
207. Website (such as Facebook, Myspace, other)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
208. Email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
209. Chat Room (Message Board)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
210. Cell Phone/Text Message	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
211. Instant Message	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

212. The “5-2-1-Almost None” campaign promotes a formula for a healthy lifestyle. Can you identify which answer below best describes the “5-2-1-Almost None” formula?

- I have never heard about this campaign.
- Eat 5 servings of fruits and veggies, watch no more than 2 hours of TV or computer time a day, be physically active for at least 1 hour a day, and have Almost No sugary beverages.
- Have no more than 5 sugary beverages each day, eat 2 servings of fruits and vegetables each day, be physically active for at least 1 hour a day, and have Almost No hours of TV or computer time.
- Eat 5 servings of fruits and vegetables, watch no more than 2 hours of TV or computer time a day, have at least 1 sugary beverage a day, and have Almost No physical activity during the week.

213. Where did you hear about the 5-2-1-Almost None Campaign?
(MARK ALL THAT APPLY)

- From my doctor’s office
- From my school
- I saw it on TV
- I heard about it on the radio
- I read about it on the Internet
- I read about it in a newspaper or billboard
- I have never heard about this campaign

If you are in 8th grade, please stop here. If you are in 11th grade, please complete the final five questions below on the next page:



63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

If you are in 8th grade, please stop here. If you are in 11th grade, please complete the final five questions below:

205. Have you used the Wellness Center in your high school for: **(MARK ALL THAT APPLY)**

- Sports physicals
- Immunizations
- Pregnancy testing
- STD testing
- Nutrition/diet counseling
- Information on tobacco, alcohol or drug use
- Other physical health reasons
- Emotional/Counseling/Mental health
- Never used

206. On average, how often do you drive a car, truck, or other motor vehicle (motorcycle, ATV, boat) after drinking alcohol?

- I don't drive
- Never
- At least once, but not in past year
- A few times in past year
- About once or twice a month
- About once or twice a week
- Almost every day

207. In the past year, have you ever been a designated driver? **(MARK ALL THAT APPLY)**

- I don't drive
- Yes, for others who were drinking, but I didn't
- Yes, when we all were drinking, but I drank less
- Yes, for others who were smoking marijuana
- Yes, for others who were using other illegal drugs
- No

208. On average, how often do you drive a car, truck, or other motor vehicle (motorcycle, ATV, boat) after smoking marijuana?

- I don't drive
- Never
- At least once, but not in past year
- A few times in past year
- About once or twice a month
- About once or twice a week
- Almost every day

209. Have you participated in the SmartDrive online program to increase teen driving skills?

- Yes
- No

Thank you again for being an important part of this study.

