



PREVENTION NEEDS ASSESSMENT SURVEY

Form A

1. Thank you for agreeing to participate in this survey. The purpose of this survey is to learn how students in our schools feel about their community, family, peers, and school. The survey also asks about health behaviors.
2. The survey is completely voluntary and anonymous. **DO NOT** put your name on the questionnaire.
3. This is not a test, so there are no right or wrong answers. We would like you to work quickly so you can finish.
4. All of the questions should be answered by completely filling in one of the answer spaces. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank. You can skip any question that you do not wish to answer.
5. Please mark each question by completely filling in the circle or circles. **ONLY USE A #2 PENCIL.**

Please fill in the following information with the help of your teacher/survey assistant.

School District:

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

Charter School Letter:

A
 B
 C
 D
 E
 F
 G
 H
 I
 J
 K

School Number:

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

What is the ZIP code where you live?

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

1. Thinking about your gender, which of the following best describes you?
 - Woman/Girl
 - Man/Boy
 - Transgender
 - Other
2. Which of the following best describe you?
 - Heterosexual (straight)
 - Gay or lesbian
 - Bisexual
 - Not sure/Other
3. What grade are you in?
 - 6th
 - 7th
 - 8th
 - 9th
 - 10th
 - 11th
 - 12th
4. How old are you?
 - 10 or younger
 - 11
 - 12
 - 13
 - 14
 - 15
 - 16
 - 17
 - 18
 - 19 or older
5. What is your race? (Select one or more)
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - Native Hawaiian or Other Pacific Islander
 - White
6. Think of where you live most of the time. Which of the following people live there with you? (Mark ALL that apply.)
 - Mother
 - Stepmother
 - Father
 - Stepfather
 - Foster Parent(s)
 - Grandparent(s)
 - Aunt
 - Uncle
 - Other Adult(s)
 - Brother(s)
 - Stepbrother(s)
 - Sister(s)
 - Stepsister(s)
 - Other Children

7. Think of the adults you live with. What is the highest level of schooling any of them completed?
 - Completed grade school or less
 - Some high school
 - Completed high school
 - Some college
 - Completed college
 - Graduate or professional school after college
 - Don't know
 - Does not apply
8. 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
9. How important do you think the things you are learning in school are going to be for your later life?
 - Very important
 - Quite important
 - Fairly important
 - Slightly important
 - Not at all important
10. How interesting are most of your courses to you?
 - Very interesting and stimulating
 - Quite interesting
 - Fairly interesting
 - Slightly interesting
 - Not at all interesting
11. During the LAST FOUR WEEKS, how many (if any) 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

PLEASE DO NOT WRITE IN THIS AREA

SERIAL

	Definitely No	Somewhat No	Somewhat Yes	Definitely Yes
12. In my school, students have lots of chances to help decide things like class activities and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Teachers ask me to work on special classroom projects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. 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"/>
15. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. 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"/>
17. I feel safe at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. The school lets my parents know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Are your school grades better than the grades of most students in your class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I have lots of chances to be part of class discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Now thinking back over the past year in school, how often did you:	Never	Seldom	Sometimes	Almost always
a. enjoy being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. hate being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. try to do your best work in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. How often do you feel that the school work you are assigned is meaningful and important?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. During the past 30 days, on how many days (if any) did you NOT go to school because you felt you would be unsafe at school or on your way to or from school?	<input type="radio"/> 0 days <input type="radio"/> 4 or 5 days <input type="radio"/> 1 day <input type="radio"/> 6 or more days <input type="radio"/> 2 or 3 days			
25. During the past 12 months, how often (if at all) have you been threatened or harassed over the internet, by email, or by someone using a cell phone?	<input type="radio"/> 0 times <input type="radio"/> 4 or 5 times <input type="radio"/> 1 time <input type="radio"/> 6 or more times <input type="radio"/> 2 or 3 times			
26. During the past 12 months, how often (if at all) have you been picked on or bullied by a student ON SCHOOL PROPERTY?	<input type="radio"/> 0 days <input type="radio"/> 4 or 5 days <input type="radio"/> 1 day <input type="radio"/> 6 or more days <input type="radio"/> 2 or 3 days			

	Very unsafe	Somewhat unsafe	Somewhat safe	Very safe
27. How safe do you feel in each of the following areas at your school (before and after school)?				
a. Playgrounds or fields	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Lunchroom/Cafeteria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Classrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Bathrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Parking lots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Stairs and hallways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. On the school bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. How worried, if at all, are you about the possibility of each of the following things happening at your school?	Not at all worried	Somewhat worried	Very worried	
a. Getting bullied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Gun violence or active shooter situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Suicide by a student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Gang activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Students using alcohol or drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Earthquake/Fire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. How much do you think people risk harming themselves (physically or in other ways) if they:	No risk	Slight risk	Moderate risk	Great risk
a. smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. have five or more drinks of an alcoholic beverage once or twice each weekend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. have five or more drinks of an alcoholic beverage once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. smoke 1-5 cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. use vape products such as e-cigarettes, vape pens, or mods?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Think back over the last two weeks. If any, how many times have you had five or more alcoholic drinks in a row?	<input type="radio"/> None <input type="radio"/> 3-5 times <input type="radio"/> Once <input type="radio"/> 6-9 times <input type="radio"/> Twice <input type="radio"/> 10 or more times			



OCCASIONS

On how many occasions (if any) have you:

	0	1-2	3-5	6-9	10-19	20-39	40+
42. had alcoholic beverages (beer, wine, or hard liquor) to drink in your lifetime -- more than just a few sips?	<input type="radio"/>						
43. had beer, wine, or hard liquor to drink during the past 30 days ?	<input type="radio"/>						
44. used marijuana (grass, pot, cannabis, weed) or hashish (hash, hash oil) during the past 30 days ?	<input type="radio"/>						
45. used LSD (acid) or other hallucinogens (like PCP, mescaline, "shrooms" or psilocybin) during the past 30 days ?	<input type="radio"/>						
46. used cocaine (like cocaine powder) or "crack" (cocaine in chunk or rock form) during the past 30 days ?	<input type="radio"/>						
47. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high during the past 30 days ?	<input type="radio"/>						
48. used phenoxydine (pox, px, breeze) during the past 30 days ?	<input type="radio"/>						
49. used methamphetamines (meth, speed, crank, crystal meth) in the past 30 days ?	<input type="radio"/>						
50. used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>						
51. used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>						
52. used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>						
53. used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>						
54. used heroin during the past 30 days ?	<input type="radio"/>						
55. used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in the past 30 days ?	<input type="radio"/>						
56. used synthetic marijuana or herbal incense products (such as K2, Spice, or Gold) in the past 30 days ?	<input type="radio"/>						

Answer questions 57 to 62 for both alcohol and drugs.

	Alcohol			Drugs		
	No	Yes	Don't use	No	Yes	Don't use
In the past 12 months :						
57. have you spent more time using alcohol or drugs than you intended?	<input type="radio"/>					
58. have you neglected some of your usual responsibilities because of using alcohol or drugs?	<input type="radio"/>					
59. have you wanted to cut down on your alcohol or drug use?	<input type="radio"/>					
60. has anyone objected to your alcohol or drug use?	<input type="radio"/>					
61. did you frequently find yourself thinking about using alcohol or drugs?	<input type="radio"/>					
62. did you use alcohol or drugs to relieve feelings such as sadness, anger, or boredom?	<input type="radio"/>					

63. Have you ever tried:	No	Yes
a. cigarettes, even just one puff?	<input type="radio"/>	<input type="radio"/>
b. cigars, cigarillos, or little cigars, even a puff?	<input type="radio"/>	<input type="radio"/>
c. tobacco in a hookah or waterpipe?	<input type="radio"/>	<input type="radio"/>
d. vape products such as e-cigarettes, vape pens, or mods?	<input type="radio"/>	<input type="radio"/>
e. chewing tobacco, snuff, dip, or snus (moist smokeless tobacco usually sold in small pouches)?	<input type="radio"/>	<input type="radio"/>

- 64. How frequently (if ever) have you smoked cigarettes during the past 30 days?**
- Not at all
 - Less than one cigarette per day
 - One to five cigarettes per day
 - About one-half pack per day
 - About one pack per day
 - About one and one-half packs per day
 - Two packs or more per day
- 65. Have you ever belonged to a gang?**
- No
 - No, but would like to
 - Yes, in the past
 - Yes, belong now
 - Yes, but would like to get out



66. During the past 30 days, on how many days did you:

	0 days	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20 to 29 days	All 30 days
a. smoke cigarettes?	<input type="checkbox"/>						
b. smoke cigars, cigarillos, or little cigars?	<input type="checkbox"/>						
c. smoke tobacco in a hookah or waterpipe?	<input type="checkbox"/>						
d. use vape products such as e-cigarettes, vape pens, or mods?	<input type="checkbox"/>						
e. use chewing tobacco, snuff, dip, or snus (moist smokeless tobacco usually sold in small pouches)?	<input type="checkbox"/>						

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

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. take a handgun to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. steal anything worth more than \$5?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. pick a fight with someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. attack someone with the idea of seriously hurting them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. stay away from school all day when their parents think they are at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. drink beer, wine, or hard liquor (for example, vodka, whiskey, or tequila) regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. use LSD, cocaine, amphetamines, or another illegal drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

68. How wrong do your friends feel it would be for YOU to:

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

69. 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

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

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. drink beer, wine, or hard liquor (for example, vodka, whiskey, or tequila) regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. steal something worth more than \$5?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. pick a fight with someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. have one or two drinks of an alcoholic beverage nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. use prescription drugs not prescribed to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. use vape products such as e-cigarettes, vape pens, or mods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- No Yes

72. During the past year, did you drink alcohol at any of the following places? (Mark the number of times for each.)

	0 times	1 or 2 times	3 to 5 times	6 or more times
a. At my home or someone else's home without any parent permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. At my home with my parents' permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. At someone else's home with their parents' permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. In a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. At or near school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Somewhere outside of town (for example, on public lands, in the desert, in a campground, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. In another place _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

73. If you have been bullied in the past 12 months, why do you think you were bullied? (Mark ALL that apply.)

- I have not been made fun of by other students
- I don't know why
- The color of my skin
- My religion
- My size (height, weight, etc.)
- My accent or the country I (or my family) was born in
- The way I look (clothing, hairstyle, etc.)
- How much money my family has or does not have
- My gender
- My grades or school achievement
- My social standing or for being "unpopular"
- Social conflict
- My sexual-orientation
- I have a disability (learning or physical disability)
- Some other reason



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

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

99. During the past 30 days, how often did you:

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. feel nervous?	<input type="radio"/>				
b. feel hopeless?	<input type="radio"/>				
c. feel restless or fidgety?	<input type="radio"/>				
d. feel so depressed that nothing could cheer you up?	<input type="radio"/>				
e. feel that everything was an effort?	<input type="radio"/>				
f. feel worthless?	<input type="radio"/>				

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

	Definitely Yes	Somewhat Yes	Somewhat No	Definitely No
a. smoke cigarettes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. drink beer, wine, or liquor.	<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"/>

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

- Very false Somewhat true
 Somewhat false Very true

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

- Very false Somewhat true
 Somewhat false Very true

103. I ignore rules that get in my way.

- Very false Somewhat true
 Somewhat false Very true

104. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

- No Yes

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

- No Yes

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

- No Yes

107. During the past 12 months, how many times (if any) did you actually attempt suicide?

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

108. 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

109. 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

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

	Definitely Yes	Somewhat Yes	Somewhat No	Definitely No
110. 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"/>

111. If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or tequila) in your neighborhood, would he or she be caught by the police?

111. If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or tequila) in your neighborhood, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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112. If a kid carried a handgun in your neighborhood, would he or she be caught by the police?

112. 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"/>
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113. I feel safe in my neighborhood.

113. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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114. My parents ask if I've gotten my homework done.

114. My parents ask if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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115. Would your parents know if you did not come home on time?

115. Would your parents know if you did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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116. The rules in my family are clear.

116. The rules in my family are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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117. When I am not at home, one of my parents knows where I am and who I am with.

117. 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"/>
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118. I think sometimes it's okay to cheat at school.

118. I think sometimes it's okay to cheat at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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119. I think it is okay to take something without asking if you can get away with it.

119. 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"/>
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120. It is alright to beat up people if they start the fight.

120. It is alright to beat up people if they start the fight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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121. It is important to be honest with your parents even if they become upset or you get punished.

121. 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"/>
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122. If you drank some beer, wine, or liquor (for example, vodka, whiskey, or tequila) without your parents' permission, would you be caught by your parents?

122. If you drank some beer, wine, or liquor (for example, vodka, whiskey, or tequila) without your parents' permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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123. My family has clear rules about alcohol and drug use.

123. My family has clear rules about alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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124. If you carried a handgun without your parents' permission, would you be caught by your parents?

124. 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"/>
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125. If you skipped school, would you be caught by your parents?

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

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

127. About how many adults (over 21), if any, have you known personally who in the past year have:

	Number of Adults				
	0	1	2	3-4	5+
a. used marijuana, crack, cocaine, or other drugs?	<input type="radio"/>				
b. sold or dealt drugs?	<input type="radio"/>				
c. done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging, or assaulting others, etc?	<input type="radio"/>				
d. gotten drunk or high?	<input type="radio"/>				

128. If you have a religious preference, choose one which you identify with the most.

Catholic Protestant (such as Baptists, Presbyterians, or Lutherans)
 Jewish Another religion
 LDS (Mormon) No religious preference

129. How often in the last 30 days (if at all) did you talk to an adult (parent, doctor, counselor, teacher, etc.) about feeling very sad, hopeless, or suicidal?

I have not felt this way in the past 30 days
 0 times 2 to 4 times
 1 time 5 or more times

130. Do you think it's OK to seek help and talk to a professional counselor, therapist, or doctor if you've been feeling very sad, hopeless, or suicidal?

Yes
 No
 I think it's OK for other people to seek help, but not for me to seek help

131. If you have felt very sad, hopeless, or suicidal in the past 30 days, whom did you talk to about it? (Mark all that apply.)

I have not felt this way in the past 30 days
 I felt this way but did not talk to anyone about it
 Parent
 Friend//Peer
 Teacher
 Doctor
 School Counselor
 Therapist
 Clergy (e.g. Bishop, Priest or Nun, Minister, Pastor)
 Other adult

132. During the past 12 months, how many times (if any) did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)

I did not date or go out with anyone during the past 12 months 2 or 3 times
 0 times 4 or 5 times
 1 time 6 or more times

133. During the past 30 days, did you drive a car or other vehicle when you had been drinking alcohol? If so, how many times?

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

134. In the past 12 months, have you ever done something to purposefully hurt yourself without wanting to die, such as cutting or burning yourself on purpose? If so, how many times did you do so?

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

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

I was very honest.
 I was honest most of the time.
 I was honest some of the time.
 I was honest once in a while.
 I was not honest at all.

Responses

	a	b	c	d	e	f	g	h	i
201.	<input type="radio"/>								
202.	<input type="radio"/>								
203.	<input type="radio"/>								
204.	<input type="radio"/>								
205.	<input type="radio"/>								
206.	<input type="radio"/>								
207.	<input type="radio"/>								
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218.	<input type="radio"/>								
219.	<input type="radio"/>								
220.	<input type="radio"/>								

Extra Questions Start with 201