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**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Are you a:
  - Boy
  - Girl
  
2. How old are you TODAY?
  - 9 years old or younger
  - 10 years old
  - 11 years old
  - 12 years old or older
  
3. How do you describe yourself? (You can CHOOSE ONE OR MORE THAN ONE)
  - American Indian or Alaskan Native
  - Asian
  - Black or African American
  - Mexican or Chicano
  - Puerto Rican/other Latin American
  - White/Caucasian
  - Other \_\_\_\_\_
  
4. Which one of these groups BEST describes you? (CHOOSE ONLY ONE)
  - American Indian or Alaskan Native
  - Asian
  - Black or African American
  - Mexican or Chicano
  - Puerto Rican/other Latin American
  - White/Caucasian
  - Other \_\_\_\_\_
  
5. Do you live with both your parents? (Stepparents count as parents)
  - Yes
  - No
  
6. Not counting yourself, how many brothers and sisters do you have living at home with you? (Including stepbrothers and stepsisters)
  - None
  - One
  - Two
  - Three
  - Four
  - Five or more
  
7. Does your mother currently have a job that pays?
  - Yes
  - No
  - No mother at home
  
8. Does your father currently have a job that pays?
  - Yes
  - No
  - No father at home
  
9. What ONE category best describes your grades on your last report card?
  - Mostly A's
  - Mostly B's
  - Mostly C's
  - Mostly D's or F's

**PLEASE MARK ONLY ONE ANSWER FOR EACH:**

HOW MUCH TIME DO YOU SPEND ON A SCHOOL DAY (BEFORE AND AFTER SCHOOL):	No Time	1/2 hour or less	About one hour	About two hours	More than two hours
10. Watching TV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Playing computer or video games?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Doing school work at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Hanging out with friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PLEASE ANSWER YES OR NO TO THESE QUESTIONS:**

	YES	NO
14. I like school.	<input type="radio"/>	<input type="radio"/>
15. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>
16. I feel safe in my school.	<input type="radio"/>	<input type="radio"/>
17. I stay away from certain parts of the school to avoid trouble.	<input type="radio"/>	<input type="radio"/>
18. I get along well with other kids at school.	<input type="radio"/>	<input type="radio"/>
19. I worry about getting attacked or robbed before or after school.	<input type="radio"/>	<input type="radio"/>
20. A lot of kids at this school smoke cigarettes.	<input type="radio"/>	<input type="radio"/>
21. A lot of kids at this school drink alcohol.	<input type="radio"/>	<input type="radio"/>
22. I get along well with my parents most of the time.	<input type="radio"/>	<input type="radio"/>
23. I get along well with my teachers most of the time.	<input type="radio"/>	<input type="radio"/>
24. Most kids at this school obey the teachers.	<input type="radio"/>	<input type="radio"/>
25. Kids at this school feel safe on their school bus.	<input type="radio"/>	<input type="radio"/>
26. Most kids at this school are well-behaved in class.	<input type="radio"/>	<input type="radio"/>
27. Kids pick on other kids a lot when the teacher is not watching.	<input type="radio"/>	<input type="radio"/>
28. The bad behavior of some kids in this school, (talking, fighting) keeps teachers from teaching the other kids who want to learn.	<input type="radio"/>	<input type="radio"/>
29. Most kids in this school are well-behaved -- even when the teachers are not watching them.	<input type="radio"/>	<input type="radio"/>
30. Fighting is a problem in this school.	<input type="radio"/>	<input type="radio"/>
31. I often talk to my parents about how things are going at school.	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

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**PLEASE ANSWER YES OR NO TO THESE QUESTIONS:**

	YES	NO
32. Do any of your friends smoke cigarettes?	<input type="radio"/>	<input type="radio"/>
33. If a friend had some cigarettes and gave you one, do you think you would smoke it?	<input type="radio"/>	<input type="radio"/>
34. Do any of your friends drink alcohol?	<input type="radio"/>	<input type="radio"/>
35. If a friend had some alcohol and wanted to share it, do you think you would drink some?	<input type="radio"/>	<input type="radio"/>
36. Do any of the kids at school smoke marijuana (pot, weed)?	<input type="radio"/>	<input type="radio"/>
37. Do any of your friends smoke marijuana?	<input type="radio"/>	<input type="radio"/>
38. If a friend had some marijuana and gave you some, do you think you would smoke some?	<input type="radio"/>	<input type="radio"/>
39. This year, have you been in a physical fight at school?	<input type="radio"/>	<input type="radio"/>
40. Do you know places where students your age can buy cigarettes?	<input type="radio"/>	<input type="radio"/>
41. Do you know places where students your age can buy alcohol?	<input type="radio"/>	<input type="radio"/>
42. During this school year, have you taken part in a program at school called D.A.R.E.?	<input type="radio"/>	<input type="radio"/>
43. Have you ever had any other drug education in your classes in school besides D.A.R.E.?	<input type="radio"/>	<input type="radio"/>
44. Have one or both of your parents come to school to meet with your teacher this year for any reason?	<input type="radio"/>	<input type="radio"/>
45. Are you in an after-school program or activity?	<input type="radio"/>	<input type="radio"/>
46. Between school and dinnertime, are you at your home (or someone else's) WITH supervision?	<input type="radio"/>	<input type="radio"/>
47. Between school and dinnertime, are you at your home WITHOUT supervision?	<input type="radio"/>	<input type="radio"/>
48. Between school and dinnertime, are you not at your home AND not supervised?	<input type="radio"/>	<input type="radio"/>

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**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

49. Is it easy or hard for someone your age to get cigarettes?

- Easy
- Hard
- I'm not sure

50. Is it easy or hard for someone your age to get alcohol (beer, wine, or liquor)?

- Easy
- Hard
- I'm not sure

51. Is it easy or hard for someone your age to get marijuana (weed or pot)?

- Easy
- Hard
- I'm not sure

52. Is it easy or hard for someone your age to get crack or cocaine?

- Easy
- Hard
- I'm not sure

53. Have you ever smoked most of a cigarette? (more than a few puffs)

- Yes
- No

54. How old were you the first time you smoked a cigarette?

- Never smoked
- 6 years old or younger
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old or older

55. If you wanted to get cigarettes, MARK ALL THE PLACES you could get them.

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

56. During the past 7 days, on how many days were you in a room or in a car with someone who was smoking cigarettes?

- 0 days
- 1 or 2 days
- 3 or 4 days
- 5 or 6 days
- 7 days

PLEASE CONTINUE TO ANSWER THE FOLLOWING QUESTIONS:

57. Does anybody living in your home smoke cigarettes or tobacco? (Please mark all that apply)

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

58. Have you ever had a drink of alcohol (wine, beer, liquor) more than just a sip?

- Yes
- No

59. How old were you the first time you had a drink of alcohol, (wine, beer, or liquor) more than just a sip?

- Never drank
- 6 years old or younger
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old or older

60. Have you ever smoked marijuana, (pot, weed)?

- Yes
- No

61. Have you ever used crack or cocaine?

- Yes
- No

62. Have you ever tried to get high from sniffing glue, gasoline, spray cans, markers or whiteout?

- Yes
- No

63. How often do you wear a seat belt?

- Never
- Hardly ever
- About half the time
- Usually
- Always

64. Do you take any medicine to help you concentrate better in school?

- Yes, Ritalin
- Yes, Adderall
- Yes, Cylert
- Yes, Concerta
- Yes, other \_\_\_\_\_
- No

65. I like to try new or exciting things, even if they are against the law.

- Yes
- No

66. People who break the law are almost always caught and punished.

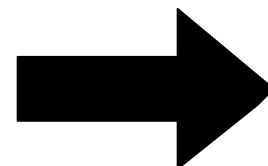
- Agree
- Disagree



**NEXT IS A LIST OF DRUGS. REMEMBER THAT YOUR ANSWERS ARE PRIVATE. PLEASE MARK THE ANSWER FOR EACH ROW THAT COMES CLOSEST TO SHOWING HOW OFTEN YOU HAVE EVER USED EACH :**

	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
67. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. Bidis/Kreteks or clove cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. Chewing tobacco (dip, snuff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. Alcohol (beer, wine, coolers, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. Marijuana (pot, weed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. DOWNERS, prescription and street drugs (ludes, tranqs, barbs, sedatives) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. UPPERS, prescription and street drugs (speed, meth, crank, diet pills) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. Inhalants (huffing, glue, sprays, gasoline)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. Dactyls (rubes, dacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. Hallucinogens (acid, LSD, trip, shrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. Crack (rock, fry)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. Powder cocaine (snow, blow)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. Over-the-counter drugs TO GET HIGH (cough syrup, robo, antihistamines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PLEASE CONTINUE TO THE LAST PAGE.**



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**MARK ONLY ONE ANSWER FOR EACH OF THE FOLLOWING QUESTIONS:**

<i>DURING THE PAST YEAR I FELT THAT I:</i>	NEVER USED OR NOT USED IN PAST YEAR	YES	NO
81. Needed or was dependent on cigarettes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. Needed or was dependent on alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MARK ONLY ONE ANSWER FOR EACH OF THE FOLLOWING QUESTIONS:**

<i>HOW MUCH DO YOU THINK OTHER PEOPLE HURT THEIR BODIES OR THEIR LIVES WHEN THEY:</i>	NONE	A LITTLE	A LOT	DON'T KNOW
83. Smoke one or more packs of cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. Drink one or two drinks of alcohol (beer, wine, liquor)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. Take one or two drinks of alcohol nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. Smoke marijuana every week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. Try cocaine or crack once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. Use cocaine or crack every week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. Sniff glue or spray cans once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. Sniff glue or spray cans every week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

