

PLEASE ANSWER THE FOLLOWING QUESTIONS:

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
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input checked="" type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input checked="" type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input checked="" type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input checked="" type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

2. Are you a:

- Boy
- Girl

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

- Yes
- No

4. Are you Hispanic or Latino?

- Yes
- No

5. Which one of these groups BEST describes you? (CHOOSE ONLY ONE)

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

6. How old are you TODAY?

- 9 years old or younger
- 10 years old
- 11 years old
- 12 years old or older

7. In the past 12 months, has any adult family member:
(MARK ALL THAT APPLY)

- Been in jail or prison
- Been active in the military
- Lost a job or been unable to find work (mother)
- Lost a job or been unable to find work (father)

8. What is your mother's age? If you don't know, please put your best guess.

Age	
<input type="text"/>	<input type="text"/>
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9

9. What is your father's age? If you don't know, please put your best guess.

Age	
<input type="text"/>	<input type="text"/>
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9

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

- Mother
- Father
- Grandparent(s), aunt(s), uncle(s)
- Stepparent(s)
- Brother(s), stepbrother(s)
- Sister(s), stepsister(s)
- Non-family member(s)

11. 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/step-mother
- Father/step-father
- Brother(s) or sister(s)
- Grandmother
- Grandfather
- Other adult(s)

12. 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

13. How many times has your family moved since you started Kindergarten?

- We have not moved
- 1 time
- 2 times
- 3 or more times

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

- No
- Yes

15. How tall are you without your shoes on?

Directions:
Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Example	
Height	
Feet	Inches
5	7
③	①
④	②
●	③
⑥	④
	⑤
	⑥
	●
	⑧
	⑨
	⑩
	⑪

Height	
Feet	Inches
③	①
④	②
⑤	③
⑥	④
	⑤
	⑥
	⑦
	⑧
	⑨
	⑩
	⑪

16. How much do you weigh without your shoes on?

Directions:
Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example		
Weight		
Pounds		
1	5	2
①	①	①
●	②	②
②	③	●
③	④	④
	●	⑤
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨

Weight		
Pounds		
①	①	①
②	②	②
③	③	③
	④	④
	⑤	⑤
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨

The next questions ask about your feelings in the past 4 weeks.	Never or Almost Never	Sometimes	Always or Almost Always
17. How often did you feel really sad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. How often did you feel really worried?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. How often did you feel afraid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. How often did you have trouble relaxing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. How often did you feel nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask about your relationships in the past 4 weeks.	Never or Almost Never	Sometimes	Always or Almost
22. Do you get along well with people of different races, cultures and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Do you listen to other students' ideas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Do you control your anger when you have a disagreement with a friend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Do you follow the rules when you are at a park, theater or sports event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Do you respect other points of view, even if you disagree?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much time do you spend on a school day (<u>before</u> and <u>after</u> school):	No Time	1/2 hour or less	About one hour	About two hours	More than two hours
27. Online on a computer (not for school work), watching TV, or playing computer/video games?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Doing school work at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Physically playing, exercising, or playing sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE ANSWER YES <u>OR</u> NO TO THESE QUESTIONS:	YES	NO
30. I feel safe in my school.	<input type="radio"/>	<input type="radio"/>
31. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>
32. I get along well with my parents most of the time.	<input type="radio"/>	<input type="radio"/>
33. Most kids at this school obey the teachers.	<input type="radio"/>	<input type="radio"/>
34. There is an adult where I go after school.	<input type="radio"/>	<input type="radio"/>
35. 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"/>
36. Fighting is a problem in this school.	<input type="radio"/>	<input type="radio"/>
37. I often talk to my parents about how things are going at school.	<input type="radio"/>	<input type="radio"/>
38. My parents know <u>where I am</u> most of the time when I am <u>NOT</u> in school.	<input type="radio"/>	<input type="radio"/>
39. My parents know <u>what I am doing</u> most of the time I am <u>NOT</u> in school.	<input type="radio"/>	<input type="radio"/>
40. My parents ask me if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>
41. Do any of your friends smoke cigarettes?	<input type="radio"/>	<input type="radio"/>
42. Do any of your friends drink alcohol?	<input type="radio"/>	<input type="radio"/>
43. This year, have you been in a physical fight at school?	<input type="radio"/>	<input type="radio"/>
44. This year, have you been in a physical fight in your neighborhood?	<input type="radio"/>	<input type="radio"/>
45. During the past 30 days, have you been bullied at school?	<input type="radio"/>	<input type="radio"/>
46. Do you know places where students your age can buy cigarettes?	<input type="radio"/>	<input type="radio"/>
47. Do you know places where students your age can <u>get</u> alcohol without paying for it?	<input type="radio"/>	<input type="radio"/>
48. During the past year, have you seen or heard adults in your home hurting each other?	<input type="radio"/>	<input type="radio"/>
49. During this school year, have you had any lessons in school about making good decisions, setting goals, or resolving problems with other people?	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



PLEASE ANSWER YES <u>OR</u> NO TO THESE QUESTIONS:	YES	NO
50. Have you ever stolen (not borrowed) something that didn't belong to you?	<input type="radio"/>	<input type="radio"/>
51. Have you ever damaged or destroyed something that didn't belong to you on purpose?	<input type="radio"/>	<input type="radio"/>
52. Do you belong to a gang?	<input type="radio"/>	<input type="radio"/>
53. Have you hit anyone in the past month with the intention of hurting them?	<input type="radio"/>	<input type="radio"/>
54. Has your parent spoken to at least two of your friends in the past month?	<input type="radio"/>	<input type="radio"/>
55. During the past 30 days, have you lied to your parents about where you were or what you were doing?	<input type="radio"/>	<input type="radio"/>
56. If you break your parents' rules, you will definitely be punished.	<input type="radio"/>	<input type="radio"/>
57. If you break the school rules, you will definitely be punished.	<input type="radio"/>	<input type="radio"/>

Mark ONE answer in each row:	Never or Almost Never	Sometimes	Always or Almost Always
58. My parent(s) show me they are proud of me:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. My parent(s) take an interest in my activities:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. My parent(s) listen to me when I talk to them:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. I can count on my parent(s) to be there when I need them:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. My parent(s) and I talk about the things that really matter:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. I am comfortable sharing my thoughts and feelings with my parent(s):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many days in the past 7 days did you eat:	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
64. Breakfast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. Dinner with your parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These questions ask about food you ate or drank in the past 7 days at home, at school, at restaurants, or anywhere else. <u>Mark ONE</u> answer in each row:	0 times in 7 days	1 to 3 times in 7 days	4 to 6 times in 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
66. In the past 7 days, you ate fruit:	<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 7 days, you ate green salad:	<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 7 days, you ate other vegetables (not counting carrots, potatoes or green salad):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. In the past 7 days, you drank soda:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. In the past 7 days, you drank milk:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE ANSWER THE FOLLOWING QUESTIONS:

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

- Easy
- Hard
- I'm not sure

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

- Easy
- Hard
- I'm not sure

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

- Easy
- Hard
- I'm not sure

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

- I've never smoked
- 6 years old or younger
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old or older

75. 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 (with them knowing)
- From my parents (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

76. 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 Stepbrothers(s)
- Sister(s) or Stepsister(s)
- Other household member(s)

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

- Yes
- No

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

- I've never drunk alcohol
- 6 years old or younger
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old or older

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

- Yes
- No

80. During this school year, I have had lessons in school about the risks of: **(MARK ALL THAT APPLY.)**

- Using tobacco
- Using alcohol
- Using marijuana
- Using illegal drugs
- Using prescription drugs without a prescription

81. My parents have told me **NOT** to: **(MARK ALL THAT APPLY.)**

- Smoke cigarettes
- Drink alcohol
- Use marijuana
- Use other illegal drugs
- Use prescription drugs without a prescription

REMEMBER THAT YOUR ANSWERS ARE PRIVATE. PLEASE MARK THE ANSWER IN 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
82. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. Chewing tobacco, snuff, dip (Skoal, Red Man, Snus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. Alcohol (beer, wine coolers, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Marijuana (pot, weed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. Inhalants (sniffing glue, sprays, gasoline)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. Prescription painkillers (Codeine, OxyContin, Percocet) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. Ritalin, Adderall, Strattera, Concerta, or Cylert to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. Other prescription drugs to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. Dactyls (rubes, dacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. Hallucinogens (acid, LSD, trip, shrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. Over-the-counter drugs to get high (3C, cough syrup, antihistamines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

