

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
- Foster parent or guardian
- 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
- Foster parent or guardian
- Brother(s) or sister(s)
- Grandmother
- Grandfather
- Other adult(s)
- No one

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 circle below each number.

Height	
Feet	Inches
5	7
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input checked="" type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input checked="" type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

Height	
Feet	Inches
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

16. How much do you weigh without your shoes on?
Directions:
 Write your weight in the shaded blank boxes. Fill in the matching circle below each number.

Weight		
Pounds		
1	5	2
<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 type="radio"/> 2	<input type="radio"/> 2	<input checked="" type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input checked="" 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

Weight		
Pounds		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<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"/> 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

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"/>

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
22. Online on a computer (not for school work), tablet, phone, watching TV, or playing computer/video games?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Doing school work at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Physically playing, exercising, or playing sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Reading for pleasure (not for school)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. How often on average do you play violent video games, such as games that are rated M?
- Never
 - Very rarely
 - 1 hour per week
 - 2-3 hours per week
 - 4-5 hours per week
 - 6-10 hours per week
 - 10+ hours per week

27. During an average week, do you participate in activities at: **(MARK ALL THAT APPLY)**
- School clubs or activities
 - School intramural or intermural sports
 - Community center sports activities
 - Community center non-sports activities
 - Church youth groups or activities
 - Youth organizations such as 4-H, YMCA, et cetera
 - Community activities or service activities
 - Music lessons or band participation
 - Gymnastics, zumba, ballet or other dance
 - Boxing, kick-boxing, Karate or other martial arts
 - Other lessons or organized activities

PLEASE ANSWER YES <u>OR</u> NO TO THESE QUESTIONS:	YES	NO
28. I feel safe in my school.	<input type="radio"/>	<input type="radio"/>
29. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>
30. I get along well with my parent (foster parent, guardian) most of the time.	<input type="radio"/>	<input type="radio"/>
31. Most kids at this school obey the teachers.	<input type="radio"/>	<input type="radio"/>
32. There is an adult present where I go after school.	<input type="radio"/>	<input type="radio"/>
33. 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"/>
34. Fighting is a problem in this school.	<input type="radio"/>	<input type="radio"/>
35. I often talk to my parent (foster parent, guardian) about how things are going at school.	<input type="radio"/>	<input type="radio"/>
36. My parent (foster parent, guardian) knows <u>where I am</u> most of the time when I am <u>NOT</u> in school.	<input type="radio"/>	<input type="radio"/>
37. My parent (foster parent, guardian) knows <u>what I am doing</u> most of the time when I am <u>NOT</u> in school.	<input type="radio"/>	<input type="radio"/>
38. My parent (foster parent, guardian) asks me if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>
39. Do any of your friends smoke cigarettes?	<input type="radio"/>	<input type="radio"/>
40. Do any of your friends drink alcohol?	<input type="radio"/>	<input type="radio"/>
41. This year, have you been in a physical fight at school?	<input type="radio"/>	<input type="radio"/>
42. This year, have you been in a physical fight in your neighborhood?	<input type="radio"/>	<input type="radio"/>
43. During the past 30 days, have you been bullied at school?	<input type="radio"/>	<input type="radio"/>
44. Do you know places where students your age can buy cigarettes?	<input type="radio"/>	<input type="radio"/>
45. Do you know places where students your age can get alcohol without paying for it?	<input type="radio"/>	<input type="radio"/>
46. During the past year, have you seen or heard adults in your home hurting each other?	<input type="radio"/>	<input type="radio"/>
47. 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 ANSWER YES <u>OR</u> NO TO THESE QUESTIONS:	YES	NO
48. Have you ever stolen (not borrowed) something that didn't belong to you?	<input type="radio"/>	<input type="radio"/>
49. Have you ever <u>purposefully</u> damaged or destroyed something that didn't belong to you?	<input type="radio"/>	<input type="radio"/>
50. Teachers in my school treat students with respect.	<input type="radio"/>	<input type="radio"/>
51. Have you hit anyone in the past month with the intention of hurting them?	<input type="radio"/>	<input type="radio"/>
52. Has your parent (foster parent, guardian) spoken to at least two of your friends in the past month?	<input type="radio"/>	<input type="radio"/>
53. During the past 30 days, have you lied to your parent (foster parent, guardian) about where you were or what you were doing?	<input type="radio"/>	<input type="radio"/>
54. If you break your parents' rules, will you definitely be punished?	<input type="radio"/>	<input type="radio"/>
55. If you break the school rules, will you definitely be punished?	<input type="radio"/>	<input type="radio"/>

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

62. How many days in the past 7 days did you eat breakfast?

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

63. If you had a personal problem, who would you most likely talk to? **(Select only one response)**

- No one
- My parents
- My brother(s), sister(s) or other relatives
- My teacher(s)
- Other adult(s) in my school
- Other adult(s) outside of school
- My friend(s)
- My friends' parent(s)
- My grandparent(s)

These questions ask about food you ate or drank in the past 7 days at home, at school, at restaurants, or anywhere else. Mark <u>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
64. 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"/>
65. 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"/>
66. 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"/>
67. 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"/>
68. 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:

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

- Yes
- No

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

- Easy
- Hard
- I'm not sure

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

- Easy
- Hard
- I'm not sure

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

- Easy
- Hard
- I'm not sure

73. 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
- 12 years old or older

74. 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

75. 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)

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

- Yes
- No



77. 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
- 12 years old or older

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

- Yes
- No

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

- Tobacco
- Alcohol
- Marijuana
- Other illegal drugs
- Prescription drugs without a prescription

80. 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
81. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. 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"/>
84. Alcohol (beer, wine coolers, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. Marijuana (pot, weed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Inhalants (sniffing glue, sprays, gasoline)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. 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"/>
88. 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"/>
89. Other prescription drugs to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. Dactyls (rubes, dacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. 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"/>

HOW MUCH DO PEOPLE RISK HARMING THEMSELVES IF THEY:	NO RISK	A LITTLE RISK	A LOT OF RISK	DON'T KNOW
92. Smoke one or more packs of cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. Try one or two drinks of alcohol (beer, wine, liquor)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. Drink one or two drinks of alcohol nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. Try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. Smoke marijuana every week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. Regularly use prescription drugs, without a prescription, to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. Sniff glue or spray cans once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. Sniff glue or spray cans every week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

100. How many times in the past year has your parent (foster parent, guardian) taken you to a museum, concert, or sports event?

- 0
- 1
- 2
- 3 or more

101. On how many of the past 7 days did you spend at least one hour doing a physical activity that made your heart beat fast and made you breathe hard (such as running, jogging, soccer, dancing, swimming, tennis, biking)?

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

102. Which of the following people would you say give you a lot of support and encouragement? **(MARK ALL THAT APPLY)**

- No one
- My parents
- My brother(s), sister(s), or other relatives
- My teacher(s)
- Other adult(s) in my school
- Other adult(s) outside of school
- My friend(s)
- My friends' parent(s)
- My grandparent(s)

103. How often do you wear a seat belt?

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

104. On an average school night, how many hours of sleep do you get?

- 4 or less hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours

105. Which of the following are true for you? **(MARK ALL THAT APPLY)**

- I care about doing well in school.
- My parent(s) cares about how I do in school.
- I think it's important to help friends.
- I think it's important to help other people, even if I don't know them.
- I think it's important to not hurt other people.
- I tell the truth, even when it isn't easy.
- I try to plan ahead and make good decisions.
- I have good role models in my family.
- It's okay to do things you know are wrong, as long as it doesn't hurt anyone.
- I want to get a good education.
- I want to have a good career someday, even if I have to work hard to achieve it.

THE END

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

