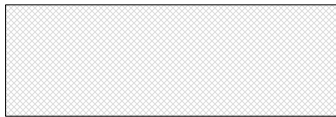


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YEAR 2010

**DELAWARE SECONDARY SCHOOL STUDENT
ASSENT AND SURVEY INSTRUCTIONS**

This survey is part of a study the University of Delaware does every year to provide information on student behaviors and beliefs, including the use of cigarettes, alcohol and other drugs. Results are used to make better decisions about the kinds of programs and policies needed to support the health and well-being of Delaware students.

All answers are entirely

- **Confidential**—no one will see your answers or know how you answered the questions
- **Anonymous**—do not put your name on the survey; we do not want to know how any one person answered, only about percentages of answers of all students combined
- **Voluntary**—there is no penalty if you choose not to fill out any part of the survey or all of it

This **IS NOT A TEST**, so there are no right or wrong answers. If you don't find an answer that fits exactly, choose the one that comes closest. If a question does not apply to you, or if you are not sure what it means, just leave it blank. Please work as quickly as you can. If you have any questions, raise your hand and I will come to help you. Unless it says "Mark all that apply," please mark only one answer for each question. When you are finished, turn your booklet over and raise your hand; I will come around with an envelope for you to put your survey in. Then you can work quietly at your desk on something else until everyone has finished.

Remember:

- Read the instructions before you answer.
- Fill in the circle next to the answer you choose completely, like the example below:

I am currently attending school:

- Yes
- No

MARKING INSTRUCTIONS	
<ul style="list-style-type: none"> • Use a No. 2 pencil only. • Do not use ink, ballpoint, or felt tip pens. • Make solid marks that fill the response completely. • Erase cleanly any marks you wish to change. • Make no stray marks on this form. 	
CORRECT: ●	INCORRECT: ✓ ⊗ ○

Thank you very much for being an important part of this study.

PLEASE DO NOT WRITE IN THIS AREA



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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:

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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"/>

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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"/>

73. How old were you the first time you had a drink (not just a few sips) of alcohol (beer, wine, liquor, mixed drink)?

- I have never had a drink of alcohol
- 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 times have you had a drink (not just a few sips) of alcohol, beer, wine, liquor, mixed drink:

	0 TIMES	1-2 TIMES	3-5 TIMES	6-9 TIMES	10-19 TIMES	20-39 TIMES	40 OR MORE TIMES
74. ...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"/>
75. ...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"/>
76. ...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"/>

Think back over the last 2 weeks. How many times have you had:

	0 TIMES	1 TIME	2 TIMES	3 - 5 TIMES	6 - 9 TIMES	10 TIMES OR MORE
77. 3 alcoholic drinks in a row?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. 4 alcoholic drinks in a row?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. 5 or more alcoholic drinks in a row?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

80. In the past 30 days if you drank alcohol, WITH WHOM did you sometimes drink? (**MARK ALL THAT APPLY**)

- Never drank alcohol
- Didn't drink in past 30 days
- Brother(s) or sister(s)
- Adult family members
- Friends from school
- Friends from my neighborhood
- Co-workers
- Boyfriend/Girlfriend
- Drank alone

81. In the past year, have you done any of the following? (**MARK ALL THAT APPLY**)

- Been at a party where parents bought alcohol for teenagers
- Been at a party with alcohol and no parents were present
- Had someone over age 21 (other than a parent) buy alcohol for you
- Bought alcohol with a fake ID
- Bought alcohol without being asked for an ID
- Taken alcohol from your house without permission
- Taken alcohol from your house with permission
- Taken alcohol from someone else's house without permission
- None of the above

PLEASE DO NOT WRITE IN THIS AREA



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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"/>

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HOW MUCH DO PEOPLE RISK HARMING THEMSELVES (PHYSICALLY AND OTHER WAYS) WHEN THEY: CHOOSE THE ONE BEST ANSWER FOR EACH ROW.	NO RISK	SLIGHT RISK	MODERATE RISK	GREAT RISK	DO NOT KNOW
133. Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
134. Try one or two alcoholic drinks (beer, wine, liquor)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
135. Have one or two alcoholic drinks (beer, wine, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
136. Have 5 drinks at a time, once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137. Try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
138. Smoke marijuana occasionally?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
139. Smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
140. Inhale glue or aerosols or other inhalants regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
141. Use over-the-counter medication to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE COMPLETE THE FOLLOWING STATEMENTS:	OK	A Little Bit Wrong	Wrong	Very Wrong
142. I consider any use of tobacco products to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
143. I consider smoking one or more packs of cigarettes per day:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
144. My parents would consider my use of tobacco products to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
145. I consider trying one or two drinks of an alcoholic beverage to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
146. I consider having one or two drinks of an alcoholic beverage daily to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
147. I consider having five or more alcoholic drinks once or twice each weekend to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
148. My parents would consider my drinking alcohol to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
149. I consider trying marijuana once or twice to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
150. I consider smoking marijuana regularly to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
151. My parents would consider my use of marijuana to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
152. I consider use of other illegal drugs to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
153. My parents would consider my use of other illegal drugs to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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"/>

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

3/8" SPINE PERF

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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

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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:



