

LOUISIANA CARING COMMUNITIES YOUTH SURVEY

** 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.

** The survey is completely voluntary and anonymous. **DO NOT** put your name on the questionnaire.

** This is not a test, so there are no right or wrong answers. We would like you to work quickly so you can finish.

** 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.

** For questions that have the following answers: **NO!** no **yes YES!**

Mark (the BIG) **NO!** if you think the statement is **DEFINITELY NOT TRUE** for you.

Mark (the little) **no** if you think the statement is **MOSTLY NOT TRUE** for you.

Mark (the little) **yes** if you think the statement is **MOSTLY TRUE** for you.

Mark (the BIG) **YES!** if you think the statement is **DEFINITELY TRUE** for you.

Example: Chocolate is the best ice cream flavor.

NO! no yes YES!

In the example above, the student marked "yes" because he or she thinks the statement is mostly true.

** 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 Number:

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

- Are you: MALE FEMALE
- How old are you?
 10 or younger 12 14 16 18
 11 13 15 17 19 or older
- What grade are you in?
 6th 7th 8th 9th 10th 11th 12th
- Are you Hispanic or Latino? Yes No
- What is your race? (Choose all that apply.)
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Unknown/Other _____

6. Think of where you live most of the time. Which of the following people live there with you? (Choose all that apply.)

- | | |
|--|--------------------------------------|
| <input type="radio"/> Mother | <input type="radio"/> Uncle |
| <input type="radio"/> Stepmother | <input type="radio"/> Other Adult(s) |
| <input type="radio"/> Father | <input type="radio"/> Brother(s) |
| <input type="radio"/> Stepfather | <input type="radio"/> Stepbrother(s) |
| <input type="radio"/> Foster Parent(s) | <input type="radio"/> Sister(s) |
| <input type="radio"/> Grandparent(s) | <input type="radio"/> Stepsister(s) |
| <input type="radio"/> Aunt | <input type="radio"/> Other Children |

7. Think of the adults you live with. What is the highest level of schooling any of them completed?

- | | |
|--|---|
| <input type="radio"/> Completed grade school or less | <input type="radio"/> Completed college |
| <input type="radio"/> Some high school | <input type="radio"/> Graduate or professional school after college |
| <input type="radio"/> Completed high school | <input type="radio"/> Don't know |
| <input type="radio"/> Some college | <input type="radio"/> Does not apply |

The next section asks about your experiences at school.

8. Putting them all together, what were your grades like last year?

- | | |
|----------------------------------|----------------------------------|
| <input type="radio"/> Mostly F's | <input type="radio"/> Mostly B's |
| <input type="radio"/> Mostly D's | <input type="radio"/> Mostly A's |
| <input type="radio"/> Mostly C's | |

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

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	NO!	no	yes	YES!
80 79 78	9. In my school, students have lots of chances to help decide things like class activities and rules.			
74 73 72 71	10. Teachers ask me to work on special classroom projects.			
67	11. My teachers notice when I am doing a good job and let me know about it.			
62	12. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.			
59	13. There are lots of chances for students in my school to talk with a teacher one-on-one.			
57 56	14. I feel safe at my school.			
54 53	15. The school lets my parents know when I have done something well.			
51 50	16. My teachers praise me when I work hard in school.			
49 48	17. Are your school grades better than the grades of most students in your class?			
46 44 43	18. I have lots of chances to be part of class discussions or activities.			

	Never	Seldom	Sometimes	Often	Almost always
41 40 39	19. Now thinking back over the past year in school, how often did you:				
37	a. enjoy being in school?				
35	b. hate being in school?				
33	c. try to do your best work in school?				

30 28 26	20. How often do you feel that the school work you are assigned is meaningful and important?				
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22 20 18	21. How important do you think the things you are learning in school are going to be for your later life?				
15 14 13 12	<input type="radio"/> Very important		<input type="radio"/> Slightly important		
	<input type="radio"/> Quite important		<input type="radio"/> Not at all important		
	<input type="radio"/> Fairly important				

9 7 6 5	22. How interesting are most of your courses to you?				
	<input type="radio"/> Very interesting and stimulating		<input type="radio"/> Slightly interesting		
	<input type="radio"/> Quite interesting		<input type="radio"/> Not at all interesting		
	<input type="radio"/> Fairly interesting				

23. During the LAST FOUR WEEKS, how many whole days of school have you missed because you skipped or 'cut'?
- None
 2 days
 4-5 days
 11 or more days
 1 day
 3 days
 6-10 days

The next questions ask about your feelings and experiences in other parts of your life.

24. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:	Number of friends				
	0	1	2	3	4
a. participated in clubs, organizations or activities at school?	<input type="radio"/>				
b. smoked cigarettes?	<input type="radio"/>				
c. tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?	<input type="radio"/>				
d. made a commitment to stay drug-free?	<input type="radio"/>				
e. used marijuana?	<input type="radio"/>				
f. tried to do well in school?	<input type="radio"/>				
g. used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="radio"/>				
h. been suspended from school?	<input type="radio"/>				
i. liked school?	<input type="radio"/>				
j. carried a handgun?	<input type="radio"/>				
k. sold illegal drugs?	<input type="radio"/>				
l. regularly attended religious services?	<input type="radio"/>				
m. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>				
n. been arrested?	<input type="radio"/>				
o. dropped out of school?	<input type="radio"/>				

25. What are the chances you would be seen as cool if you:	Very good chance				
	Very good chance	Some chance	Little chance	No or very little 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"/>

26. How old were you when you first:

	Never	10 or younger	11	12	13	14	15	16	17 or older
a. smoked marijuana?	<input type="radio"/>								
b. smoked a cigarette, even just a puff?	<input type="radio"/>								
c. had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<input type="radio"/>								
d. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="radio"/>								
e. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	<input type="radio"/>								
f. got suspended from school?	<input type="radio"/>								
g. got arrested?	<input type="radio"/>								
h. carried a handgun?	<input type="radio"/>								
i. attacked someone with the idea of seriously hurting them?	<input type="radio"/>								

27. 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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. steal anything worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. attack someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. stay away from school all day when their parents think they are at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. use LSD, cocaine, amphetamines, or another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Now think about all the students in your grade at your school. How many of them do you think:

	None (0%)	Few (1-10%)	Some (11-30%)	Some to half (31-50%)	Half to most (51-70%)	Most (71-90%)	Almost all (91-100%)
a. smoke one or more cigarettes a day?	<input type="radio"/>						
b. drank alcohol sometime in the past month?	<input type="radio"/>						
c. used marijuana sometime in the past month?	<input type="radio"/>						
d. used an illegal drug in the past month (not including marijuana)?	<input type="radio"/>						

29. How many times in the past year (12 months) have you:

	Never	1 to 2 times	3 to 5 times	6 to 9 times	10 to 19 times	20 to 29 times	30 to 39 times	40+ times
a. been suspended from school?	<input type="radio"/>							
b. carried a handgun?	<input type="radio"/>							
c. sold illegal drugs?	<input type="radio"/>							
d. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>							
e. participated in clubs, organizations or activities at school?	<input type="radio"/>							
f. been arrested?	<input type="radio"/>							
g. done extra work on your own for school?	<input type="radio"/>							
h. attacked someone with the idea of seriously hurting them?	<input type="radio"/>							
i. been drunk or high at school?	<input type="radio"/>							
j. volunteered to do community service?	<input type="radio"/>							
k. taken a handgun to school?	<input type="radio"/>							

30. Have you ever belonged to a gang?

<input type="radio"/> No	<input type="radio"/> Yes, belong now
<input type="radio"/> No, but would like to	<input type="radio"/> Yes, but would like to get out
<input type="radio"/> Yes, in the past	

31. How often have you done the following for money, possessions, or anything of value:

	Never	Before, but not in the past year	A few times in the past year	Once a month	Once a week or more	Almost everyday
69 68 67 a. gambled at a casino?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. played the lottery or lottery scratch-off tickets?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64 63 62 c. bet on sporting events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. played cards for money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60 e. bet money on horse races?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58 57 56 55 54 f. played bingo for money or prizes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. gambled on the internet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. bet on dice games such as craps?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52 51 i. bet on games of personal skill such as pool, darts, or bowling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49 48 j. bet on video poker or other gambling machines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been drinking alcohol?

- 44
41
40
39
38
37
36
- I do not drive.
 - 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times

33. During the past 30 days, how many times did you RIDE in a car or other vehicle driven by someone who had been drinking alcohol?

- 32
31
30
29
28
27
26
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times

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

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
21 18 16 a. feel nervous?	<input type="radio"/>				
b. feel hopeless?	<input type="radio"/>				
14 13 c. feel restless or fidgety?	<input type="radio"/>				
11 10 d. feel so depressed that nothing could cheer you up?	<input type="radio"/>				
8 7 e. feel that everything was an effort?	<input type="radio"/>				
5 f. feel worthless?	<input type="radio"/>				

35. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use? (Choose all that apply.)

- No
- Yes, about alcohol use
- Yes, about tobacco use
- Yes, about drug use

36. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? (Choose all that apply.)

- No
- Yes, about alcohol use
- Yes, about tobacco use
- Yes, about drug use

	NO!	no	yes	YES!
37. I think sometimes it's okay to cheat at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Sometimes I think that life is not worth it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. At times I think I am no good at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. All in all, I am inclined to think that I am a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. It is all right to beat up people if they start the fight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. 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"/>

44. Are you currently taking any medication that was prescribed for you because you had problems with your behavior or emotions?

- Yes
- No

45. 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 a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?

- None
- Once
- Twice
- 3-5 times
- 6-9 times
- 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+	
47. had alcoholic beverages (beer, wine, or hard liquor) to drink in your lifetime -- more than just a few sips?	<input type="radio"/>	77						
48. had beer, wine, or hard liquor to drink during the past 30 days ?	<input type="radio"/>	74						
49. been drunk or very high from drinking alcoholic beverages during the past 30 days ?	<input type="radio"/>	72						
50. used marijuana (grass, pot) or hashish (hash, hash oil) in your lifetime ?	<input type="radio"/>	70						
51. used marijuana (grass, pot) or hashish (hash, hash oil) during the past 30 days ?	<input type="radio"/>	68						
52. used LSD (acid) or other hallucinogens (like PCP, mescaline, peyote, "shrooms" or psilocybin) in your lifetime ?	<input type="radio"/>	66						
53. used LSD (acid) or other hallucinogens (like PCP, mescaline, peyote, "shrooms" or psilocybin) during the past 30 days ?	<input type="radio"/>	64						
54. used cocaine or crack in your lifetime ?	<input type="radio"/>	62						
55. used cocaine or crack during the past 30 days ?	<input type="radio"/>	60						
56. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high in your lifetime ?	<input type="radio"/>	58						
57. 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"/>	55						
58. used phenoxydine (pox, px, breeze) in your lifetime ?	<input type="radio"/>	52						
59. used phenoxydine (pox, px, breeze) during the past 30 days ?	<input type="radio"/>	50						
60. used methamphetamines (meth, speed, crank, crystal meth) in your lifetime ?	<input type="radio"/>	48						
61. used methamphetamines (meth, speed, crank, crystal meth) in the past 30 days ?	<input type="radio"/>	46						
62. used stimulants, other than methamphetamines (such as amphetamines, Adderall, Dexedrine, Ritalin,) without a doctor telling you to take them, in your lifetime ?	<input type="radio"/>	44						
63. used stimulants, other than methamphetamines (such as amphetamines, Adderall, Dexedrine, Ritalin) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>	41						
64. used sedatives (tranquilizers, such as Ativan, Klonopin, Valium, Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them, in your lifetime ?	<input type="radio"/>	38						
65. used sedatives (tranquilizers, such as Ativan, Klonopin, Valium, Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>	35						
66. used heroin or other opiates in your lifetime ?	<input type="radio"/>	32						
67. used heroin or other opiates during the past 30 days ?	<input type="radio"/>	30						
68. used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet, Suboxone) without a doctor telling you to take them, in your lifetime ?	<input type="radio"/>	27						
69. used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet, Suboxone) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>	23						
70. used MDMA (X,E, "Molly", or ecstasy) in your lifetime ?	<input type="radio"/>	20						
71. used MDMA (X,E, "Molly", or ecstasy) in the past 30 days ?	<input type="radio"/>	18						
72. used synthetic marijuana or herbal incense products (such as K2, Spice, or Gold) in the past 30 days ?	<input type="radio"/>							
73. used other synthetic drugs (such as Bath Salts like Ivory Wave or White Lightning) in the past 30 days ?	<input type="radio"/>	12 11 10 9						

74. Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, or chewing tobacco)?

- Never
- Once or twice
- Once in a while, but not regularly
- Regularly in the past
- Regularly now

75. How frequently have you used smokeless tobacco during the past 30 days?

- Never
- Once or twice
- Once or twice per week
- 3-5 times per week
- About once a day
- More than once a day

76. Have you ever smoked cigarettes?

- Never
- Once or twice
- Once in a while, but not regularly
- Regularly in the past
- Regularly now

77
76
75

77. How frequently 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

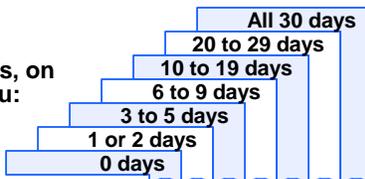
73
72
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78. Have you ever tried electronic cigarettes, e-cigarettes, vape pens, or e-hookahs?

- No
- Yes

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



a. smoke cigarettes?

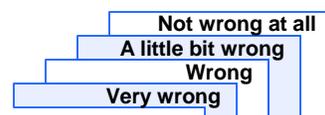
b. smoke tobacco in a hookah or waterpipe?

b. use electronic cigarettes, e-cigarettes, vape pens, or e-hookahs?

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These questions ask about the neighborhood and community where you live

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



a. to use marijuana?

b. to drink alcohol?

c. to smoke cigarettes?

43
42
41
40
39
34
29

81. I feel safe in my neighborhood.

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

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

84. If a kid carried a handgun in your neighborhood, would he or she be caught by the police?

85. If someone was drinking and driving in your neighborhood, would they get caught by the police?

86. If the police caught a kid drinking alcohol in your neighborhood, would he or she be in serious trouble?

25
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21
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9
6
4

	NO!	no	yes	YES!
81. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. 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"/>
83. If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. 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"/>
85. If someone was drinking and driving in your neighborhood, would they get caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. If the police caught a kid drinking alcohol in your neighborhood, would he or she be in serious trouble?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

87. If you wanted to get some cigarettes, how easy would it be for you to get some?

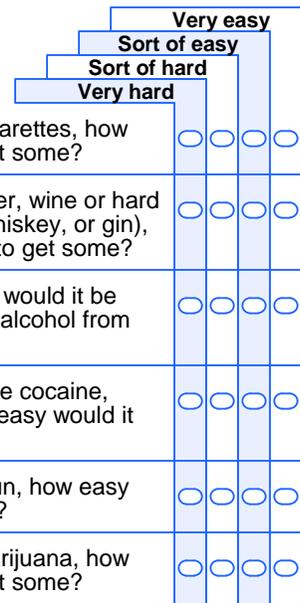
88. If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?

89. In your community, how easy would it be for someone under 21 to buy alcohol from a store?

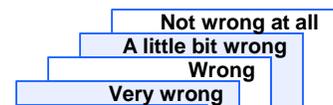
90. If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?

91. If you wanted to get a handgun, how easy would it be for you to get one?

92. If you wanted to get some marijuana, how easy would it be for you to get some?



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



a. have one or two drinks of an alcoholic beverage nearly every day?

b. smoke tobacco?

c. smoke marijuana?

d. use prescription drugs not prescribed to you?

a. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke tobacco?	<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"/>
d. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

94. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?

- Neither approve nor disapprove
- Somewhat disapprove
- Strongly disapprove
- Don't know or can't say

The next few questions ask about your family. When answering these questions please think about the people you consider to be your family, for example, parents, stepparents, grandparents, aunts, uncles, etc.

95. Have any of your brothers or sisters ever:

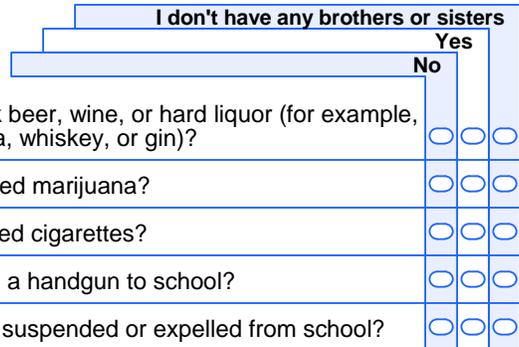
a. drunk beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?

b. smoked marijuana?

c. smoked cigarettes?

d. taken a handgun to school?

e. been suspended or expelled from school?



96. 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 gin) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke cigarettes?	<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"/>
d. steal something worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	NO!	no	yes	YES!
97. I feel safe at home where I live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. The rules in my family are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. People in my family often insult or yell at each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100. 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"/>
101. We argue about the same things in my family over and over.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102. If you drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103. My family has clear rules about alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. 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"/>
105. If you skipped school, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. My parents ask if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. People in my family have serious arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. Would your parents know if you did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109. 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"/>

110. Have you ever been impacted by someone's suicide?

- No Yes

111. If you marked "Yes" on q110 above, please rate on a scale of 1-5 how it impacted you.

- I marked "No".
 1 (It had no effect on me.)
 2 (It had little effect on me.)
 3 (It had some effect on me.)
 4 (It had considerable effect on me.)
 5 (It had great effect on me.)

112. Have you ever considered attempting suicide?

- No Yes

113. Have you ever attempted suicide?

- No Yes

114. Has there ever been a time in your life when you experienced a loss by suicide?

- No Yes

115. If you marked "Yes" to question 114 above, how long ago did the suicide happen?

- I marked "No" to the question above.
 Within the last year.
 Within the past two or three months (60-90 days).
 In the past month (30 days).

116. If you marked "Yes" to question 114 above, was the loss a blood relative or friend?(Mark all that apply.)

- I marked "No" to the question above.
 Friend/peer
 Blood relative
 Friend/family
 Best friend

117. If you marked "Yes" to question 114, have you spoken to anyone about your loss?

- I marked "No" to the question above.
 No
 Yes

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

- No Yes

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

- No Yes

120. During the past 12 months, how many times did you actually attempt suicide?

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

121. During the past 12 months, how many times did you do something to purposefully hurt yourself without wanting to die, such as cutting or burning yourself on purpose?

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

79
78
77
76

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

No Yes

71

123. How wrong do you think it is for adults over 21 to drink alcohol in public?

Very wrong A little bit wrong
 Wrong Not wrong at all

69

124. How wrong do you think it is for adults over 21 to get drunk or be drunk in public?

Very wrong A little bit wrong
 Wrong Not wrong at all

66

125. 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

60
59
58

126. About how many adults (over 21) have you known personally who in the past year have:

55

	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"/>				

52

a. used marijuana, crack, cocaine, or other drugs?

50
49

b. sold or dealt drugs?

47
46

c. done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?

43

d. gotten drunk or high?

39
38

36

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

34
32
31
30

25

23

21

15

13

11

133. During the past 30 days, on how many days did you NOT go to school because you felt you would be unsafe at school or on your way to or from school?

0 days 4 or 5 days
 1 day 6 or more days
 2 or 3 days

134. During the past 12 months, how often have you been picked on or bullied by a student ON SCHOOL PROPERTY?

0 days 4 or 5 days
 1 day 6 or more days
 2 or 3 days

135. Did you drink alcohol in the past year?

No (GO TO QUESTION 133)
 Yes (GO TO QUESTION 132)

136. If you drank alcohol (not just a sip or taste) in the past year, how did you get it? (Mark the number of times for each).

	0 times	1 or 2 times	3 to 5 times	More than 5 times
a. I bought it myself from a store, restaurant, bar, or club with fake ID.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I bought it myself from a store, restaurant, bar, or club without fake ID.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. A stranger bought it for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I got it from someone I know age 21 or older .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I got it from someone I know under age 21 .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I got it from a family member or relative other than my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I got it from home with my parents' permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I got it from home without my parents' permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I got it in another way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

137. 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.