

The next section asks about your experiences at school.

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

	NO!	no	yes	YES!
8. In my school, students have lots of chances to help decide things like class activities and rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Teachers ask me to work on special classroom projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My teacher(s) notices when I am doing a good job and lets me know about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. There are lots of chances for students in my school to talk with a teacher one-on-one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I feel safe at my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The school lets my parents know when I have done something well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. My teachers praise me when I work hard in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are your school grades better than the grades of most students in your class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I have lots of chances to be part of class discussions or activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Now thinking back over the past year in school, how often did you:

	Almost Always	Often	Sometimes	Seldom	Never
a. enjoy being in school?	<input type="checkbox"/>				
b. hate being in school?	<input type="checkbox"/>				
c. try to do your best work in school?	<input type="checkbox"/>				

19. How often do you feel that the school work you are assigned is meaningful and important?

<input type="checkbox"/>				
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20. Putting them all together, what were your grades like last year?

Mostly F's Mostly B's
 Mostly D's Mostly A's
 Mostly C's

21. How important do you think the things you are learning in school are going to be for your later life?

Very important Slightly important
 Quite important Not at all important
 Fairly important

22. How interesting are most of your courses to you?

Very interesting and stimulating
 Quite interesting Slightly dull
 Fairly interesting Very dull

23. During the LAST FOUR WEEKS how many whole days of school have you missed because you skipped or 'cut'?

None 1 2 3 4-5 6-10 11 or more

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="checkbox"/>				
b. smoked cigarettes?	<input type="checkbox"/>				
c. tried beer, wine or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?	<input type="checkbox"/>				
d. made a commitment to stay drug-free?	<input type="checkbox"/>				
e. used marijuana?	<input type="checkbox"/>				
f. tried to do well in school?	<input type="checkbox"/>				
g. used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="checkbox"/>				
h. been suspended from school?	<input type="checkbox"/>				
i. liked school?	<input type="checkbox"/>				
j. carried a handgun?	<input type="checkbox"/>				
k. sold illegal drugs?	<input type="checkbox"/>				
l. regularly attended religious services?	<input type="checkbox"/>				
m. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="checkbox"/>				
n. been arrested?	<input type="checkbox"/>				
o. dropped out of school?	<input type="checkbox"/>				
p. been members of a gang?	<input type="checkbox"/>				

25. What are the chances you would be seen as cool if you:

	Very good chance				
	Pretty good chance				
	Some chance				
	Little chance				
	No or very little chance				
a. smoked cigarettes?	<input type="checkbox"/>				
b. worked hard at school?	<input type="checkbox"/>				
c. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="checkbox"/>				
d. defended someone who was being verbally abused at school?	<input type="checkbox"/>				
e. smoked marijuana?	<input type="checkbox"/>				
f. regularly volunteered to do community service?	<input type="checkbox"/>				
g. carried a handgun?	<input type="checkbox"/>				

26. How old were you when you first:

17 or older							
16							
15							
14							
13							
12							
11							
10 or younger							
Never							

a. smoked marijuana?	<input type="checkbox"/>							
b. smoked a cigarette, even just a puff?	<input type="checkbox"/>							
c. had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?	<input type="checkbox"/>							
d. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="checkbox"/>							
e. used methamphetamines (meth, crystal, crank)?	<input type="checkbox"/>							
f. got suspended from school?	<input type="checkbox"/>							
g. got arrested?	<input type="checkbox"/>							
h. carried a handgun?	<input type="checkbox"/>							
i. attacked someone with the idea of seriously hurting them?	<input type="checkbox"/>							
j. belonged to a gang?	<input type="checkbox"/>							

27. How wrong do you think it is for someone your age to:

Not Wrong at All			
A Little Bit Wrong			
Wrong			
Very Wrong			

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

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

40+ times									
30 to 39 times									
20 to 29 times									
10 to 19 times									
6 to 9 times									
3 to 5 times									
1 to 2 times									
Never									

a. been suspended from school?	<input type="checkbox"/>								
b. carried a handgun?	<input type="checkbox"/>								
c. sold illegal drugs?	<input type="checkbox"/>								
d. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="checkbox"/>								
e. participated in clubs, organizations or activities at school?	<input type="checkbox"/>								
f. been arrested?	<input type="checkbox"/>								
g. done extra work on your own for school?	<input type="checkbox"/>								
h. attacked someone with the idea of seriously hurting them?	<input type="checkbox"/>								
i. been drunk or high at school?	<input type="checkbox"/>								
j. volunteered to do community service?	<input type="checkbox"/>								
k. taken a handgun to school?	<input type="checkbox"/>								

29. I do the opposite of what people tell me, just to get them mad.

- Very False Somewhat True
 Somewhat False Very True

30. I like to see how much I can get away with.

- Very False Somewhat True
 Somewhat False Very True

31. I ignore rules that get in my way.

- Very False Somewhat True
 Somewhat False Very True

32. 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?

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

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

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

34. You're looking at CD's in a music store with a friend. You look up and see her slip a CD under her coat. She smiles and says "Which one do you want? Go ahead, take it while nobody's around." There is nobody in sight, no employees and no other customers. What would you do now?

- Ignore her
- Grab a CD and leave the store
- Tell her to put the CD back
- Act like it is a joke, and ask her to put the CD back

35. You are visiting another part of town, and you don't know any of the people your age there. You are walking down the street, and some teenager you don't know is walking toward you. He is about your size, and as he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do?

- Push the person back
- Say "Excuse me" and keep on walking
- Say "Watch where you are going" and keep on walking
- Swear at the person and walk away

36. You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do?

- Drink it
- Tell your friend, "No thanks, I don't drink" and suggest that you and your friend go and do something else
- Just say, "No thanks" and walk away
- Make up a good excuse, tell your friend you had something else to do, and leave

37. It's 8:00 on a weeknight and you are about to go over to a friend's home when your mother asks you where you are going. You say "Oh, just going to go hang out with some friends." She says, "No, you'll just get into trouble if you go out. Stay home tonight." What would you do now?

- Leave the house anyway
- Explain what you are going to do with your friends, tell her when you will get home, and ask if you can go out
- Not say anything and start watching TV
- Get into an argument with her

38. How often do you attend religious services or activities?

- Never
- 1-2 Times a Month
- Rarely
- About Once a Week or More

39. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?

- 0 times
- 6-7 times
- 1 time
- 8-9 times
- 2-3 times
- 10-11 times
- 4-5 times
- 12 or more times

40. During the past 12 months, how many times were you in a physical fight ON SCHOOL PROPERTY?

- 0 times
- 6-7 times
- 1 time
- 8-9 times
- 2-3 times
- 10-11 times
- 4-5 times
- 12 or more times

41. 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 the way to or from school?

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

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

- Never
- Several times
- Once
- Very often

43. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club ON SCHOOL PROPERTY?

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

	NO!	no	yes	YES!
44. I think sometimes it's okay to cheat at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Sometimes I think that life is not worth it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. At times I think I am no good at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. 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"/>
48. 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"/>
49. 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"/>
50. 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"/>

51. Sometimes we don't know what we will do as adults, but we may have an idea. Please answer how true these statements may be for you. WHEN I AM AN ADULT I WILL:

	NO!	no	yes	YES!
a. smoke cigarettes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. drink beer, wine, or liquor.	<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"/>

OCCASIONS

On how many occasions (if any) have you:

	0	1-2	3-5	6-9	10-19	20-39	40+
52. had alcoholic beverages (beer, wine or hard liquor) to drink in your lifetime – more than just a few sips?	<input type="radio"/>						
53. had beer, wine or hard liquor to drink during the past 30 days ?	<input type="radio"/>						
54. used marijuana in your lifetime ?	<input type="radio"/>						
55. used marijuana during the past 30 days ?	<input type="radio"/>						
56. used LSD or other psychedelics in your lifetime ?	<input type="radio"/>						
57. used LSD or other psychedelics during the past 30 days ?	<input type="radio"/>						
58. used cocaine or crack in your lifetime ?	<input type="radio"/>						
59. used cocaine or crack during the past 30 days ?	<input type="radio"/>						
60. 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"/>						
61. 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"/>						
62. used phenoxydine (pox, px, breeze) in your lifetime ?	<input type="radio"/>						
63. used phenoxydine (pox, px, breeze) during the past 30 days ?	<input type="radio"/>						
64. used methamphetamines (meth, speed, crank, crystal meth) in your lifetime ?	<input type="radio"/>						
65. used methamphetamines (meth, speed, crank, crystal meth) in the past 30 days ?	<input type="radio"/>						
66. used stimulants, other than methamphetamines (such as amphetamines, Ritalin, or Dexedrine) without a doctor telling you to take them, in your lifetime ?	<input type="radio"/>						
67. used stimulants, other than methamphetamines (such as amphetamines, Ritalin, or Dexedrine) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>						
68. used sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them, in your lifetime ?	<input type="radio"/>						
69. used sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>						
70. used heroin or other opiates in your lifetime ?	<input type="radio"/>						
71. used heroin or other opiates during the past 30 days ?	<input type="radio"/>						
72. used MDMA ('X', 'E', or ecstasy) in your lifetime ?	<input type="radio"/>						
73. used MDMA ('X', 'E', or ecstasy) during the past 30 days ?	<input type="radio"/>						
74. used steroids or anabolic steroids such as (Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in your lifetime ?	<input type="radio"/>						
75. used steroids or anabolic steroids such as (Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in the past 30 days ?	<input type="radio"/>						
76. used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, Oxycontin, or sleeping pills) without a doctor telling you to take them, in your lifetime ?	<input type="radio"/>						
77. used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, Oxycontin, or sleeping pills) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>						

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

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

79. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip?

- 0 days
- 10 to 19 days
- 1 or 2 days
- 20 to 29 days
- 3 to 5 days
- All 30 days
- 6 to 9 days

80. Have you ever smoke cigarettes?

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

81. During the past 30 days, on how many days did you smoke cigarettes?

- 0 days
- 10 to 19 days
- 1 or 2 days
- 20 to 29 days
- 3 to 5 days
- All 30 days
- 6 to 9 days

82. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- I did not smoke cigarettes during the past 30 days
- Less than 1 cigarette per day
- 1 cigarette per day
- 2 to 5 cigarettes per day
- 6 to 10 cigarettes per day
- 11 to 20 cigarettes per day
- More than 20 cigarettes per day

83. Does anyone who lives with you now smoke cigarettes? (Mark all that apply.)

- No one who lives with me now smokes cigarettes.
- A parent (or guardian)
- A brother or sister
- Another adult who lives with us
- Another young person who lives with us

84. Which statement best describes the rules about smoking where you live?

- Smoking is not allowed anywhere
- Smoking is allowed in some places or at some times
- Smoking is allowed anywhere

85. How much do you think people risk harming themselves (physically or in other ways) if they:

Great Risk
Moderate Risk
Slight Risk
No Risk

a. smoke one or more packs of cigarettes per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. try marijuana once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. smoke marijuana regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions ask about the neighborhood and community where you live.

	NO!	no	yes	YES!
86. If a kid smoked marijuana in your neighborhood would he or she be caught by the police?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. If a kid carried a handgun in your neighborhood would he or she be caught by the police?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Very Easy
Sort of Easy
Sort of Hard
Very Hard

89. If you wanted to get some cigarettes, how easy would it be for you to get some?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. If you wanted to get a handgun, how easy would it be for you to get one?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. If you wanted to get some marijuana, how easy would it be for you to get some?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Number of Adults

	0	1	2	3-4	5+
a. used marijuana, crack, cocaine, or other drugs?	<input type="checkbox"/>				
b. sold or dealt drugs?	<input type="checkbox"/>				
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="checkbox"/>				
d. gotten drunk or high?	<input type="checkbox"/>				

95. Think back over the LAST TWO WEEKS. How many times have you had five or more alcoholic drinks in a row?

- None
- 3-5 times
- Once
- 6-9 times
- Twice
- 10 or more times

96. Are you currently on probation, or assigned a probation officer with Juvenile Court?

- No
- Yes

97. Have you ever belonged to a gang?

- No
- Yes, belong now
- No, but would like to
- Yes, but would like to get out
- Yes, in the past

98. If you have ever belonged to a gang, did the gang have a name?

- I have never belonged to a gang
- No
- Yes

99. On average, how much time do you spend after school each day at home with no adult present? (Count the hours between the end of school and when you go to bed.)

- None or almost none
- 2-3 hours
- Less than 1 hour
- 3-5 hours
- 1-2 hours
- More than 5 hours

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

	Not Wrong at All	A Little Bit Wrong	Wrong	Very Wrong
a. to use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. to drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. to smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

101. If I had to move, I would miss the neighborhood I now live in.

102. My neighbors notice when I am doing a good job and let me know about it.

103. I like my neighborhood.

104. There are lots of adults in my neighborhood I could talk to about something important.

105. I'd like to get out of my neighborhood.

106. There are people in my neighborhood who are proud of me when I do something well.

107. There are people in my neighborhood who encourage me to do my best.

108. I feel safe in my neighborhood.

	NO!	no	yes	YES!
101. If I had to move, I would miss the neighborhood I now live in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102. My neighbors notice when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103. I like my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. There are lots of adults in my neighborhood I could talk to about something important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. I'd like to get out of my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. There are people in my neighborhood who are proud of me when I do something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. There are people in my neighborhood who encourage me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

109. How many times have you changed homes since kindergarten?

- Never 5 or 6 times
 1 or 2 times 7 or more times
 3 or 4 times

110. Have you changed homes in the past year (the last 12 months)?

- No Yes

111. Which of the following activities for people your age are available in your community?

- a. sports teams No Yes
 b. scouting No Yes
 c. boys and girls clubs No Yes
 d. 4-H clubs No Yes
 e. service clubs No Yes

112. Have you changed schools (including changing from elementary to middle and middle to high school) in the past year?

- No Yes

113. How many times have you changed schools since kindergarten (including changing from elementary to middle and middle to high school)?

- Never 5 or 6 times
 1 or 2 times 7 or more times
 3 or 4 times

114. How much does each of the following statements describe your neighborhood?

	NO!	no	yes	YES!
a. crime and/or drug selling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. lots of empty or abandoned buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. lots of graffiti	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.

115. My parents notice when I am doing a good job and let me know about it.

- Never or Almost Never Often
 Sometimes All the Time

116. How often do your parents tell you they're proud of you for something you've done?

- Never or Almost Never Often
 Sometimes All the Time

117. How wrong do your parents feel it would be for YOU to:

	Not Wrong at All	A Little Bit Wrong	Wrong	Very Wrong
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"/>

118. Has anyone in your family ever had a severe alcohol or drug problem?

- No Yes

119. Have any of your brothers or sisters ever:

	I don't have any brothers or sisters		
	No	Yes	
a. drunk beer, wine or hard liquor (for example, vodka, whiskey or gin)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. smoked marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. taken a handgun to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. been suspended or expelled from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	NO!	no	yes	YES!
120. The rules in my family are clear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121. People in my family often insult or yell at each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122. When I am not at home, one of my parents knows where I am and who I am with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123. We argue about the same things in my family over and over.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124. If you drank some beer, wine, or liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125. My family has clear rules about alcohol and drug use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126. If you carried a handgun without your parents' permission, would you be caught by your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127. If you skipped school would you be caught by your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128. Do you feel very close to your mother?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129. Do you share your thoughts and feelings with your mother?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130. My parents ask me what I think before most family decisions affecting me are made.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131. Do you share your thoughts and feelings with your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
132. Do you enjoy spending time with your mother?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133. Do you enjoy spending time with your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
134. If I had a personal problem, I could ask my mom or dad for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
135. Do you feel very close to your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	NO!	no	yes	YES!
136. My parents give me lots of chances to do fun things with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
137. My parents ask if I've gotten my homework done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
138. People in my family have serious arguments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
139. Would your parents know if you did not come home on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140. It is important to be honest with your parents, even if they become upset or you get punished.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

141. During a typical week, how many times do all or most of your family living in your home eat a meal together?

a. Breakfast 0 1 2 3 4 5 6 7

b. Lunch/Brunch 0 1 2 3 4 5 6 7

c. Dinner 0 1 2 3 4 5 6 7

142. How often during the past 12 months have you:

	Almost every day	Once or twice a week	Once or twice a month	A few times in the past year	Before, but not in the past year	Never
a. Gambled at a casino?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Played the lottery or scratch-off tickets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Bet on team sports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Played cards for money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Bet money on horse races?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Played bingo for money or prizes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Gambled on the Internet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Bet on dice games such as craps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Bet on games of personal skill such as pool, darts, or bowling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a. Gambled at a casino?

b. Played the lottery or scratch-off tickets?

c. Bet on team sports?

d. Played cards for money?

e. Bet money on horse races?

f. Played bingo for money or prizes?

g. Gambled on the Internet?

h. Bet on dice games such as craps?

i. Bet on games of personal skill such as pool, darts, or bowling?

143. Have you ever heard of the gun violence prevention program or Project Safe Neighborhoods (PSN)?

No Yes

144. How did you hear about the gun violence prevention program or Project Safe Neighborhoods? (Mark all that apply.)

T.V. Billboard Have not heard of PSN
 Radio Other

145. How honest were you in filling out this survey?

I was very honest
 I was honest pretty much of the time
 I was honest some of the time
 I was honest once in a while
 I was not honest at all

Thank you for completing the survey