

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. What is the zip code for your home address?
Please write in the **numbers**, then fill in the proper **circles**.

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

ZIP CODE				
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<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

2. Are you a: 3. Are you Hispanic or Latino?

- Boy Yes
 Girl No

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

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

5. How old are you TODAY?

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

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

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

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

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

8. Does your mother work: 9. Does your father work:
 Full-time Full-time
 Part-Time Part-time
 No mother at home No Father at home
 Unemployed Unemployed

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

- Mother
 Father
 Grandparent(s)
 Stepparent(s)
 Siblings(s)
 Non-family member(s)

11. What ONE category best describes your grades on your last report card?

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

PLEASE MARK ONLY ONE ANSWER FOR EACH:

<i>How much time do you spend on a school day (before and after school):</i>	No Time	1/2 hour or less	About one hour	About two hours	More than two hours
12. On-line on a computer (surfing, chatting, downloading)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Watching TV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Playing computer or video games?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Doing school work at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Hanging out with friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Doing chores at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Unsupervised by any adult or babysitter?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Playing or exercising?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE ANSWER YES <u>OR</u> NO TO THESE QUESTIONS:		YES	NO
53			
52	42. Do any of your friends smoke cigarettes?	<input type="radio"/>	<input type="radio"/>
51			
50	43. Do any of your friends drink alcohol?	<input type="radio"/>	<input type="radio"/>
49			
48	44. Do any of the kids at school smoke marijuana (pot, weed)?	<input type="radio"/>	<input type="radio"/>
47			
46	45. Do any of your friends smoke marijuana?	<input type="radio"/>	<input type="radio"/>
45	46. If a friend had some marijuana and gave you some, do you think you would smoke some?	<input type="radio"/>	<input type="radio"/>
44			
43			
42	47. This year, have you been in a physical fight at school?	<input type="radio"/>	<input type="radio"/>
41			
40	48. Do you know places where students your age can buy cigarettes?	<input type="radio"/>	<input type="radio"/>
39			
38	49. Do you know places where students your age can <u>get</u> alcohol without paying for it?	<input type="radio"/>	<input type="radio"/>
37			
36	50. Do you know places where students your age can <u>buy</u> alcohol?	<input type="radio"/>	<input type="radio"/>
35			
34	51. During this school year, have you had any lessons in school about the risks of using drugs or alcohol?	<input type="radio"/>	<input type="radio"/>
33			
32	52. During this school year, have you had any lessons in school about making good decisions, setting goals, or resolving problems with other people?	<input type="radio"/>	<input type="radio"/>
31			
30	53. During this school year, have you had any health education?	<input type="radio"/>	<input type="radio"/>
29			
28	54. During this school year, have one or both of your parents come to school to help out with a class or school event?	<input type="radio"/>	<input type="radio"/>
27			
26	55. During the past year, have you seen or heard adults in your home hurting each other?	<input type="radio"/>	<input type="radio"/>
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24	56. Have you ever taken (not borrowed) something that didn't belong to you at school?	<input type="radio"/>	<input type="radio"/>
23			
22	57. Have your ever damaged or destroyed something that didn't belong to you on purpose?	<input type="radio"/>	<input type="radio"/>
21			
20	58. Do you belong to a gang?	<input type="radio"/>	<input type="radio"/>
19			
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17			

IN THE PAST 12 MONTHS, WOULD YOU AGREE OR DISAGREE:		STRONGLY AGREE	AGREE	NEITHER	DISAGREE	STRONGLY DISAGREE
16						
15	59. That the punishments for breaking school rules are the same no matter who you are?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14						
13	60. That the school rules are strictly enforced?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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11	61. That everyone knows what the school rules are?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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9	62. That the school rules are fair?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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7	63. That your parents' rules for you are fair?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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5	64. That your parents' rules for you are strictly enforced?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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65. During the past 30 days, mark all of the following things that have happened TO YOU and who was involved:

By:	Parents	Siblings	Boyfriend/ Girlfriend	Friends	Other Kids at School	Other Kids in Neighborhood
Name-calling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fights (punching, kicking)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shoving, Pushing, Slapping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE ANSWER THE FOLLOWING QUESTIONS:

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

- Easy
- Hard
- I'm not sure

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

- Easy
- Hard
- I'm not sure

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

- Easy
- Hard
- I'm not sure

69. Is it easy or hard for someone your age to get crack or cocaine?

- Easy
- Hard
- I'm not sure

70. Between school and dinner time, where do you spend most of your time?
(MARK ONLY ONE ANSWER):

- In a sport, activity, or after-school program
- At your home
- At someone else's home
- Outside with friends

71. Between school and dinner time, are you around someone older who is responsible for you (parent, coach, teacher, babysitter)?

- All of the time
- Most of the time
- Some of the time
- None of the time

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

- Yes
- No

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

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

74. If you wanted to get cigarettes, MARK ALL THE PLACES you could get them.

- From my friends or other kids I know
- From my brothers, sisters, or cousins
- From my parents (with them knowing)
- From my parents (without them knowing)
- From other adults (with them knowing)
- From other adults (without them knowing)
- From a vending machine
- From a store cashier or clerk

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PLEASE CONTINUE TO ANSWER THE FOLLOWING QUESTIONS:

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75. How often do you ride in a car with someone who was smoking cigarettes?

- Never
- Before, but not in the past year
- A few times in the past year
- Once or twice a month
- Once or twice a week
- Almost every day

76. How often are you in a room with someone who is smoking cigarettes?

- Never
- Before, but not in the past year
- A few times in the past year
- Once or twice a month
- Once or twice a week
- Almost every day

77. Does anybody living in your home smoke cigarettes or tobacco? (**MARK ALL THAT APPLY**)

- No one
- Mother or Stepmother
- Father or Stepfather
- Brother(s) or Stepbrothers(s)
- Sister(s) or Stepsister(s)
- Other household member(s)

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

- Yes
- No

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

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

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

- Yes
- No

81. Have you ever tried to get high from huffing (sniffing) glue, gasoline, spray cans, markers or nail polish remover?

- Yes
- No

82. How often have you gambled (bet) for money or possessions?

- Never
- Before, but not in the past year
- A few times in the past year
- Once or twice a month
- Once or twice a week
- Almost every day

83. How often do you wear a seat belt?

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

84. Do you usually take any medicine to help you concentrate better in school?

- No, I don't
- Yes, Ritalin
- Yes, Adderall
- Yes, Cylert
- Yes, Concerta
- Yes, Strattera
- Yes, (If you know the name, please write it here.) _____

85. I like to try new or exciting things, even if they are against the law.

- Yes
- No

86. **MARK ALL YOU HAVE DONE FOR MONEY** in the past year: (**MARK ALL THAT APPLY**)

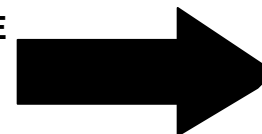
- Played lottery or scratch-off tickets
- Bet on team sports
- Played cards for money or prizes
- Played Bingo for money or prizes
- Bet on games of skill, such as basketball (HORSE, GHOST)
- Bet on video games
- Played gambling games on the Internet



NEXT IS A LIST OF DRUGS. REMEMBER THAT YOUR ANSWERS ARE PRIVATE. PLEASE MARK THE ANSWER IN EACH ROW THAT COMES CLOSEST TO SHOWING HOW OFTEN YOU HAVE EVER USED EACH :

	NEVER	BEFORE BUT NOT IN PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
87. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. Bidis/Kreteks or clove cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. Chewing tobacco, snuff, dip (Skoal, Red Man)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. Alcohol (beer, wine, coolers, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. Marijuana (pot, weed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. Inhalants (huffing, glue, sprays, gasoline)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. Prescription or over-the-counter 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"/>
95. 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"/>
96. Downers, prescription and street drugs (tranqs, barbs, Xanax) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. Prescription Pain Killers (Codeine, OxyContin, Percocet) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. Dactyls (rubes, dacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. Hallucinogens (acid, LSD, trip, shrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100. Powder cocaine (snow, blow)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101. Ritalin, Adderall, Strattera, Concerta, or Cylert to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102. Over-the-counter drugs TO GET HIGH (cough syrup, robo, antihistamines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE CONTINUE TO THE LAST PAGE



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MARK ONLY ONE ANSWER FOR EACH OF THE FOLLOWING QUESTIONS:

<i>During the past year I felt that I:</i>	NEVER USED OR NOT USED IN PAST YEAR	YES	NO
103. Needed a cigarette.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. Needed a drink of alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. Needed to have inhalants (huffing, sniffing).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MY PARENTS HAVE TOLD ME:	Using Tobacco	Using Alcohol	Using Marijuana	Using Illegal Drugs	Gambling
106. About the risks of:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. Not to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. That they know I have been:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HOW MUCH DO PEOPLE RISK HARMING THEMSELVES IF THEY:	NO RISK	A LITTLE RISK	A LOT OF RISK	DON'T KNOW
109. Smoke one or more packs of cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. Drink one or two drinks of alcohol (beer, wine, liquor)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. Take one or two drinks of alcohol nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. Try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. Smoke marijuana every week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. Try cocaine or crack once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. Use prescription drugs regularly without a prescription to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. Sniff glue or spray cans once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. Sniff glue or spray cans every week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

THE END

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

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

38" SPINE PERF