

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

(Example)

ZIP CODE				
1	9	7	1	6
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input 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				
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
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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:
- Boy
 - Girl
3. Do you get a free or reduced lunch at school?
- Yes
 - No
4. Are you Hispanic or Latino?
- Yes
 - No
5. Which one of these groups BEST describes you? (CHOOSE ONLY ONE)
- American Indian or Alaskan Native
 - Asian
 - Black or African American
 - White/Caucasian
 - Other _____
6. How old are you TODAY?
- 9 years old or younger
 - 10 years old
 - 11 years old
 - 12 years old or older
7. How do you get to school most days?
- I ride a school bus
 - I walk to school
 - I get a ride with a family member or friend
 - I get to school some other way

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

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

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

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

10. Which of the following people live with you most of the time. (MARK ALL THAT APPLY)
- Mother
 - Father
 - Grandparent(s)
 - Stepparent(s)
 - Siblings(s)
 - Non-family member(s)
11. Which of the people who live with you right now work to earn money to pay the bills and buy the food? (MARK ALL THAT APPLY)
- Mother/step-mother
 - Father/step-father
 - Brother(s) or sister(s)
 - Grandmother
 - Grandfather
 - Other adult(s)
12. What ONE category best describes your grades on your last report card?
- Mostly A's
 - Mostly B's
 - Mostly C's
 - Mostly D's or F's
13. How many times has your family moved since you started Kindergarten?
- We have not moved
 - 1 time
 - 2 times
 - 3 or more times

PLEASE MARK ONE ANSWER FOR EACH:

<i>How much time do you spend on a school day (<u>before</u> and <u>after</u> school):</i>	No Time	1/2 hour or less	About one hour	About two hours	More than two hours
14. Online on a computer, watching TV, or playing computer/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. Physically playing, exercising or playing sports?	<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
17. I feel safe in my school.	<input type="radio"/>	<input type="radio"/>
18. I ride the bus to school.	<input type="radio"/>	<input type="radio"/>
19. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>
20. A lot of kids at this school smoke cigarettes.	<input type="radio"/>	<input type="radio"/>
21. A lot of kids at this school drink alcohol.	<input type="radio"/>	<input type="radio"/>
22. I get along well with my parents most of the time.	<input type="radio"/>	<input type="radio"/>
23. Most kids at this school obey the teachers.	<input type="radio"/>	<input type="radio"/>
24. Kids at this school feel safe on their school bus.	<input type="radio"/>	<input type="radio"/>
25. There is an adult where I go after school.	<input type="radio"/>	<input type="radio"/>
26. The bad behavior of some kids in this school (talking, fighting) keeps teachers from teaching the other kids who want to learn.	<input type="radio"/>	<input type="radio"/>
27. Fighting is a problem in this school.	<input type="radio"/>	<input type="radio"/>
28. I often talk to my parents about how things are going at school.	<input type="radio"/>	<input type="radio"/>
29. My parents know <u>where I am</u> most of the time when I am <u>NOT</u> in school.	<input type="radio"/>	<input type="radio"/>
30. My parents know <u>what I am doing</u> most of the time when I am <u>NOT</u> in school.	<input type="radio"/>	<input type="radio"/>
31. My parents ask me if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>
32. My parents tell me when I'm doing a good job.	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

3/8" SPINE PERF

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53 PLEASE ANSWER YES <u>OR</u> NO TO THESE QUESTIONS:		YES	NO
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51	33. Do any of your friends smoke cigarettes?	<input type="radio"/>	<input type="radio"/>
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49	34. Do any of your friends drink alcohol?	<input type="radio"/>	<input type="radio"/>
48			
47	35. This year, have you been in a physical fight at school?	<input type="radio"/>	<input type="radio"/>
46			
45	36. This year, have you been in a physical fight in your neighborhood?	<input type="radio"/>	<input type="radio"/>
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43	37. During the past 30 days, have kids at school threatened or made fun of you in a hurtful way?	<input type="radio"/>	<input type="radio"/>
42			
41	38. Do you know places where students your age can buy cigarettes?	<input type="radio"/>	<input type="radio"/>
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39	39. Do you know places where students your age can <u>get</u> alcohol without paying for it?	<input type="radio"/>	<input type="radio"/>
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36	40. Do you know places where students your age can <u>buy</u> alcohol?	<input type="radio"/>	<input type="radio"/>
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34	41. 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"/>
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31	42. 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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29	43. Have you ever stolen (not borrowed) something that didn't belong to you?	<input type="radio"/>	<input type="radio"/>
28			
27	44. Have you ever damaged or destroyed something that didn't belong to you on purpose?	<input type="radio"/>	<input type="radio"/>
26			
25			
24	45. Do you belong to a gang?	<input type="radio"/>	<input type="radio"/>
23			
22	46. Have you hit anyone in the past month with the intention of hurting them?	<input type="radio"/>	<input type="radio"/>
21			
20	47. Has your parent lost their temper with you more than once in the past week?	<input type="radio"/>	<input type="radio"/>
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18	48. Has your parent spoken to at least two of your friends in the past month?	<input type="radio"/>	<input type="radio"/>
17			
16	49. During the past 30 days, have you lied to your parents about where you were or what you were doing?	<input type="radio"/>	<input type="radio"/>
15			
14			

13		STRONGLY AGREE	AGREE	NEITHER	DISAGREE	STRONGLY DISAGREE
12						
11						
10	DO YOU AGREE OR DISAGREE THAT:					
9						
8	50. If you break the school rules, you will definitely be punished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7						
6						
5	51. If you break your parents' rules, you will definitely be punished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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REMEMBER: ALL OF YOUR ANSWERS ARE PRIVATE.

52. Mark all of the following who have threatened you, made fun of you, or called you names in a hurtful way in the past month: (MARK ALL THAT APPLY)

- Mother
- Father
- Step-parent
- Brother(s)
- Sister(s)
- Friends
- Boyfriend/girlfriend
- Other kids at school
- Other kids in neighborhood
- Other adults at home

53. Mark all of the following who have hit, slapped, kicked, pushed, pinched, choked or shoved you to hurt you in the past month: (MARK ALL THAT APPLY)

- Mother
- Father
- Step-parent
- Brother(s)
- Sister(s)
- Friends
- Boyfriend/girlfriend
- Other kids at school
- Other kids in neighborhood
- Other adults at home
- Other adults in neighborhood

PLEASE ANSWER THE FOLLOWING QUESTIONS:

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

- Easy
- Hard
- I'm not sure

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

- Easy
- Hard
- I'm not sure

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

- Easy
- Hard
- I'm not sure

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

- Yes
- No

58. 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

59. 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

60. 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)

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PLEASE CONTINUE TO ANSWER THE FOLLOWING QUESTIONS:

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

- Yes
- No

62. 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

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

- Yes
- No

64. How many times in the past year have your parents taken you to a museum, concert or sports event?

- 0
- 1
- 2
- 3 or more

65. How often do you wear a seat belt?

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

66. Do you take medicine to help you concentrate better in school?

- No
- Yes

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

- Yes
- No

68. How many bathrooms are there in your house?

- 0
- 1
- 2
- 3
- 4 or more

69. How many books are in your home that you can read?

- 0
- 1 to 19
- 20 to 49
- 50 or more

Mark <u>ALL</u> that apply in each row:	Using Tobacco	Using Alcohol	Using Marijuana	Using Illegal Drugs	Betting
70. My parents told me about the risks of:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. My parents told me not to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. During this school year, I have had lessons in school about the risks of:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. My parents disapprove of kids:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



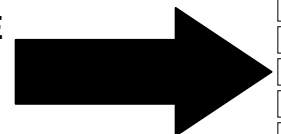
SERIAL

38" SPINE PERF

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
74. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. Chewing tobacco, snuff, dip (Skoal, Red Man, Snus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. Alcohol (beer, wine coolers, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. Marijuana (pot, weed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. Inhalants (sniffing glue, sprays, gasoline)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. Prescription painkillers (Codeine, OxyContin, Percocet) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. 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"/>
82. Other prescription drugs to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. Dactyls (rubes, dacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. Hallucinogens (acid, LSD, trip, shrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Over-the-counter drugs to get high (3C, cough syrup, antihistamines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE CONTINUE TO THE LAST PAGE



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

38" SPINE PERF

THE END

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

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