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

EXAMPLE

ZIP CODE				
1	9	7	1	6
0	0	0	0	0
●	1	1	●	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	●
7	7	●	7	7
8	8	8	8	8
9	●	9	9	9

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

2. What is your gender?

- Male
- Female

3. Do you get a free or reduced lunch at school?

- Yes
- No

4. How old are you TODAY?

- 12 years or younger
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years
- 19 years or older

5. Are you Hispanic or Latino?

- No
- Yes

6. Which of the following BEST describes you?
(CHOOSE **ONLY ONE ANSWER**)

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

7. What **ONE** category best describes your overall grades on your last report card?

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

8. Which of the following people live with you most of the time? (**MARK ALL THAT APPLY**)

- Mother
- Father
- Grandparent(s), aunt(s) or uncle(s)
- Step-parent(s)
- Siblings(s)
- Other adult(s)

9. Which of the people who live with you right now work to earn money to pay the bills and buy the food? (**MARK ALL THAT APPLY.**)

- Mother
- Father
- Grandparent(s), aunt(s) or uncle(s)
- Step-parent(s)
- Brother(s)
- Sister(s)
- Other adult(s)

10. How old is your mother?
If you don't know, please put your best guess.

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

11. How old is your father?
If you don't know, please put your best guess.

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

12. What is the **highest** level of schooling your mother or female guardian completed?
(CHOOSE **ONLY ONE ANSWER**)

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school after college

13. What is the **highest** level of schooling your father or male guardian completed?
(CHOOSE **ONLY ONE ANSWER**)

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school after college

CHOOSE THE ONE BEST ANSWER FOR EACH ROW:

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HOW OFTEN DO YOU:	NEVER	BEFORE, BUT NOT IN PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
31. Argue or fight with either of your parents/guardians?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Take some kind of weapon to school or to a school event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Take part in a fight where a group of your friends are against another group?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Steal something from a store without paying for it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Break into a car, house or other building?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Get arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Talk to either of your parents about how things are going at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Go places with your parents such as concerts, museums, plays, historical sites or other educational trips or activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Cheat on a test in class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Attend religious services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Ride in a car when the driver - an adult - has been drinking alcohol while driving or shortly before driving?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Ride in a car when the driver - someone less than 21 yrs old - has been drinking alcohol while driving or shortly before driving?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Sneak money from an adult's wallet, purse, or other place?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Do chores or help out at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Get stopped by police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Ride in a car when the driver has been smoking pot while driving or shortly before driving?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Skip or miss classes (not the whole school day) <u>without permission</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Get suspended or expelled from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Hear name-calling, threats or yelling between adults in your home which makes you uncomfortable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Hear or see violence between adults in your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

64. How old were you the first time you smoked a cigarette (not just a few puffs)?

- I have never smoked a cigarette
- 10 years or younger
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

How many cigarettes have you smoked:

	NONE	LESS THAN 1	1-5 CIGARETTES	6-10 CIGARETTES	11-20 CIGARETTES	21-30 CIGARETTES	31 OR MORE CIGARETTES
65. ...in your whole life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. ...in the past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. ...in the past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

68. In the past month, on the days that you smoked, about how many cigarettes did you smoke per day?

- Did not smoke cigarettes
- Less than 1 cigarette per day
- About 1-5 cigarettes per day
- About 1/2 pack per day
- About 1 to 1 and 1/2 packs per day
- About 2 packs per day or more

69. If you wanted to get cigarettes, where would you most likely get them? **(MARK ALL THAT APPLY)**

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

HOW OFTEN HAVE YOU USED ANY OF THE FOLLOWING:	NEVER	BEFORE, BUT NOT IN PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
70. Chewing tobacco, snuff, dip, snus (Skoal, Red Man)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. Cigarillos, little cigars, black and tans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- I have never had a drink of alcohol
- 10 years or younger
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

How many times have you had a drink (not just a few sips) of alcohol, beer, wine, liquor, mixed drink:

	0 TIMES	1-2 TIMES	3-5 TIMES	6-9 TIMES	10-19 TIMES	20-39 TIMES	40 OR MORE TIMES
74. ...in your whole life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. ...in the past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. ...in the past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

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

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

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

PLEASE DO NOT WRITE IN THIS AREA



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82. How old were you the first time you tried marijuana (grass, pot, hash, weed, blunts)?

- I have never tried marijuana
- 10 years old or younger
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

How many times have you smoked marijuana (grass, pot, hash, weed, blunts)?

	0 TIMES	1 - 2 TIMES	3 - 5 TIMES	6 - 9 TIMES	10 - 19 TIMES	20 - 39 TIMES	40 OR MORE TIMES
83. ...in your whole life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. ...in the past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. ...in the past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

86. In the past 30 days if you used marijuana, **WITH WHOM** did you use it? (**MARK ALL THAT APPLY**)

- Never used marijuana
- Didn't use marijuana in past 30 days
- Brother(s) or sister(s)
- Adult family members
- Friends from school
- Friends from my neighborhood
- Co-workers
- Used alone

87. Do you take any medicine **by prescription** for any of the following? (**MARK ALL THAT APPLY**)

- Depression
- Blood Pressure
- Anxiety
- Asthma
- ADD/ADHD
- Allergies
- Bipolar Disorder
- Weight Loss
- Chronic Skin Conditions (such as acne)
- Other _____
- No

88. For the times when you have used prescription drugs **WITHOUT** a prescription, please mark the **main** reason for using them.

- Increasing concentration (for studying/tests)
- Relieving pain
- Treating infection, allergies, illness
- Having fun or getting high
- Adding muscle, strength, endurance
- Relieving depression/anxiety
- Weight loss
- I have not used prescription drugs without a prescription

89. During the past year, have you taken any of the following **PRESCRIPTION** drugs that were **NOT** prescribed **for you**? (**MARK ALL THAT APPLY**)

- Yes, OxyContin
- Yes, Codeine/Tylenol with codeine
- Yes, Percocet/Percodan
- Yes, Vicodin
- Yes, Darvon/Darvacet/Endocet
- Yes, Xanax
- Yes, Somas
- Yes, Ritalin/Adderall/Strattera
- Yes, Albuterol or other asthma medication
- Yes, Other **PRESCRIPTION DRUG NOT PRESCRIBED FOR YOU** (please specify) _____
- No

90. If you wanted to get prescription drugs without a prescription, where would you get them?

- From friends without paying for them
- Buy them from friends, acquaintances or other kids
- Buy them from a dealer
- Sneak them from someone (parents, etc.)
- At a party
- From the Internet

91. How many times in the past year have you used Adderall, Ritalin, or other ADHD medication **WITHOUT** a prescription to help you study for exams?

- 0 Times
- 1-5 Times
- 6-10 Times
- More than 10 Times

HOW OFTEN DO YOU USE:	NEVER	BEFORE, BUT NOT IN PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
92. Ecstasy or E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. Hallucinogens (acid, shrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. Steroids without a prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. Over-the-counter drugs (cough & cold meds, Nyquil) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. Downers (tranqs, barbs, Xanax) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. Prescription uppers (diet pills, etc) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. 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"/>
99. Inhalants (aerosols spray cans, gasoline, whippets, glue)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100. Pain killers (OxyContin, codeine, Percocet, Tylenol III) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101. Dactyls (rubes, dacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102. Ritalin, Adderall, Strattera, Cylert or Concerta without a prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103. Crack (rock)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. Powder cocaine (powder, blow)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. Heroin (funk, dope)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<u>MARK ALL THAT APPLY FOR EACH DRUG:</u>	Alcohol	Marijuana	Prescription Pain Killers	Other Illegal Drugs
106. I know where students my age can buy:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. During the past year, I have sold or given someone else:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. During the past year, I tried to cut down on or stop my use of:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109. During the past year, I have been unable to cut down on my use of:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. During the past year, I needed larger amounts to get the same effect from:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. During the past year, I used daily or almost daily for 2 or more weeks in a row:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. During the past year, I had withdrawal symptoms or felt sick because I cut down or stopped my use of:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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CHOOSE THE ONE BEST ANSWER FOR EACH ROW.

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

144. Where do you typically sleep at night?

- At home with your parent(s) or guardian(s)
- At a friend's or relative's home with your parent(s) or guardian(s)
- At a friend's or relative's home without your parent(s) or guardian(s)
- Somewhere else (shelter, transitional housing, public place, hotel, car) with your parent(s) or guardian(s)
- Somewhere else (shelter, group home, foster care home, public place, car, hotel) without your parent(s) or guardian(s)

145. Do you take any medicine by prescription to help you concentrate better in school?

- Yes
- No

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During the past 30 days, which of the following things has happened **TO YOU**, and who was involved: **MARK ALL THAT APPLY.**

	Did Not Happen	Parents	Siblings	Boyfriend/ Girlfriend	Kids In Neighbor- hood	Kids In School
159. Threatened, called names, made fun of or teased you in a hurtful way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
160. Hit, slapped, kicked, pushed, pinched, choked or shoved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
161. Told lies or spread false rumors about you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past 30 days, which of the following things have you done to someone else, and who was involved: **MARK ALL THAT APPLY.**

	Did not Happen	Parents	Siblings	Boyfriend/ Girlfriend	Kids In Neighbor- hood	Kids In School
162. I threatened, called names, made fun of or teased them in a hurtful way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
163. I hit, slapped, kicked, pushed, pinched, choked or shoved them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
164. I told lies or spread false rumors about them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do each of these things happen in your neighborhood?	Not at All	A Little	Some	A Lot
165. Crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
166. Drug selling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
167. Fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
168. Neighbors help each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
169. People going to prison due to drug/alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
170. People dropping out of school due to drug/alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
171. Families fighting/falling apart due to drug/alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you are in 8th grade, please stop here. If you are in 11th grade, please complete the final five questions below:

185. Have you used the Wellness Center in your high school for: (MARK ALL THAT APPLY)

- Sports physicals
- Immunizations
- Pregnancy testing
- STD testing
- Nutrition/diet counseling
- Information on tobacco, alcohol or drug use
- Other physical health reasons
- Emotional/Counseling/Mental health
- Never used

187. In the past year, have you ever been a designated driver? (MARK ALL THAT APPLY)

- I don't drive
- Yes, for others who were drinking, but I didn't
- Yes, when we all were drinking, but I drank less
- Yes, for others who were smoking marijuana
- Yes, for others who were using other illegal drugs
- No

186. On average, how often do you drive a car, truck, or other motor vehicle (motorcycle, ATV, boat) after drinking alcohol?

- I don't drive
- Never
- At least once, but not in past year
- A few times in past year
- About once or twice a month
- About once or twice a week
- Almost every day

188. On average, how often do you drive a car, truck, or other motor vehicle (motorcycle, ATV, boat) after smoking marijuana?

- I don't drive
- Never
- At least once, but not in past year
- A few times in past year
- About once or twice a month
- About once or twice a week
- Almost every day

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

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3/8" SPINE PERF