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The following questions ask about your **PERSONAL AND FAMILY INFORMATION.**

**1. SEX:**

- Male  Female

**2. Are you Hispanic or Latino?**

- No  Yes

**3. RACE:**

- White  
 Black or African-American  
 Asian  
 Native Hawaiian/Pacific Islander  
 American Indian/Alaskan Native  
 Race not known or other  
 More than one race

**4. GRADE:**

- 6th  7th  8th  9th  
 10th  11th  12th

**5. AGE:**

- 10 years old or younger  15 years old  
 11 years old  16 years old  
 12 years old  17 years old  
 13 years old  18 years old or older  
 14 years old

**6. During any time in your life, has either of your parents or guardians been sent to Iraq, Afghanistan, or other combat zone because they are in the military? (Military includes Army, Navy, Marines, Air Force, National Guard, and Reserves.)**

- No  
 Yes  
 Not sure

**7. During any time in your life, has either of your parents or guardians served time in jail or prison?**

- No  
 Yes  
 Not sure

The following questions ask about your **USE OF ALCOHOL AND OTHER DRUGS.**

**8. How many times in the last month (30 days) have you used... ?**

	Never	1-5 times	6-19 times	20-39 times	40 times or more
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smokeless tobacco (chew, snuff, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pipe (tobacco used in pipe, water-pipe, hookah)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic vapor products (e-cigarettes, vaping pens, e-hookahs, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol (beer, wine, liquor, wine coolers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (pot, hash, weed, kush, Mary Jane)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synthetic marijuana (K2, Spice, Katie)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine/crack (coke, blow, snow, rock, girl)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (whip-its, huffing, aerosol spray can, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamines (meth, crystal, speed, ice, crank)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vivoxiline (Vivo)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (dope, smack, H, boy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens/Ecstasy (Molly, X, E, LSD, MDMA, acid, rc's)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription painkillers (OxyContin, Vicodin, Codeine, etc.) not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription stimulants (Adderall, Ritalin, etc.) not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription sedatives (Xanax, Valium, etc.) not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over-the-counter drugs (like cough syrup, DXM, etc.) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How old were you when you first used...?

Table with 10 columns (Never used, 10 or younger, 11, 12, 13, 14, 15, 16, 17 or older) and 17 rows of substances including Cigarettes, Smokeless tobacco, Cigars, Pipe, Electronic vapor products, Alcohol, Marijuana, Synthetic marijuana, Cocaine/crack, Inhalants, Methamphetamines, Vivoxiline, Heroin, Hallucinogens, Prescription drugs, and Over-the-counter drugs.

10. Think back over the LAST TWO WEEKS. How many times have you had 5 or more alcoholic drinks in a row? (One drink is defined as a bottle of beer, a glass of wine, a wine cooler, a shot of liquor, or a mixed drink.)

- 0 times, 3 to 5 times, Once, 6 to 9 times, Twice, 10 or more times

11. How easy would it be for you to get...?

Table with 4 columns (Very hard, Sort of hard, Sort of easy, Very easy) and 4 rows of substances: Cigarettes, Beer, wine or hard liquor, Marijuana, and A drug like cocaine, LSD or amphetamines.

12. During the past year, how did you get your alcohol? MARK ALL THAT APPLY.

- I did not drink alcohol during the past year. I bought it at a restaurant, bar, or club. I bought it at a public event... I gave someone else money to buy it for me. I bought it at a store... A person 21 years old or older gave it to me. A person under 21 years old gave it to me. I took it from a store. I got it at a party. I got it from a parent/guardian. I got it from some other family member. I got it some other way.

13. During the past year, how did you get your prescription drugs that were used to get high? MARK ALL THAT APPLY.

- I did not use prescription drugs to get high during the past year. They were prescribed to me. My parents gave them to me. Someone other than my parents gave them to me (friend, relative, friend's parent, etc.). I took them from home without the knowledge of my parents/guardians. I bought them from someone (friend, relative, stranger, etc.). I bought them on the internet. I took them from someone else without their knowledge. I got them some other way.

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SERIAL



20. 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
Smoked cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Began drinking alcoholic beverages regularly, that is, at least once or twice a month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoked marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carried a handgun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. How wrong do your parents feel it would be for you to... ?

	Very wrong	Wrong	A little bit wrong	Not at all wrong
Have one or two drinks of an alcoholic beverage nearly every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink beer, wine or hard liquor (for example vodka, whiskey, or gin) regularly (at least once or twice a month)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steal something worth more than \$5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Draw graffiti, or 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"/>
Pick a fight with someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Please answer the following questions:

	No	Yes
During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?	<input type="radio"/>	<input type="radio"/>
During the past 12 months, did you ever seriously consider attempting suicide?	<input type="radio"/>	<input type="radio"/>
During the past 12 months, did you make a plan about how you would attempt suicide?	<input type="radio"/>	<input type="radio"/>

The following questions ask about your GAMBLING. Gambling is playing a game in an attempt to win money (any amount) or something of value (like a video game, bike, iPod). You could gamble on a game or an event. Gambling means you don't know if you will win or lose.

23. During the past 12 months, how often have you bet/gambled for money or valuables in the following ways? Gambling can be done in a variety of settings, including with family and friends.

	Never	Less than once a month	1-3 times per month	Once a week or more
Card games (poker, blackjack, euchre, mystery)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal games of skill (pool, darts, video games)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports (fantasy leagues, March Madness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lottery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bingo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online (internet) gambling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal challenges (like a dare)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bet/gambled in other ways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. How often have you experienced the following consequences due to your gambling?

	I do not gamble	Never	Occasionally	Frequently
Academic problems (lower grades, did poorly on an exam)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issues with the legal system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lost possessions or money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt bad about gambling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor health (sleep issues, depression, poor hygiene)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issues with friends and family (lied, argued)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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The following questions ask about your SCHOOL EXPERIENCES.

25. Mark the Big "YES!" if you think the statement is **definitely true** for you.  
 Mark the little "yes" if you think the statement is **mostly true** for you.  
 Mark the little "no" if you think the statement is **mostly not true** for you.  
 Mark the Big "NO!" if you think the statement is **definitely not true** for you.

YES!    yes    no    NO!

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

26. Now thinking back over the past year in school, how often did you... ?

Never    Seldom    Sometimes    Often    A lot

- Enjoy being in school  Never  Seldom  Sometimes  Often  A lot
- Hate being in school  Never  Seldom  Sometimes  Often  A lot
- Try to do your best work in school  Never  Seldom  Sometimes  Often  A lot

27. 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

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

- Very interesting and stimulating
- Quite interesting
- Fairly interesting
- Slightly boring
- Very boring

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

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

30. How often do you feel that the schoolwork you are assigned is meaningful and important?

- Almost always
- Often
- Sometimes
- Seldom
- Never

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

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

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The following questions ask about your FAMILY AND FRIENDS.

32. Please answer the following questions:

	YES!	yes	no	NO!
The rules in my family are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents ask if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am not at home, one of my parents knows where I am and who I am with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family has clear rules about alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We argue about the same things in my family over and over.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my family have serious arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my family often insult or yell at each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents ask me what I think before most family decisions affecting me are made.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. Please answer the following questions:

	YES!	yes	no	NO!
If I had a personal problem, I could ask my mom or dad for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents give me lots of chances to do fun things with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would your parents know if you did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you drank some beer or wine or hard liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you carried a handgun without your parents' permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you skipped school, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you enjoy spending time with your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you enjoy spending time with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. Please answer the following questions:

	All the time	Often	Sometimes	Never or almost never
My parents 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"/>
How often do your parents tell you they're proud of you for something you've done?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

- No  Yes

36. 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...?

	None	1	2	3	4
Participated in clubs, organizations, or activities at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made a commitment to stay drug-free	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liked school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regularly attended religious services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tried to do well in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. How often do you think MOST STUDENTS IN YOUR SCHOOL do the following?

	Never	Tried once or twice	Once or twice a year	Once a month	Twice a month	Once a week	Daily
Smoke a cigarette	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink one or more drinks of an alcoholic beverage (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana (pot, weed) or hashish (hash, hash oil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs not prescribed for them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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