

N R P F S S

Nebraska Risk & Protective Factor Student Survey

Year 2016

Administrative Use Only

School Name:

School ID:

School District:

The purpose of this survey is to learn how students in our schools feel about their community, family, peers, and school. The survey also asks about health behaviors.

- The survey is completely voluntary and anonymous. Do NOT put your name on the questionnaire.
- This is not a test, so there are no right or wrong answers. We would like you to work quickly so you can finish.
- All of the questions should be answered by completely filling in one of the answer spaces. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank. You can skip any question that you do not wish to answer.
- Mark only one answer to each question unless instructed otherwise.

About You

1 Are you:

- Male
 Female

2 How old are you?

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

3 What grade are you in?

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

4 Are you Hispanic or Latino?

- Yes (Hispanic or Latino)
 No (Not Hispanic or Latino)

5 What is your race? (Select one or more.)

- Black or African American
 Asian
 American Indian
 Native Hawaiian or other Pacific Islander
 Alaska Native
 White
 Other

Your Experiences at School

6 Putting them together, what were your grades like last year? (Mark the one best answer.)

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

7 How interesting are most of your courses to you?

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

8 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

9 Now thinking back over the past year in school, how often did you enjoy being in school?

- Never
 Seldom
 Sometimes
 Often
 Almost always



	Strongly disagree	Disagree	Agree	Strongly agree
10 My teachers 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"/>
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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 There are lots of chances for students in my school to talk with a teacher one-on-one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 I feel safe at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 In my school, there is an adult (such as a counselor, teacher, or coach) who listens to me when I have something to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 In my school, there is an adult (such as a counselor, teacher, or coach) who always wants me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

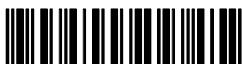
Your Feelings and Experiences About Substance Use

	Never have	10 or younger	11	12	13	14	15	16	17 or older
16 How old were you when you first:									
a. smoked a cigarette, even just a puff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very wrong	Wrong	A little bit wrong	Not wrong at all
17 How wrong do you think it is for someone your age to:				
a. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use smokeless tobacco (for example, chew, snuff, plug, dipping tobacco, or chewing tobacco)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly, that is, at least once or twice a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. drive after drinking beer, wine, or hard liquor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. use prescription drugs without a doctor telling them to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. use LSD, cocaine, amphetamines, or another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	None (0%)	Few (1-10%)	Some (11-30%)	Some to half (31-50%)	Half to most (51-70%)	Most (71-90%)	Almost all (91-100%)
18 Now thinking about all the students in your grade at your school, how many of them do you think:							
a. smoked cigarettes during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. drank beer, wine, or hard liquor during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoked marijuana during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. used an illegal drug (not including marijuana) during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No risk	Slight risk	Moderate risk	Great risk
19 How much do you think people risk harming themselves (physically or in other ways) if they:				
a. smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. are exposed to other people's cigarette smoke?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. use smokeless tobacco (for example, chew, snuff, plug, dipping tobacco, or chewing tobacco) every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. take one or two drinks of an alcoholic beverage (beer, wine, or hard liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. have five or more drinks of an alcoholic beverage once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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

	No risk	Slight risk	Moderate risk	Great risk
a. try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. sniff glue, breathe the contents of an aerosol spray can, or inhale other gases or sprays in order to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feelings and Experiences in Other Parts of Your Life

	Strongly disagree	Disagree	Agree	Strongly agree
21 I think sometimes it's okay to cheat at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 I think it's 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"/>
23 It's all right to beat up people if they start the fight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24 Have you ever belonged to a gang?

- No, and don't want to
- No, but would like to
- Yes, in the past but not now
- Yes, belong now

25 In the past week, I have felt hopeful about the future.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

26 When I make plans, I am almost certain that I can make them work.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

27 During the past 12 months, how often have you been so worried about something that you could not sleep well at night?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

28 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?

- Yes
- No

29 During the past 12 months, did you ever seriously consider attempting suicide?

- Yes
- No

30 During the past 12 months, did you actually attempt suicide?

- Yes
- No

31 During the past 12 months, did you hurt or injure yourself on purpose without wanting to die? (For example, by cutting, burning, or bruising yourself on purpose.)

- Yes
- No

32 If you were depressed or felt suicidal, who is the first person you would go to for help?

- A counselor in school
- Another adult in school (such as a teacher or coach)
- Your parents or caregivers
- Your friends
- A counselor or program outside of school
- Another adult outside of school (such as a relative, clergy, or other family friend)
- I wouldn't go to anyone



33 During the past 12 months, how frequently have you been bullied by other students in the following ways?	Never	Once or twice	Monthly	Weekly	Daily
a. Physically? (For example, being hit, pushed, shoved, slapped, kicked, or having property stolen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Verbally? (For example, being called names, teased, insulted, or threatened)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Socially? (For example, being excluded from a group, or having gossip or rumors spread about you)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Electronically? (For example, being threatened or embarrassed through e-mail, text messages, or social media)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34 During the past 12 months, did someone you were dating or going out with physically hurt you on purpose?

- I did not date or go out with anyone during the past 12 months
- Yes
- No

35 During the past 12 months, how many times did someone you were dating or going out with purposely try to control you or emotionally hurt you? (Count such things as being told who you could and could not spend time with, being humiliated in front of others, or being threatened if you did not do what they wanted.)

- I did not date or go out with anyone during the past 12 months
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

Your Experiences with Tobacco, Alcohol, and Other Drugs

Remember, your answers are confidential.

36 Have you ever used an electronic vapor product (for example, e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, or hookah pens)?

- Yes
- No

37 During the past 30 days, on how many days did you use an electronic vapor product?

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

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

- Yes
- No

39 How frequently have you used smokeless tobacco during the past 30 days?

- Never
- Once or twice
- Once or twice per week
- 3 to 5 times a week
- About once a day
- More than once a day

40 Have you ever smoked cigarettes?

- Yes
- No

41 How frequently have you smoked cigarettes during the past 30 days?

- Not at all
- Less than 1 cigarette per day
- 1 to 5 cigarettes per day
- About 1/2 pack per day
- About 1 pack per day
- About 1 1/2 packs per day
- 2 packs or more per day



42 If you smoked cigarettes during the past 30 days, where did you get them? (Mark "Yes" or "No" for each. If you did not smoke during the past 30 days, mark "Did not smoke" for each.)

	Did not smoke	Yes	No
a. I bought them myself with a fake ID.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I bought them myself without a fake ID.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I gave someone money to buy them for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I borrowed (or bummed) them from someone else.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. My parents or caregivers gave them to me or bought them for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. A family member or relative other than my parents or caregivers gave them to me or bought them for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I took them from home without my parents' or caregivers' permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I got them some other way not listed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In your lifetime, how many times have you:	0 times	1-2 times	3-9 times	10 or more times
43 had alcoholic beverages (beer, wine, or hard liquor) to drink—more than just a few sips?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44 used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45 used LSD or other psychedelics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46 used cocaine or crack?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47 used methamphetamines (meth, speed, crank, crystal meth, or ice)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48 used heroin (smack, junk, or China White)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49 used ecstasy (MDMA)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50 used synthetic drugs (man-made drugs such as K2, Bath Salts, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51 sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52 used phenoxydine (pox, px, breeze)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53 used steroids without a doctor telling you to take them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54 used performance enhancing drugs other than steroids (such as ephedrine, EPO, creatine, DHEA, or diuretics) without a doctor telling you to take them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55 used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, OxyContin, Vicodin, or Percocet) without a doctor telling you to take them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56 used a non-prescription cough or cold medicine (robo, robo-tripping, DMX) to get high and not for medical reasons?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past 30 days, how many times have you:	0 times	1-2 times	3-9 times	10 or more times
57 had beer, wine, or hard liquor to drink?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58 used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59 used synthetic drugs (man-made drugs such as K2, Bath Salts, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60 used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, OxyContin, Vicodin, or Percocet) without a doctor telling you to take them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



61 In the past 30 days, if you used prescription drugs without a doctor telling you to, what is the usual way you got them?

- I did not take prescription drugs without a doctor telling me to
- I took them from home without the knowledge of my parents or caregivers
- I bought them from someone (friend, relative, stranger, etc.)
- Someone gave them to me
- I took them from someone else without their knowledge
- I got them some other way

	Yes	No
62 During the past 30 days, did you:		
a. drive a car or other vehicle when you had been drinking alcohol?	<input type="radio"/>	<input type="radio"/>
b. ride in a car or other vehicle driven by someone who had been drinking alcohol?	<input type="radio"/>	<input type="radio"/>

63 During the past 30 days, what is the greatest number of alcoholic drinks you had in a row, that is, within a couple of hours?

- None
- 1-2 drinks
- 3 drinks
- 4 drinks
- 5 drinks
- 6-7 drinks
- 8-9 drinks
- 10 or more drinks

64 During the past 30 days, what type of alcohol did you usually drink? (Mark the one best answer.)

- I did not drink alcohol during the 30 days
- I do not have a usual type
- Beer
- Flavored malt beverages, such as Smirnoff Ice, Bacardi Silver, Hard Cider or Hard Lemonade
- Wine coolers, such as Bartles and James or Seagrams
- Wine
- Liquor, such as vodka, rum, scotch, bourbon, or whiskey
- Some other type

65 If you drank alcohol during the past 30 days, how did you get it? (Mark "Yes" or "No" for each source. If you did not drink alcohol during the past 30 days, mark "Did not drink" for each.)

	Yes	No
Did not drink		
a. I bought it in a store such as a liquor store, gas station, or grocery store.	<input type="radio"/>	<input type="radio"/>
b. I got it at a party.	<input type="radio"/>	<input type="radio"/>
c. I gave someone money to buy it for me.	<input type="radio"/>	<input type="radio"/>
d. My parents or caregivers gave it to me or bought it for me.	<input type="radio"/>	<input type="radio"/>
e. A family member or relative other than my parents or caregivers gave it to me or bought it for me.	<input type="radio"/>	<input type="radio"/>
f. I took it from home without my parents' or caregivers' permission.	<input type="radio"/>	<input type="radio"/>
g. I got it or took it from a friend's house.	<input type="radio"/>	<input type="radio"/>

66 If you drank alcohol during the past 30 days, where did you drink it? (Mark "Yes" or "No" for each location. If you did not drink alcohol during the past 30 days, mark "Did not drink" for each.)

	Yes	No
Did not drink		
a. At my home with my parents' or caregivers' permission	<input type="radio"/>	<input type="radio"/>
b. At my home without my parents' or caregivers' permission	<input type="radio"/>	<input type="radio"/>
c. At someone else's home with their parents' or caregivers' permission	<input type="radio"/>	<input type="radio"/>
d. At someone else's home without their parents' or caregivers' permission	<input type="radio"/>	<input type="radio"/>
e. At any other location	<input type="radio"/>	<input type="radio"/>

67 If you had a drug or alcohol problem and needed help, who is the first person you would go to?

- A counselor in school
- Another adult in school (such as a teacher or coach)
- Your parents or caregivers
- Your friends
- A counselor or program outside of school
- Another adult outside of school (such as a relative, clergy, or other family friend)
- I wouldn't go to anyone



Your Family

When answering these questions, please think about the people you consider to be your family. For example, parents or caregivers, stepparents, brothers, sisters, grandparents, aunts, or uncles.

	Very wrong	Wrong	A little bit wrong	Not wrong at all
68 How wrong do your parents or caregivers feel it would be for you to:				
a. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. use smokeless tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. drive after drinking beer, wine, or hard liquor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Disagree	Agree	Strongly agree
69 When I am not at home, one of my parents or caregivers knows where I am and who I am with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70 My family has clear rules about alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71 If I had a personal problem, I could ask my parents or caregivers for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72 My parents or caregivers ask if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73 It is important to be honest with your parents or caregivers, even if they become upset or you get punished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74 In my home, there is an adult who listens to me when I have something to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75 I receive a lot of love and support from family members or caregivers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76 My family or caregivers sets standards for appropriate conduct and behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77 In my home, there is an adult who always wants me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

78 During the past 30 days, how often did you go hungry because there was not enough food in your home?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

79 During the past 12 months, have you talked with at least one of your parents or caregivers about the dangers of alcohol?

- Yes
- No

80 Have you ever lived with someone that was a problem drinker or alcoholic or had a drug addiction problem?

- Yes
- No
- Not sure

81 Have you ever lived with someone who was mentally ill or depressed?

- Yes
- No
- Not sure

82 During any time in your life, has either of your parents or caregivers served time in jail or prison?

- Yes
- No
- Not sure

83 Do you live with:

- Both parents
- One parent
- One parent and stepparent
- Other relative(s)
- Group home
- Foster family
- Friend(s)
- Other

Your Neighborhood and The Community Where You Live

	Very easy	Sort of easy	Sort of hard	Very hard
84 If you wanted to, how easy would it be for you to get:				
a. some cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. some beer, wine, or hard liquor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. some marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. some prescription drugs for non-medical use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. a drug like cocaine, LSD, or amphetamines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



85 In your community, how easy would it be for someone under 21 to buy alcohol from a store?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

86 You would be caught by the police if you:

	Strongly disagree	Disagree	Agree	Strongly agree
--	-------------------	----------	-------	----------------

a. drank some beer, wine, or hard liquor in your neighborhood, or the area around where you live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. drove after drinking beer, wine, or hard liquor in your neighborhood, or the area around where you live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoked marijuana in your neighborhood, or the area around where you live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

87 There are a lot of adults in my neighborhood I could talk to about something important.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

88 How wrong would most adults (over 21) in your neighborhood, or the area around where you live, think it is for kids your age:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
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"/>
d. to drive after drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

89 How wrong do your friends feel it would be for you to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. have one or two drinks of an alcoholic beverage nearly every day?	<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. use prescription drugs not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

90 Outside of home and school, there is an adult (such as a relative, clergy, or other family friend) who listens to me when I have something to say.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

91 Outside of school activities, there are many clubs, sports teams, religious or church youth groups, or other group activities that I can be involved in around my community.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

92 In the past 12 months, have you seen or heard any anti-alcohol or anti-drug messages on TV, the internet, the radio, or in newspapers or magazines?

- Yes
- No

93 How honest were you in filling out this survey?

- I was very honest.
- I was honest most 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 this survey!

