

# N R P F S S

## Nebraska Risk & Protective Factor Student Survey

FORM A

Year 2010

### 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 often do you feel that the school work you are assigned is meaningful and important?

- Never  
 Seldom  
 Sometimes  
 Often  
 Almost always

8 How interesting are most of your courses to you?

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

9 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



**EXTRA INSTRUCTION**

Starting below, for survey items with answer choices of: NO! no yes YES!

- Mark NO! if the item is DEFINITELY NOT TRUE for you.
- Mark no if the item is MOSTLY NOT TRUE for you.
- Mark yes if the item is MOSTLY TRUE for you.
- Mark YES! if the item is DEFINITELY TRUE for you.

**EXAMPLE:**

Chocolate is the best ice cream flavor.

- NO!    no    yes    YES!

In this example, the student marked yes because the statement is MOSTLY TRUE for this student.

	NO!	no	yes	YES!
<b>10</b> In my school, students have lots of chances to help decide things like class activities and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>11</b> Teachers ask me to work on special classroom projects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>12</b> 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"/>
<b>13</b> 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"/>
<b>14</b> 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"/>
<b>15</b> I feel safe at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>16</b> The school lets my parents know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>17</b> My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>18</b> There are lots of chances to be part of class discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>19</b> Are your school grades better than the grades of most students in your class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**20** During the last four weeks, how many whole days of school have you missed because you skipped or "cut"?

- None    4-5  
 1    6-10  
 2    11 or more  
 3

Almost always  
 Often  
 Sometimes  
 Seldom  
 Never

**21** Now thinking back over the past year in school, how often did you:

a. enjoy being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. hate being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. try to do your best work in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Your Feelings and Experiences in Other Parts of Your Life**

17 or older  
 16  
 15  
 14  
 13  
 12  
 11  
 10 or younger  
 Never have

**22** 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. smoked a whole cigarette for the first time?	<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. 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"/>
d. 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"/>
e. 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"/>
f. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. took prescription drugs <b>without</b> a doctor telling you to?	<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"/>
h. got suspended from school?	<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"/>
i. got arrested?	<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"/>
j. carried a handgun?	<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"/>
k. attacked someone with the idea of seriously hurting them?	<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"/>
l. gambled (bet money or something of value on sports, a game of chance or skill, played the lottery or bet on cards or dice games)?	<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"/>



**23 How wrong do you think it is for someone your age to:**

Not wrong at all
A little bit wrong
Wrong
Very wrong

a. take a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. steal anything worth <b>more than \$5</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. attack someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. stay away from school all day when their parents think they are at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. 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"/>
h. drive after drinking beer, wine, or hard liquor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. take prescription drugs <b>without</b> a doctor telling them to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. 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"/>
l. use LSD, cocaine, amphetamines, or another illegal drug?	<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 Now thinking about all the students in your grade at your school. How many of them do you think:**

Almost all (91-100%)
Most (71-90%)
Half to most (51-70%)
Some to half (31-50%)
Some (11-30%)
Few (1-10%)
None (0%)

a. smoked cigarettes during the <b>past 30 days</b> ?	<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 <b>past 30 days</b> ?	<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 <b>past 30 days</b> ?	<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 <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**26 How many times during the past year (12 months) have you:**

40+ times
30-39 times
20-29 times
10-19 times
6-9 times
3-5 times
1-2 times
Never

a. been suspended from school for using or possessing tobacco, alcohol, or drugs?	<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. been suspended from school for reasons <b>other than</b> tobacco, alcohol, or drugs?	<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. carried a handgun?	<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. sold illegal drugs?	<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"/>
e. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<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"/>
f. participated in clubs, organizations, or activities at school?	<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"/>
g. been arrested?	<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"/>
h. done extra work on your own for school?	<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"/>
i. attacked someone with the idea of seriously hurting them?	<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"/>
j. been drunk or high at school?	<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"/>
k. volunteered to do community service?	<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"/>
l. taken a handgun to school?	<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"/>
m. stolen something worth <b>more than \$5</b> ?	<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"/>
n. driven a vehicle while you were under the influence of alcohol?	<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"/>

	NO!	no	yes	YES!
27 I think sometimes it's okay to cheat at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28 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"/>
29 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"/>



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

	Great risk			
	Moderate risk			
	Slight risk			
	No risk			
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. 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"/>
d. 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"/>
e. drive after drinking beer, wine, or hard liquor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. take prescription drugs <b>without</b> a doctor telling them to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. 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"/>
j. use LSD, cocaine, amphetamines, or another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**31 Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.**

In the <u>past 12 months</u> , have you:	Yes	No
a. been bullied on school property?	<input type="radio"/>	<input type="radio"/>
b. been bullied away from school property?	<input type="radio"/>	<input type="radio"/>
c. been electronically bullied? (Include being bullied through e-mail, chat rooms, instant messaging, Web sites, or texting.)	<input type="radio"/>	<input type="radio"/>

**Your Experiences with Tobacco, Alcohol, and Other Drugs**  
Remember, your answers are confidential.

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

- Never
- Once or twice
- Once in a while but not regularly
- Regularly in the past
- Regularly now

**33 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

**34 Have you ever smoked cigarettes?**

- Never
- Once or twice
- Once in a while but not regularly
- Regularly in the past
- Regularly now

**35 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

**36 If you smoked cigarettes during the past 30 days, where did you get them?**

*(Mark the number of times for each. If you did not smoke during the past 30 days, mark "Did not smoke" for each.)*

	6+ times				
	3-5 times				
	1-2 times				
	0 times				
Did not smoke					
a. I bought them myself <b>with</b> a fake ID.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I bought them myself <b>without</b> a fake ID.	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>
d. I borrowed (or bummed) them from someone else.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. My parents gave them to me or bought them for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. A family member or relative other than my parents gave them to me or bought them for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I took them from home <b>without</b> my parents' permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I took them from a store or shop.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I got them some other way not listed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



On how many occasions (if any) have you:	Number of Occasions						
	0	1-2	3-5	6-9	10-19	20-39	40+
<b>37</b> had alcoholic beverages (beer, wine, or hard liquor) to drink in your <i>lifetime</i> —more than just a few sips?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>38</b> had beer, wine, or hard liquor to drink during the <i>past 30 days</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>39</b> had five or more drinks of alcohol in a row, that is, within a couple of hours during the <i>past 30 days</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>40</b> used marijuana in your <i>lifetime</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>41</b> used marijuana during the <i>past 30 days</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>42</b> used LSD or other psychedelics in your <i>lifetime</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>43</b> used LSD or other psychedelics during the <i>past 30 days</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>44</b> used cocaine or crack in your <i>lifetime</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>45</b> used cocaine or crack during the <i>past 30 days</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>46</b> used methamphetamines (meth, speed, crank, crystal meth, or ice) in your <i>lifetime</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>47</b> used methamphetamines (meth, speed, crank, crystal meth, or ice) in the <i>past 30 days</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>48</b> sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in your <i>lifetime</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>49</b> sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high during the <i>past 30 days</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>50</b> used phenoxydine (pox, px, breeze) in your <i>lifetime</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>51</b> used phenoxydine (pox, px, breeze) during the <i>past 30 days</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>52</b> used steroids <b>without</b> a doctor telling you to take them, in your <i>lifetime</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>53</b> used steroids <b>without</b> a doctor telling you to take them, during the <i>past 30 days</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>54</b> used performance enhancing drugs other than steroids (such as ephedrine, EPO, creatine, DHEA, or diuretics) without a doctor telling you to take them, in your <i>lifetime</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>55</b> used performance enhancing drugs other than steroids (such as ephedrine, EPO, creatine, DHEA, or diuretics) without a doctor telling you to take them, during the <i>past 30 days</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>56</b> used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, OxyContin, Vicodin, or Percocet) without a doctor telling you to take them, in your <i>lifetime</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>57</b> used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, OxyContin, Vicodin, or Percocet) without a doctor telling you to take them, during the <i>past 30 days</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>58</b> used a non-prescription cough or cold medicine (robo, robo-tripping, DMX) to get high and not for medical reasons, in your <i>lifetime</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>59</b> used a non-prescription cough or cold medicine (robo, robo-tripping, DMX) to get high and not for medical reasons, during the <i>past 30 days</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>60</b> used other illegal drugs in your <i>lifetime</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>61</b> used other illegal drugs during the <i>past 30 days</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**62 During the past 30 days, how many times did you:**

	0 times	1-2 times	3-5 times	6+ times
a. drive a car or other vehicle when you had been drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<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"/>	<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, 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 the number of times you got it from each source. If you did not drink alcohol during the past 30 days, mark "Did not drink" for each.)**

	0 times	1-2 times	3-5 times	6+ times
a. I bought it in a store such as a liquor store, gas station, or grocery store.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I bought it at a restaurant, bar, or club.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I bought it at a public event such as a concert or sporting event.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I got it at a party.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I gave someone money to buy it for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. My parents gave it to me or bought it for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. A family member or relative other than my parents gave it to me or bought it for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I took it from home <b>without</b> my parents' permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I took it from a store or shop.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I got it some other way not listed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**66 If you drank alcohol during the past 30 days, where did you drink it? (Mark the number of times you drank at each location. If you did not drink alcohol during the past 30 days, mark "Did not drink" for each.)**

	0 times	1-2 times	3-5 times	6+ times
a. At my home <b>without</b> my parents' permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. At someone else's home <b>without</b> their parents' permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. At my home <b>with</b> my parents' permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. At someone else's home <b>with</b> their parents' permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. At a restaurant, bar, or club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. At a public event such as a concert or sporting event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. At an open area like a park, lake, field, or a street corner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. In a car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. At a hotel or motel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. On school property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. At some other place not listed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 67 Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?**
- None
  - Once
  - Twice
  - 3-5 times
  - 6-9 times
  - 10 or more times

**Your Family**  
*When answering these questions, please think about the people you consider to be your family. For example, parents, step-parents, brothers, sisters, grandparents, aunts, uncles.*

**68 How wrong do your parents feel it would be for you to:**

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. drink beer, wine, or hard liquor 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. take prescription drugs <b>without</b> a doctor telling you 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"/>

	NO!	no	yes	YES!
69 The rules in my family are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70 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"/>
71 My family has clear rules about alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72 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"/>
73 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"/>
74 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"/>
75 My parents ask if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76 It is important to be honest with your parents, even if they become upset or you get punished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	NO!	no	yes	YES!
77 If you drank some beer or wine or hard liquor (for example, vodka, whiskey or gin) <b>without</b> your parents' permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78 If you carried a handgun <b>without</b> your parents' permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79 If you skipped school <b>without</b> your parents' permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80 Would your parents know if you did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81 Do you feel very close to your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82 Do you share your thoughts and feelings with your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83 Do you feel very close to your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84 Do you share your thoughts and feelings with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

85 During the past 12 months, have you talked with at least one of your parents about the dangers of:

	Yes	No
a. tobacco?	<input type="radio"/>	<input type="radio"/>
b. alcohol?	<input type="radio"/>	<input type="radio"/>
c. drug use?	<input type="radio"/>	<input type="radio"/>

### Your Neighborhood and The Community Where You Live

	Very hard	Sort of hard	Sort of easy	Very easy
86 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"/>
f. a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

87 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

88 Which of the following activities for people your age are available in your community?

	Yes	No
a. Sports teams?	<input type="radio"/>	<input type="radio"/>
b. Scouting?	<input type="radio"/>	<input type="radio"/>
c. Boys and girls clubs?	<input type="radio"/>	<input type="radio"/>
d. 4-H clubs?	<input type="radio"/>	<input type="radio"/>
e. Service clubs?	<input type="radio"/>	<input type="radio"/>

89 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"/>



90 How much do each of the following statements describe your neighborhood, or the area around where you live?

	NO!	no	yes	YES!
a. Lots of crime and/or drug selling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Lots of fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Lots of empty or abandoned buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Lots of graffiti	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Your Experiences with Gambling

	At least once a week				
	Once or twice a month		A few times in past year		
91 During the <u>past 12 months</u> , how often have you:	Once or twice in past year		Never in past year		
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. thought about gambling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. gambled (bet) for money or possessions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. gambled at a casino?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. played the lottery or scratch-off tickets?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. bet on sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. played cards for money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. bet on horse/dog races?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. played bingo for money or prizes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. gambled on the Internet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. bet on dice games (such as craps)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. bet on games of personal skill (such as computer or video games)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. gambled at school or a school event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

92 During the past 12 months, have you ever spent more than you meant to on gambling?

- I have not gambled.
- Yes
- No

93 Has your gambling ever caused you problems at home, at school, or with your friends?

- I have not gambled.
- Yes
- No

### Media Exposure and Your Honesty in Completing this Survey

94 During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance abuse?

- Yes
- No

95 How important were these questions?

- Not too important
- Fairly important
- Important
- Very important

96 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!

