

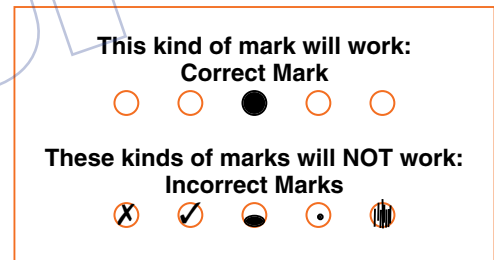
Florida Youth Substance Abuse Survey

This survey is voluntary. That means you do not have to take it. If you choose to take it, you may skip any question you don't want to answer.

Thank you for agreeing to participate in this survey. The survey asks your opinion about a number of things in your life, including your friends, your family, your neighborhood and your community. Your answers to these questions will be confidential. That means no one will know your answers. To help us keep your answers secret, please do not write your name on this survey form.

Instructions

1. This is not a test. There are no right or wrong answers.
2. If you don't find an answer that fits exactly, use one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank.
3. Mark your answers clearly:
 - Completely fill in the circles.
 - Completely erase any answer you want to change.
 - Make no other markings or comments on the answer pages.
4. Some of the questions have the following format:



Please fill in the circle for the word that best describes how you feel.

EXAMPLE: Pepperoni pizza is one of my favorite foods. NO! no yes YES!

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

PLEASE DO NOT WRITE IN THIS AREA

These questions ask for some general information about the people completing the survey. Please mark the response that best describes you.

1. How old are you?

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19 or older

2. What grade are you in?

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

3. Are you:

- Female
- Male

4. How do you describe yourself? (YOU CAN CHOOSE ONE ANSWER, OR MORE THAN ONE)

- American Indian/Native American or Alaska Native
- Asian
- Black/African American
- Spanish/Hispanic/Latino
- Native Hawaiian or other Pacific Islander
- White/Caucasian
- Other

5. Which one of these ethnic groups BEST describes you? (CHOOSE ONLY ONE ANSWER)

- Central American (Guatemalan, Nicaraguan, Honduran, for example)
- Cuban or Cuban American
- Dominican
- Mexican or Mexican American
- Puerto Rican
- Other Hispanic, Latino or Spanish origin
- Haitian
- West Indian or Caribbean
- None of these

6. Think of where you live most of the time. Which of the following people live there with you? (Choose all that apply.)

- Mother(s)
- Stepmother
- Foster Mother
- Grandmother
- Aunt
- Father(s)
- Stepfather
- Foster Father
- Grandfather
- Uncle
- Other Adults
- Brother(s)
- Stepbrother(s)
- Sister(s)
- Stepsister(s)
- Other Children

7. What is the language you use most often at home?

- English
- Spanish
- Another Language

8. What is the highest level of schooling your father completed?

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school after college
- Don't know
- Does not apply

9. What is the highest level of schooling your mother completed?

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school after college
- Don't know
- Does not apply

10. Where are you living now?

- On a farm
- In the country, not on a farm
- In a city, town or suburb

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next page



This section asks about your experiences at school.

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

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

12. During the LAST FOUR WEEKS, how many whole days have you missed because you skipped or "cut"?

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

Bullying happens when someone hurts or scares another person on purpose. The person being bullied has a hard time defending himself or herself. Usually, bullying happens over and over.

13. Have you ever skipped school because someone was bullying you?

- No
- Yes

14. How often has someone hit, kicked or shoved you, caused you physical harm/injury, or taken your money or belongings?

- Never
- Once or twice
- A few times
- Many times
- Every day

15. How often have you been taunted, teased, experienced name-calling, or been excluded or ignored by others in a mean way?

- Never
- Once or twice
- A few times
- Many times
- Every day

16. How often has someone sent mean emails, text messages, IM's or posted hurtful information on the Internet about you?

- Never
- Once or twice
- A few times
- Many times
- Every day

17. How often have you repeatedly hit, kicked, shoved someone, caused someone physical harm/injury, or taken someone's money or belongings without their permission?

- Never
- Once or twice
- A few times
- Many times
- Every day

18. How often have you repeatedly taunted, teased, name called, excluded or ignored another person in a mean way?

- Never
- Once or twice
- A few times
- Many times
- Every day

19. How often have you repeatedly sent mean emails, text messages, IM's or posted hurtful information on the Internet about another person?

- Never
- Once or twice
- A few times
- Many times
- Every day

20. About what time do you typically arrive at school?

- Earlier than 7:00
- 7:00
- 7:15
- 7:30
- 7:45
- 8:00
- 8:15
- 8:30
- 8:45
- 9:00
- After 9:00

21. About what time do you typically leave school?

- Earlier than 2:00
- 2:00
- 2:15
- 2:30
- 2:45
- 3:00
- 3:15
- 3:30
- 3:45
- 4:00
- 4:15
- 4:30
- 4:45
- 5:00
- After 5:00

	NO!	no	yes	YES!
22. 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"/>
23. Teachers ask me to work on special classroom projects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. My teacher(s) notices when I am doing a good job and lets me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. 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"/>
26. 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"/>
27. I feel safe at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. The school lets my parents know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	NO!	no	yes	YES!
29. My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. 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"/>
31. I have lots of chances to be part of class discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	None	1	2	3	4
32. 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:					
smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
tried beer, wine or hard liquor (for example, vodka, whiskey or gin) when their parents didn't know about it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used prescription drugs without a doctor's orders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
been members of a gang?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. How often do you feel that the school work you are assigned is meaningful and important?

- Almost Always
- Often
- Sometimes
- Seldom
- Never

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

- Very Interesting and Stimulating
- Quite Interesting
- Fairly Interesting
- Slightly Dull
- Very Dull

35. 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

	Never	Seldom	Sometimes	Often	Almost Always
36. Now, thinking back over the past year in school, how often did you...					
Enjoy being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hate being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try to do your best work in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These questions ask about your feelings and experiences in other parts of your life.

	Never Have	10 or Younger	11	12	13	14	15	16	17 or Older
37. How old were you when you first:									
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

	Very Wrong	Wrong	A Little Bit Wrong	Not Wrong At All
38. How wrong do you think it is for someone your age to:				
take a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
steal anything worth more than \$5?	<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"/>
attack someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>

	Very Wrong	Wrong	A Little Bit Wrong	Not Wrong At All
39. How wrong do you think it is for someone your age to:				
drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?	<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"/>
smoke synthetic (fake) marijuana such as spice or K2?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use LSD, cocaine, amphetamines or another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. Which of the following activities do you actively participate in (Choose all that apply):

- School sports
- Organized sports outside school
- School Band
- School Club(s)
- Community Club(s)

	Very Wrong	Wrong	A Little Bit Wrong	Not Wrong At All
41. How wrong do your friends feel it would be for you to:				
Have one or two drinks of an alcoholic beverage nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use prescription drugs not prescribed to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. How often do you attend religious services or activities?

- Never
- Rarely
- 1-2 Times a Month
- About Once a Week or More

	NO!	no	yes	YES!
43. Sometimes I think that life is not worth it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. At times I think I am no good at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. All in all, I am inclined to think that I am a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	No Risk	Slight Risk	Moderate Risk	Great Risk
47. How much do you think people risk harming themselves (physically or in other ways) if they:				
Smoke one or more packs of cigarettes per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try marijuana once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke marijuana once or twice a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have five or more drinks of an alcoholic beverage once or twice a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take a prescription drug without a doctor's orders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next section asks about your experience with tobacco, alcohol and other drugs. Remember, your answers are confidential.

48. Have you ever smoked cigarettes?

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

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

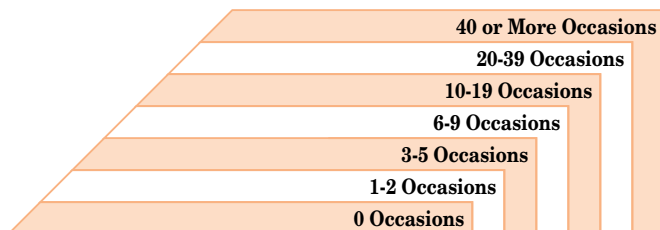
- Not at all
- Less than one cigarette per day
- One to five cigarettes per day
- About one-half pack per day
- About one pack per day
- About one and one-half packs per day
- Two packs or more per day

50. Have you ever used an electronic vaporizer such as an e-cigarette?

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

51. During the past 30 days, on how many days (if any) have you used an electronic vaporizer such as an e-cigarette?

- None
- 1-2 days
- 3-5 days
- 6-9 days
- 10-19 days
- 20-30 days



52. On how many occasions (if any) have you had alcoholic beverages (beer, wine or hard liquor) to drink in your lifetime — more than just a few sips?

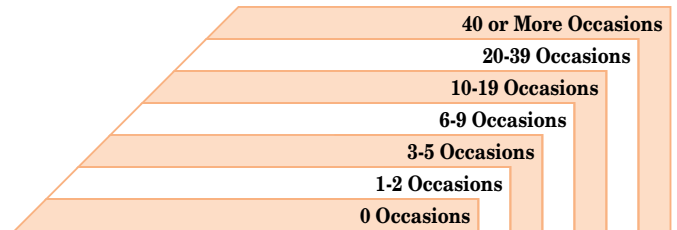
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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53. On how many occasions (if any) have you had 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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54. 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



55. On how many occasions (if any) have you used marijuana or hashish...
...in your lifetime?
...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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56. On how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high...
...in your lifetime?
...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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

57. On how many occasions (if any) have you used methamphetamine (also known as Ice and Crystal meth)...
...in your lifetime?
...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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

58. On how many occasions (if any) have you used “club drugs” such as Ecstasy, Rohypnol, GHB, or ketamine...
...in your lifetime?
...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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

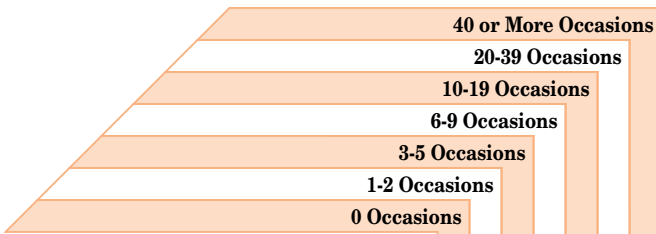
59. On how many occasions (if any) have you used LSD, PCP or hallucinogenic mushrooms (‘shrooms, magic mushrooms)...
...in your lifetime?
...during the past 30 days?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

60. On how many occasions (if any) have you used cocaine or “crack” cocaine...
...in your lifetime?
...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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These questions ask about how you might act or feel in certain situations.



61. On how many occasions (if any) have you used prescription depressants or tranquilizers, such as Xanax or Valium, without a doctor's orders ...
 ...in your lifetime?
 ...during the past 30 days?
62. On how many occasions (if any) have you used prescription pain relievers such as Oxycontin, Vicodin or Darvocet, without a doctor's orders...
 ...in your lifetime?
 ...during the past 30 days?
63. On how many occasions (if any) have you used drugs that can be purchased from a store without a prescription—such as cold and cough medication—in order to get high...
 ...in your lifetime?
 ...during the past 30 days?
64. On how many occasions (if any) have you used amphetamines (including Ritalin, Adderall, etc.) without a doctor's orders...
 ...in your lifetime?
 ...during the past 30 days?
65. On how many occasions (if any) have you used steroids without a doctor's orders...
 ...in your lifetime?
 ...during the past 30 days?
66. On how many occasions (if any) have you used derbisol...
 ...in your lifetime?
 ...during the past 30 days?
67. On how many occasions (if any) have you used heroin...
 ...in your lifetime?
 ...during the past 30 days?

68. I often do whatever brings me pleasure here and now, even at the cost of some distant goal.
69. I'm more concerned with what happens to me in the short run than in the long run.
70. I sometimes find it exciting to do things for which I might get in trouble.
71. Excitement and adventure are more important to me than security.
72. When I'm really angry, other people better stay away from me.
73. When I have a serious disagreement with someone, it's usually hard for me to talk calmly about it without getting upset.

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These questions ask about the neighborhood and community where you live.

	Very Easy	Sort of Easy	Sort of Hard	Very Hard
74. If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey or gin), how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. If you wanted to get some cigarettes, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. If you wanted to get a drug like cocaine, LSD or amphetamines, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. If you wanted to get a handgun, how easy would it be for you to get one?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. If you wanted to get some marijuana, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	NO!	no	yes	YES!
79. If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. If a kid drank some beer, wine or hard liquor (for example, vodka, whiskey or gin) in your neighborhood, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not Wrong At All	A Little Bit Wrong	Wrong	Very Wrong
81. How wrong would most adults in your neighborhood think it was for kids your age:				
to use marijuana.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
to drink alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
to smoke cigarettes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	NO!	no	yes	YES!
82. How much do each of the following statements describe your neighborhood:				
crime and/or drug selling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
fights.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
lots of empty or abandoned buildings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
lots of graffiti.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

83. How many times have you changed homes since kindergarten?

- Never
- 1 or 2 times
- 3 or 4 times
- 5 or 6 times
- 7 or more times

84. Have you changed schools (including changing from elementary to middle and middle to high school) in the past year?

No Yes

85. How many times have you changed schools (including changing from elementary to middle and middle to high school) since kindergarten?

- Never
- 1 or 2 times
- 3 or 4 times
- 5 or 6 times
- 7 or more times

86. Have you changed homes in the past year (the last 12 months)?

No Yes

87. I feel safe in my neighborhood.

NO! no yes YES!

88. Have you ever belonged to a gang?

No Yes

89. If you have ever belonged to a gang, did that gang have a name?

No Yes I Have Never Belonged to a Gang

The next few questions ask about your family.

	Never	1 or 2 Times	3 to 5 Times	6 to 9 Times	10 to 19 Times	20 to 29 Times	30 to 39 Times	40+ Times
90. How many times in the past year (12 months) have you:								
been 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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
drank alcohol before or during 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"/>
smoked marijuana before or during 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"/>
used another drug before or during school 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"/>

	Very Wrong	Wrong	A Little Bit Wrong	Not Wrong At All
91. How wrong do your parents feel it would be for <u>you</u> to:				
have one or two drinks of an alcoholic beverage nearly every day?	<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"/>

	Very Wrong	Wrong	A Little Bit Wrong	Not Wrong At All
92. How wrong do you feel it would be for <u>your parents</u> to:				
have one or two drinks of an alcoholic beverage nearly every day?	<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 them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

93. The rules in my family are clear.
 NO! no yes YES!

94. Has anyone in your family ever had a severe alcohol or drug problem?
 No Yes

95. During the past 12 months, have you talked with a parent or guardian about the dangers of taking a prescription drug that was not prescribed for you?
 No Yes

PLEASE DO NOT WRITE IN THIS AREA

