

Nebraska Risk and Protective Factor Student Survey

1. Thank you for agreeing to participate in this survey. 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.
2. **The survey is completely voluntary and anonymous. DO NOT put your name on the questionnaire.**
3. This is not a test, so there are no right or wrong answers. We would like you to work quickly so you can finish.
4. 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.
5. For questions that have the following answers: **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.

Example: Chocolate is the best ice cream flavor.

☐ NO! ☐ no ☒ yes ☐ YES!

In the example above, the student marked "yes" because he or she thinks the statement is mostly true.

- 6. Please mark only one answer for each question by completely filling in the circle with a #2 pencil.**

Please fill in the following information with the help of your teacher/survey assistant.

[illegible]

School District:	0	0	0	0	0	0
	1	1	1	1	1	1
	2	2	2	2	2	2
	3	3	3	3	3	3
	4	4	4	4	4	4
	5	5	5	5	5	5
	6	6	6	6	6	6
	7	7	7	7	7	7
	8	8	8	8	8	8
	9	9	9	9	9	9

1. Are you: ☐ MALE ☐ FEMALE

- ## 2. How old are you?

☐ 10 or younger ☐ 12 ☐ 14 ☐ 16 ☐ 18

☐ 11 ☐ 13 ☐ 15 ☐ 17 ☐ 19 or older

- 3. What grade are you in?**

☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 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 (Please Specify) _____

- 6. Where are you living now?**

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

The next section asks about your experiences at school

	NO!	no	yes	YES!
7. In my school, students have lots of chances to help decide things like class activities and rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Teachers ask me to work on special classroom projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. There are lots of chances for students in my school to talk with a teacher one-on-one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I have lots of chances to be part of class discussions or activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Now thinking back over the past year in school, how often did you:

	Never	Seldom	Sometimes	Often	Almost always
a. enjoy being in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. hate being in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. try to do your best work in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Never	Seldom	Sometimes	Often	Almost always
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. 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

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

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

Gambling

	Never	10 or Younger	11	12	13	14	15	16	17 or Older
16. How old were you the first time you gambled (bet money or something of value on sports, a game of chance or skill, played the lottery or bet cards or dice games)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. In the past year, have you gambled for money or anything of value?

- ☐ Yes ☐ No

18. In the last 30 days, have you gambled for money or anything of value?

- ☐ Yes ☐ No

19. In the past year, have you often found yourself thinking about gambling or planning to gamble?

- ☐ Yes ☐ No

20. In the past year, have you ever spent more than you meant to on gambling?

- ☐ Yes ☐ No

21. In the past year, has your gambling ever led to lies to your family?

- ☐ Yes ☐ No

22. In the past year, how many times (if any) have you:

	Never	Gambled, but not in past year	A few times in past year	Once or twice a month	Once or twice a week	Almost every day
a. Gambled at a casino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Played the lottery or scratch-off tickets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Bet on team sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Played cards for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Bet money on horse races	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Played bingo for money or prizes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Gambled on the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Bet on dice games (such as craps)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Bet on games of personal skill (such as pool, darts or bowling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Gambled at a school, church, or community event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health and Safety

23. How old were you when you first:

	Never	10 or younger	11	12	13	14	15	16	17 or older
a. smoked marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. smoked a cigarette, even just a puff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. used "meth" (also known as 'crank', 'crystal', or 'ice')?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. got suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. got arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. carried a handgun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. attacked someone with the idea of seriously hurting them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. belonged to a gang?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. How wrong do you think it is for someone your age to:

	Very Wrong	Wrong	A Little Bit Wrong	Not Wrong at All
a. take a handgun to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. steal anything worth more than \$5?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. pick a fight with someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. attack someone with the idea of seriously hurting them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. stay away from school all day when their parents think they are at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. drink beer, wine or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. used "meth" (also known as 'crank', 'crystal', or 'ice')?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. use LSD, cocaine, or another illegal drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Have you ever belonged to a gang?

- ☐ No
☐ Yes

26. If you have ever belonged to a gang, did the gang have a name?

- ☐ I have never belonged to a gang
☐ No
☐ Yes

27. How many times in the past year (the last 12 months) have you:

	Never	1 to 2 times	3 to 5 times	6 to 9 times	10 to 19 times	20 to 29 times	30 to 39 times	40+ times
a. been suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. carried a handgun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. sold illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. been arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. attacked someone with the idea of seriously hurting them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. been drunk or high at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. taken a handgun to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. You're looking at CD's in a music store with a friend. You look up and see her slip a CD under her coat. She smiles and says "Which one do you want? Go ahead, take it while nobody's around." There is nobody in sight, no employees and no other customers. What would you do now?

- ☐ Ignore her
- ☐ Grab a CD and leave the store
- ☐ Tell her to put the CD back
- ☐ Act like it is a joke, and ask her to put the CD back

29. You are visiting another part of town, and you don't know any of the people your age there. You are walking down the street, and some teenager you don't know is walking toward you. He is about your size, and as he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do?

- ☐ Push the person back
- ☐ Say "Excuse me" and keep on walking
- ☐ Say "Watch where you are going" and keep on walking
- ☐ Swear at the person and walk away

30. You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do?

- ☐ Drink it
- ☐ Tell your friend, "No thanks, I don't drink" and suggest that you and your friend go and do something else
- ☐ Just say, "No thanks" and walk away
- ☐ Make up a good excuse, tell your friend you had something else to do, and leave

31. It's 8:00 on a weeknight and you are about to go over to a friend's home when your mother asks you where you are going. You say "Oh, just going to go hang out with some friends." She says, "No, you'll just get into trouble if you go out. Stay home tonight." What would you do now?

- ☐ Leave the house anyway
- ☐ Explain what you are going to do with your friends, tell her when you will get home, and ask if you can go out
- ☐ Not say anything and start watching TV
- ☐ Get into an argument with her

32. I think sometimes it's okay to cheat at school

- ☐ NO!
- ☐ no
- ☐ yes
- ☐ YES!

33. I think it is okay to take something without asking if you can get away with it.

- ☐ NO!
- ☐ no
- ☐ yes
- ☐ YES!

34. It is all right to beat up people if they start the fight.

- ☐ NO!
- ☐ no
- ☐ yes
- ☐ YES!

35. How many people your age do you think. . .

	None of them	Less than half of them	About half of them	More than half of them	All or almost all of them
a. smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. drink beer, wine, or liquor	<input type="radio"/>	<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"/>	<input type="radio"/>
d. Use "meth" (also known as 'crank', 'crystal', or 'ice')?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. 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. smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. use "meth" (also known as 'crank', 'crystal', or 'ice')?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DRUG/ALCOHOL USAGE

OCCASIONS

On how many occasions (if any) have you:

	0	1-2	3-5	6-9	10-19	20-39	40+
37. had alcoholic beverages (beer, wine or hard liquor) to drink in your lifetime -- more than just a few sips?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. had beer, wine or hard liquor to drink during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. used marijuana (grass, pot) or hashish (hash, hash oil) in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. used marijuana (grass, pot) or hashish (hash, hash oil) during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. used LSD or other psychedelics in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. used LSD or other psychedelics during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. used cocaine or crack in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. used cocaine or crack during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. taken 'meth' (also known as 'crank', 'crystal', or 'ice') in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. taken 'meth' (also known as 'crank', 'crystal', or 'ice') in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. used phenoxydine (pox, px, breeze) in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. used phenoxydine (pox, px, breeze) during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. used steroids without a doctor telling you to take them, in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. used steroids without a doctor telling you to take them, during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. 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 lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. 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 past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. used prescription drugs (such as valium, Xanax, Ritalin, Adderall, Oxycontin, or sleeping pills) without a doctor telling you to take them, in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. used prescription drugs (such as valium, Xanax, Ritalin, Adderall, Oxycontin, or sleeping pills) without a doctor telling you to take them, during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. used other illegal drugs in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. used other illegal drugs during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Driven a car, truck, or motorcycle after drinking alcohol during the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. been a passenger in a car, truck, or on a motorcycle driven by someone who had been drinking alcohol during the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

61. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?

- ☐ None
 ☐ 3-5 times
- ☐ Once
 ☐ 6-9 times
- ☐ Twice
 ☐ 10 or more times

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

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

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

- ☐
- Never
- ☐
- Once or twice
- ☐
- Once or twice per week
- ☐
- Three to five times a week
- ☐
- About once a day
- ☐
- More than once a day

64. If you drank alcohol (not just a sip or a taste) in the past year, think about the last time you did so. How did you get the alcoholic beverage? (Check Yes or No for each. If you did not drink alcohol in the past year, check Did Not Use for each one).

The last time I drank alcohol. . .	Yes	No	Did Not Use
a. I bought it myself with a fake ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I bought it myself without a fake ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I got it from someone I know aged 21 or older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I got it from someone I know under age 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I got it from a brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I got it from home with my parents' permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I got it from home without my parents' permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I got it from another relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. A stranger bought it for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I took it from a store or shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

65. And at the time you last drank alcohol in the past year, where were you when you last drank? (Check Yes or No for each. If you did not drink alcohol in the past year, check Did Not Use for each one).

On the last day I had alcohol, I drank. . .	Yes	No	Did Not Use
a. at my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. at someone else's home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. at an open area like a park, beach, back road, or a street corner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. at a sporting event or concert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. at a restaurant, bar or a nightclub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. at an empty building or a construction site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. at a hotel/motel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. In a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

66. On the last day you had alcohol, were there one or more adults present?

☐ Yes ☐ No ☐ Never used

67. If you smoked a cigarette in the past year, think about the last time you did so. At that time, how did you get the cigarette? (Check Yes or No for each. If you did not smoke a cigarette in the past year, check Did Not Use for each one).

The last time I smoked a cigarette. . .	Yes	No	Did Not Use
a. I bought it myself with a fake ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I bought it myself without a fake ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I got it from someone I know aged 18 or older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I got it from someone I know under age 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I got it from a brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I got it from home with my parents' permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I got it from home without my parents' permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I got it from another relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. A stranger bought it for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I took it from a store or shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I got it from a vending machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

68. And at the time you last smoked a cigarette in the past year, where were you when you smoked it? (Check Yes or No for each. If you did not smoke a cigarette in the past year, check Did Not Use for each one).

On the last day I smoked a cigarette, I was. . .	Yes	No	Did Not Use
a. at my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. at someone else's home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. at an open area like a park, beach, back road, or a street corner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. at a sporting event or concert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. at a restaurant, bar or a nightclub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. at an empty building or a construction site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. at a hotel/motel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. In a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

69. On the last day you smoked a cigarette, were there one or more adults present?

☐ Yes ☐ No ☐ Never Used

70. Have you ever smoked cigarettes?

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

71. 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

Community-Based Perceptions

72. How wrong would most adults in your neighborhood, or the area around where you live, think it is for kids your age:

	Not Wrong at All	A Little Bit Wrong	Wrong	Very Wrong
a. to use marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. to drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. to smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. to use "meth"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

- a. sports teams ☐ No ☐ Yes
- b. scouting ☐ No ☐ Yes
- c. boys and girls clubs ☐ No ☐ Yes
- d. 4-H clubs ☐ No ☐ Yes
- e. service clubs ☐ No ☐ Yes
- f. Other activities or clubs led or organized by adults ☐ No ☐ Yes

	No!	no	yes	Yes!
75. I feel safe in my neighborhood, or the area around where I live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. There are lots of adults in my neighborhood I could talk to about something important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. If a kid smoked marijuana in your neighborhood, or area around where you live, would he or she be caught by the police?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. If a kid drank some beer, wine or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, or area around where you live, would he or she be caught by the police?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. If a kid smoked cigarettes in your neighborhood, or the area around where you live, would he or she be caught by the police?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. If a kid carried a handgun in your neighborhood, or area around where you live, would he or she be caught by the police?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. In my community there are many fun or interesting things to do that are safe and legal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	very hard	sort of hard	sort of easy	very easy
82. If you wanted to get some cigarettes, how easy would it be for you to get some?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. If you wanted to get a handgun, how easy would it be for you to get one?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. If you wanted to get some marijuana, how easy would it be for you to get some?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Domain

In the next few questions, "family" refers to parents, brothers, sisters, other relatives, and other persons that are close to you, and who you live with at least part of the year. "Parents" refers to either your actual parents or persons who are like parents to you.

87. How wrong do your parents feel it would be for you to:

a. drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly (at least once or twice a month)?

b. smoke cigarettes?

c. smoke marijuana?

d. Use "meth"?

	Not wrong at all	A little bit wrong	Wrong	Very wrong
a. drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly (at least once or twice a month)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke cigarettes?	<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 "meth"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

100. How important were these questions?

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

101. How honest were you in filling out this survey?

- ☐ I was very honest
- ☐ I was honest pretty much 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 the survey

	No!	no	yes	YES!
88. The rules in my family are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. 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"/>
90. My parents want me to call if I am going to be late getting home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. My family has clear rules about alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. 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"/>
93. Do you feel very close to one or more of your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. Do you share your thoughts and feelings with one or more of your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. If I had a personal problem, I could ask one or more of my parents for help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. 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"/>
97. My parents ask if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. Would your parents know if you did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. 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"/>