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. Please mark each question by completely filling in the circle or circles.

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

1. Thinking about your gender, which of the following best describes you:
   - Woman/Girl
   - Man/Boy
   - Transgender
   - Other

2. Which of the following best describe you?
   - Heterosexual (straight)
   - Gay or lesbian
   - Bisexual
   - Not sure/Other

3. What grade are you in?
   - 6th
   - 7th
   - 8th
   - 9th
   - 10th
   - 11th
   - 12th

4. How old are you?
   - 10 or younger
   - 11
   - 12
   - 13
   - 14
   - 15
   - 16
   - 17
   - 18
   - 19 or older

5. What is your race? (Select one or more)
   - American Indian or Alaska Native
   - Asian
   - Black or African American
   - Hispanic or Latino
   - Native Hawaiian or Other Pacific Islander
   - White

6. Think of where you live most of the time. Which of the following people live there with you? (Mark ALL that apply.)
   - Mother
   - Stepmother
   - Father
   - Stepfather
   - Foster Parent(s)
   - Grandparent(s)
   - Aunt
   - Uncle
   - Other Adult(s)
   - Brother(s)
   - Stepbrother(s)
   - Sister(s)
   - Stepsister(s)
   - Other Children

7. Think of the adults you live with. What is the highest level of schooling any of them completed?
   - Completed grade school or less
   - Some high school
   - Completed high school
   - Some college
   - Does not apply

8. 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

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

10. How interesting are most of your courses to you?
    - Very interesting and stimulating
    - Quite interesting
    - Fairly interesting
    - Slightly interesting
    - Not at all interesting

11. During the LAST FOUR WEEKS, how many (if any) whole days of school have you missed because you skipped or ‘cut’?
    - None
    - 1 day
    - 2 days
    - 3 days
    - 4-5 days
    - 6-10 days
    - 11 or more days
12. In my school, students have lots of chances to help decide things like class activities and rules.

13. Teachers ask me to work on special classroom projects.

14. My teachers notice when I am doing a good job and let me know about it.

15. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.

16. There are lots of chances for students in my school to talk with a teacher one-on-one.

17. I feel safe at my school.

18. The school lets my parents know when I have done something well.

19. My teachers praise me when I work hard in school.

20. Are your school grades better than the grades of most students in your class?

21. I have lots of chances to be part of class discussions or activities.

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

   a. enjoy being in school?
   b. hate being in school?
   c. try to do your best work in school?

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

24. During the past 30 days, on how many days (if any) did you NOT go to school because you felt you would be unsafe at school or on your way to or from school?

   - 0 days
   - 1 day
   - 2 or 3 days
   - 4 or 5 days
   - 6 or more days

25. During the past 12 months, how often (if at all), have you been threatened or harassed over the internet, by email, or by someone using a cell phone?

   - 0 times
   - 1 time
   - 2 or 3 times
   - 4 or 5 times
   - 6 or more times

26. During the past 12 months, how often (if at all), have you been picked on or bullied by a student ON SCHOOL PROPERTY?

   - 0 days
   - 1 day
   - 2 or 3 days
   - 4 or 5 days
   - 6 or more days

27. How safe do you feel in each of the following areas at your school (before and after school)?

   - Playgrounds or fields
   - Lunchroom/Cafeteria
   - Classrooms
   - Bathrooms
   - Parking lots
   - Stairs and hallways
   - On the school bus

28. How worried, if at all, are you about the possibility of each of the following things happening at your school?

   - Getting bullied
   - Gun violence or active shooter situation
   - Suicide by a student
   - Gang activity
   - Students using alcohol or drugs
   - Earthquake/fire

29. 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?
   - try marijuana once or twice?
   - smoke marijuana regularly?
   - take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?
   - have five or more alcoholic drinks in a row once or twice each weekend?
   - have five or more alcoholic drinks in a row once or twice a week?
   - use prescription drugs that are not prescribed to them?
   - smoke 1-5 cigarettes per day?
   - use vape products such as e-cigarettes, vape pens, or mods?

30. Think back over the last two weeks. If any, 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
### 31. If ever, how old were you when you first:

<table>
<thead>
<tr>
<th>Event</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. used marijuana (grass, pot, cannabis, weed) or hashish (hash, hash oil)?</td>
<td>Never</td>
</tr>
<tr>
<td>b. smoked a cigarette, even just a puff?</td>
<td>11 or younger</td>
</tr>
<tr>
<td>c. used a vape product (e-cigarettes, vape pens, or mods)?</td>
<td>12 or older</td>
</tr>
<tr>
<td>d. had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or tequila)?</td>
<td>13 or older</td>
</tr>
<tr>
<td>e. began drinking alcoholic beverages regularly, that is, at least once or twice a month?</td>
<td>14 or older</td>
</tr>
<tr>
<td>f. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?</td>
<td>15 or older</td>
</tr>
<tr>
<td>g. got suspended from school?</td>
<td>16 or older</td>
</tr>
<tr>
<td>h. got arrested?</td>
<td>17 or older</td>
</tr>
<tr>
<td>i. carried a handgun?</td>
<td>18 or older</td>
</tr>
<tr>
<td>j. attacked someone with the idea of seriously hurting them?</td>
<td>19 or older</td>
</tr>
<tr>
<td>k. used LSD (acid) or other hallucinogens (like PCP, mescaline, &quot;shrooms&quot; or psilocybin)?</td>
<td>20 or older</td>
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<tr>
<td>l. used cocaine (like cocaine powder) or &quot;crack&quot; (cocaine in chunk or rock form)?</td>
<td>21 or older</td>
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<tr>
<td>m. used phenoxydine (pox, px, breeze)?</td>
<td>22 or older</td>
</tr>
<tr>
<td>n. used methamphetamines (meth, speed, crank, crystal meth)?</td>
<td>23 or older</td>
</tr>
<tr>
<td>o. used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them?</td>
<td>24 or older</td>
</tr>
<tr>
<td>p. used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) without a doctor telling you to take them?</td>
<td>25 or older</td>
</tr>
<tr>
<td>q. used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them?</td>
<td>26 or older</td>
</tr>
<tr>
<td>r. used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them?</td>
<td>27 or older</td>
</tr>
<tr>
<td>s. used heroin?</td>
<td>28 or older</td>
</tr>
</tbody>
</table>

### 31. If ever, how old were you when you first used synthetic marijuana or herbal incense products (such as K2, Spice, or Gold)?

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

### 32. My parents expect me to eat dinner at home with my family.

- Definitely No
- Somewhat No
- No
- Somewhat Yes
- Yes
- Definitely Yes

### 33. People in my family often insult or yell at each other.

- Definitely No
- Somewhat No
- No
- Somewhat Yes
- Yes
- Definitely Yes

### 34. We argue about the same things in my family over and over.

- Definitely No
- Somewhat No
- No
- Somewhat Yes
- Yes
- Definitely Yes

### 35. People in my family have serious arguments.

- Definitely No
- Somewhat No
- No
- Somewhat Yes
- Yes
- Definitely Yes

### 36. Sometimes, I think that life is not worth it.

- Definitely No
- Somewhat No
- No
- Somewhat Yes
- Yes
- Definitely Yes

### 37. At times, I think I am no good at all.

- Definitely No
- Somewhat No
- No
- Somewhat Yes
- Yes
- Definitely Yes

### 38. All in all, I am inclined to think that I am a failure.

- Definitely No
- Somewhat No
- No
- Somewhat Yes
- Yes
- Definitely Yes

### 39. In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?

- Definitely No
- Somewhat No
- No
- Somewhat Yes
- Yes
- Definitely Yes

### 40. My parents have set clear rules and expectations with me about NOT drinking ANY alcohol.

- Definitely No
- Somewhat No
- No
- Somewhat Yes
- Yes
- Definitely Yes

### 41. If ever, how many times in the past year (12 months) have you:

- a. been suspended from school?
- b. carried a handgun?
- c. sold illegal drugs?
- d. stolen or tried to steal a motor vehicle such as a car or motorcycle?
- e. participated in clubs, organizations or activities at school?
- f. been arrested?
- g. done extra work on your own for school?
- h. attacked someone with the idea of seriously hurting them?
- i. been drunk or high at school?
- j. volunteered to do community service?
- k. taken a handgun to school?
- l. used LSD (acid) or other hallucinogens (like PCP, mescaline, "shrooms" or psilocybin)?
- m. used cocaine (like cocaine powder) or "crack" (cocaine in chunk or rock form)?
- n. used methamphetamine (meth, speed, crank, crystal meth)?
- o. used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them?
- p. used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) without a doctor telling you to take them?
- q. used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them?
- r. used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them?
- s. used heroin?
- t. used methamphetamine (meth, speed, crank, crystal meth)?
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- y. used heroin?
- z. used LSD (acid) or other hallucinogens (like PCP, mescaline, "shrooms" or psilocybin)?
- aa. used cocaine (like cocaine powder) or "crack" (cocaine in chunk or rock form)?
- bb. used methamphetamine (meth, speed, crank, crystal meth)?
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- ff. used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them?
- gg. used heroin?
42. used phenoxydine (pox, px, breeze) during the past 30 days?

43. used methamphetamines (meth, speed, crank, crystal meth) in the past 30 days?

44. used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them, during the past 30 days?

45. used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) without a doctor telling you to take them, during the past 30 days?

46. used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them, during the past 30 days?

47. used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them, during the past 30 days?

48. used heroin during the past 30 days?

49. used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, EQUIPOISE or DEPOTESTERONE) in the past 30 days?

50. had alcoholic beverages (beer, wine, or hard liquor) to drink in your lifetime -- more than just a few sips?

51. had beer, wine, or hard liquor to drink during the past 30 days?

52. used marijuana (grass, pot, cannabis, weed) or hashish (hash, hash oil) during the past 30 days?

53. used LSD (acid) or other hallucinogens (like PCP, mescaline, "shrooms" or psilocybin) during the past 30 days?

54. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other occasions?

55. used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them, during the past 30 days?

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62. used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them, during the past 30 days?

63. Have you ever tried:

   a. cigarettes, even just one puff?
   b. cigars, cigarillos, or little cigars, even a puff?
   c. tobacco in a hookah or waterpipe?
   d. vape products such as e-cigarettes, vape pens, or mods?
   e. chewing tobacco, snuff, dip, or snus (moist smokeless tobacco usually sold in small pouches)?

64. How frequently (if ever) have you used alcohol and drugs during the past 30 days?

   a. Not at all
   b. Less than one cigarette per day
   c. One to five cigarettes per day
   d. About one-half pack per day
   e. About one pack per day
   f. About one and one-half packs per day
   g. Two packs or more per day

65. Have you ever belonged to a gang?

   a. No
   b. No, but would like to get out
   c. Yes, belong now
   d. Yes, but would like to get out
   e. Yes, in the past

Table: Alcohol and Drugs

<table>
<thead>
<tr>
<th>Alcohol</th>
<th>Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't use</td>
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Table: Alcohol Use

<table>
<thead>
<tr>
<th>Alcohol Use</th>
<th>Past 12 Months</th>
</tr>
</thead>
<tbody>
<tr>
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Table: Drug Use

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Table: Smoking

<table>
<thead>
<tr>
<th>Smoking</th>
<th>Past 30 Days</th>
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<tbody>
<tr>
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Table: Gang Membership

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<td>Yes, but would like to get out</td>
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Table: Alcohol Use

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Table: Smoking

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66. During the past 30 days, on how many days did you:
   a. smoke cigarettes?
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   e. use chewing tobacco, snuff, dip, or snus (moist smokeless tobacco usually sold in small pouches)?

67. How wrong do you think it is for someone your age to:
   a. take a handgun to school?
   b. steal anything worth more than $5?
   c. pick a fight with someone?
   d. attack someone with the idea of seriously hurting them?
   e. stay away from school all day when their parents think they are at school?
   f. drink beer, wine, or hard liquor (for example, vodka, whiskey, or tequila) regularly?
   g. smoke cigarettes?
   h. smoke marijuana?
   i. use LSD, cocaine, amphetamines, or another illegal drug?

68. How wrong do your friends feel it would be for YOU to:
   a. have one or two drinks of an alcoholic beverage nearly every day?
   b. smoke tobacco?
   c. smoke marijuana?
   d. use prescription drugs not prescribed to you?

69. During a typical week, how many days do all or most of your family eat at least one meal together?
   Number of Days:
   0 1 2 3 4 5 6 7

70. How wrong do your parents feel it would be for YOU to:
   a. drink beer, wine, or hard liquor (for example, vodka, whiskey, or tequila) regularly?
   b. smoke cigarettes?
   c. smoke marijuana?
   d. steal something worth more than $5?
   e. draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?
   f. pick a fight with someone?
   g. have one or two drinks of an alcoholic beverage nearly every day?
   h. use prescription drugs not prescribed to you?
   i. use vape products such as e-cigarettes, vape pens, or mods?

71. Has anyone in your family ever had severe alcohol or drug problems?
   No ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ Yes ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

72. During the past year did you drink alcohol at any of the following places? (Mark the number of times for each).
   a. at my home or someone else's home without any parent permission.
   b. at my home with my parent's permission.
   c. at someone else's home with their parent's permission.
   d. in a car.
   e. at or near school.
   f. someplace outside of town (for example, on public lands, in the desert, or in a campground, etc.)
   g. in another place_____________________

73. If you have been bullied in the past 12 months, why do you think you were you bullied? (Mark ALL that apply).
   ○ I have not been made fun of by other students
   ○ I don’t know why
   ○ The color of my skin
   ○ My religion
   ○ My size (height, weight, etc.)
   ○ My accent or the country I (or my family) was born in
   ○ The way I look (clothing, hairstyle, etc.)
   ○ How much money my family has or does not have
   ○ My gender
   ○ My grades or school achievement
   ○ My social standing or for being “unpopular”
   ○ Social conflict
   ○ My sexual-orientation
   ○ I have a disability (learning or physical disability)
   ○ Some other reason
74. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many (if any) of your best friends have:

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<tr>
<th>Number of friends</th>
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<td>a. participated in clubs, organizations, or activities at school?</td>
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<td>b. smoked cigarettes?</td>
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<td>c. tried beer, wine, or hard liquor (for example, vodka, whiskey, or tequila) when their parents didn’t know about it?</td>
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<td>d. made a commitment to stay drug-free?</td>
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<td>e. used marijuana?</td>
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<td>f. tried to do well in school?</td>
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<td>g. used LSD, cocaine, amphetamines, or other illegal drugs?</td>
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<td>h. been suspended from school?</td>
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<td>i. liked school?</td>
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<td>j. carried a handgun?</td>
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<td>k. sold illegal drugs?</td>
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<td>l. regularly attended religious services?</td>
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<td>m. stolen or tried to steal a motor vehicle such as a car or motorcycle?</td>
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<td>n. been arrested?</td>
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<td>o. dropped out of school?</td>
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75. Have any of your brothers or sisters ever:

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<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>a. drunk beer, wine, or hard liquor (for example, vodka, whiskey, or tequila)?</td>
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<td>b. smoked marijuana?</td>
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<td>c. smoked cigarettes?</td>
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<td>d. taken a handgun to school?</td>
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<td>e. been suspended or expelled from school?</td>
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76. Now think about all the students in your grade at your school. How many of them do you think:

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<th>Almost all (91-100%)</th>
<th>Most (71-90%)</th>
<th>Half to most (51-70%)</th>
<th>Some to half (31-50%)</th>
<th>Some (11-30%)</th>
<th>Few (1-10%)</th>
<th>None (0%)</th>
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<td>a. smoke one or more cigarettes a day?</td>
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<td>b. drank alcohol sometime in the past month?</td>
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<td>c. used marijuana sometime in the past month?</td>
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<td>d. used an illegal drug in the past month (not including marijuana)?</td>
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77. If I had to move, I would miss the neighborhood I now live in.

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<th>Definitely Yes</th>
<th>Somewhat Yes</th>
<th>Somewhat No</th>
<th>Definitely No</th>
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78. My neighbors notice when I am doing a good job and let me know about it.

79. I like my neighborhood.

80. I’d like to get out of my neighborhood.

81. There are people in my neighborhood who are proud of me when I do something well.

82. There are people in my neighborhood who encourage me to do my best.

83. Do you feel very close to your mother?

84. Do you share your thoughts and feelings with your mother?

85. Do you enjoy spending time with your mother?

86. Do you feel very close to your father?

87. Do you share your thoughts and feelings with your father?

88. Do you enjoy spending time with your father?

89. My parents ask me what I think before most family decisions affecting me are made.

90. If I had a personal problem, I could ask my mom or dad for help.

91. My parents give me lots of chances to do fun things with them.

92. If you wanted to get some cigarettes, how easy would it be for you to get some?

<table>
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<th>Very easy</th>
<th>Sort of easy</th>
<th>Sort of hard</th>
<th>Very hard</th>
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</thead>
</table>

93. If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey, or tequila), how easy would it be for you to get some?

94. If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?

95. If you wanted to get a handgun, how easy would it be for you to get one?

96. If you wanted to get some marijuana, how easy would it be for you to get some?

97. If you wanted to get vape products such as e-cigarettes, vape pens, or mods, how easy would it be for you to get some?
98. How wrong would most adults (over 21) in your neighborhood think it is for kids your age:

- a. to use marijuana?
- b. to drink alcohol?
- c. to smoke cigarettes?

99. During the past 30 days, how often did you:

- a. feel nervous?
- b. feel hopeless?
- c. feel restless or fidgety?
- d. feel so depressed that nothing could cheer you up?
- e. feel that everything was an effort?
- f. feel worthless?

100. Sometimes we don’t know what we will do as adults, but we may have an idea. Please answer how true these statements may be for you.

WHEN I AM AN ADULT I WILL:

- a. smoke cigarettes.
- b. drink beer, wine, or liquor.
- c. smoke marijuana.

101. I do the opposite of what people tell me, just to get them mad.

- Very false
- Somewhat false
- Somewhat true
- Very true

102. I like to see how much I can get away with.

- Very false
- Somewhat false
- Somewhat true
- Very true

103. I ignore rules that get in my way.

- Very false
- Somewhat false
- Somewhat true
- Very true

104. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

- No
- Yes

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

- No
- Yes

106. During the past 12 months, did you make a plan about how you would attempt suicide?

- No
- Yes

107. During the past 12 months, how many times (if any) did you actually attempt suicide?

- 0 times
- 1 time
- 2 to 3 times
- 4 to 5 times
- 6 or more times

108. My parents notice when I am doing a good job and let me know about it.

- Never or almost never
- Sometimes
- Often
- All the time

109. How often do your parents tell you they’re proud of you for something you’ve done?

- Never or almost never
- Sometimes
- Often
- All the time

110. If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?

111. If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or tequila) in your neighborhood, would he or she be caught by the police?

112. If a kid carried a handgun in your neighborhood, would he or she be caught by the police?

113. I feel safe in my neighborhood.

114. My parents ask if I’ve gotten my homework done.

115. Would your parents know if you did not come home on time?

116. The rules in my family are clear.

117. When I am not at home, one of my parents knows where I am and who I am with.

118. I think sometimes it’s okay to cheat at school.

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

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

121. It is important to be honest with your parents even if they become upset or you get punished.

122. If you drank some beer, wine, or liquor (for example, vodka, whiskey, or tequila) without your parents’ permission, would you be caught by your parents?

123. My family has clear rules about alcohol and drug use.

124. If you carried a handgun without your parents’ permission, would you be caught by your parents?

125. If you skipped school, would you be caught by your parents?
126. What are the chances you would be seen as cool if you:

- smoked cigarettes?
- worked hard at school?
- began drinking alcoholic beverages regularly, that is, at least once or twice a month?
- defended someone who was being verbally abused at school?
- smoked marijuana?
- carried a handgun?
- regularly volunteered to do community service?

127. About how many adults (over 21, if any) have you known personally who in the past year have:

- used marijuana, crack, cocaine, or other drugs?
- sold or dealt drugs?
- done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging, or assaulting others, etc?
- gotten drunk or high?

128. If you have a religious preference, choose one which you identify the most.

- Catholic
- Protestant (such as Baptists, Presbyterians, or Lutherans)
- Jewish
- LDS (Mormon)
- No religious preference

129. How often in the last thirty days (if at all) did you talk to an adult (parent, doctor, counselor, teacher, etc.) about feeling very sad, hopeless, or suicidal?

- I have not felt this way in the past 30 days
- 0 times
- 1 time
- 2 to 4 times
- 5 or more times

130. Do you think it’s ok to seek help and talk to a professional counselor, therapist, or doctor if you’ve been feeling very sad, hopeless, or suicidal?

- Yes
- No
- I think it’s ok for other people to seek help, but not for me to seek help

131. If you have felt very sad, hopeless, or suicidal in the past 30 days who did you talk to about it? (Mark all that apply)

- I have not felt this way in the past 30 days
- Parent
- Friend/Peer
- Teacher
- Doctor
- School Counselor
- Therapist
- Clergy (e.g. Bishop, Priest or Nun, Minister, Pastor)
- Other adult

132. During the past 12 months, how many times (if any) did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)

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

133. In the past 12 months, did you drive a car or other vehicle when you had been drinking alcohol? If so, how many times?

- I do not drive.
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

134. In the past 12 months, have you ever done something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose? If so, how many times?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

135. 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.

Responses

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Thank you for completing the survey.