

• Use a No. 2 pencil only
CORRECT: ● **INCORRECT:** ☒ ☓ ● ○

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I. PERSONAL AND FAMILY INFORMATION

1. Ethnic Origin: <input type="radio"/> White <input type="radio"/> African American <input type="radio"/> Hispanic/Latino <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Native American <input type="radio"/> Mixed Origin <input type="radio"/> Other	3. Age: <input type="radio"/> 10 years old or less <input type="radio"/> 11 years old <input type="radio"/> 12 years old <input type="radio"/> 13 years old <input type="radio"/> 14 years old <input type="radio"/> 15 years old <input type="radio"/> 16 years old <input type="radio"/> 17 years old <input type="radio"/> 18 years old <input type="radio"/> 19 years old or more	4. Grade: <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	5. Do you live with... <input type="radio"/> both parents <input type="radio"/> mother only <input type="radio"/> father only <input type="radio"/> mother & stepfather <input type="radio"/> father & stepmother <input type="radio"/> other	7. Do your parents have a job? <table border="0"> <tr> <td>father?</td> <td></td> <td>mother?</td> </tr> <tr> <td><input type="radio"/> Yes, full-time</td> <td></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/> Yes, part-time</td> <td></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/> No</td> <td></td> <td><input type="radio"/></td> </tr> </table>	father?		mother?	<input type="radio"/> Yes, full-time		<input type="radio"/>	<input type="radio"/> Yes, part-time		<input type="radio"/>	<input type="radio"/> No		<input type="radio"/>			
father?		mother?																	
<input type="radio"/> Yes, full-time		<input type="radio"/>																	
<input type="radio"/> Yes, part-time		<input type="radio"/>																	
<input type="radio"/> No		<input type="radio"/>																	
2. Sex: <input type="radio"/> Male <input type="radio"/> Female			6. Do you have a job? <input type="radio"/> Yes, full-time <input type="radio"/> Yes, part-time <input type="radio"/> No	8. What is the educational level of your <table border="0"> <tr> <td>father?</td> <td></td> <td>mother?</td> </tr> <tr> <td><input type="radio"/> some high school</td> <td></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/> high school graduate</td> <td></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/> some college</td> <td></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/> college graduate</td> <td></td> <td><input type="radio"/></td> </tr> </table>	father?		mother?	<input type="radio"/> some high school		<input type="radio"/>	<input type="radio"/> high school graduate		<input type="radio"/>	<input type="radio"/> some college		<input type="radio"/>	<input type="radio"/> college graduate		<input type="radio"/>
father?		mother?																	
<input type="radio"/> some high school		<input type="radio"/>																	
<input type="radio"/> high school graduate		<input type="radio"/>																	
<input type="radio"/> some college		<input type="radio"/>																	
<input type="radio"/> college graduate		<input type="radio"/>																	

II. STUDENT INFORMATION

	NEVER	SOMETIMES SELDOM	OFTEN	A LOT
1. Do you make good grades?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do you get into trouble at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do you take part in school sports teams?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do you take part in school activities such as band, clubs, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you take part in community activities such as scouts, rec. teams, youth clubs, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you attend church, synagogue, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Do your parents talk with you about the problems of tobacco, alcohol and drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Do your teachers talk with you about the problems of tobacco, alcohol and drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Have you skipped school without your parents' permission in the past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Does your school set clear rules on using drugs at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Does your school set clear rules on bullying or threatening other students at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Do your parents set clear rules for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Do your parents punish you when you break the rules?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Have you been in trouble with the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Do you take part in gang activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Have you thought about committing suicide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Do your friends use tobacco (cigarettes, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Do your friends use alcohol (beer, liquor, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Do your friends use marijuana (pot, hash, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Have you had 5 or more glasses of beer, coolers, breezers or liquor within a few hours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Does your school ask any students to take a drug test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Do you think that you are overweight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Has a doctor told you that you are overweight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Have you bought or sold drugs AT school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Have you bought or sold drugs when NOT at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Have you carried a gun for protection or as a weapon when NOT at school in the past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

III. WITHIN THE PAST YEAR HOW OFTEN HAVE YOU...

	EVERY DAY	3 TIMES A WEEK	ONCE A WEEK	TWICE A MONTH	ONCE A MONTH	6 TIMES A YEAR	ONCE A YEAR	DID NOT USE
1. Smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Used smokeless tobacco (chew, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Smoked cigars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Drank beer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Drank coolers, breezers, hard lemonade, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Drank liquor (whiskey, vodka, rum, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Smoked marijuana (pot, hash, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Used cocaine (crack, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Used uppers (stimulants, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Used downers (depressants, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Used inhalants (glue, gas, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Used hallucinogens (PCP, LSD, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Used heroin (opiates)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Used steroids?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Used ecstasy (MDMA)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Used meth (crystal, ice, crank, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Used prescription drugs (such as Ritalin, Adderall, Xanax) 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"/>
18. Used prescription pain killers (like Vicodin, OxyContin, or Percocet) 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"/>
19. Used over-the-counter drugs (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"/>

IV. WHAT EFFECT DO YOU MOST OFTEN GET WHEN YOU...

	DO NOT USE	A LITTLE	VERY HIGH	BOMBED/STONED
1. Drink beer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Drink coolers, breezers, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Drink liquor (whiskey, vodka, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Smoke marijuana (pot, hash, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

V. DO YOU FEEL THE FOLLOWING ARE HARMFUL TO YOUR HEALTH?

	NO HARM	SOME HARM	VERY HARMFUL
1. Smoking cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Using smokeless tobacco (chew, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Smoking cigars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Drinking beer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Drinking coolers, breezers, hard lemonade, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Drinking liquor (whiskey, vodka, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Smoking marijuana (pot, hash, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. How much do you think people risk harming themselves (physically or in other ways) if they 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"/> No Risk	<input type="radio"/> Moderate Risk	
	<input type="radio"/> Slight Risk	<input type="radio"/> Great Risk	

VI. AT WHAT AGE DID YOU FIRST...

	10 OR UNDER NEVER USED	11	12	13	14	15	16	17 OR OLDER
1. Smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Use smokeless tobacco (chew, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Smoke cigars?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Drink beer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Drink coolers, breezers, hard lemonade, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Drink liquor (whiskey, vodka, rum, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Smoke marijuana (pot, hash, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Use cocaine (crack, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Use uppers (stimulants, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Use downers (depressants, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Use inhalants (glue, gas, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Use hallucinogens (PCP, LSD, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Use heroin (opiates)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Use steroids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Use ecstasy (MDMA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Use meth (crystal, ice, crank, etc.)?	<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. Use prescription drugs (such as Ritalin, Adderall, or Xanax) to get high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Use prescription Drugs (like OxyContin, Vicodin, or Percocet) to get high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Use over-the-counter drugs (to get high)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. WHERE DO YOU USUALLY...

(You may mark more than 1 response for each question)

	DO NOT USE	AT HOME	AT SCHOOL	FRIEND'S HOUSE	IN A CAR	OTHER
1. Smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Use smokeless tobacco (chew, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Smoke cigars?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Drink beer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Drink coolers, breezers, hard lemonade, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Drink liquor (whiskey, vodka, rum, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Smoke marijuana (pot, hash, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. WHEN DO YOU USUALLY...

(You may mark more than 1 response for each question)

	DO NOT USE	BEFORE SCHOOL	DURING SCHOOL	AFTER SCHOOL	WEEK NIGHTS	WEEKENDS
1. Smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Use smokeless tobacco (chew, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Smoke cigars?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Drink beer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Drink coolers, breezers, hard lemonade, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Drink liquor (whiskey, vodka, rum, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Smoke marijuana (pot, hash, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IX. HOW WRONG WOULD YOUR PARENTS/ FRIENDS FEEL IT WOULD BE FOR YOU TO...

	Parents				Friends			
	A LITTLE BIT WRONG	VERY WRONG	WRONG	NOT WRONG AT ALL	A LITTLE BIT WRONG	VERY WRONG	WRONG	NOT WRONG AT ALL
1. Use tobacco (cigarettes, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Use alcohol (beer, wine, liquor, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Use marijuana (pot, hash, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

X. HOW EASY IS IT TO GET...

	DO NOT KNOW/CAN'T GET	VERY DIFFICULT	FAIRLY DIFFICULT	FAIRLY EASY	VERY EASY
1. Cigarettes, smokeless tobacco, cigars, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Beer, wine, liquor and other alcohol products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Marijuana (pot, hash, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

XI. VEHICLE SAFETY

	0 times	1 time	2 or 3 times	4 or 5 times	6 or more times
1. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How often do you wear a seatbelt when driving a car? <input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always <input type="radio"/> Seldom <input type="radio"/> Most of the time <input type="radio"/> I don't drive					
4. How often do you wear a seat belt when riding in a car driven by someone else? <input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always <input type="radio"/> Seldom <input type="radio"/> Most of the time					

XII. WHILE AT SCHOOL HAVE YOU...(Past Year)

	NEVER	ONE TIME	2-5 TIMES	6 OR MORE TIMES
1. Carried a handgun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Carried a knife, club or other weapon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Threatened a student with a handgun, knife or club?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Threatened to hurt a student by hitting, slapping or kicking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hurt a student by using a handgun, knife or club?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Hurt a student by hitting, slapping or kicking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Been threatened with a handgun, knife or club by a student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Had a student threaten to hit, slap or kick you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Been afraid a student may hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Been hurt by a student using a handgun, knife or club?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Been hurt by a student who hit, slapped or kicked you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

XIII. IN MY SCHOOL, I FEEL SAFE...

	NEVER	SOMETIMES	OFTEN	A LOT
1. In the classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In the cafeteria (lunchroom)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In the halls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In the bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In the gym	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. On the school bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. At school events (ballgames, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. On the playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. In the parking lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

XIV. ADDITIONAL QUESTIONS

1.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H
2.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H
3.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H
4.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H
5.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H
6.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H
7.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H
8.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H
9.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H
10.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H