

**I. PERSONAL AND FAMILY INFORMATION**

<p><b>1. Ethnic Origin:</b></p> <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	<p><b>3. Age:</b></p> <input type="radio"/> 10 years old or less <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 years old or more	<p><b>4. Grade:</b></p> <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	<p><b>5. Do you live with...</b></p> <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"/> Grandparents <input type="radio"/> Foster parents <input type="radio"/> Other	<p><b>7. Do your parents have a job?</b></p> <p><b>Father?</b></p> <input type="radio"/> Yes, full-time <input type="radio"/> Yes, part-time <input type="radio"/> No <p><b>Mother?</b></p> <input type="radio"/> <input type="radio"/> <input type="radio"/>
<p><b>2. Sex:</b></p> <input type="radio"/> Male <input type="radio"/> Female			<p><b>6. Do you have a job?</b></p> <input type="radio"/> Yes, full-time <input type="radio"/> Yes, part-time <input type="radio"/> No	<p><b>8. What is the educational level of your:</b></p> <p><b>Father?</b></p> <input type="radio"/> Some high school <input type="radio"/> High school graduate <input type="radio"/> Some college <input type="radio"/> College graduate <p><b>Mother?</b></p> <input type="radio"/> <input type="radio"/> <input type="radio"/>

**II. STUDENT INFORMATION**

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

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

	Never	Sometimes	Often	A Lot
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, recreation 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. Does your school set clear rules on bullying?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Do your parents set clear rules for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Do your parents punish you when you break the rules?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Have you been in trouble with the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Do you take part in gang activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Have you thought about committing suicide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Have you skipped school without your parents' permission in the past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Does your school set clear rules on using drugs at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes
15. Have you had 5 or more glasses of beer, coolers, breezers or liquor within a few hours?	<input type="radio"/>	<input type="radio"/>
16. Have you changed schools (including changing from elementary to middle or middle to high school) in the past year?	<input type="radio"/>	<input type="radio"/>
17. In the past year, have you received an out-of-school suspension?	<input type="radio"/>	<input type="radio"/>
18. In the past year, have you received an in-school suspension?	<input type="radio"/>	<input type="radio"/>

**III. SCHOOL LIFE**

To answer the next set of questions, think about what happens in your school.

	Not True At All	Somewhat Not True	Very True
1. Students have lots of chances to help decide things like class activities and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Students are picked on by other students for working hard at our school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I trust my teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. At least one adult in my school really cares about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I can talk to teachers openly and freely about my concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I can go to a teacher to get help solving problems at home or school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I have a healthy relationship with at least one adult at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Students help each other when they are hurt or upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I know that my teachers care about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Students have lots of chances to talk with a teacher one-on-one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My best friends would rather be somewhere else than in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. My emotions cause problems in my life at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Most kids don't care about their school grades.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The thing I like about my school is that most students get along well together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. My school is a good place for me to learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Students at my school care about learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Students come to school prepared to learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Students treat teachers in my school with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Parents treat teachers in my school with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I feel like I am part of this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Students at my school have pride in our school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. My school is clean and kept in good condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please continue to the next page

23. Do you feel your school work is important?

- Very important
- Quite important
- Fairly important
- Somewhat important
- Not important at all

	Somewhat Not True	Somewhat True	Very True	
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24. I feel a lot of stress during the standardized achievement testing period.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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25. I take pride in my academic accomplishments.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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26. Most of my classes challenge me academically.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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27. One or more of my teachers encourages me to achieve more than I ever thought I could.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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28. We have plenty of textbooks and other supplies for our lessons.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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29. My class sizes are too large for me to learn well.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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30. We don't learn much when a substitute teacher is in the classroom.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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To what degree do the following interfere with your class work:

	Not At All	A Little	Some	A Lot
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31. Bullying (verbal, physical, emotional).

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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32. Cyber bullying.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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33. Student absences.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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34. Fights and other violence.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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This year at school, how many times have:

	Not At All	2 or 3 months	Several weeks	
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35. You been left out of things on purpose by other students, excluded from their group of friends, or completely ignored?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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36. You been called mean names, been made fun of, or been teased in a hurtful way?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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37. Other students told lies or spread false rumors about you?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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38. Other students threatened or forced you to do things you did not want to do?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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39. Other students used the Internet or a cell phone to threaten or embarrass you by posting mean messages or photos of you?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Thinking back over the past year in school, how often did you:

	Never	Sometimes	Often	A Lot
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40. Enjoy being in school?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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41. Hate being in school?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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42. Try to do your best work in school?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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43. How many times in the past year (12 months) have you done extra work on your own for school?

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

44. In the past year (12 months), how many of your four best friends have tried to do well in school?

- None
- 1
- 2
- 3
- 4

45. During the LAST FOUR WEEKS, how many whole days 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

46. What are the chances you would be seen as cool if you defended someone who was being verbally abused at school?

- None or very little chance
- Little chance
- Some chance
- Pretty good chance
- Very good chance

Thinking back over the past year in school, I think:

	Somewhat Not True	Somewhat True	Very True	
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47. My teachers liked their job of teaching students.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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48. My teachers get stressed out during the time we take our standardized achievement tests.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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49. My teachers spend a lot of time helping students with their personal problems.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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50. My teachers tell me that I will be successful in the future.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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51. My teachers complain about having a lot of work to do at home after school.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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52. My teachers call my home to talk to my parents about how I'm doing at school.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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53. My teachers notice when I am doing a good job and let me know about it.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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54. My principal enforces school rules and backs up my teacher when needed.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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55. Teachers treat one another with respect in my school.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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56. Teachers help one another when one of them is feeling overwhelmed.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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57. Our teachers work together to plan classroom activities.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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58. Teachers talk to students like me about going to college.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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59. Teachers care about students in this school.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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60. Teachers make all students feel like they belong at school.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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61. Teachers help make decisions about school policies and activities.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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62. Teachers allow students to say what they really think about school.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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63. Teachers in our school tell me that it's OK to have my feelings.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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64. Teachers treat students with respect.

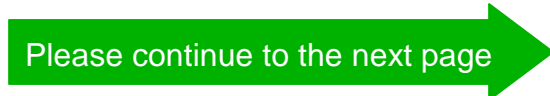
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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65. Teachers encourage students to stay in school.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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66. Teachers help students cope with stress.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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#### IV. WHILE AT SCHOOL HAVE YOU (Past Year):

	Never	One Time	2-5 Times	6 Or More Times
1. Carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Threatened to hurt a student by hitting, slapping or kicking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Hurt a student by hitting, slapping or kicking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Had a student threaten to hit, slap or kick you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Been afraid a student may hurt you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Been hurt by a student who hit, slapped or kicked you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### V. IN MY SCHOOL I FEEL SAFE:

	Never	Sometimes	Often	A Lot
1. In the classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In the cafeteria (lunchroom)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. In the halls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. In the bathroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. In the gym	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. On the school bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. At school events (ballgames, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. On the playground	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. In the parking lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### VI. GENERAL FEELINGS

How much of the time during the past month, have you:

	All Of The Time	Most Of The Time	A Little Bit Of The Time	None Of The Time
1. Been a very nervous person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have you felt downhearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Felt so down in the dumps that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Been a happy person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### VII. WITHIN THE PAST YEAR HOW OFTEN HAVE YOU:

	Did Not Use	6 Times/Year	Once/Year	Twice/Month	3 Times/Week	Once/Week	Every Day
1. Smoked cigarettes?	<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"/>
3. Smoked cigars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Drunk beer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Drunk 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"/>
6. Drunk liquor (for example, vodka, whiskey or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Smoked marijuana (pot, hashish, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Used prescription drugs (such as Ritalin, Adderall, or 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"/>
9. 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"/>
10. 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"/>

#### VIII. DURING THE PAST 30 DAYS:

	No	Yes
1. Did you smoke part or all of a cigarette?	<input type="radio"/>	<input type="radio"/>
2. Did you drink one or more drinks of an alcoholic beverage?	<input type="radio"/>	<input type="radio"/>
3. Have you used marijuana or hashish?	<input type="radio"/>	<input type="radio"/>
4. Have you used prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>

#### IX. WHAT EFFECT DO YOU MOST OFTEN GET WHEN YOU:

	Do Not Use	A Little High	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 hard liquor (for example, vodka, whiskey, or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Smoke marijuana (pot, hashish, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### X. HOW OLD WERE YOU WHEN YOU:

	Never Used	10 Or Under	11	12	13	14	15	16	17 Or Older
1. First had a drink of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. First smoked part or all of a cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. First used marijuana or hashish?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### XI. HOW MUCH DO YOU THINK PEOPLE RISK HARMING THEMSELVES (PHYSICALLY OR IN OTHER WAYS):

	No Risk	Slight Risk	Moderate Risk	Great Risk
1. If they smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. When they have five or more drinks of an alcoholic beverage once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. If they take one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. If they smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. If they use prescription drugs not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### XII. HOW WRONG DO YOUR PARENTS FEEL IT WOULD BE FOR YOU TO...

	Not At All Wrong	A Little Bit Wrong	Wrong	Very Wrong
1. Smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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PLEASE DO NOT WRITE IN THIS AREA

[SERIAL]

### XIII. HOW WRONG DO YOUR FRIENDS FEEL IT WOULD BE FOR YOU TO...

	Not At All Wrong	A Little Bit Wrong	Wrong	Very Wrong
1. Smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### XIV. HOW DO YOU FEEL ABOUT SOMEONE YOUR AGE HAVING ONE OR TWO DRINKS OF AN ALCOHOLIC BEVERAGE NEARLY EVERY DAY?

- Neither approve nor disapprove
- Somewhat disapprove
- Strongly disapprove
- Don't know or can't say

### XV. WHERE DO YOU USUALLY:

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

	Do Not Use	At Home	At School	In A Car	Friend's House	Other
1. Smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Drink beer, wine or hard liquor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Smoke marijuana (pot, hashish, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Use prescription drugs not prescribed to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### XVI. WHEN DO YOU USUALLY:

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

	Do Not Use	Before School	During School	After School	Week Night	Weekend
1. Smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Drink beer, wine or hard liquor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Smoke marijuana (pot, hashish, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Use prescription drugs not prescribed to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### XVII. ADDITIONAL QUESTIONS

1.  A  B  C  D  E  F  G  H
2.  A  B  C  D  E  F  G  H
3.  A  B  C  D  E  F  G  H
4.  A  B  C  D  E  F  G  H
5.  A  B  C  D  E  F  G  H
6.  A  B  C  D  E  F  G  H
7.  A  B  C  D  E  F  G  H
8.  A  B  C  D  E  F  G  H
9.  A  B  C  D  E  F  G  H
10.  A  B  C  D  E  F  G  H

THANK YOU FOR PARTICIPATING!