

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

May not be used without permission of Pride Surveys

I. STUDENT INFORMATION

1. I AM

- a boy
- a girl

2. I AM IN THE

- 4th Grade
- 5th Grade
- 6th Grade

3. I AM

- White
- Black
- Hispanic
- Asian
- Native American
- Mixed Origin
- Other

4. I AM

- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- Older than 13

II. STUDENT CHARACTERISTICS

1. I make good grades.

SOMETIMES NEVER	A LOT			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. I get into trouble at school.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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3. I go to church or synagogue, etc.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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4. I talk to my parents about my problems.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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5. My parents talk to me about the dangers of alcohol and drugs.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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6. My teachers talk to me about the dangers of alcohol and drugs.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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7. My parents make me follow certain rules.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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8. My school makes me follow certain rules.

SOMETIMES NEVER	A LOT			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. I have to be home at a certain time.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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10. Most days I am alone at home for an hour or more.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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11. The kids at school like me.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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12. My parents make sure I do my homework.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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13. I play violent video games.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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14. I think I am overweight.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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15. A doctor said that I am overweight.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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III. WITHIN THE PAST YEAR HAVE YOU

1. Used tobacco (cigarettes, chew, etc.)?

DID NOT USE	1-2 TIMES A MONTH	1-7 TIMES A WEEK		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Drank alcohol (beer, liquor, etc.)?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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3. Smoked marijuana (pot)?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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4. Inhaled glue, gas, etc. to get high?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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5. Used other drugs to get high?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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IV. DO YOU THINK THE FOLLOWING ARE HARMFUL TO YOUR HEALTH

1. Tobacco (cigarettes, chew, etc.)?

NO	YES		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Alcohol (beer, liquor, etc.)?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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3. Marijuana (pot)?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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4. Glue, gas, etc. (to get high)?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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5. Other drugs (to get high)?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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V. WOULD YOUR PARENTS APPROVE OF YOU USING...

	NOT SURE	NO	YES
1. Tobacco (cigarettes, chew, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Alcohol (beer, liquor, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Marijuana (pot)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Glue, gas, etc. (to get high)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Other drugs (to get high)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. WHILE AT SCHOOL, HAVE YOU

(in the past year)

	TWO OR MORE	ONE TIME	NO
1. Used tobacco (cigarettes, chew, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Drunk alcohol (beer, liquor, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Smoked marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Inhaled glue, gas, etc. to get high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Been afraid a student will hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Been threatened by a student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Been hurt by a student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Carried a real gun for protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Carried a knife for protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. WOULD YOUR FRIENDS APPROVE OF YOU USING...

	NOT SURE	NO	YES
1. Tobacco (cigarettes, chew, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Alcohol (beer, liquor, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Marijuana (pot)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Glue, gas, etc. (to get high)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Other drugs (to get high)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IX. WHILE NOT AT SCHOOL, HAVE YOU

(in the past year)

	TWO OR MORE	ONE TIME	NO
1. Used tobacco (cigarettes, chew, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Drunk alcohol (beer, liquor, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Smoked marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Inhaled glue, gas, etc. to get high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Been afraid a student will hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Been threatened by a student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Been hurt by a student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Carried a real gun for protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Carried a knife for protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. WHERE DO YOU GET...

	NEVER GET	FRIEND'S HOUSE	AT HOME	AT SCHOOL	OTHER PLACES
1. Tobacco (cigarettes, chew, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Alcohol (beer, liquor, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Marijuana (pot)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Glue, gas, etc. (to get high)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Other drugs (to get high)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

X. HOW EASY IS IT FOR KIDS YOUR AGE TO GET

	DON'T KNOW/CAN'T GET	EASY TO GET	HARD TO GET
1. Tobacco (cigarettes, chew, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Alcohol (beer, liquor, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Marijuana (pot)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Glue, gas, etc. (to get high)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Other drugs (to get high)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. A gun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>