

Draft

1. What is your sex? (S00m04)  
 Female  Male
2. What grade are you in? (S00m10)  
 6th  7th  8th  9th  10th  11th  12th
3. How old are you? (S00m01)  
 10 or younger  12 years old  14 years old  16 years old  18 years old  
 11 years old  13 years old  15 years old  17 years old  19 or older
4. What is your birth month? (S00m02a)  
 January  March  May  July  September  November  
 February  April  June  August  October  December

- What is your birth year? (S00m02b)
- |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="radio"/> 1980 | <input type="radio"/> 1982 | <input type="radio"/> 1984 | <input type="radio"/> 1986 | <input type="radio"/> 1988 | <input type="radio"/> 1990 | <input type="radio"/> 1992 | <input type="radio"/> 1994 | <input type="radio"/> 1996 | <input type="radio"/> 1998 |
| <input type="radio"/> 1981 | <input type="radio"/> 1983 | <input type="radio"/> 1985 | <input type="radio"/> 1987 | <input type="radio"/> 1989 | <input type="radio"/> 1991 | <input type="radio"/> 1993 | <input type="radio"/> 1995 | <input type="radio"/> 1997 | <input type="radio"/> 1999 |

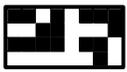
5. Please tell us your ZIP code: (S00m03)

9	7			
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**Please fill in the bubbles  
under the number boxes.**

<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

6. How do you describe yourself? **(Select one or more responses)** (S00m05)  
 American Indian or Alaska Native  Hispanic or Latino  
 Asian  Native Hawaiian or Other Pacific Islander  
 Black or African American  White
7. During the past 12 months, how would you describe your grades in school? (S00m06)  
 Mostly A's  Mostly C's  Mostly F's  Not sure  
 Mostly B's  Mostly D's  None of these grades
8. Think of where you live most of the time. Which of the following people live there with you?  
**(Choose all that apply)** (S00m07)  
 Mother  Brother(s)  Aunt  Stepmother  Foster Mother  Other Adults  
 Father  Grandmother  Uncle  Stepbrother(s)  Foster Father  
 Sister(s)  Grandfather  Stepfather  Stepsister(s)  Other Children



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9. How tall are you without your shoes on?  
 Directions: Write your height in the blank boxes.  
 Fill in the matching ovals beside each number. (S00m08)

**EXAMPLE**

HEIGHT		
FEET	INCHES	
5	0	7
3	0	<input type="radio"/>
4	1	<input type="radio"/>
5	2	<input type="radio"/>
6	3	<input type="radio"/>
7	4	<input type="radio"/>
	5	<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"/>

HEIGHT		
FEET	INCHES	
<input type="text"/>	<input type="text"/>	<input type="text"/>
3	0	<input type="radio"/>
4	1	<input type="radio"/>
5	2	<input type="radio"/>
6	3	<input type="radio"/>
7	4	<input type="radio"/>
	5	<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"/>

10. How much do you weigh without your shoes on?  
 Directions: Write your weight in the blank boxes.  
 Fill in the matching ovals beside each number. (S00m09)

**EXAMPLE**

WEIGHT			
POUNDS			
1	5	2	
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WEIGHT			
POUNDS			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. What is the language that you first learned to speak at home? (S00m11)

- |   |                                |                                  |                                   |
|---|--------------------------------|----------------------------------|-----------------------------------|
| <input type="radio"/> English                                   | <input type="radio"/> Hmong    | <input type="radio"/> Mien       | <input type="radio"/> Russian     |
| <input type="radio"/> Spanish                                   | <input type="radio"/> Japanese | <input type="radio"/> Vietnamese | <input type="radio"/> Tagalog     |
| <input type="radio"/> Cambodian                                 | <input type="radio"/> Korean   | <input type="radio"/> Arabic     | <input type="radio"/> Ukrainian   |
| <input type="radio"/> Chinese, including Cantonese and Mandarin | <input type="radio"/> Lao      | <input type="radio"/> Romanian   | <input type="radio"/> Other _____ |

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Office Use

12. What is the highest level of schooling your father (or the man you think of as your father) completed?

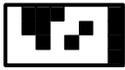
(Select only **one** response) (S00m12)

- |  |   |   |                                  |
|--|---|---|----------------------------------|
| <input type="radio"/> Completed grade school or less | <input type="radio"/> Completed high school | <input type="radio"/> Completed college                             | <input type="radio"/> Don't know |
| <input type="radio"/> Some high school               | <input type="radio"/> Some college          | <input type="radio"/> Graduate or professional school after college |                                  |

13. What is the highest level of schooling your mother (or the woman you think of as your mother) completed?

(Select only **one** response) (S00m13)

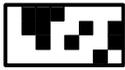
- |  |   |   |                                  |
|--|---|---|----------------------------------|
| <input type="radio"/> Completed grade school or less | <input type="radio"/> Completed high school | <input type="radio"/> Completed college                             | <input type="radio"/> Don't know |
| <input type="radio"/> Some high school               | <input type="radio"/> Some college          | <input type="radio"/> Graduate or professional school after college |                                  |



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## Questions About Tobacco Use

- A1. How many CIGARETTES have you smoked, even a puff, in: (S00a01)
- a. The last 24 hours?  None  1-10  11-20  21-30  31-40  41 or more
- b. The last 7 days?  None  1-10  11-20  21-30  31-40  41 or more
- A2. During the PAST 30 DAYS, on how many days did you smoke cigarettes? (S00a02)
- 0 days  1 or 2 days  3 to 5 days  6 to 9 days  10 to 19 days  20 to 29 days  All 30 days
- A3. During the PAST 30 DAYS, on the days you smoked, how many cigarettes did you smoke **per day**? (S00a03)
- I did not smoke cigarettes during the past 30 days  2 to 5 cigarettes per day  More than 20 cigarettes per day
- Less than 1 cigarette per day  6 to 10 cigarettes per day
- 1 cigarette per day  11 to 20 cigarettes per day
- A4. How many times did you use CHEWING TOBACCO or snuff in: (S00a04)
- a. The last 24 hours?  None  1-10  11-20  21-30  31-40  41 or more
- b. The last 7 days?  None  1-10  11-20  21-30  31-40  41 or more
- A5. During the PAST 30 DAYS, on how many days did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen? (S00a05)
- 0 days  1 or 2 days  3 to 5 days  6 to 9 days  10 to 19 days  20 to 29 days  All 30 days
- A6. During the PAST 30 DAYS, on how many days did you smoke **cigars, cigarillos, or little cigars**? (S00a06)
- 0 days  1 or 2 days  3 to 5 days  6 to 9 days  10 to 19 days  20 to 29 days  All 30 days
- A7. During the PAST 30 DAYS, on how many days did you smoke cigarettes **on school property**? (S00a07)
- 0 days  1 or 2 days  3 to 5 days  6 to 9 days  10 to 19 days  20 to 29 days  All 30 days
- A8. During the PAST 30 DAYS, on how many days did you use **chewing tobacco, snuff, or dip on school property**? (S00a08)
- 0 days  1 or 2 days  3 to 5 days  6 to 9 days  10 to 19 days  20 to 29 days  All 30 days
- A9. Out of every 100 students at your school, how many do you think have smoked cigarettes in the last 30 days? (13 - S00a33)
- 0-10  21-30  41-50  61-70  81-90
- 11-20  31-40  51-60  71-80  91-100



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## Questions About Alcohol Use

- A10. How many drinks of ALCOHOL have you had in: (Drink = 1 glass of beer or wine, or 1 shot of hard liquor) (S00a09)
- a. The last 24 hours?  None  1-2  3-5  6-9  10 or more
- b. The last 7 days?  None  1-2  3-5  6-9  10 or more
- A11. On how many occasions (if any) have you had beer or wine (non-religious) or hard liquor to drink during the PAST 30 DAYS? (S00a10)
- 0 occasions  1-2 occasions  3-5 occasions  6-9 occasions  10 or more occasions
- A12. During the PAST 30 DAYS, on how many days did you have at least one drink of alcohol? (S00a11)
- 0 days  1 or 2 days  3 to 5 days  6 to 9 days  10 to 19 days  20 to 29 days  All 30 days
- A13. During the PAST 30 DAYS, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours? (S00a12)
- 0 days  1 day  2 days  3 to 5 days  6 to 9 days  10 to 19 days  20 or more days
- A14. During the PAST 30 DAYS, on how many days did you have at least one drink of alcohol **on school property**? (S00a13)
- 0 days  1 or 2 days  3 to 5 days  6 to 9 days  10 to 19 days  20 to 29 days  All 30 days

## Questions About Marijuana Use

**The next three questions ask about marijuana use. Marijuana is also called weed, pot, dope, or ganja.**

- A15. How many times did you use MARIJUANA or HASHISH in: (S00a14)
- a. The last 24 hours?  None  1-2  3-5  6-9  10-19  20 or more
- b. The last 7 days?  None  1-2  3-5  6-9  10-19  20 or more
- A16. During the PAST 30 DAYS, how many times did you use marijuana? (S00a15)
- 0 times  1 or 2 times  3 to 9 times  10 to 19 times  20 to 39 times  40 or more times
- A17. During the PAST 30 DAYS, how many times did you use marijuana **on school property**? (S00a16)
- 0 times  1 or 2 times  3 to 9 times  10 to 19 times  20 to 39 times  40 or more times



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## Questions About Other Drugs

The following questions ask about your experience with other drugs. When answering these questions, please do not include any drugs that were prescribed to you by a doctor or dentist.

- |  | 0 occasions           | 1-2 occasions         | 3-5 occasions         | 6-9 occasions         | 10 or more occasions  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| A18. On how many occasions (if any) have you . . . <small>(S00a17)</small>   |                       |                       |                       |                       |                       |
| a. Sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high during the PAST 30 DAYS? | <input type="radio"/> |
| b. Used prescription drugs (without a doctor's order) to get high during the PAST 30 DAYS?   | <input type="radio"/> |
| c. Used stimulants (amphetamines, meth, crystal, speed, crank) during the PAST 30 DAYS?  | <input type="radio"/> |
| d. Used cocaine or "crack" cocaine during the PAST 30 DAYS?  | <input type="radio"/> |
| e. Used heroin or other opiates or narcotics during the PAST 30 DAYS?  | <input type="radio"/> |
| f. Used Ecstasy or MDMA during the PAST 30 DAYS?   | <input type="radio"/> |
| g. Used LSD or other hallucinogens or psychedelics during the PAST 30 DAYS?  | <input type="radio"/> |
- A19. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase? (S00a18)  
 0 times    1 or 2 times    3 to 9 times    10 to 19 times    20 to 39 times    40 or more times
- A20. During your life, how many times have you used **heroin** (also called smack, junk, or China White)? (S00a19)  
 0 times    1 or 2 times    3 to 9 times    10 to 19 times    20 to 39 times    40 or more times
- A21. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)? (S00a20)  
 0 times    1 or 2 times    3 to 9 times    10 to 19 times    20 to 39 times    40 or more times
- A22. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription? (S00a21)  
 0 times    1 or 2 times    3 to 9 times    10 to 19 times    20 to 39 times    40 or more times
- A23. During your life, how many times have you used a needle to inject any **illegal** drug into your body? (S00a22)  
 0 times    1 time    2 or more times

## Questions About Access to Drugs

- A24. If you wanted to get some marijuana, how easy do you think it would be for you to get some? (S00a23)  
 Very easy    Sort of easy    Sort of hard    Very hard
- A25. If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy do you think it would be for you to get some? (S00a24)  
 Very easy    Sort of easy    Sort of hard    Very hard



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## Questions About Age of First Use and Future Intentions

A26. How old were you when you first... (S00a25)

a. Smoked a whole cigarette?

Never have    8 or younger    9    10    11    12    13    14    15    16    17    18 or older

b. Tried smokeless tobacco (chew, snuff, plug)?

Never have    8 or younger    9    10    11    12    13    14    15    16    17    18 or older

c. Had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?

Never have    8 or younger    9    10    11    12    13    14    15    16    17    18 or older

d. Got drunk?

Never have    8 or younger    9    10    11    12    13    14    15    16    17    18 or older

e. Tried marijuana or hashish?

Never have    8 or younger    9    10    11    12    13    14    15    16    17    18 or older

f. Tried to sniff or inhale gases, sprays, or glue in order to get high?

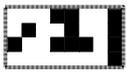
Never have    8 or younger    9    10    11    12    13    14    15    16    17    18 or older

A27. Sometimes we don't know what we will do as adults, but we may have an idea. Please tell us how true these statements may be for you as an adult: (S00a26)

	<b>NO!</b>	no	yes	<b>YES!</b>
a. When I am an adult, I will smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. When I am an adult, I will drink beer, wine, or liquor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. When I am an adult, I will smoke marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A28. During the LAST 12 MONTHS, how many times have you gambled (for example, bought lottery tickets or tabs, bet money on sports teams or card games, etc.)? (t3 - S00a32)

Never    Once    Twice    3-4 times    5 or more times



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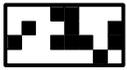
## Questions About Body Weight

- B1. How do **you** describe your weight?
- Very underweight       About the right weight<sup>(S00601)</sup>       Very overweight  
 Slightly underweight       Slightly overweight
- B2. Which of the following are you trying to do about your weight?<sup>(S00602)</sup>
- Lose** weight     **Gain** weight     **Stay** the same weight     I am **not trying to do anything** about my weight
- B3. During the PAST 30 DAYS, did you:<sup>(S00603)</sup>
- |   | Yes                   | No                    |
|---|-----------------------|-----------------------|
| a. <b>Exercise</b> to lose weight or to keep from gaining weight? _____   | <input type="radio"/> | <input type="radio"/> |
| b. <b>Eat less food, fewer calories, or foods low in fat</b> to lose weight or to keep from gaining weight? _____   | <input type="radio"/> | <input type="radio"/> |
| c. <b>Go without eating for 24 hours or more</b> (also called fasting) to lose weight or to keep from gaining weight? _____   | <input type="radio"/> | <input type="radio"/> |
| d. <b>Take any diet pills, powders, or liquids</b> without a doctor's advice to lose weight or to keep from gaining weight? (Do <b>not</b> include meal replacement products such as Slim Fast) _ | <input type="radio"/> | <input type="radio"/> |
| e. <b>Vomit or take laxatives</b> to lose weight or to keep from gaining weight? _____  | <input type="radio"/> | <input type="radio"/> |

## Questions About Nutrition

The next questions ask about food you ate or drank during the PAST 7 DAYS. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

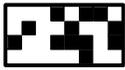
- B4. During the PAST 7 DAYS, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)<sup>(S00604)</sup>
- I did not drink 100% fruit juice during the past 7 days       2 times per day  
 1 to 3 times during the past 7 days       3 times per day  
 4 to 6 times during the past 7 days       4 or more times per day  
 1 time per day
- B5. During the PAST 7 DAYS, how many times did you eat **fruit**? (Do **not** count fruit juice.)<sup>(S00605)</sup>
- I did not eat fruit during the past 7 days       2 times per day  
 1 to 3 times during the past 7 days       3 times per day  
 4 to 6 times during the past 7 days       4 or more times per day  
 1 time per day
- B6. During the PAST 7 DAYS, how many times did you eat **green salad**?<sup>(S00606)</sup>
- I did not eat green salad during the past 7 days       2 times per day  
 1 to 3 times during the past 7 days       3 times per day  
 4 to 6 times during the past 7 days       4 or more times per day  
 1 time per day



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- B7. During the PAST 7 DAYS, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.) (S00607)
- I did not eat potatoes during the past 7 days       2 times per day  
 1 to 3 times during the past 7 days       3 times per day  
 4 to 6 times during the past 7 days       4 or more times per day  
 1 time per day
- B8. During the PAST 7 DAYS, how many times did you eat **carrots**? (S00608)
- I did not eat carrots during the past 7 days       2 times per day  
 1 to 3 times during the past 7 days       3 times per day  
 4 to 6 times during the past 7 days       4 or more times per day  
 1 time per day
- B9. During the PAST 7 DAYS, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.) (S00609)
- I did not eat other vegetables during the past 7 days       2 times per day  
 1 to 3 times during the past 7 days       3 times per day  
 4 to 6 times during the past 7 days       4 or more times per day  
 1 time per day
- B10. During the PAST 7 DAYS, how many **glasses of milk** did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.) (S00610)
- I did not drink milk during the past 7 days       2 glasses per day  
 1 to 3 glasses during the past 7 days       3 glasses per day  
 4 to 6 glasses during the past 7 days       4 or more glasses per day  
 1 glass per day
- B11. In the PAST 7 DAYS, on how many days did you eat breakfast? (S00611)
- 0 days     1 day     2-4 days     5-6 days     7 days
- B12. How many times during the PAST 7 DAYS did you eat a meal with your family? (S00612)
- 0 times       2-4 times       7 or more times  
 1 time       5-6 times       I was away from home and not with my family during the past 7 days
- B13. How often in the PAST 12 MONTHS did you or your family have to cut meal size or skip meals **because there wasn't enough money for food**? (S00613)
- Almost every month       Only 1 or 2 months  
 Some months but not every month       Did not have to skip or cut the size of meals





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B20. During an average week, how many hours do you spend helping other people without getting paid (such as helping out at a hospital, day care center, food shelf, youth program, community service agency, or doing other things) to make your city a better place for people to live? (S - S00642)

- 0
- 1 hour
- 2 hours
- 3-5 hours
- 6-10 hours
- 11 or more hours

B21. On an average school day, how many hours do you spend: (S00618)

	None	Less than 1 hour per day	1 hour per day	2 hours per day	3 hours per day	4 hours per day	5 or more hours per day
a. Watching TV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Playing video/computer games like Nintendo?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. On the Internet? (Do not include time spent using the Internet for school homework.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Questions About Sexual Activity

B22. Have you ever had sexual intercourse? (S00619)

- Yes
- No

B23. How old were you when you had sexual intercourse for the first time? (S00620)

- I have never had sexual intercourse
- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

Questions on sexual activity (B22 through B30, B33, B36f) are not included on questionnaires for sixth-grade students.

B24. During your life, with how many people have you had sexual intercourse? (S00621)

- I have never had sexual intercourse
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

B25. During the PAST 3 MONTHS, with how many people did you have sexual intercourse? (S00622)

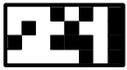
- I have never had sexual intercourse
- I have had sexual intercourse, but not during the past 3 months
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

B26. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**? (S00623)

- I have never had sexual intercourse
- Yes
- No

B27. The **last time** you had sexual intercourse, did you or your partner use a condom? (S00624)

- I have never had sexual intercourse
- Yes
- No

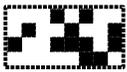


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- B28. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.) (S00b25)
- I have never had sexual intercourse
  - No method was used to prevent pregnancy
  - Birth control pills
  - Condoms
  - Depo-Provera (injectable birth control)
  - Withdrawal
  - Some other method
  - Not sure
- B29. How many times have you been pregnant or gotten someone pregnant? (S00b26)
- 0 times
  - 1 time
  - 2 or more times
  - Not sure
- B30. When did you **first** go to a medical office or clinic to get a method for preventing pregnancy? (Select only **one** response) (t3 - S00b43)
- I have never had sexual intercourse
  - Before my first sexual intercourse
  - Less than 1 month after my first sexual intercourse
  - 1 to 3 months after my first sexual intercourse
  - 4 to 12 months after my first sexual intercourse
  - More than 12 months after my first sexual intercourse
  - I have never gone to a medical office or clinic to get a method for preventing pregnancy

## Questions About AIDS/HIV

- B31. What do you consider to be the **one** most reliable or accurate source where you have gotten your information about AIDS/HIV infection? (Select only **one** response.) (S00b27)
- From classroom instruction
  - From parents or other adults in my family
  - From friends
  - From a teacher or school counselor
  - From brochures available at schools or school health center
  - From TV or radio
  - Other sources not mentioned above
- B32. During the LAST 12 MONTHS, have you ever been taught about AIDS or HIV infection in school? (S00b28)
- Yes
  - No
  - Not sure
- B33. If you wanted them, where would you go to get condoms and other pregnancy prevention or STD prevention methods? (Select only **one** response.) (S00b29)
- Parent or other family member
  - Vending machine
  - Friend
  - School health center
  - Pharmacy or store
  - County or Community Health program
  - Not sure, haven't really thought about it
  - It's hard to get condoms and other pregnancy prevention/STD prevention methods in my community
  - From some other source



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## Questions About Health Care

B34. In the PAST 12 MONTHS, have you had wheezing, dry cough, and/or breathing difficulty **not due to** having a cold or the flu? (S00b30)

- Yes     No     Not sure

B35. During the PAST 12 MONTHS, have you had an asthma attack or taken asthma medication? (S00b31)

- Never had asthma     Yes     No     Don't know

B36. Has a doctor, nurse, or other health professional ever told you that you have: <small>(S00b32)</small>	Yes	No	Not Sure
a. Asthma?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Arthritis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Diabetes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Another chronic medical condition which has lasted over a year, such as cancer, heart problems, hearing or vision problems (do not include needing braces, glasses, or contacts)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. An eating disorder (anorexia or bulimia)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. A sexually transmitted disease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Depression?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B37. When was the last time you saw a doctor or nurse practitioner for a check-up or physical exam when you were not sick or injured? (S00b33)

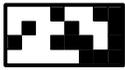
- During the past 12 months     More than 24 months ago     Not sure  
 Between 12 and 24 months ago     Never

B38. When was the last time you saw a dentist or dental hygienist for a check-up, exam, teeth cleaning, or other dental work? (S00b34)

- During the past 12 months     More than 24 months ago     Not sure  
 Between 12 and 24 months ago     Never

B39. During the PAST 12 MONTHS, where did you **usually** go to meet your health care needs? (Choose only **one**.) (S00b35)

- Emergency room  
 Family doctor  
 School-based health center  
 County or community health clinic  
 Other place not listed  
 I needed care, but didn't see anyone  
 I did not need care during the past 12 months



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B40. During the PAST 12 MONTHS, did you have any of the following health care needs? **(Fill in all that apply;** count any situation where you thought you should see a doctor, nurse, or other health professional.) (S00636)

- Check-up or sports physical
- Injury or accident
- Illness
- Immunization/Vaccination
- Alcohol or other drug problem counseling
- Personal or emotional problem counseling
- Other need not listed here
- I had no health care needs

B41. During the PAST 12 MONTHS, did you have any of the following health care needs that were NOT MET? **(Fill in all that apply;** count any situation when you didn't see a doctor, nurse, or other health professional, even though you wanted to or thought you should.) (S00637)

- Check-up or sports physical
- Injury or accident
- Illness
- Immunization/Vaccination
- Alcohol or other drug problem counseling
- Personal or emotional problem counseling
- Other need not listed here
- All my health care needs were met, or I had no health care needs

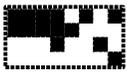
**The next two questions are about School Based Health Centers. (If your school doesn't have a center, please fill in that answer.)**

B42. Have you registered or do you have permission to use the School Based Health Center? (S00638)

- Yes
- No
- Don't have a school Health Center

B43. Have you used the School Based Health Center services at your school? (S00639)

- Yes
- No
- Don't have a school Health Center

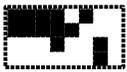


## Questions About Personal Safety

- F1. The next questions ask about how much you like to do certain things. (S00I23)
- |   |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
|   | <b>NO!</b>            | no                    | yes                   | <b>YES!</b>           |
| a. I would like to explore strange places                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I like to do scary things  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I like new and exciting experiences, even if I have to break the rules | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I prefer friends who are exciting and unpredictable                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- F2. **When you rode a bicycle** during the PAST 12 MONTHS, how often did you wear a helmet? (S00I24)
- |  |  |
|--|--|
| <input type="radio"/> I did not ride a bicycle during the past 12 months | <input type="radio"/> Sometimes wore a helmet        |
| <input type="radio"/> Never wore a helmet                                | <input type="radio"/> Most of the time wore a helmet |
| <input type="radio"/> Rarely wore a helmet                               | <input type="radio"/> Always wore a helmet           |
- F3. How often do you wear a seat belt when **riding in** a car driven by someone else? (S00I25)
- Never    Rarely    Sometimes    Most of the time    Always
- F4. In the past 30 days, how many times have you been the driver or passenger in a "street-racing" event? (I3 - S00I29)
- 0 times    1 time    2-3 times    4-5 times    6 times or more
- F5. How often in the past 30 days have you driven/ridden with a driver going more than 15 miles/hour over the speed limit? (I3 - S00I30)
- 0 times    1 time    2-3 times    4-5 times    6 times or more
- F6. Which of the following best describes your experience with gangs? (S00I26)
- |   |  |
|---|--|
| <input type="radio"/> I have never been in a gang | <input type="radio"/> I have tried to get out, but am still in a gang    |
| <input type="radio"/> I used to be in a gang      | <input type="radio"/> I am currently in a gang and plan to stay involved |

## Questions About Mood

- F7. Fill in the one circle for each statement which best describes on how many of the days you felt this way DURING THE PAST WEEK. (S00I01)
- |   |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
|   | <b>0 days</b>         | <b>1-2 days</b>       | <b>3-4 days</b>       | <b>5-7 days</b>       |
| a. I did not feel like eating; my appetite was poor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I felt depressed                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I felt sad                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I could not get going; I had low energy          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- F8. 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? (S00I02)
- Yes    No



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F9. DURING THE PAST 12 MONTHS, did you ever **seriously** consider attempting suicide? (S0003)

- Yes  No

F10. DURING THE PAST 12 MONTHS, how many times did you actually attempt suicide? (S0004)

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

F11. If you attempted suicide DURING THE PAST 12 MONTHS, did any attempt result in an injury, poisoning, or overdose that had to be treated in an emergency room or hospital? (S0005)

- Yes, I had to be treated in an emergency room or hospital
 No, I did not have to be treated in an emergency room or hospital
 I did not attempt suicide in the past 12 months
 I have never attempted suicide (t3)

Questions About Unwanted Physical Behavior

F12. DURING THE PAST 12 MONTHS, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose? (S0006)

- Yes  No

F13. Have you ever been pressured into any sexual activity by someone you were going out with? (S0007)

- Yes  No

F14. Have you ever been physically forced to have sexual intercourse when you did not want to? (S0008)

- Yes  No

F15. During your life, has any adult ever intentionally hit or physically hurt you? (t3 - S0027)

- Yes  No

F16. During your life, has any adult ever had sexual contact with you? (t3 - S0028)

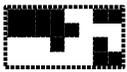
- Yes  No

Questions on sexual activity (F12 through F14, F16) are not included on questionnaires for sixth-grade students.

Questions About Harmful Behavior

F17. How many times in the PAST 3 MONTHS have you: (S0010)

Table with 9 columns (0 times, 1 or 2 times, 3-5 times, 6-9 times, 10-19 times, 20-29 times, 30-39 times, 40+ times) and 12 rows of behavioral questions.



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- F18. During the PAST 30 DAYS, how many times did you: (S00F11)
- |  | 0<br>times            | 1<br>time             | 2 or 3<br>times       | 4 or 5<br>times       | 6 or<br>more<br>times |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. <b>Drive</b> a car or other vehicle <b>when you had been drinking alcohol</b> ?                   | <input type="radio"/> |
| b. Ride in a car or other vehicle with a parent or other adult driver who had been drinking alcohol? | <input type="radio"/> |
| c. Ride in a car or other vehicle with a teenage driver who had been drinking alcohol?               | <input type="radio"/> |

- F19. How many times in the PAST 3 MONTHS have you set a fire where it didn't belong, without adult permission or supervision? (S00F12)
- 0 times    1-2 times    3-5 times    6-9 times    10-19 times    20 or more times

- F20. During the PAST 30 DAYS, on how many days did you: (S00F13)
- |  | 0<br>days             | 1<br>day              | 2 or 3<br>days        | 4 or 5<br>days        | 6 or<br>more<br>days  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Carry a <b>gun</b> ?  | <input type="radio"/> |
| b. Carry a weapon other than a gun (such as a knife, club, or other weapon)? | <input type="radio"/> |
| c. Carry a gun on school property?   | <input type="radio"/> |
| d. Carry a weapon other than a gun on school property?                       | <input type="radio"/> |

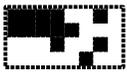
- F21. If you carried a handgun in the PAST 30 DAYS, who did the handgun belong to? (S00F14)
- I did not carry a handgun  
 The handgun belongs to me  
 The handgun belongs to another person that lives in my house  
 The handgun belongs to another person who does not live in my house

- F22. If you wanted to get a handgun, how easy would it be for you to get one? (S00F15)
- Very easy    Sort of easy    Sort of hard    Very hard

## Questions About Harassment and Threats

- F23. In the PAST 30 DAYS, how many times did a student call you names, swear at you, or say mean things to you? (S00F16)
- 0 times    1-2 times    3-5 times    6-9 times    10-19 times    20 or more times

- F24. The next question asks about harassment at school. Harassment can include threatening, bullying; name calling or obscenities; offensive notes or graffiti; unwanted touching; and physical attacks. During the PAST 12 MONTHS, have you ever been harassed at school (or on the way to or from school) in relation to any of the following issues? **(Please fill in all that apply.)** (S00F17)
- Harassment about your race or ethnic origin  
 Unwanted sexual comments or attention  
 Harassment because someone thought you were gay, lesbian, or bisexual  
 Harassment about your weight, clothes, acne, or other physical characteristics  
 Harassment about your group of friends  
 Other reasons: \_\_\_\_\_  
 I have not been harassed



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(Please fill in all that apply.) (S00F17)

- Harassment about your race or ethnic origin
- Unwanted sexual comments or attention
- Harassment because someone thought you were gay, lesbian, or bisexual
- Harassment about your weight, clothes, acne, or other physical characteristics
- Harassment about your group of friends
- Other reasons: \_\_\_\_\_
- I have not been harassed

F25. At school, how safe do you feel: (S00F18)

	Not at all safe	Only slightly safe	Somewhat safe	Quite safe	Very safe
a. In the hallways?	<input type="radio"/>				
b. In the cafeteria?	<input type="radio"/>				
c. In the classroom?	<input type="radio"/>				
d. Outside the school on school grounds?	<input type="radio"/>				
e. In the restroom? (E3)	<input type="radio"/>				
f. In the locker rooms? (E3)	<input type="radio"/>				

F26. During the PAST 30 DAYS, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school? (S00F19)

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

F27. During the PAST 12 MONTHS, how many times: (S00F20)

	0 times	1 time	2 or 3 times	4 or 5 times	6 or 7 times	8 or 9 times	10 or 11 times	12 or more times
a. Has someone threatened you with a weapon such as a gun, knife, or club on school property?	<input type="radio"/>							
b. Has someone injured you with a weapon on school property?	<input type="radio"/>							
c. Were you in a physical fight <b>on school property</b> ?	<input type="radio"/>							
d. Has someone taken money or things directly from you by using force, a weapon, or threats in school or on school property?	<input type="radio"/>							
e. Has someone deliberately damaged your property (such as clothing, books, or other property) in school or on school property?	<input type="radio"/>							

F28. During the PAST 12 MONTHS, has anyone offered, sold, or given you an illegal drug **on school property**? (S00F21)

- Yes    No





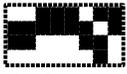
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## Questions About Parent Supervision

- C1. Please mark how often the following things happen in general. (S00c01)
- How often does at least one of your parents know what you are doing when you are away from home?  
 Never    Sometimes    Quite often    All the time
  - How often does at least one of your parents know where you are after school?  
 Never    Sometimes    Quite often    All the time
- C2. Over the **LAST 2 DAYS**, about how much time (total) have you spent **without any adults around**? (S00c02)
- None    1/2 to 1 hour    2 to 3 hours    4 to 5 hours  
 Less than 1/2 hour    1 to 2 hours    3 to 4 hours    5 or more hours
- C3. In the **LAST MONTH**, about how many hours per week were you usually home in the afternoon with **no adult supervision**? (S00c03)
- None    2 hours    5 hours    16 to 20 hours  
 Less than 1/2 hour    3 hours    6 to 10 hours    21 to 30 hours  
 1/2 to 1 hour    4 hours    11 to 15 hours    31 or more hours

## Questions About Discipline

- C4. How wrong do your parents feel it would be for you to: (S00c04)
- |   | Very wrong            | Wrong                 | A little bit wrong    | Not wrong at all      |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Drink beer, wine, or liquor (for example, vodka, whiskey, or gin) regularly?                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Smoke marijuana?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Steal anything worth more than \$10?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Pick a fight with someone?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Carry a handgun?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- C5. If you break a rule or do something you're not supposed to do, what would your parents do? (S00c05)
- |   | Always or almost always | Often                 | About half the time   | Sometimes             | Never or almost never |
|---|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Notice it but not do anything about it   | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Raise their voice (scold or yell)  | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Get you to correct the problem or make up for the mistake  | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Threaten to punish you (but not really punish you)   | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Ground you for a week or more  | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Not let you do something you like to do (like use the phone or T.V., or see friends) for 1 to 3 days | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Give you a spanking  | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Slap or hit you (but not spanking)   | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Discuss the problem with you or ask questions  | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Give you extra work chores   | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Give a time-out or send you to your room   | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



## Questions About Family Relationships

C6. In the LAST 2 DAYS, how many times did at least one of your parents praise you or compliment you for anything you did well? (S00c06)

- |  |   |
|--|---|
| <input type="radio"/> I wasn't with my parents for the past two days | <input type="radio"/> Three times           |
| <input type="radio"/> None   | <input type="radio"/> Four or five times    |
| <input type="radio"/> Once   | <input type="radio"/> Six or seven times    |
| <input type="radio"/> Twice  | <input type="radio"/> More than seven times |

C7. In the LAST 2 DAYS, how many times did at least one of your parents give you something extra, like money, special activities, or other things for something you did well? (S00c07)

- |  |   |
|--|---|
| <input type="radio"/> I wasn't with my parents for the past two days | <input type="radio"/> Three times           |
| <input type="radio"/> None   | <input type="radio"/> Four or five times    |
| <input type="radio"/> Once   | <input type="radio"/> Six or seven times    |
| <input type="radio"/> Twice  | <input type="radio"/> More than seven times |

C8. In the LAST 2 DAYS, how many times did at least one of your parents let you do something you like to do (such as watch TV, use the phone, see friends, or play video games) only after you had already done something else that they wanted you to do (like schoolwork, chores, or cleaning up after yourself)? (S00c08)

- |  |   |
|--|---|
| <input type="radio"/> I wasn't with my parents for the past two days | <input type="radio"/> Three times           |
| <input type="radio"/> None   | <input type="radio"/> Four or five times    |
| <input type="radio"/> Once   | <input type="radio"/> Six or seven times    |
| <input type="radio"/> Twice  | <input type="radio"/> More than seven times |

C9. Please mark how you feel about your family relationships: (S00c09)

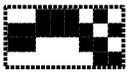
	NO!	no	yes	YES!
a. People in my family often insult or yell at each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. People in my family have serious arguments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. We argue about the same things in my family over and over	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. If I had a personal problem, I could ask my Mom or Dad for help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C10. Please mark how you feel about each statement about your parent(s): (S00c10)

	NO!	no	yes	YES!
a. My parents ask if I've gotten my homework done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Would your parents know if you did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. When I am not at home, one of my parents knows where I am and who I am with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. If you drank some beer, wine, or liquor (for example, vodka, whiskey, or gin) without your parent's permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The rules in my family are clear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Do you enjoy spending time with your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Do you enjoy spending time with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C11. How often do your parents tell you they're proud of you for something you've done? (S00c11)

- Never or almost never     Sometimes     Often     All the time



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C12. How often does one of your parents talk to you about school? (t3 - S00c21)

- Very often
- Often
- Sometimes
- Seldom
- Never

C13. How much do you agree or disagree with the following? Mark one answer for each. (t3 - S00c22)

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
a. I get along well with my parents.	<input type="radio"/>				
b. My parents often tell me they love me.	<input type="radio"/>				
c. In my family, I feel useful and important.	<input type="radio"/>				

### Questions About Family Substance Use

C14. Has anyone in your family ever had a severe alcohol or drug problem? (S00c12)

- Yes
- No

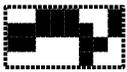
C15. About how many adults (people over 21) have you known personally who in the PAST YEAR have: (S00c13)

	None	1 adult	2 adults	3 or 4 adults	5 or more adults
a. Used marijuana, crack, cocaine, or other drugs?	<input type="radio"/>				
b. Sold or dealt drugs?	<input type="radio"/>				
c. Done other things that could get them in trouble with the police like stealing, selling stolen goods, mugging or assaulting others, etc. ?	<input type="radio"/>				
d. Gotten drunk or high ?	<input type="radio"/>				

### Questions About Your Neighborhood

C16. Please mark how true each of the following statements is in describing your neighborhood: (S00c14)

	NO!	no	yes	YES!
a. There is a lot of crime and/or drug selling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. There are many physical fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. There are lots of empty or abandoned buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. There is a lot of graffiti	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I feel safe in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. If a kid carried a handgun in your neighborhood, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I like to get out of my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. My neighbors notice when I am doing a good job and let me know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I like my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. There are people in my neighborhood who encourage me to do my best	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. There are people in my neighborhood who are proud of me when I do something well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. If I had to move, I would miss the neighborhood I now live in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. There are lots of adults in my neighborhood I could talk to about something important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. People move in and out of my neighborhood a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Draft

C17. How wrong would most adults in your neighborhood think it was for kids your age: (S00c15)

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. To use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. To drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. To smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C18. Have you changed homes in the PAST YEAR? (S00c16)

Yes  No

C19. How many times have you changed homes since kindergarten? (S00c17)

Never  1 or 2 times  3 or 4 times  5 or 6 times  7 or more times

C20. Have you changed schools (including changing from elementary to middle and middle to high school) in the PAST YEAR? (S00c18)

Yes  No

C21. How many times have you changed schools (including changing from elementary to middle and middle to high school) since kindergarten? (S00c19)

Never  1 or 2 times  3 or 4 times  5 or 6 times  7 or more times

C22. Are the following activities for people your age available in your community? (S00c20)

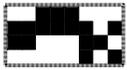
	Yes	No
a. Sports teams	<input type="radio"/>	<input type="radio"/>
b. Scouting	<input type="radio"/>	<input type="radio"/>
c. Boys and girls clubs	<input type="radio"/>	<input type="radio"/>
d. 4-H clubs	<input type="radio"/>	<input type="radio"/>
e. Service clubs	<input type="radio"/>	<input type="radio"/>

C23. How many adults do you know who give you lots of encouragement whenever they see you? (13 - S00c23)

None  1  2  3 or 4  5 or more

C24. How many adults do you know who you look forward to spending time with? (13 - S00c24)

None  1  2  3 or 4  5 or more



Draft

C25. Think about the people who know you well. How do you think they would rate you on each of these? (13 - 800c25)

People who know me would say that this is...	Not at all like me	A little like me	Somewhat like me	Quite like me	Very much like me
a. Caring about other people's feelings _____	<input type="radio"/>				
b. Thinking through the possible good and bad results of different choices before I make decisions _____	<input type="radio"/>				
c. Being good at making and keeping friends _____	<input type="radio"/>				
d. Being good at planning ahead _____	<input type="radio"/>				
e. Respecting the values and beliefs of people who are of a different race or culture than I am _____	<input type="radio"/>				
f. Knowing a lot about people of other races _____	<input type="radio"/>				

C26. How much do you agree or disagree with the following? (13 - 800c26)

If one of my neighbors saw me doing something wrong, he or she would tell one of my parents _____	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
	<input type="radio"/>				



Draft

## Questions About Peers and Siblings

D1. Think of your **four best friends** (the friends you feel closest to).

In the **PAST YEAR** (12 months), how many of your **best friends** have: (S00401)

	None	1	2	3	4
a. Been suspended from school?	<input type="radio"/>				
b. Carried a handgun?	<input type="radio"/>				
c. Smoked cigarettes?	<input type="radio"/>				
d. Sold illegal drugs?	<input type="radio"/>				
e. Been members of a gang?	<input type="radio"/>				
f. Stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>				
g. Dropped out of school?	<input type="radio"/>				
h. Used marijuana?	<input type="radio"/>				
i. Been arrested?	<input type="radio"/>				
j. Tried beer, wine, or liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?	<input type="radio"/>				
k. Used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="radio"/>				
l. Been in Juvenile Court or Family Court as a result of their behavior?	<input type="radio"/>				

D2. Have any of your siblings (brothers, sisters, step-brothers, step-sisters) ever: (S00402)

	Yes	No	I don't have any brothers or sisters
a. Drunk beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	
c. Smoked marijuana?	<input type="radio"/>	<input type="radio"/>	
d. Taken a handgun to school?	<input type="radio"/>	<input type="radio"/>	
e. Been suspended or expelled from school?	<input type="radio"/>	<input type="radio"/>	
f. Been arrested for something they did?	<input type="radio"/>	<input type="radio"/>	
g. Been involved with a Juvenile Court for something they did?	<input type="radio"/>	<input type="radio"/>	

## Questions About School

D3. Are your school grades better than the grades of most students in your class? (S00403)

NO!  no  yes  YES!

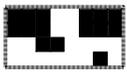
D4. How would you say the grades you are getting this year compare with those you got last year? (13 - S00422)  
(Select only **one** response)

This year's grades:

- |  |   |
|--|---|
| <input type="radio"/> Improved a lot (or couldn't get much better) | <input type="radio"/> Are not doing so well   |
| <input type="radio"/> Improved a little                            | <input type="radio"/> Couldn't get much worse |
| <input type="radio"/> Are about the same                           | <input type="radio"/> I don't know            |

D5. How often do you feel that the school work you are assigned is meaningful and important? (S00404)

Never  Seldom  Sometimes  Often  Almost always



Draft

D6. How interesting are most of your courses to you? (S00405)  
 Very interesting and stimulating     Quite interesting     Fairly interesting     Slightly dull     Very dull

D7. How important do you think the things you are learning in school are going to be for your later life? (S00406)  
 Very important     Quite important     Fairly important     Slightly important     Not important at all

D8. Now, thinking back over the PAST YEAR in school, how often did you ... (S00407)

	Never	Seldom	Sometimes	Often	Almost always
a. Enjoy being in school?	<input type="radio"/>				
b. Hate being in school?	<input type="radio"/>				
c. Try to do your best work in school?	<input type="radio"/>				

D9. During the LAST FOUR WEEKS how many whole school days have you missed because you skipped or "cut"? (S00408)  
 none     1 day     2 days     3 days     4-5 days     6-10 days     11 or more days

D10. Choose the answer that best describes how you feel about the statements below: (S00409)

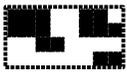
	NO!	no	yes	YES!
a. In my school, students have lots of chances to help decide things like class activities and rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. There are lots of chances for students in my school to talk with a teacher one-on-one	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Teachers ask me to work on special classroom projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I have lots of chances to be part of class discussions or activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. My teacher(s) notices when I am doing a good job and lets me know about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The school lets my parents know when I have done something well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I feel safe at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. My teachers praise me when I work hard in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D11. How much do you agree or disagree with the following? **(Mark one answer for each)** (13 - S00423)

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
a. In my school, there are clear rules about what students can and cannot do. _____	<input type="radio"/>				
b. If I break a rule at school, I'm sure to get in trouble. _____	<input type="radio"/>				

### Question About Church

D12. How often do you attend religious services or activities? (S00410)  
 Never     Rarely     1-2 times a month     Once a week or more



## Questions About Personal Beliefs

- D13. Please indicate how true or false the following statements are: (S00411)
- |   | Very false            | Somewhat false        | Somewhat true         | Very true             |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. I do the opposite of what people tell me, just to get them mad | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I ignore rules that get in my way                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I like to see how much I can get away with                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- 
- D14. How often have you done the following things? (S00412)
- |  | Never                 | I've done it, but not in the past year | Less than once a month | About once a month    | 2 or 3 times a month  | Once a week or more   |
|--|-----------------------|--|------------------------|-----------------------|-----------------------|-----------------------|
| a. Done crazy things even if they are a little dangerous       | <input type="radio"/> | <input type="radio"/>                  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Done something dangerous because someone dared you to do it | <input type="radio"/> | <input type="radio"/>                  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Done what feels good no matter what                         | <input type="radio"/> | <input type="radio"/>                  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- 
- D15. Choose the answer that best describes how you feel about the statements below: (S00413)
- |  | NO!                   | no                    | yes                   | YES!                  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a. I think it is okay to take something without asking if you can get away with it               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I think sometimes it's okay to cheat at school  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. It is all right to beat up people if they start the fight                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. It is important to be honest with your parents, even if they become upset or you get punished | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- 
- D16. How wrong do you think it is for someone your age to: (S00414)
- |  | Very wrong            | Wrong                 | A little bit wrong    | Not wrong at all      |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Steal anything worth more than \$5?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Pick a fight with someone?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Smoke cigarettes?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Stay away from school all day when their parents think they are at school?        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Take a handgun to school?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Use LSD, cocaine, amphetamines, or another illegal drug?                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Attack someone with the idea of seriously hurting them?                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Smoke marijuana?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- 
- D17. What are the chances you would be seen as cool if you: (S00415)
- |   | No or very little chance | Little chance         | Some chance           | Pretty good chance    | Very good chance      |
|---|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Smoked cigarettes?   | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Began drinking alcoholic beverages regularly, that is, at least once or twice a month? | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Smoked marijuana?  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Carried a handgun?   | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



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- D18. How much do you think people risk harming themselves (physically or in other ways) if they: (S00d16)
- |   | No risk               | Slight risk           | Moderate risk         | Great risk            |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Smoke one or more packs of cigarettes per day?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Try marijuana once or twice?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. 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"/> |

D19. You're looking at CDs in a music store with a friend. You look up and see her slip a CD under her coat. She smiles and says, "Which one do you want? Go ahead, take it while nobody's around." There is nobody in sight, no employees and no other customers. What would you do now? (S00d17)

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

D20. It's 8:00 on a weeknight and you are about to go over to a friend's home when your mother asks you where you are going. You say, "Oh, just going to go hang out with some friends." She says, "No, you'll just get into trouble if you go out. Stay home tonight." What would you do now? (S00d18)

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

D21. You are visiting another part of town, and you don't know any of the people your age there. You are walking down the street, and some teenager you don't know is walking toward you. He is about your size, and as he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do? (S00d19)

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

D22. You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do? (S00d20)

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

D23. How important is the following to you in your life? (t3 - S00d21)

Accepting responsibility for my actions when I make a mistake or get in trouble

- Not important
- Somewhat important
- Not sure
- Quite important
- Extremely important



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## Questions About Intentions

- E1. Do you think you will try a cigarette soon? (S00e01)  
 Definitely not    Probably not    Probably would    Definitely would
- E2. If one of your best friends were to offer you a cigarette, would you smoke it? (S00e02)  
 Definitely not    Probably not    Probably would    Definitely would
- E3. At any time during the next year, do you think you will smoke a cigarette? (S00e03)  
 Definitely not    Probably not    Probably would    Definitely would
- E4. Do you want to completely stop smoking cigarettes? (S00e04)  
 Yes    No    I do not smoke now

## Questions About Access to Tobacco and Alcohol

- E5. DURING THE PAST 30 DAYS, how many times did you get tobacco (cigarettes, chew, snuff, or cigars) from each of the following? (S00e06)

Fill in this bubble if you DIDN'T get tobacco in the past 30 days, and go to question E6.

	None	1	2	3	4	5-9	10-14	15 or more
a. Grocery stores	<input type="radio"/>							
b. Vending machines	<input type="radio"/>							
c. Convenience stores (such as 7-Eleven)	<input type="radio"/>							
d. Drug stores	<input type="radio"/>							
e. Gas stations	<input type="radio"/>							
f. Friends 18 or older	<input type="radio"/>							
g. Friends under 18	<input type="radio"/>							
h. Took from home without permission	<input type="radio"/>							
i. A parent	<input type="radio"/>							
j. A brother or sister	<input type="radio"/>							
k. The Internet	<input type="radio"/>							
l. People selling tobacco on the street	<input type="radio"/>							

- E6. DURING THE PAST 30 DAYS, how many times has any store or gas station **refused** to sell you cigarettes? ←

(S00e07)

- I did not try to buy cigarettes    1 time    3 times    5 times  
 None (I was able to buy cigarettes each time I tried)    2 times    4 times    6 or more times



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E7. How hard or easy do you think it would be to get tobacco (cigarettes or chewing tobacco) from each of the following? (S00e08)

	Very easy	Sort of easy	Sort of hard	Very hard
a. Grocery stores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Convenience stores (such as 7-Eleven)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Friends 18 or older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Friends under 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. A parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. A brother or sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Through the Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Just taking it at home without permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. People selling it on the street	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E8. DURING THE PAST 30 DAYS, how many times did you get alcohol (beer, wine, or hard liquor) from each of the following? (S00e09)

Fill in this bubble if you DIDN'T get alcohol in the past 30 days, and go to question E9.

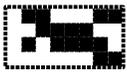
	None	1	2	3	4	5-9	10-14	15 or more
a. Grocery stores	<input type="radio"/>							
b. Convenience stores (such as 7-Eleven)	<input type="radio"/>							
c. Drug stores	<input type="radio"/>							
d. Gas stations	<input type="radio"/>							
e. Friends 21 or older	<input type="radio"/>							
f. Friends under 21	<input type="radio"/>							
g. Took from home without permission	<input type="radio"/>							
h. A parent	<input type="radio"/>							
i. A brother or sister	<input type="radio"/>							
j. The Internet	<input type="radio"/>							
k. By using fake ID	<input type="radio"/>							

E9. DURING THE PAST 30 DAYS, how many times has any store or gas station refused to sell you alcohol (beer, wine, or hard liquor)? (S00e10)

- |  |                               |                               |                                       |
|--|-------------------------------|-------------------------------|---------------------------------------|
| <input type="radio"/> I did not try to buy alcohol                       | <input type="radio"/> 1 time  | <input type="radio"/> 3 times | <input type="radio"/> 5 times         |
| <input type="radio"/> None (I was able to buy alcohol each time I tried) | <input type="radio"/> 2 times | <input type="radio"/> 4 times | <input type="radio"/> 6 or more times |

E10. How hard or easy do you think it would be to get alcohol (beer, wine, or hard liquor) from each of the following? (S00e11)

	Very easy	Sort of easy	Sort of hard	Very hard
a. Grocery stores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Convenience stores (such as 7-Eleven)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Friends 21 or older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Friends under 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. A parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. A brother or sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Through the Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Just taking it at home without permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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## Questions About School Activities

In this section, we ask about school activities that happened during the LAST YEAR (12 months). When you are answering these questions, think about last school year AND what has happened so far during this school year.

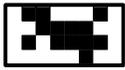
- E11. During the LAST YEAR (12 MONTHS): (S00e12)
- |  | Very often            | A few times           | Once                  | Never                 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Did <b>you</b> have any <b>school lessons</b> about tobacco use?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. When you had lessons, how often did you <b>practice</b> different ways to say "no" to tobacco offers during any class at school (for example, in role plays)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Did a student from middle or high school come to your class to talk about tobacco use?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Did a <b>guest speaker</b> (for example, a nurse or someone from your community) talk to your class about tobacco use?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Did you discuss the <b>reasons why people your age smoke</b> during any of your classes?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Did you discuss <b>how many people your age smoke</b> during any of your classes?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Did you discuss <b>the effects of cigarette smoking on your body</b> during any of your classes?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Did you discuss the <b>effects of second-hand smoke</b> during any of your classes?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## Questions About School Policies

- E12. Is there a rule against tobacco in your school? (S00e14)
- There is no rule                       There is a rule and it is sometimes enforced
- There is a rule, but it isn't enforced       There is a rule and it is strictly enforced
- E13. DURING THE PAST 12 MONTHS, have you seen teachers or staff smoke on school property? (S00e15)
- Yes     No

## Questions About Anti-Tobacco Activities

- E14. DURING THE PAST 12 MONTHS, have you done any of the following anti-tobacco activities?(**Fill in all that apply.**) (S00e16)
- Checked to see if stores will sell tobacco to young people
  - Visited stores to reward them for not selling tobacco to young people
  - Made materials (posters, videos, t-shirts) against tobacco use
  - Talked to other young people about not using tobacco
  - Tried to get adults to take action against tobacco
  - Wrote to tobacco companies to complain about what they do
  - Wrote to political leaders or the local paper about the problem of tobacco use
  - Helped to create an advertisement against tobacco use
  - Went into stores to see where tobacco ads are placed or tobacco products are kept
  - Ran an activity for other students that was designed to discourage tobacco use
  - Surveyed students about their use of tobacco
  - Created a web site with information about tobacco use, effects, anti-tobacco activities in your community, and/or tobacco industry manipulation of kids
  - Sponsored or coordinated sporting or entertainment events with an anti-tobacco theme
  - Studied film and print media for tobacco placement and glamorization of smoking, and developed an anti-tobacco alternative
  - Conducted science experiments showing the dangers of tobacco use, or created an anti-tobacco invention (for example, "cigarette destroyer")
  - Wrote a report or presentation
  - None (13 - S00e16g)



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- E15. IN THE LAST 12 MONTHS, have you done any of the following anti-tobacco activities with a parent? (Fill in all that apply.) (S00e17)
- Took home a quiz to give a parent about tobacco use
  - Tried to help a parent stop using tobacco
  - Took a video about tobacco use home to watch with a parent
  - Did a homework activity with a parent that concerned tobacco use
  - None (t3 - S00e17e)
- E16. DURING THE LAST YEAR, how often have your parent(s) talked to you about not smoking cigarettes or using chewing tobacco? (S00e18)
- Very often    Fairly often    Sometimes    Almost never    Never

## Questions About Discipline

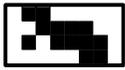
The next 3 questions ask how your parents would react if you did (or didn't do) certain things. Imagine yourself doing the things listed in the questions (even if you never have), then mark how likely it is that your parents would react in the following ways:

- E17. If you used **tobacco** and one of your parents found out, how likely is it that they would discipline you in some way? (S00e19)
- Not at all likely    Slightly likely    Somewhat likely    Quite likely    Very likely
- E18. If you used **alcohol** and one of your parents found out, how likely is it that they would discipline you in some way? (S00e20)
- Not at all likely    Slightly likely    Somewhat likely    Quite likely    Very likely
- E19. If you used **illegal drugs** and one of your parents found out, how likely is it that they would discipline you in some way? (S00e21)
- Not at all likely    Slightly likely    Somewhat likely    Quite likely    Very likely

## Questions About Tobacco Use

- E20. Does someone living in your house (other than you) smoke cigarettes? (S00e22)
- Nobody smokes    Someone smokes, but not inside the house    Someone smokes inside the house
- E21. How long can you go without smoking before you feel like you need a cigarette? (S00e23)
- I have never smoked cigarettes    1-3 hours    Several days
- I do not smoke now    More than 3 hours, but less than a day    A week or more
- Less than an hour    A whole day
- E22. Does your school or community have any special groups or classes for students who want to **quit** using tobacco? (S00e24)
- Yes    No    I don't know/Not sure
- E23. DURING THE PAST 12 MONTHS, did you do any of the following to quit using tobacco? (Fill in all that apply.) (S00e25)
- I have never used tobacco (t3 - S00e25i)
- I did not use tobacco during the past 12 months
- I did not try to quit using tobacco during the past 12 months
- Went to a special group or class **at your school** for students who want to quit using tobacco
- Talked to an adult **at your school** about how to quit using tobacco
- Talked to a peer helper **at your school** about how to quit using tobacco
- Went to a special group or class **outside of school** for people who want to quit using tobacco
- Tried to quit on my own
- Tried some other way to quit using tobacco





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E29. If you wanted to buy a pack of cigarettes tomorrow, what brand do you think that you would buy? (t3 - S00c31)  
(Select only **one** response)

- Marlboro                       Virginia Slim  
 Camel                               Winston  
 Kool                                 Other

E30. Have you ever bought or received for free any product which promotes a tobacco brand or was distributed by a tobacco company? (t3 - S00c32a)

- Yes     No

|

If YES, do you still own it? (t3 - S00c32b)

- Yes     No