Institute of Behavioral Science

University of Colorado

ADOLESCENT HEALTH AND DEVELOPMENT QUESTIONNAIRE

Fall 2002

INSTRUCTIONS

1. Please answer the questions in the order they appear in the booklet.
2. Fill in the circle next to your best answer to each question.
3. There are no right or wrong answers. Please be as truthful as you can.
4. Your answers will be completely confidential. No one but us will ever see your answers. Only the last page in the booklet will have your name on it, and that page will be removed from the booklet when you turn it in.
5. You have the right to skip any question that you do not want to answer.
6. You can stop filling out the questionnaire at any time you wish.

We hope you enjoy taking the questionnaire!

PLEASE GO TO PAGE 1 AND BEGIN ANSWERING THE QUESTIONS.

We'd like to begin with some questions about health. How important is each of the following things to you?

HOW IMPORTANT IS IT TO YOU:	Very Important	Quite Important	Important	Not Too Important
1. To feel like you are in good shape?	○	○	○	○
2. To feel like you have plenty of energy?	○	○	○	○
3. To keep yourself in good health all year round?	○	○	○	○
4. To keep yourself fit even if it takes some extra effort?	○	○	○	○
5. To have good health habits about eating, exercise, and sleep?	○	○	○	○

6. In general, how is your health?

○ Excellent ○ Very Good ○ Good ○ Fair ○ Poor

7. How tall are you? _____ Feet and _____ Inches

8. How much do you weigh? _____ Pounds

9. How do you feel about your weight?

○ Would like to lose more than 10 pounds
○ Would like to lose 5 to 10 pounds
○ My weight is about right
○ Would like to gain a few pounds
○ Would like to gain at least 10 pounds

10. How much sleep do you usually get **each night** during the school week?

○ Less than 6 hours a night
○ 6 hours
○ 6 1/2 hours
○ 7 hours
○ 7 1/2 hours
○ 8 hours
○ 8 1/2 hours
○ 9 hours
○ 9 1/2 hours
○ 10 hours
○ More than 10 hours a night

PLEASE DO NOT WRITE IN THIS AREA

11. What time do you **usually** go to sleep at night during the school week?

⬭ 9 pm ⬭ 10 pm ⬭ 11 pm ⬭ 12 am ⬭ 1 am
⬭ 9:30 pm ⬭ 10:30 pm ⬭ 11:30 pm ⬭ 12:30 am

12. What time do you **usually** wake up in the morning on school days?

⬭ 5 am or earlier ⬭ 5:30 am ⬭ 6 am ⬭ 6:30 am ⬭ 7 am ⬭ 7:30 am ⬭ 8 am or later

13. Do you think getting less than 8 hours of sleep each night can have an effect on the health of young people your age?

⬭ Very Serious Effect ⬭ Serious Effect ⬭ Mild Effect ⬭ Almost No Effect

14. Do you think being 20 pounds overweight can have an effect on the health of young people your age?

⬭ Very Serious Effect ⬭ Serious Effect ⬭ Mild Effect ⬭ Almost No Effect

15. How often do you brush your teeth?

⬭ After Every Meal ⬭ Twice a Day ⬭ Once a Day ⬭ Every Couple of Days

16. How often do you use dental floss to clean between your teeth?

⬭ Once a Day or More ⬭ Every Couple of Days ⬭ Once or Twice a Week ⬭ Almost Never

The following questions are about your background.

1. What sex are you? ⬭ Male ⬭ Female

2. How old are you now? ⬭ 13 ⬭ 14 ⬭ 15 ⬭ 16 ⬭ 17 ⬭ 18 ⬭ 19

3. In what month were you born?

⬭ Jan ⬭ March ⬭ May ⬭ July ⬭ Sept ⬭ Nov
⬭ Feb ⬭ April ⬭ June ⬭ Aug ⬭ Oct ⬭ Dec

4. What grade are you in? ⬭ 8th ⬭ 9th ⬭ 10th ⬭ 11th ⬭ 12th
⬭ Already graduated ⬭ Dropped out of school

5. What kind of grades do you **usually** get?

- ○ Mostly A's
- ○ A's and B's
- ○ Mostly A's and B's, and some C's
- ○ Mostly B's
- ○ Mostly B's and C's
- ○ Mostly B's and C's, and some D's
- ○ Mostly C's
- ○ Mostly C's and D's
- ○ Mostly C's and D's, and some F's
- ○ Mostly D's
- ○ Mostly D's and F's

6. What was your grade point average for last semester?_____

7. Mark below **all** of the people you are living with this year.

- ○ Mother
- ○ Father
- ○ Stepmother
- ○ Stepfather
- ○ Brothers or stepbrothers. How many? ○1 ○2 ○3 ○4 ○5 or more
- ○ Sisters or stepsisters. How many? ○1 ○2 ○3 ○4 ○5 or more
- ○ Foster parents
- ○ Grandparents
- ○ Aunts and/or uncles
- ○ Your own child (or children). How many? ○1 ○2 or more

- ○ Other people. Who? _____

8. Do your parents live together?

- ○ Yes
- ○ No, they're divorced
- ○ No, they're separated and not living together
- ○ No, my mother is not alive
- ○ No, my father is not alive

9. What is your race or ethnic group?

- ○ Hispanic/Latino/Spanish
- ○ Black or African American
- ○ White
- ○ American Indian or Native American
- ○ Asian
- ○ Pacific Islander
- ○ Other. What? _____

10. What language is spoken most often in your home?_____

PLEASE DO NOT WRITE IN THIS AREA

11. How far did your parents go in school?

Father (or stepfather or guardian)	**Mother** (or stepmother or guardian)	
○	○	Less than 8th grade
○	○	Completed 8th grade, but did not go to high school
○	○	Went to high school but did not graduate
○	○	Graduated from high school, but did not go to college or other schools
○	○	Had special job training after high school
○	○	Went to college, but did not graduate
○	○	Graduated from college
○	○	Some education after college, like graduate school, medical school, or law school
○	○	I don't know

12. Is your father (or stepfather or guardian):

○ Working at a job **full time**
○ Working at a job **part time**
○ Going to school, not working at a job
○ Out of work or not working at a job. How long has he been out of work? _____
○ Retired or disabled
○ I don't know

13. What is the name of his job (for example, construction labor, carpenter, salesman, teacher), and what sorts of things does he do on the job?

_____

_____

14. Is your mother (or stepmother or guardian):

○ Working at a job **full time**
○ Working at a job **part time**
○ Going to school, not working at a job
○ A homemaker, not working at a job
○ Out of work or not working at a job. How long has she been out of work? _____
○ Retired or disabled
○ I don't know

15. What is the name of her job (for example, factory worker, store manager, computer programmer), and what sorts of things does she do on the job?

_____

_____

234145-3 - 3/9

The next questions are about how you see yourself.

1. How well do you get along with others your age?

   ⬭Very Well ⬭Pretty Well ⬭Not Too Well ⬭Not Well at All

2. How much common sense do you have for dealing with everyday problems?

   ⬭A Great Deal ⬭A Fair Amount ⬭Not Too Much ⬭Not Much at All

3. How well do you make decisions about important things in your life?

   ⬭Very Well ⬭Pretty Well ⬭Not Too Well ⬭Not Well at All

4. What about your ability to do well in school work?

   ⬭Very Able ⬭Pretty Able ⬭Not Too Able ⬭Not Able at All

5. How do you feel about the way you look?

   ⬭Very Satisfied ⬭Pretty Satisfied ⬭Not Too Satisfied ⬭Not Satisfied at All

6. How well can you do in sports and other athletic activities?

   ⬭Very Well ⬭Pretty Well ⬭Not Too Well ⬭Not Well at All

7. On the whole, how satisfied are you with yourself?

   ⬭Very Satisfied ⬭Pretty Satisfied ⬭Not Too Satisfied ⬭Not Satisfied at All

Think back over the last year. What were the most important things that happened to you or that you did during the year?

_____

_____

_____

_____

_____

PLEASE DO NOT WRITE IN THIS AREA

Think about the kinds of things you usually do **after school and on weekends**. About how many hours do you usually spend **each week:**

	None	One Hour A Week	2-3 Hours A Week	4-5 Hours A Week	6-7 Hours A Week	8 or More Hours A Week
1. Doing homework?	⬭	⬭	⬭	⬭	⬭	⬭
2. Taking part in an organized sport or recreation program (like soccer or karate)?	⬭	⬭	⬭	⬭	⬭	⬭
3. Watching TV or videos?	⬭	⬭	⬭	⬭	⬭	⬭
4. Working out as part of a **personal** exercise program (like running or lifting weights)?	⬭	⬭	⬭	⬭	⬭	⬭
5. Doing things with your family?	⬭	⬭	⬭	⬭	⬭	⬭
6. Playing computer or video games?	⬭	⬭	⬭	⬭	⬭	⬭
7. Just sitting around doing nothing?	⬭	⬭	⬭	⬭	⬭	⬭
8. Roller-blading, skate-boarding, or riding a bike?	⬭	⬭	⬭	⬭	⬭	⬭
9. Surfing the Internet, e-mailing, instant messaging, or chatting?	⬭	⬭	⬭	⬭	⬭	⬭
10. Practicing different physical activities (like shooting baskets, or working on dance routines or cheerleading routines)?	⬭	⬭	⬭	⬭	⬭	⬭

11. Do you think not getting regular exercise can have an effect on the health of young people your age?

⬭ Very Serious Effect ⬭ Serious Effect ⬭ Mild Effect ⬭ Almost No Effect

12. How many hours a week do you spend working at a paying job?

⬭ None ⬭ 1-10 Hours ⬭ 11-20 Hours ⬭ More Than 20 Hours

<u>If you don't work at a paying job, please skip to Question #1 near the top of the next page.</u>

13. What kind of paying job do you have?

⬭ Sales clerk, cashier ⬭ Babysitting ⬭ Cleaning, janitor
⬭ Fast food or restaurant ⬭ Office work ⬭ Other _____

14. Since I started working at a job, I feel better about myself.

⬭ Strongly Agree ⬭ Agree ⬭ Disagree ⬭ Strongly Disagree

15. Since I started working at a job, I spend less time than I used to on schoolwork.

⬭ Strongly Agree ⬭ Agree ⬭ Disagree ⬭ Strongly Disagree

HOW IMPORTANT IS IT TO YOU:	**Very Important**	**Somewhat Important**	**Not Too Important**
1. To get at least a B average this year?	⬭	⬭	⬭
2. To be considered a bright student by your teachers?	⬭	⬭	⬭
3. To have good enough grades to get into college?	⬭	⬭	⬭

This section asks about smoking.

1. Have you **ever** smoked a cigarette (not just a few puffs)?

⬭ No, never
⬭ Yes, but only once
⬭ A few times
⬭ More than a few times

} **IF YOU MARKED ONE OF THESE TWO CIRCLES, SKIP TO PAGE 8, QUESTION 8.**

2. Have you smoked cigarettes in the past 12 months?

⬭ No ➔ **IF NO, SKIP TO PAGE 8, QUESTION 6.**

⬭ Once or Twice ⬭ A Few Times ⬭ More than a Few Times

3. In the past 12 months, were there times when you smoked on a pretty regular basis, like one or two times a week?

⬭ No ⬭ Hardly Ever ⬭ Some of the Time ⬭ Most of the Time

4. During the **past month**, how many cigarettes have you smoked on an average day?

⬭ None at all
⬭ Less than one cigarette a day
⬭ Between 1 and 3 cigarettes a day
⬭ Between 4 and 8 cigarettes a day
⬭ About half a pack a day
⬭ About a pack a day
⬭ About 1½ packs a day
⬭ About 2 packs or more a day

5. In the past year, have you tried to quit smoking?

⬭ No ⬭ Yes, quit for awhile ⬭ Yes, quit for good

PLEASE DO NOT WRITE IN THIS AREA

6. How old were you when you **first** smoked a cigarette? _____ Years Old

7. How old were you when you started smoking **on a pretty regular basis**, like one or two times a week?

   _____ Years Old

   ⬭ I have never smoked that much

8. How much peer pressure is there on kids your age to smoke cigarettes?

   ⬭A Lot ⬭A Fair Amount ⬭A Little ⬭None

9. If your parents knew that you had been smoking cigarettes, would you get in trouble for it?

   ⬭Definitely Would ⬭Probably Would ⬭Probably Would Not ⬭Definitely Would Not

10. Does anyone in your close family smoke cigarettes? **(Mark all that apply.)**

    ⬭Father ⬭Stepfather ⬭Sister(s) ⬭None of them
    ⬭Mother ⬭Stepmother ⬭Brother(s)

11. How much cigarette smoking is there among adults in your neighborhood, as far as you know?

    ⬭A Lot ⬭A Fair Amount ⬭A Little ⬭None

12. How do most of your friends feel about someone your age smoking cigarettes?

    ⬭They Strongly Disapprove ⬭They Disapprove ⬭They Approve ⬭They Strongly Approve

13. How many of your friends smoke cigarettes on a pretty regular basis?

    ⬭None of Them ⬭Some of Them ⬭Most of Them ⬭Almost All of Them

14. If you wanted some cigarettes to smoke, how easy would it be to get some?

    ⬭Very Difficult ⬭Fairly Difficult ⬭Fairly Easy ⬭Very Easy

15. If you wanted some cigarettes to smoke, would you be able to get some at home?

    ⬭Definitely Not ⬭Probably Not ⬭Probably Could ⬭Definitely Could

16. Do you think regular smoking can have an effect on the health of young people your age?

    ⬭Very Serious Effect ⬭ Serious Effect ⬭Mild Effect ⬭Almost No Effect

234145-3 - 5/9

The next section is about school and school work.

1. Is it important to **your parents** (or the adults you live with) that you do well in school?

   ⬭ Very Important ⬭ Important ⬭ Not Too Important

2. Is it important to your **friends** that **you** do well in school?

   ⬭ Very Important ⬭ Important ⬭ Not Too Important

3. Is it important to your **parents** (or the adults you live with) that you graduate from high school?

   ⬭ Very Important ⬭ Important ⬭ Not Too Important

4. Is it important to your **parents** (or the adults you live with) that you go to college?

   ⬭ Very Important ⬭ Important ⬭ Not Too Important

5. Are you planning to go to college? ⬭ Yes ⬭ Maybe ⬭ No

HOW MUCH DO YOU AGREE OR DISAGREE WITH EACH OF THE FOLLOWING STATEMENTS ABOUT SCHOOL?	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
6. I'm learning a lot from being in school.	⬭	⬭	⬭	⬭
7. Being in school makes me feel good about myself.	⬭	⬭	⬭	⬭
8. I like most of my teachers.	⬭	⬭	⬭	⬭
9. I like going to school.	⬭	⬭	⬭	⬭
10. I feel that my school is a safe place to be.	⬭	⬭	⬭	⬭
11. A lot of parents get involved in activities at my school.	⬭	⬭	⬭	⬭
12. There are clubs and activities at my school that are good places to meet people and make friends.	⬭	⬭	⬭	⬭

13. Do teachers at your school treat students with respect?

    ⬭ Almost All of Them Do ⬭ Most of Them Do ⬭ Some of Them Do ⬭ Almost None of Them Do

14. Do teachers at your school show interest in their students as people?

    ⬭ Almost All of Them Do ⬭ Most of Them Do ⬭ Some of Them Do ⬭ Almost None of Them Do

PLEASE DO NOT WRITE IN THIS AREA

15. Do teachers at your school try to help students when they are having problems?

○ Almost All of Them Do ○ Most of Them Do ○ Some of Them Do ○ Almost None of Them Do

16. Do the principal and the rest of the school staff try to make your school a place students like to be?

○ Almost All of Them Do ○ Most of Them Do ○ Some of Them Do ○ Almost None of Them Do

17. Does your school have clubs and activities that students can get involved in if they want to?

○ A Lot ○ A Few ○ Almost None

18. Are the clubs and activities at your school interesting to students and fun to belong to?

○ A Lot of Them Are ○ A Few of Them Are ○ Almost None of Them Are

19. HOW IMPORTANT IS IT TO THE TEACHERS AT YOUR SCHOOL:

	Very Important	**Somewhat Important**	**Not Too Important**
a. That students do the best work they can?	○	○	○
b. That students treat each other with respect?	○	○	○
c. That students get their homework done and keep up?	○	○	○

20. In your school, how strict are the rules about student behavior in class, in the halls, and on the school grounds?

○ Very Strict ○ Pretty Strict ○ Not Too Strict ○ Not Strict At All

21. In your school, do the teachers and other staff people keep an eye on students to make sure they aren't getting in trouble or breaking school rules?

○ Almost Always ○ Much of the Time ○ Sometimes ○ Almost Never

22. In your school, if students get caught breaking school rules, would the teachers or principal do something about it?

○ Definitely Would ○ Probably Would ○ Probably Would Not ○ Definitely Would Not

234145-3 - 6/9

1. Do teachers at your school seem stressed out a lot of the time?

   ⬭Most of Them Do ⬭Quite a Few of Them Do ⬭A Few of Them Do ⬭None of Them Do

2. Do students at your school seem stressed out a lot of the time?

   ⬭Most of Them Do ⬭Quite a Few of Them Do ⬭A Few of Them Do ⬭None of Them Do

3. Do any kids at your school make fun of you or pick on you?

   ⬭Very Often ⬭Fairly Often ⬭Once in a While ⬭Almost Never

4. Since this school year began, about how many times did you miss school because:

   a. You were sick? _____ days
   b. You were needed at home? _____ days
   c. You didn't feel like going? _____ days

5. **Last Spring semester,** about how many times did you miss school for **any** reason?

   ⬭None ⬭1 or 2 days ⬭3-5 days ⬭6-10 days ⬭More than 10 days

6. How many of your friends have dropped out of school or are thinking about it?

   ⬭None of Them ⬭Some of Them ⬭Most of Them ⬭All of Them

7. Last school year, did you think **seriously** about dropping out of school?

   ⬭Yes, More Than Once ⬭Yes, Once ⬭No, Never

8. Last school year, did you talk seriously to your parents about dropping out of school?

   ⬭Yes, More Than Once ⬭Yes, Once ⬭No, Never

9. Last school year, did you stop going to classes for a while because you were seriously thinking about dropping out of school?

   ⬭Yes, More Than Once ⬭Yes, Once ⬭No, Never

10. Are you currently thinking about dropping out of school?

    ⬭Yes, I think about it often ⬭Yes, I think about it from time to time ⬭ No

PLEASE DO NOT WRITE IN THIS AREA

11. Last school year, did you drop out of school, even just for a while?

⬭ Yes, More Than Once ⬭ Yes, Once ⬭ No, Never

12. Last school year, did you get suspended or expelled from school? ⬭ Yes ⬭ No

Student opinions matter! We are interested in learning about student opinions at your school.

WHAT DO **MOST OF THE STUDENTS** AT YOUR SCHOOL THINK ABOUT KIDS WHO:	**They Strongly Disapprove**	**They Disapprove**	**They Neither Disapprove Nor Approve**
1. Cheat on tests or homework?	⬭	⬭	⬭
2. Act up and make trouble in class?	⬭	⬭	⬭
3. Make fun of or pick on other students because they are different?	⬭	⬭	⬭
4. Damage school property?	⬭	⬭	⬭

The next questions ask about religion.

1. HOW IMPORTANT IS IT TO YOU:	**Very Important**	**Somewhat Important**	**Not Too Important**	**Not Important At All**
a. To be able to rely on religious teachings when you have a problem?	⬭	⬭	⬭	⬭
b. To believe in God or a Higher Power or Creator?	⬭	⬭	⬭	⬭
c. To rely on your religious or spiritual beliefs as a guide for day-to-day living?	⬭	⬭	⬭	⬭
d. To be able to turn to prayer when you're facing a personal problem?	⬭	⬭	⬭	⬭

2. How many times have you gone to church or religious or spiritual services during the past six months?

⬭ Once a week or more
⬭ 2-3 times a month
⬭ About once a month
⬭ About every other month
⬭ Once or twice
⬭ None in the past six months

234145-3 - 7/9

This section is about friends.

1. HOW MANY OF YOUR FRIENDS:	All of Them	Most of Them	Some of Them	None
a. Are in school clubs or organizations other than sports?	⬭	⬭	⬭	⬭
b. Go to church or religious services pretty regularly?	⬭	⬭	⬭	⬭
c. Pay attention to eating a healthy diet?	⬭	⬭	⬭	⬭
d. Are in community youth groups, like Scouts, Boys Club or Girls Club, the "Y", etc.?	⬭	⬭	⬭	⬭
e. Make sure they get enough exercise?	⬭	⬭	⬭	⬭
f. Do volunteer work in the community?	⬭	⬭	⬭	⬭
g. Spend a lot of time doing things with their families?	⬭	⬭	⬭	⬭
h. Try to get enough sleep at night?	⬭	⬭	⬭	⬭
i. Use a seat belt when they are riding in a car?	⬭	⬭	⬭	⬭
j. Work at a paying job?	⬭	⬭	⬭	⬭
k. Belong to a gang?	⬭	⬭	⬭	⬭
l. Sit around a lot instead of getting some exercise or working out?	⬭	⬭	⬭	⬭

2. Are your friends interested in what you think and how you feel?

⬭ Almost Always ⬭ Sometimes ⬭ Hardly Ever

3. When you have personal problems, do your friends try to understand and let you know they care?

⬭ Almost Always ⬭ Sometimes ⬭ Hardly Ever

4. If you were going to do something people think is wrong, would your friends try to stop you?

⬭ Definitely Would ⬭ Probably Would ⬭ Probably Would Not ⬭ Definitely Would Not

5. If you were making fun of or picking on other kids, would your friends criticize you or try to get you to stop?

⬭ Definitely Would ⬭ Probably Would ⬭ Probably Would Not ⬭ Definitely Would Not

PLEASE DO NOT WRITE IN THIS AREA

6. If you were doing something that is bad for your health, would your friends try to get you to stop?

   ⬭Definitely Would ⬭ Probably Would ⬭Probably Would Not ⬭Definitely Would Not

7. If you were going to do something that's against the law, would your friends try to talk you out of it?

   ⬭Definitely Would ⬭Probably Would ⬭Probably Would Not ⬭Definitely Would Not

8. Would your **friends** agree with your **parents** (or the adults you live with) about what is really important in life?

   ⬭A Lot ⬭A Fair Amount ⬭A Little ⬭Not at All

9. Would your **friends** agree with your **parents** (or the adults you live with) about the kind of person **you** should become?

   ⬭A Lot ⬭A Fair Amount ⬭A Little ⬭Not at All

10. Would your **friends** agree with your **parents** (or the adults you live with) about what **you** should be getting out of being in school?

    ⬭A Lot ⬭A Fair Amount ⬭A Little ⬭Not at All

11. If you had to make a **serious** decision about school, who would you depend on more for advice - your friends or your parents?

    ⬭Friends More ⬭Parents and Friends the Same ⬭Parents More

12. If you had to make a **serious** decision about your personal life, who would you depend on more for advice - your friends or your parents?

    ⬭Friends More ⬭Parents and Friends the Same ⬭Parents More

13. What about how to take care of your health? Who do you listen to more - your friends or your parents?

    ⬭Friends More ⬭Parents and Friends the Same ⬭Parents More

14. What about your outlook on life - what's important to do and what it is important to become? Who has had more influence on you, your friends or your parents?

    ⬭Friends More ⬭Parents and Friends the Same ⬭Parents More

234145-3 - 8/9

15. Do any of your friends make fun of or pick on other kids because they are different or not part of your group?

○ Almost All of Them Do ○ Most of Them Do ○ Some of Them Do ○ None of Them Do

16. How many **close** friends do you have?

○ None ○ One ○ 2 or 3 ○ 4 or More

The next few questions are about stress.

1. In the **past six months**, how much stress or pressure have you felt:

	A Lot	A Fair Amount	Only a Little	None at All
a. At school?	○	○	○	○
b. At home?	○	○	○	○
c. In your personal or social life?	○	○	○	○

2. IN THE **PAST SIX MONTHS**, HAVE YOU:	A Lot	Some	A Little	Not at All
a. Just felt really down about things?	○	○	○	○
b. Felt pretty hopeless about the future?	○	○	○	○
c. Just felt depressed about life in general?	○	○	○	○
d. Thought seriously about suicide or ending your life?	○	○	○	○

3. Have you ever actually tried to commit suicide? ○ Yes ○ No

If **Yes**, how long ago was that?

○ In the past 6 months ○ About a year ago ○ More than a year ago

PLEASE DO NOT WRITE IN THIS AREA

IN THE PAST SIX MONTHS, HOW OFTEN HAVE YOU:	Very Often	Several Times	Hardly Ever	Never
1. Done something dangerous just for the thrill of it?	⬭	⬭	⬭	⬭
2. Done something you knew was wrong for the thrill of getting away with it?	⬭	⬭	⬭	⬭
3. Taken chances with your safety when you were away from home because it was exciting?	⬭	⬭	⬭	⬭
4. Done something dangerous because someone dared you to?	⬭	⬭	⬭	⬭

5. When you're riding in a car that your **mother or father** is driving, do you use your seat belt?

⬭ Almost Always ⬭ Most of the Time ⬭ Some of the Time ⬭ Hardly Ever

6. When you're riding in a car that a **friend** is driving, do you use your seat belt?

⬭ Almost Always ⬭ Most of the Time ⬭ Some of the Time ⬭ Hardly Ever

How wrong do you think it is to do the following things?

HOW WRONG IS IT:	Not Wrong	A Little Wrong	Wrong	Very Wrong
1. To cheat on tests or homework?	⬭	⬭	⬭	⬭
2. To shoplift from a store?	⬭	⬭	⬭	⬭
3. To damage or mark up public or private property on purpose?	⬭	⬭	⬭	⬭
4. To lie to a teacher about something you did?	⬭	⬭	⬭	⬭
5. To take something of value that doesn't belong to you?	⬭	⬭	⬭	⬭
6. To stay out all night without permission?	⬭	⬭	⬭	⬭
7. To lie to your parents about where you have been or who you were with?	⬭	⬭	⬭	⬭
8. To hit another student because you didn't like what he or she did?	⬭	⬭	⬭	⬭
9. To carry a weapon, like a knife or gun, at school?	⬭	⬭	⬭	⬭
10. To make fun of or pick on other kids because they are different or not part of your group?	⬭	⬭	⬭	⬭

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The next questions are about your parents (or the adults you live with, like your step-parents or guardians) and your family life.

1. During the past six months, how often did you do the following things with your mother, father, or other adults in your family?

	At Least Once a Week	Every Couple of Weeks	About Once a Month	Hardly Ever
a. Go out together, like to a movie, a museum, ball game, or other things like that?	⬭	⬭	⬭	⬭
b. Play ball, cards, or a game together?	⬭	⬭	⬭	⬭
c. Work together on a hobby or a project, like building or making something?	⬭	⬭	⬭	⬭
d. Watch television or a video together?	⬭	⬭	⬭	⬭
e. Spend time together outdoors -- walking, fishing, hiking, etc.?	⬭	⬭	⬭	⬭

2. HOW MUCH DO YOU AGREE OR DISAGREE WITH EACH STATEMENT:

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. It's fun when my family does things together.	⬭	⬭	⬭	⬭
b. I think of my family as very close to one another.	⬭	⬭	⬭	⬭
c. I get along well with my parents.	⬭	⬭	⬭	⬭

A REMINDER: If you don't live with your mother or father, please answer the questions for the adults you do live with, like your step-parents or guardians.

3. Is your mother or father at home when you get home from school?

⬭Every Day ⬭Most Days ⬭Sometimes ⬭Hardly Ever

4. Do your parents encourage you to do what you are interested in doing and show an interest in those things themselves?

⬭Almost Always ⬭Much of the Time ⬭Once in a While ⬭Almost Never

5. Are your parents interested in what you think and how you feel?

⬭Almost Always ⬭Much of the Time ⬭Once in a While ⬭Almost Never

6. Do your parents keep an eye out for activities that you would enjoy doing, like after school or on the weekends, or in the summer?

   ⬭ Almost Always ⬭ Much of the Time ⬭ Once in a While ⬭ Almost Never

7. When you are having problems, can you talk them over with your parents?

   ⬭ Almost Always ⬭ Much of the Time ⬭ Once in a While ⬭ Almost Never

8. Besides your parents, is there some other adult you can talk to when you are having problems?

   ⬭ Almost Always ⬭ Much of the Time ⬭ Once in a While ⬭ Almost Never

9. IN YOUR HOME, HOW STRICT ARE THE **RULES** YOU HAVE TO FOLLOW:

	Very Strict	**Not Too Strict**	**Not Strict at All**
a. About when and how much television you can watch?	⬭	⬭	⬭
b. About letting your family know where you're going when you go out?	⬭	⬭	⬭
c. About getting your homework done?	⬭	⬭	⬭
d. About dating and going to parties?	⬭	⬭	⬭
e. About being home by a certain time at night?	⬭	⬭	⬭
f. About what time you go to bed at night?	⬭	⬭	⬭

10. Do your parents make sure they know who you're spending your time with?

    ⬭ Almost Always ⬭ Much of the Time ⬭ Once in a While ⬭ Almost Never

11. Do your parents try to get to know who your friends are?

    ⬭ Almost Always ⬭ Much of the Time ⬭ Once in a While ⬭ Almost Never

12. If your parents knew that you lied to them about where you had been or who you were with, would you get in trouble for it?

    ⬭ Definitely Would ⬭ Probably Would ⬭ Probably Would Not ⬭ Definitely Would Not

13. If your parents knew that you had shoplifted something from a store, would you get in trouble for it?

    ⬭ Definitely Would ⬭ Probably Would ⬭ Probably Would Not ⬭ Definitely Would Not

14. Is there tension or stress at home in your family?

    ⬭ Very Often ⬭ Fairly Often ⬭ Once in a While ⬭ Almost Never

PLEASE DO NOT WRITE IN THIS AREA

15. Do you get into serious arguments with your parents about what you do, or who your friends are, or things like that?

⬭ Very Often ⬭ Fairly Often ⬭ Once in a While ⬭ Almost Never

16. DOES **EITHER** OF YOUR PARENTS (OR THE ADULTS YOU LIVE WITH):

	Yes	No
a. Take part in community groups (like the Parent-Teacher Organization, Elks Club, Junior League) or volunteer work (like at a hospital or Scout troop)?	⬭	⬭
b. Go to church or religious services pretty regularly?	⬭	⬭
c. Belong to a sports or hobby group (bowling or softball team, quilting group, dance group, etc.)?	⬭	⬭

17. Do your parents (or the adults you live with) pay attention to **eating a healthy diet** themselves? (Please answer for **each** person.)

Your Mother? ⬭ A Lot of Attention ⬭ Some Attention ⬭ Almost No Attention
Your Father? ⬭ A Lot of Attention ⬭ Some Attention ⬭ Almost No Attention

18. How about the attention they pay to **getting enough exercise**?

Your Mother? ⬭ A Lot ⬭ Some ⬭ Almost None
Your Father? ⬭ A Lot ⬭ Some ⬭ Almost None

19. How about the attention they pay to **getting enough sleep**?

Your Mother? ⬭ A Lot ⬭ Some ⬭ Almost None
Your Father? ⬭ A Lot ⬭ Some ⬭ Almost None

20. How about their attention to **using seat belts when in a car**?

Your Mother? ⬭ A Lot ⬭ Some ⬭ Almost None
Your Father? ⬭ A Lot ⬭ Some ⬭ Almost None

A REMINDER

PLEASE ANSWER ALL OF THE QUESTIONS AS TRUTHFULLY AS POSSIBLE.
YOU MAY SKIP ANY QUESTION THAT YOU WOULD RATHER NOT ANSWER.
BUT REMEMBER THAT YOUR ANSWERS WILL NOT BE SEEN BY ANYONE BUT US.

HOW MUCH DO YOU AGREE OR DISAGREE WITH EACH STATEMENT BELOW?	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I often feel left out of things that other kids are doing.	○	○	○	○
2. I sometimes feel unsure about who I really am.	○	○	○	○
3. Hardly anything I'm doing in my life means very much to me.	○	○	○	○

This section is about alcohol.

1. Have you **ever** had a drink of beer, wine, or liquor--**not just a sip or a taste of someone else's drink**?

   ○Yes ○No

2. Have you had a drink of beer, wine, or liquor **more than two or three times in your life--not just a sip or a taste of someone else's drink**?

   ○Yes ○No ➔ **IF YOU MARKED NO, PLEASE SKIP TO PAGE 22, QUESTION 10.**

3. a. Think about the **first time** you had a drink of beer, wine, or liquor. Were you with your parents or other adults in your family?

   ○Yes ○No

   b. If yes, how old were you then? _____ Years Old

4. Think about the first time you had a drink of beer, wine, or liquor **when you were not with your parents or other adults in your family**. How old were you then?

   _____ Years Old

   ○ I only drink alcohol when I'm with my family.

5. During the **past six months**, how often did you drink alcohol?

   ○ Not at all ➔ **IF YOU MARKED NOT AT ALL, PLEASE SKIP TO PAGE 22, QUESTION 10, AND GO ON FROM THERE.**
   ○ Once or twice in the past 6 months
   ○ 3-4 times in the past 6 months
   ○ About once a month
   ○ Two or three days a month
   ○ Once a week
   ○ Two or three days a week
   ○ Four or five days a week
   ○ Every day

PLEASE DO NOT WRITE IN THIS AREA

6. How much did you **usually** drink **each time** you drank during the past six months?

- ⬭ Less than one drink (can of beer, glass of wine, or drink of liquor)
- ⬭ One drink
- ⬭ Two drinks
- ⬭ Three drinks
- ⬭ Four drinks
- ⬭ Five drinks
- ⬭ Six drinks
- ⬭ Seven or eight drinks
- ⬭ Nine or more drinks

7. Over the **past six months**, how many times did you drink **four or more** drinks of beer, wine, or liquor when you were drinking?

- ⬭ Never
- ⬭ Once
- ⬭ 2-3 Times
- ⬭ 4-5 Times
- ⬭ Once a month
- ⬭ 2 or 3 days a month
- ⬭ Once a week
- ⬭ Twice a week
- ⬭ More than twice a week

8. Over the **past six months**, how many times has each of the following happened **because you had been drinking**?

	Never	Once	Twice	3-4 Times	5 or More Times
a. You've gotten into **trouble with your parents** because you had been drinking.	⬭	⬭	⬭	⬭	⬭
b. You've had **problems at school or with schoolwork** because you had been drinking.	⬭	⬭	⬭	⬭	⬭
c. You've had **problems with your friends** because you had been drinking.	⬭	⬭	⬭	⬭	⬭
d. You've had **problems with someone you were dating** because you had been drinking.	⬭	⬭	⬭	⬭	⬭
e. You've gotten into **trouble with the police** because you had been drinking.	⬭	⬭	⬭	⬭	⬭

9. In the **past six months**, about how many times have you gotten **drunk** or "very, very high" on alcohol?

- ⬭ Never
- ⬭ Once
- ⬭ 2-3 Times
- ⬭ 4 -5 Times
- ⬭ Once a month
- ⬭ 2 or 3 days a month
- ⬭ Once a week
- ⬭ Twice a week
- ⬭ More than twice a week

10. **How important** are the following reasons **to you** when you think about whether or not to drink alcohol?

	Very Important	Somewhat Important	Not too Important	Not important at all
a. Drinking can make you do or say things you'll be sorry about later.	⬭	⬭	⬭	⬭
b. It's one way of being part of the group.	⬭	⬭	⬭	⬭
c. Drinking can make you feel sick.	⬭	⬭	⬭	⬭
d. It makes parties better.	⬭	⬭	⬭	⬭
e. If you drink, you don't do as well in school.	⬭	⬭	⬭	⬭
f. Makes me feel less tense and more at ease in social situations.	⬭	⬭	⬭	⬭
g. It's bad for your health.	⬭	⬭	⬭	⬭
h. To get away from my problems for a while.	⬭	⬭	⬭	⬭

11. How much peer pressure is there on kids your age to drink alcohol?

⬭ A Lot ⬭ A Fair Amount ⬭ A Little ⬭ None

12. If your parents knew that you had been drinking alcohol without their permission, would you get in trouble for it?

⬭ Definitely Would ⬭ Probably Would ⬭ Probably Would Not ⬭ Definitely Would Not

13. How do most of your friends feel about someone your age drinking alcohol?

⬭ They Strongly Disapprove ⬭ They Disapprove ⬭ They Approve ⬭ They Strongly Approve

14. How many of your friends drink alcohol fairly regularly?

⬭ None of Them ⬭ Some of Them ⬭ Most of Them ⬭ Almost All of Them

15. How much drinking is there among adults in your neighborhood, as far as you know?

⬭ A Lot ⬭ A Fair Amount ⬭ A Little ⬭ None

16. If you wanted to get some alcohol to drink, would you be able to get some in your neighborhood?

⬭ Definitely Not ⬭ Probably Not ⬭ Probably Could ⬭ Definitely Could

PLEASE DO NOT WRITE IN THIS AREA

17. If you wanted to get some alcohol to drink, would you be able to get some at home?

⬭Definitely Not ⬭Probably Not ⬭ Probably Could ⬭ Definitely Could

18. Do you think regular use of alcohol can have an effect on the health of young people your age?

⬭Very Serious Effect ⬭ Serious Effect ⬭ Mild Effect ⬭Almost No Effect

<u>If you have not driven a car in the past year, please skip to Question #1 about Eating, below.</u>

1. Do you have a driver's license or a learner's permit?

⬭No
⬭Yes, a learner's permit
⬭Yes, a driver's license

2. About how many miles do you drive in an average week?

⬭None ⬭21-30 ⬭51-75
⬭1-10 miles a week ⬭31-40 ⬭76-100
⬭11-20 ⬭41-50 ⬭More than 100 miles a week

3. In an average week, how much of your driving do you do after dark?

⬭None of it ⬭A little of it ⬭About half of it ⬭Most of it

4. DURING THE PAST SIX MONTHS, HOW OFTEN DID YOU:

	Never	**Once or Twice**	**3 - 5 Times**	**6 or More Times**
a. Drive through a stop sign without coming to a full stop?	⬭	⬭	⬭	⬭
b. Drive too close to the car in front of you ("tailgate")?	⬭	⬭	⬭	⬭
c. Drive after you drank at least a whole can of beer, or a wine cooler, or something like that?	⬭	⬭	⬭	⬭
d. Drive more than 20 miles an hour over the speed limit?	⬭	⬭	⬭	⬭
e. Drive through a red light?	⬭	⬭	⬭	⬭

The following questions are about eating.

1. How often do you skip breakfast?

⬭Most Mornings ⬭Some Mornings ⬭Almost Never

2. Do you usually snack instead of eating regular meals?

⬭Most of the Time ⬭Some of the Time ⬭Almost Never

3. Think about **your usual** eating habits.

DO YOU PAY ATTENTION TO:	A Lot	Some	None
a. Keeping down the amount of salt you eat?	⬭	⬭	⬭
b. Keeping down the amount of fat you eat?	⬭	⬭	⬭
c. Eating some fresh vegetables every day?	⬭	⬭	⬭
d. Eating healthy snacks like fruit instead of candy?	⬭	⬭	⬭
e. Eating foods that are baked or broiled rather than fried?	⬭	⬭	⬭

4. How many of the people in your family eat a lot of "junk food" instead of a healthy diet?

⬭ None of Them ⬭ Some of Them ⬭ Most of Them ⬭ Almost All of Them

5. How many of your friends eat a lot of "junk food" instead of a healthy diet?

⬭ None of Them ⬭ Some of Them ⬭ Most of Them ⬭ Almost All of Them

6. Do you think skipping breakfast most days can have an effect on the health of young people your age?

⬭ Very Serious Effect ⬭ Serious Effect ⬭ Mild Effect ⬭ Almost No Effect

7. Do you think eating a lot of "junk food" can have an effect on the health of young people your age?

⬭ Very Serious Effect ⬭ Serious Effect ⬭ Mild Effect ⬭ Almost No Effect

Think about how you see your future.

WHAT ARE THE CHANCES THAT:	I think the chances are: Very High	High	About Fifty-Fifty	Low	Very Low
1. You will graduate from high school?	⬭	⬭	⬭	⬭	⬭
2. You will have a job that pays well?	⬭	⬭	⬭	⬭	⬭
3. You will be doing the kind of work that you like?	⬭	⬭	⬭	⬭	⬭
4. You will have a happy family life?	⬭	⬭	⬭	⬭	⬭
5. You will be respected by other people?	⬭	⬭	⬭	⬭	⬭

PLEASE DO NOT WRITE IN THIS AREA

DURING THE PAST SIX MONTHS, HOW OFTEN HAVE YOU:	Never	Once	Twice	3-4 Times	5 or More Times
1. Cheated on tests or homework?	⬭	⬭	⬭	⬭	⬭
2. Shoplifted from a store?	⬭	⬭	⬭	⬭	⬭
3. Damaged or marked up public or private property on purpose?	⬭	⬭	⬭	⬭	⬭
4. Lied to a teacher about something you did?	⬭	⬭	⬭	⬭	⬭
5. Taken something of value that doesn't belong to you?	⬭	⬭	⬭	⬭	⬭
6. Stayed out all night without permission?	⬭	⬭	⬭	⬭	⬭
7. Lied to your parents about where you have been or who you were with?	⬭	⬭	⬭	⬭	⬭
8. Hit another student because you didn't like what he or she did?	⬭	⬭	⬭	⬭	⬭
9. Carried a weapon, like a knife or gun, at school?	⬭	⬭	⬭	⬭	⬭
10. Made fun of or picked on other kids because they are different or not part of your group?	⬭	⬭	⬭	⬭	⬭

HOW MANY OF THE STUDENTS AT YOUR SCHOOL:	Almost None	A Few	Some	Most of Them
1. Smoke cigarettes?	⬭	⬭	⬭	⬭
2. Use marijuana or other illegal drugs?	⬭	⬭	⬭	⬭
3. Act up or cause trouble in class?	⬭	⬭	⬭	⬭
4. Get into fights?	⬭	⬭	⬭	⬭
5. Drink alcohol?	⬭	⬭	⬭	⬭
6. Make fun of or pick on other students just because they are different?	⬭	⬭	⬭	⬭

7. Do any kids at your school harass you by making comments or gestures with a sexual meaning?

⬭Often ⬭Sometimes ⬭Hardly Ever ⬭Never

The next questions are about drugs.

1. How do most of your friends feel about someone your age using marijuana (pot, weed, hash)?

   ⬭They Strongly Disapprove ⬭They Disapprove ⬭They Approve ⬭They Strongly Approve

2. How many of your friends use marijuana?

   ⬭None of Them ⬭Some of Them ⬭Most of Them ⬭Almost All of Them

3. Have **you** ever tried marijuana?

   ⬭ No, never? ➔ **IF YOU MARKED NEVER, PLEASE SKIP TO QUESTION 7 BELOW.**
   ⬭ Yes, once
   ⬭ Yes, more than once

4. How old were you when you **first** tried marijuana? _____ Years Old

5. In the **past six months**, how often have you used marijuana?

   ⬭ Never
   ⬭ Once
   ⬭ 2-3 Times
   ⬭ 4-5 Times
   ⬭ Once a Month
   ⬭ 2-3 Times a Month
   ⬭ Once a Week
   ⬭ 2 or 3 Times a Week
   ⬭ 4 or 5 Times a Week
   ⬭ Every Day

6. In the **past six months**, have you ever been high **at school** from having used marijuana?

   ⬭Never ⬭Once or Twice ⬭Several Times ⬭Often

7. If your parents knew that you had been using marijuana or other drugs, would you get in trouble for it?

   ⬭Definitely Would ⬭Probably Would ⬭Probably Would Not ⬭Definitely Would Not

8. How much use of marijuana or other illegal drugs is there among adults in your neighborhood, as far as you know?

   ⬭A Lot ⬭A Fair Amount ⬭A Little ⬭None

PLEASE DO NOT WRITE IN THIS AREA

9. If you wanted to get some marijuana, would you be able to get some in your neighborhood?

   ⬭ Definitely Not ⬭ Probably Not ⬭ Probably Could ⬭ Definitely Could

10. Do you think regular use of marijuana can have an effect on the health of young people your age?

    ⬭ Very Serious Effect ⬭ Serious Effect ⬭ Mild Effect ⬭ Almost No Effect

11. Have you used any of the following drugs? If you have, please answer how many times you used each drug in the **past six months**.

		Ever Used?		Times Used Past 6 Months
a.	Speed (crystal meth, ice)	⬭ No	⬭ Yes	_____ Times
b.	Downers or tranquilizers	⬭ No	⬭ Yes	_____ Times
c.	Cocaine (coke) or crack	⬭ No	⬭ Yes	_____ Times
d.	Psilocybin mushrooms	⬭ No	⬭ Yes	_____ Times
e.	LSD (acid)	⬭ No	⬭ Yes	_____ Times
f.	Ecstasy (MDMA, X)	⬭ No	⬭ Yes	_____ Times
g.	Paint, glue, or other things you inhale	⬭ No	⬭ Yes	_____ Times
h.	Heroin	⬭ No	⬭ Yes	_____ Times

Think about how you are doing in school.

HOW SURE ARE YOU THAT YOU WILL:	Very Sure	Pretty Sure	Not Too Sure	Not Sure At All
1. Get at least a B average this year?	⬭	⬭	⬭	⬭
2. Be considered a bright student by your teachers?	⬭	⬭	⬭	⬭
3. Come out near the top of the class on exams?	⬭	⬭	⬭	⬭
4. Have good enough grades to get into college?	⬭	⬭	⬭	⬭

This section is about dating and sex.

1. How often in the **past six months** did you go out on a date with someone?

   - ⬭ Not at all
   - ⬭ Once or twice in the past 6 months
   - ⬭ 3-4 times in the past 6 months
   - ⬭ About once a month
   - ⬭ Two or three times a month
   - ⬭ Once a week or more

2. Are you dating someone fairly regularly or going steady now? ⬭Yes ⬭No

3. How much peer pressure is there on kids your age to have sex?

   ⬭A Lot ⬭A Fair Amount ⬭A Little ⬭None

4. How many of your friends have had sexual intercourse ("gone all the way")?

   ⬭None of Them ⬭Some of Them ⬭Most of Them ⬭Almost All of Them

5. When kids your age have sexual intercourse, do they usually use some kind of birth control method or contraceptive?

   ⬭Almost All Do ⬭Most Do ⬭Some Do ⬭Almost None Do

6. At this point in your life, how would you describe your sexual identity or sexual orientation?

   ⬭Heterosexual (straight) ⬭Bisexual ⬭Gay or Lesbian ⬭Not Sure

7. Do any kids at your school harass you about your sexual identity or sexual orientation?

   ⬭Often ⬭Sometimes ⬭Hardly Ever ⬭Never

8. Have you ever had sexual intercourse ("gone all the way")?

   ⬭Yes ⬭No? ➔ **IF YOU MARKED NO, GO TO QUESTION 1 ON PAGE 30.**

9. How old were you the **first** time you had sexual intercourse? _____ Years Old

10. That first time you had sex, did you feel like you were forced into it? ⬭Yes ⬭No

11. That first time you had sex, what type of birth control method or contraceptive did you or your partner use? **(Mark all that were used that first time.)**

    - ⬭None
    - ⬭Birth control pills
    - ⬭Condoms
    - ⬭Foam, cream, or jelly
    - ⬭Diaphragm or cervical cap
    - ⬭Withdrawal ("pulling out")
    - ⬭Rhythm method ("safe days")
    - ⬭Other _____

PLEASE DO NOT WRITE IN THIS AREA

12. **In your life**, how many people have you had sexual intercourse with?

○1 ○2 ○3 ○4 ○5 ○6 or 7 ○8 to 10 ○More than 10

13. **In the past year**, how many times, if any, have you had sexual intercourse? _____ Times

IF YOU HAVE NOT HAD SEXUAL INTERCOURSE IN THE PAST YEAR, PLEASE GO ON TO QUESTION 18 BELOW.

14. **In the past year**, how many people have you had sexual intercourse with?

○1 ○2 ○3 ○4 ○5 ○More than 5

15. When you had sex in the past year, did you make sure that some kind of birth control method or contraceptive was used, either by you or by the other person?

○Almost Always ○Most of the Time ○About Half of the Time ○Some of the Time ○Hardly Ever ○Never

16. When you had sex in the past year, what type of birth control method or contraceptive, if any, was **usually** used? (**Mark all that were usually used**.)

○ None
○ Birth control pills
○ Condoms
○ Foam, cream, or jelly
○ Diaphragm or cervical cap
○ Withdrawal ("pulling out")
○ Rhythm method ("safe days")
○ Other _____

17. When you had sex in the past year, how often was a condom (rubber) used?

○Almost Always ○Most of the Time ○About Half of the Time ○Some of the Time ○Hardly Ever ○Never

18. The **last** time you had sex, what type of birth control method or contraceptive was used? (**Mark all that were used that last time.**)

○ None
○ Birth control pills
○ Condoms
○ Foam, cream, or jelly
○ Diaphragm or cervical cap
○ Withdrawal ("pulling out")
○ Rhythm method ("safe days")
○ Other _____

19. a. Have you ever been pregnant or made a girl pregnant?

○No ○Yes, Once ○More Than Once

b. If yes, what did you and your partner do about the pregnancy?

○ Had the baby and kept it
○ Had the baby and gave it up for adoption
○ Had a miscarriage (lost the baby)
○ Had an abortion

We want to find out what teenagers think about AIDS/HIV infection.

		Yes	No	Not Sure
1.	Do you think AIDS is something teenagers should be concerned about?	⬭	⬭	⬭
2.	Do you know anyone who is HIV positive or has AIDS?	⬭	⬭	⬭
3.	Is it possible to get HIV infection just from kissing?	⬭	⬭	⬭
4.	Would you be willing to be in the same class with a student with HIV infection/AIDS?	⬭	⬭	⬭
5.	Do doctors know how to cure HIV infection/AIDS?	⬭	⬭	⬭

These next questions are about different types of school and community activities.

1. Do you belong to any school clubs or organizations (besides sports teams), like the drama club, school newspaper, peer counselors, and so on?

   a. ⬭Yes ⬭No

   b. If yes, about how many hours **a week** do you spend in those activities? _____ hours

2. Do you belong to any community groups (like Boy Scouts or Big Sisters), or to any church groups (like choir, Bible study, or youth group)?

   a. ⬭Yes ⬭No

   b. If yes, about how many hours **a week** do you spend in those activities? _____ hours

3. Do you do any kind of volunteer work in the community?

   a. ⬭Yes ⬭No

   b. If yes, about how many hours **a week** do you spend in those activities? _____ hours

YOU ARE ALMOST FINISHED! PLEASE CONTINUE ON THE NEXT PAGE.

PLEASE DO NOT WRITE IN THIS AREA

The next several questions are about your neighborhood, or the place where you live.

1. IN YOUR NEIGHBORHOOD (OR WHERE YOU LIVE):	All of Them	Most of Them	Some of Them	Almost None of Them
a. Are people friendly to each other when they meet?	⬭	⬭	⬭	⬭
b. Do people help each other out and look after each other?	⬭	⬭	⬭	⬭
c. Are people friendly to kids, and do they care about how kids are doing?	⬭	⬭	⬭	⬭

2. I feel that my neighborhood, or where I live, is a safe place to be.

⬭Strongly Agree ⬭Agree ⬭Disagree ⬭Strongly Disagree

3. If adults in your neighborhood saw kids doing something wrong or getting in trouble (like damaging property, or using drugs), would they talk to those kids and let them know it was wrong?

⬭Most of Them Would ⬭Some of Them Would ⬭One or Two Would ⬭None Would

4. If adults in your neighborhood saw kids doing something wrong or getting in trouble, would they tell the parents about it?

⬭Most of Them Would ⬭Some of Them Would ⬭One or Two Would ⬭None Would

5. If adults in your neighborhood saw kids doing something wrong or getting in trouble, would they call the police about it?

⬭Most of Them Would ⬭Some of Them Would ⬭One or Two Would ⬭None Would

6. Are buildings and other places in your neighborhood marked up with writing or other graffiti?

⬭Many ⬭Several ⬭A Few ⬭None

7. Is there usually litter or trash lying around in your neighborhood?

⬭A Lot ⬭A Fair Amount ⬭A Little ⬭None

8. Are there buildings in your neighborhood that have broken or boarded up windows?

⬭Many ⬭Several ⬭A Few ⬭None

9. Do any of the kids in your neighborhood belong to gangs?

⬭Almost All of Them ⬭Most of Them ⬭Some of Them ⬭None of Them

10. How much gang activity is there in your neighborhood?

○ A Lot ○ A Fair Amount ○ A Little ○ None

11. HOW DO YOU THINK **MOST OF THE ADULTS** IN YOUR NEIGHBORHOOD FEEL ABOUT:

	They Strongly Disapprove	**They Disapprove**	**They Neither Disapprove Nor Approve**
a. Someone your age smoking cigarettes or drinking alcohol?	○	○	○
b. Someone your age using marijuana or other drugs?	○	○	○
c. Someone your age damaging or marking up public or private property?	○	○	○

A final question! When you think about your future, what would you like to have happen in your life?

_____

_____

_____

Now that you're finished, we would like to know what you thought of the questionnaire so we can make it better next time.

1. On the whole, how interesting were the questions?

○ Very Interesting ○ Fairly Interesting ○ Not Too Interesting

2. Did the questions deal with things that are important for someone your age?

○ Most of Them Did ○ About Half of Them Did ○ Some of Them Did ○ Almost None of Them Did

THANK YOU VERY MUCH FOR BEING PART OF THIS STUDY!

WHAT WE LEARN FROM YOU CAN HELP IMPROVE THE LIVES AND HEALTH OF YOUNG PEOPLE.

NOW, PLEASE FILL IN THE NAME SHEET ON THE NEXT PAGE →

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NAME SHEET

THIS SHEET WILL BE REMOVED FROM YOUR BOOKLET WHEN YOU HAND IT IN.

YOUR NAME WILL NEVER AGAIN BE TOGETHER WITH YOUR ANSWERS.

YOUR FULL NAME: _____
(Please Print) Last First Middle

YOUR HOME ADDRESS: _____

_____
City State Zip Code

YOUR TELEPHONE NUMBER: _____

YOUR MOTHER'S
OR STEPMOTHER'S
(or female guardian's) FULL NAME: _____

YOUR FATHER'S
OR STEPFATHER'S
(or male guardian's) FULL NAME: _____

Please list an adult, **other than your parents** (or guardians), who could help us get in touch with you in the future:

FULL NAME:_____
Last First Middle

ADDRESS: _____

_____
City State Zip Code

TELEPHONE NUMBER: _____