

1. How old are you?

- 11 or younger
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19 or older

2. What is your grade in school?

- 5th
- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th

3. What is your sex?

- Male
- Female

4. How do you describe yourself? If more than one, mark each that applies to you.

- American Indian
- Asian or Pacific Islander (for example, Cambodian, Hmong, Japanese, Korean, Laotian, Vietnamese)
- Black or African American
- Hispanic, Latino or Latina (for example, Cuban American, Mexican American, Puerto Rican, or other Latin American)
- White

Some of the questions in this survey ask about your parents. In this survey, "parents" (and "father" or "mother") refer to the adults who are now most responsible for raising you. They could be foster parents, step-parents, or relatives/guardians. If you live in a one-parent family, answer for that adult.

5. Which one of the following best describes your family?

- I live with two parents.
- I live in a one-parent family with my mother.
- I live in a one-parent family with my father.
- Sometimes I live with my mother and sometimes with my father.

6. Where does your family now live?

- On a farm
- In the country, not on a farm
- On an American Indian reservation
- In a small town (under 2,500 in population)
- In a town of 2,500 to 9,999
- In a small city (10,000 to 49,999)
- In a medium size city (50,000 to 250,000)
- In a large city (over 250,000)

7. What is the highest level of schooling your father (or step-father or male foster parent/guardian) completed?

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school after college
- Don't know or does not apply

8. What is the highest level of schooling your mother (or step-mother or female foster parent/guardian) completed?

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school after college
- Don't know or does not apply

ABOUT SCHOOL

9. What grades do you earn in school?

- Mostly As
- About half As and half Bs
- Mostly Bs
- About half Bs and half Cs
- Mostly Cs
- About half Cs and half Ds
- Mostly Ds
- Mostly below Ds

10. On an average school day, about how much time do you spend doing homework outside of school?

- None
- Half hour or less
- Between half an hour and an hour
- 1 hour
- 2 hours
- 3 hours or more

For each of the following, mark one response.

How often does one of your parents ... ?

- | | Very Often | Often | Sometimes | Seldom | Never |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 11. Help you with your school-work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Talk to you about what you are doing in school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Ask you about homework | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Go to meetings or events at your school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How much do you agree or disagree with the following?
Mark one answer for each.

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
15. At school I try as hard as I can to do my best work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. My teachers really care about me	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. It bothers me when I don't do something well	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I get a lot of encouragement at my school	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Teachers at school push me to be the best I can be	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. In my school there are clear rules about what students can and cannot do	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I care about the school I go to.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Students in my school care about me	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. At my school, everyone knows that you'll get in trouble for using alcohol or other drugs..	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Students help decide what goes on in my school	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I don't care how I do in school.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. If I break a rule at school, I'm sure to get in trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many times have you had classes in school that taught you about the following topics?

	Never	Once	Twice	3-4 Times	5 or More Times
27. Alcohol and other drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Sexuality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. The importance of nutrition/diet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. The importance of exercise ..	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Is there a nurse's office or clinic in your school that you can go to for help or advice?

- Yes
- No
- I'm not sure

For each of the following, mark one answer.
How often do you ... ?

	Usually	Sometimes	Never
32. Feel bored at school	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Come to classes without bringing paper or something to write with ..	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Come to classes without your homework finished	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Come to classes without your books	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. During the last four weeks, how many days of school have you missed because you skipped or "ditched?"

- None
- 1 day
- 2 days
- 3 days
- 4 - 5 days
- 6 - 10 days
- 11 or more days

ABOUT NON SCHOOL HOURS

During a typical school week, how many days do you do each of the following after school?

	Number of Days					
	0	1	2	3	4	5
37. Go to work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Go to a friend's house	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Go home and stay there	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Hang out in a neighborhood, mall, or park	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Stay at school and participate in a team, club, program, or other activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Participate in a team, club, program, or other activity somewhere other than at school.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do you feel unsafe or afraid ... ?

	Never	Once in a While	Sometimes	Often	Always
43. In the places you go after school	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Going to or from activities you are involved in	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. During an average week, how many hours do you work in a paid job?

- None
- 5 hours or less
- 6 - 10 hours
- 11 - 15 hours
- 16 - 20 hours
- 21 - 25 hours
- 26 - 30 hours
- More than 30 hours