

# 2011 ALASKA

## Youth Risk Behavior Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

*Thank you very much for your help.*

**BLANK**

REVIEW

**Directions**

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: A B ● D.
- If you change your answer, erase your old answer completely.

- How old are you?
  - 12 years old or younger
  - 13 years old
  - 14 years old
  - 15 years old
  - 16 years old
  - 17 years old
  - 18 years old
  - 19 years old or older
- What is your sex?
  - Female
  - Male
- In what grade are you?
  - 9th grade
  - 10th grade
  - 11th grade
  - 12th grade
  - Ungraded or other grade
- Are you Hispanic or Latino?
  - Yes
  - No
- What is your race? (Select one or more responses.)
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White

- How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Example

Height	
Feet	Inches
5	7
③	⑩
④	①
●	②
⑥	③
⑦	④
	⑤
	⑥
	●
	⑧
	⑨
	⑩
	⑪

- How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example

Weight		
Pounds		
1	5	2
①	①	①
●	①	①
②	②	●
③	③	③
	④	④
	●	⑤
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨

8. During the past 12 months, how would you describe your grades in school?
- A. Mostly A's
  - B. Mostly B's
  - C. Mostly C's
  - D. Mostly D's
  - E. Mostly F's
  - F. None of these grades
  - G. Not sure

**The next 4 questions ask about safety.**

9. **When you rode a bicycle** during the past 12 months, how often did you wear a helmet?
- A. I did not ride a bicycle during the past 12 months
  - B. Never wore a helmet
  - C. Rarely wore a helmet
  - D. Sometimes wore a helmet
  - E. Most of the time wore a helmet
  - F. Always wore a helmet
10. How often do you wear a seat belt when **riding** in a car driven by someone else?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
11. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times

12. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times

**The next 10 questions ask about violence-related behaviors.**

13. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
14. During the past 30 days, on how many days did you carry **a gun**?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
15. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club **on school property**?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days

16. 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?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
17. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club **on school property**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or 7 times
  - F. 8 or 9 times
  - G. 10 or 11 times
  - H. 12 or more times
18. During the past 12 months, how many times were you in a physical fight?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or 7 times
  - F. 8 or 9 times
  - G. 10 or 11 times
  - H. 12 or more times
19. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times

20. During the past 12 months, how many times were you in a physical fight **on school property**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or 7 times
  - F. 8 or 9 times
  - G. 10 or 11 times
  - H. 12 or more times
21. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- A. Yes
  - B. No
22. Have you ever been physically forced to have sexual intercourse when you did not want to?
- A. Yes
  - B. No

**The 2 next questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.**

23. During the past 12 months, have you ever been bullied **on school property**?
- A. Yes
  - B. No
24. During the past 12 months, have you ever been **electronically** bullied? (Include being bullied through e-mail, chat rooms, instant messaging, Web sites, or texting.)
- A. Yes
  - B. No

**The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.**

25. 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?
- A. Yes  
B. No
26. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes  
B. No
27. During the past 12 months, did you make a plan about how you would attempt suicide?
- A. Yes  
B. No
28. During the past 12 months, how many times did you actually attempt suicide?
- A. 0 times  
B. 1 time  
C. 2 or 3 times  
D. 4 or 5 times  
E. 6 or more times
29. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
- A. **I did not attempt suicide** during the past 12 months  
B. Yes  
C. No

**The next 13 questions ask about tobacco use.**

30. Have you ever tried cigarette smoking, even one or two puffs?
- A. Yes  
B. No
31. How old were you when you smoked a whole cigarette for the first time?
- A. I have never smoked a whole cigarette  
B. 8 years old or younger  
C. 9 or 10 years old  
D. 11 or 12 years old  
E. 13 or 14 years old  
F. 15 or 16 years old  
G. 17 years old or older
32. During the past 30 days, on how many days did you smoke cigarettes?
- A. 0 days  
B. 1 or 2 days  
C. 3 to 5 days  
D. 6 to 9 days  
E. 10 to 19 days  
F. 20 to 29 days  
G. All 30 days
33. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?
- A. I did not smoke cigarettes during the past 30 days  
B. Less than 1 cigarette per day  
C. 1 cigarette per day  
D. 2 to 5 cigarettes per day  
E. 6 to 10 cigarettes per day  
F. 11 to 20 cigarettes per day  
G. More than 20 cigarettes per day

34. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)
- A. I did not smoke cigarettes during the past 30 days
  - B. I bought them in a store such as a convenience store, supermarket, discount store, or gas station
  - C. I bought them from a vending machine
  - D. I gave someone else money to buy them for me
  - E. I borrowed (or bummed) them from someone else
  - F. A person 18 years old or older gave them to me
  - G. I took them from a store or family member
  - H. I got them some other way
35. During the past 30 days, on how many days did you smoke cigarettes **on school property**?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
36. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- A. Yes
  - B. No
37. During the past 12 months, did you ever try **to quit** smoking cigarettes?
- A. I did not smoke during the past 12 months
  - B. Yes
  - C. No
38. 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?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
39. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip on school property**?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
40. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
41. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days

42. How much do you think people risk harming themselves (physically or in other ways), if they smoke one or more packs of cigarettes per day?
- A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk

**The next 7 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.**

43. During your life, on how many days have you had at least one drink of alcohol?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 9 days
  - D. 10 to 19 days
  - E. 20 to 39 days
  - F. 40 to 99 days
  - G. 100 or more days
44. How old were you when you had your first drink of alcohol other than a few sips?
- A. I have never had a drink of alcohol other than a few sips
  - B. 8 years old or younger
  - C. 9 or 10 years old
  - D. 11 or 12 years old
  - E. 13 or 14 years old
  - F. 15 or 16 years old
  - G. 17 years old or older

45. During the past 30 days, on how many days did you have at least one drink of alcohol?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days

46. 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?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 to 5 days
  - E. 6 to 9 days
  - F. 10 to 19 days
  - G. 20 or more days

47. During the past 30 days, how did you **usually** get the alcohol you drank?
- A. I did not drink alcohol during the past 30 days
  - B. I bought it in a store, *restaurant, bar, or club or at a public event such as a concert or sporting event*
  - C. I gave someone else money to buy it for me
  - D. I took it from a family member
  - E. Someone under 21 gave it to me
  - F. A family member, over 21, gave it to me
  - G. Someone else, over 21 gave it to me
  - H. I got it some other way

48. During the past 30 days, on how many days did you have at least one drink of alcohol **on school property**?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
49. How much do you think people risk harming themselves (physically or in other ways), if they have one or two drinks of an alcoholic beverage (beer, wine, or liquor) nearly every day?
- A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk

**The next 5 questions ask about marijuana use. Marijuana also is called grass or pot.**

50. During your life, how many times have you used marijuana?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 to 99 times
  - G. 100 or more times
51. How old were you when you tried marijuana for the first time?
- A. I have never tried marijuana
  - B. 8 years old or younger
  - C. 9 or 10 years old
  - D. 11 or 12 years old
  - E. 13 or 14 years old
  - F. 15 or 16 years old
  - G. 17 years old or older

52. During the past 30 days, how many times did you use marijuana?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
53. During the past 30 days, how many times did you use marijuana **on school property**?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
54. How much do you think people risk harming themselves (physically or in other ways), if they smoke marijuana regularly?
- A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk

**The next 10 questions ask about other drugs.**

55. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times

56. During the past 30 days, how many times did you use **any** form of cocaine, including powder, crack, or freebase?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
57. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
58. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
59. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
60. During your life, how many times have you used **ecstasy** (also called MDMA)?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
61. During your life, how many times have you taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
62. During the past 30 days, how many times did you take a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
63. During your life, how many times have you used a needle to inject any **illegal** drug into your body?
- A. 0 times
  - B. 1 time
  - C. 2 or more times
64. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- A. Yes
  - B. No

**The next 7 questions ask about sexual behavior.**

65. Have you ever had sexual intercourse?  
A. Yes  
B. No
66. How old were you when you had sexual intercourse for the first time?  
A. I have never had sexual intercourse  
B. 11 years old or younger  
C. 12 years old  
D. 13 years old  
E. 14 years old  
F. 15 years old  
G. 16 years old  
H. 17 years old or older
67. During your life, with how many people have you had sexual intercourse?  
A. I have never had sexual intercourse  
B. 1 person  
C. 2 people  
D. 3 people  
E. 4 people  
F. 5 people  
G. 6 or more people
68. During the past 3 months, with how many people did you have sexual intercourse?  
A. I have never had sexual intercourse  
B. I have had sexual intercourse, but not during the past 3 months  
C. 1 person  
D. 2 people  
E. 3 people  
F. 4 people  
G. 5 people  
H. 6 or more people

69. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?  
A. I have never had sexual intercourse  
B. Yes  
C. No
70. The **last time** you had sexual intercourse, did you or your partner use a condom?  
A. I have never had sexual intercourse  
B. Yes  
C. No
71. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)  
A. I have never had sexual intercourse  
B. No method was used to prevent pregnancy  
C. Birth control pills  
D. Condoms  
E. Depo-Provera (or any injectable birth control), Nuva Ring (or any birth control ring), Implanon (or any implant), or any IUD  
F. Withdrawal  
G. Some other method  
H. Not sure

**The next 2 questions ask about body weight.**

72. How do **you** describe your weight?  
A. Very underweight  
B. Slightly underweight  
C. About the right weight  
D. Slightly overweight  
E. Very overweight

73. Which of the following are you trying to do about your weight?
- A. **Lose** weight
  - B. **Gain** weight
  - C. **Stay** the same weight
  - D. I am **not trying to do anything** about my weight

**The next 8 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.**

74. 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.)
- A. I did not drink 100% fruit juice during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
75. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- A. I did not eat fruit during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day

76. During the past 7 days, how many times did you eat **green salad**?
- A. I did not eat green salad during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
77. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)
- A. I did not eat potatoes during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
78. During the past 7 days, how many times did you eat **carrots**?
- A. I did not eat carrots during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day

79. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
- A. I did not eat other vegetables during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
80. During the past 7 days, how many times did you drink a **can, bottle, or glass of soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** count diet soda or diet pop.)
- A. I did not drink soda or pop during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day

81. During the past 7 days, how many times did you drink a **can, bottle, or glass of a sugar sweetened drink**, such as sports drinks, sweetened energy drinks, Snapple, fruit punch, Kool-Aid, Tang, or Capri-Sun? (Do **not** include soda or pop, diet drinks, or 100% fruit juice.)
- A. I did not drink sugar sweetened drinks during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day

**The next 6 questions ask about physical activity.**

82. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days

83. On an average school day, how many hours do you watch TV?
- A. I do not watch TV on an average school day
  - B. Less than 1 hour per day
  - C. 1 hour per day
  - D. 2 hours per day
  - E. 3 hours per day
  - F. 4 hours per day
  - G. 5 or more hours per day
84. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Include activities such as Xbox, PlayStation, Nintendo DS, iPod touch, Facebook, and the Internet.)
- A. I do not play video or computer games or use a computer for something that is not school work
  - B. Less than 1 hour per day
  - C. 1 hour per day
  - D. 2 hours per day
  - E. 3 hours per day
  - F. 4 hours per day
  - G. 5 or more hours per day
85. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days

86. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?
- A. I do not take PE
  - B. Less than 10 minutes
  - C. 10 to 20 minutes
  - D. 21 to 30 minutes
  - E. 31 to 40 minutes
  - F. 41 to 50 minutes
  - G. 51 to 60 minutes
  - H. More than 60 minutes
87. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)
- A. 0 teams
  - B. 1 team
  - C. 2 teams
  - D. 3 or more teams

**The next 3 questions ask about other health-related topics.**

88. Have you ever been taught about AIDS or HIV infection in school?
- A. Yes
  - B. No
  - C. Not sure
89. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
  - B. No
  - C. Not sure
90. Do you still have asthma?
- A. I have never had asthma
  - B. Yes
  - C. No
  - D. Not sure

**The next 8 questions ask about other related topics.**

91. During the past 30 days, on how many days did you **not** go to school because you were sick?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 or more days
92. During the past 30 days, on how many days did you miss classes or school without permission?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 or more days
93. How often does one of your parents talk with you about what you are doing in school?
- A. Never
  - B. Less than once a month
  - C. About once or twice a month
  - D. About once or twice a week
  - E. About every day
94. Do you agree or disagree that your teachers really care about you and give you a lot of encouragement?
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree
95. Besides your parents, how many adults would you feel comfortable seeking help from if you had an important question affecting your life?
- A. 0 adults
  - B. 1 adult
  - C. 2 adults
  - D. 3 adults
  - E. 4 adults
  - F. 5 or more adults
96. During an average week, how many hours do you spend helping or volunteering at school or in the community (such as helping elders or neighbors; watching young children; teaching or tutoring; peer helping; mentoring; or helping out at local programs, health clinics, faith organizations, tribal organizations, or environmental organizations)?
- A. 0 hours
  - B. 1 hour
  - C. 2 hours
  - D. 3 to 5 hours
  - E. 6 to 10 hours
  - F. 11 or more hours
97. During an average week, on how many days do you take part in organized after school, evening, or weekend activities (such as school clubs; community center groups; music, art, or dance lessons; drama; church; or cultural or other supervised activities)?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days

98. Do you agree or disagree that you feel alone in your life?
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree
99. Do you agree or disagree that in your community you feel like you matter to people?
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree
100. Do you agree or disagree that your school has clear rules and consequences for behavior?
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree

**The next 6 questions are general questions about your perception of drug use.**

101. How wrong do your parents feel it would be for you to smoke marijuana?
- A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not wrong at all
102. How wrong do your parents feel it would be for you to drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?
- A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not wrong at all

103. How wrong do your parents feel it would be for you to smoke cigarettes?
- A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not wrong at all
104. What are the chances you would be seen as cool if you smoked cigarettes?
- A. No or very little chance
  - B. Little chance
  - C. Some chance
  - D. Pretty good chance
  - E. Very good chance
105. What are the chances you would be seen as cool if you began drinking alcoholic beverages regularly, that is, at least once or twice a month?
- A. No or very little chance
  - B. Little chance
  - C. Some chance
  - D. Pretty good chance
  - E. Very good chance
106. What are the chances you would be seen as cool if you smoked marijuana?
- A. No or very little chance
  - B. Little chance
  - C. Some chance
  - D. Pretty good chance
  - E. Very good chance

**This is the end of the survey.  
Thank you very much for your help.**