

Florida Youth Substance Abuse Survey

This survey is voluntary. That means you do not have to take it. If you choose to take it, you may skip any question you don't want to answer.

Thank you for agreeing to participate in this survey. The survey asks your opinion about a number of things in your life, including your friends, your family, your neighborhood and your community. Your answers to these questions will be confidential. That means no one will know your answers.

Instructions

1. This is not a test. There are no right or wrong answers.
2. If you don't find an answer that fits exactly, use one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank.
3. Mark your answers clearly.
4. Some of the questions have the following format:

Please select the word that best describes how you feel.

EXAMPLE: Pepperoni pizza is one of my favorite foods.

NO! no yes YES!

Mark the Big "NO!" if you think the statement is definitely not true for you.
Mark the little "no" if you think the statement is mostly not true for you.
Mark the little "yes" if you think the statement is mostly true for you.
Mark the Big "YES!" if you think the statement is definitely true for you.

This kind of mark will work:
Correct Mark



These kinds of marks will NOT work:
Incorrect Marks



PLEASE DO NOT WRITE IN THIS AREA

These questions ask for some general information about the people completing the survey. Please mark the response that best describes you.

1. How old are you?

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19 or older

2. What grade are you in?

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

3. Are you:

- Female
- Male

4. How do you describe yourself? (YOU CAN CHOOSE ONE ANSWER, OR MORE THAN ONE)

- American Indian/Native American or Alaska Native
- Asian
- Black/African American
- Spanish/Hispanic/Latino
- Native Hawaiian or other Pacific Islander
- White/Caucasian
- Other

5. Which one of these ethnic groups BEST describes you? (CHOOSE ONLY ONE ANSWER)

- Central American (Guatemalan, Nicaraguan, Honduran, for example)
- Cuban or Cuban American
- Dominican
- Mexican or Mexican American
- Puerto Rican
- Other Hispanic, Latino or Spanish origin
- Haitian
- West Indian or Caribbean
- None of these

6. Think of where you live most of the time. Which of the following people live there with you? (CHOOSE ALL THAT APPLY)

- | | |
|-------------------------------------|--------------------------------------|
| <input type="radio"/> Mother(s) | <input type="radio"/> Grandfather |
| <input type="radio"/> Stepmother | <input type="radio"/> Uncle |
| <input type="radio"/> Foster Mother | <input type="radio"/> Other Adults |
| <input type="radio"/> Grandmother | <input type="radio"/> Brother(s) |
| <input type="radio"/> Aunt | <input type="radio"/> Stepbrother(s) |
| <input type="radio"/> Father(s) | <input type="radio"/> Sister(s) |
| <input type="radio"/> Stepfather | <input type="radio"/> Stepsister(s) |
| <input type="radio"/> Foster Father | <input type="radio"/> Other Children |

7. What is the language you use most often at home?

- English
- Spanish
- Another Language

8. What is the highest level of schooling your father 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
- Does not apply

9. What is the highest level of schooling your mother 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
- Does not apply

10. Do you have a parent, stepparent, or guardian who is currently serving in a branch of the U.S. military (Army, Navy, Marines, Air Force, Space Force, Coast Guard, National Guard, or Reserves)?

- No
- Yes

11. Where are you living now?

- On a farm
- In the country, not on a farm
- In a city, town or suburb

Go on to the next page 

This section asks about your experiences at school.

12. Putting them all together, what were your grades like last year?

- Mostly F's
- Mostly D's
- Mostly C's
- Mostly B's
- Mostly A's

13. During the LAST FOUR WEEKS, how many whole days have you missed school because you skipped or "cut"?

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

Bullying happens when someone hurts or scares another person on purpose. The person being bullied has a hard time defending himself or herself. Usually, bullying happens over and over.

14. Have you ever skipped school because someone was bullying you?

- No
- Yes

15. How often has someone hit, kicked or shoved you, caused you physical harm/injury, or taken your money or belongings?

Every Day
Many Times
A Few Times
Once or Twice
Never

16. How often have you been taunted, teased, experienced name-calling, or been excluded or ignored by others in a mean way?

17. How often has someone sent mean emails, text messages, IM's or posted hurtful information on the Internet about you?

18. How often have you repeatedly hit, kicked, shoved someone, caused someone physical harm/injury, or taken someone's money or belongings without their permission?

19. How often have you repeatedly taunted, teased, name called, excluded or ignored another person in a mean way?

Every Day
Many Times
A Few Times
Once or Twice
Never

20. How often have you repeatedly sent mean emails, text messages, IM's or posted hurtful information on the Internet about another person?

Please select the word that best describes how you feel.

21. In my school, students have lots of chances to help decide things like class activities and rules.

YES!
yes
no
NO!

22. Teachers ask me to work on special classroom projects.

23. My teacher(s) notices when I am doing a good job and lets me know about it.

24. There are lots of chances for students in my school to get involved in sports, clubs and other school activities outside of class.

25. There are lots of chances for students in my school to talk with a teacher one-on-one.

26. I feel safe at my school.

27. The school lets my parents know when I have done something well.

28. My teachers praise me when I work hard in school.

29. Are your school grades better than the grades of most students in your class?

30. I have lots of chances to be part of class discussions or activities.

31. 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:

	None	1	2	3	4
smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
tried beer, wine or hard liquor (for example, vodka, whiskey or gin) when their parents didn't know about it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vaped nicotine (e-cigarettes, vape pens, JUUL)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vaped marijuana (e-cigarettes, vape pens, JUUL)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used prescription drugs without a doctor's orders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. How often do you feel that the school work you are assigned is meaningful and important?

- Almost Always
- Often
- Sometimes
- Seldom
- Never

33. How interesting are most of your courses to you?

- Very Interesting and Stimulating
- Quite Interesting
- Fairly Interesting
- Slightly Dull
- Very Dull

34. How important do you think the things you are learning in school are going to be for your later life?

- Very Important
- Quite Important
- Fairly Important
- Slightly Important
- Not at all Important

35. Now, thinking back over the past year in school, how often did you...

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

These questions ask about your feelings and experiences in other parts of your life.

36. How old were you when you first: smoked marijuana?

	Never Have	10 or Younger	11	12	13	14	15	16	17 or Older
smoked a cigarette, even just a puff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vaped nicotine (e-cigarettes, vape pens, JUUL)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vaped marijuana (e-cigarettes, vape pens, JUUL)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
got suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
got arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
attacked someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Not Wrong At All

A Little Bit Wrong

Wrong

Very Wrong

37. How wrong do you think it is for someone your age to:

take a handgun to school?

steal anything worth more than \$5?

pick a fight with someone?

attack someone with the idea of seriously hurting them?

stay away from school all day when their parents think they are at school?

Not Wrong At All

A Little Bit Wrong

Wrong

Very Wrong

38. How wrong do you think it is for someone your age to:

drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?

smoke cigarettes?

smoke marijuana?

vaped nicotine (e-cigarettes, vape pens, JUUL)?

vaped marijuana (e-cigarettes, vape pens, JUUL)?

use LSD, cocaine, amphetamines or another illegal drug?

39. Have you ever seen or heard the prevention message: "One Pill Can Kill"?

No Yes

6 or More Times

4-5 Times

2-3 Times

1 Time

0 Times

40. 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?

drive a car or other vehicle when you had been drinking alcohol?

ride in a car or other vehicle driven by someone who had been using marijuana?

drive a car or other vehicle when you had been using marijuana?

41. Which of the following activities do you actively participate in (CHOOSE ALL THAT APPLY):

- School sports
- Organized sports outside school
- School Band
- School Club(s)
- Community Club(s)

Not Wrong At All

A Little Bit Wrong

Wrong

Very Wrong

42. How wrong do your friends feel it would be for you to:

Have one or two drinks of an alcoholic beverage nearly every day?

Smoke tobacco?

Smoke marijuana?

Vape nicotine (e-cigarettes, vape pens, JUUL)?

Vape marijuana (e-cigarettes, vape pens, JUUL)?

Use prescription drugs not prescribed to you?

43. How often do you attend religious services or activities?

- Never
- Rarely
- 1-2 Times a Month
- About Once a Week or More

	NO!	no	yes	YES!
44. Sometimes I think that life is not worth it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. At times I think I am no good at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. All in all, I am inclined to think that I am a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No Risk	Slight Risk	Moderate Risk	Great Risk
48. 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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vape nicotine (e-cigarettes, vape pens, JUUL)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vape marijuana (e-cigarettes, vape pens, JUUL)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
Have five or more drinks of an alcoholic beverage once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take a prescription drug without a doctor's orders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next section asks about your experience with tobacco, alcohol and other drugs. Remember, your answers are confidential.

49. Have you ever smoked cigarettes?

- Never
- Once or twice
- Once in a while but not regularly
- Regularly in the past
- Regularly now

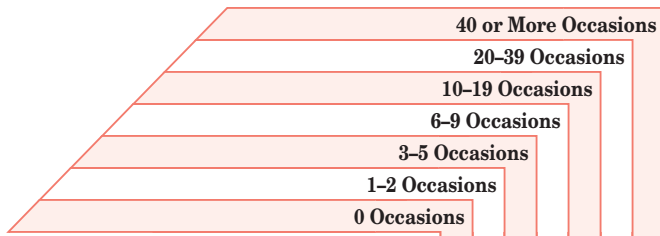
50. How frequently have you smoked cigarettes during the past 30 days?

- Not at all
- Less than one cigarette per day
- One to five cigarettes per day
- About one-half pack per day
- About one pack per day
- About one and one-half packs per day
- Two packs or more per day

	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40 or More Occasions
51. On how many occasions (if any) have you had alcoholic beverages (beer, wine or hard liquor) to drink in your lifetime — more than just a few sips?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. On how many occasions (if any) in your lifetime have you woken up after a night of drinking alcoholic beverages (beer, wine or hard liquor) and not been able to remember the things that you did or places that you went?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. On how many occasions (if any) have you had beer, wine or hard liquor during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?

- None
- Once
- Twice
- 3-5 times
- 6-9 times
- 10 or more times



55. On how many occasions (if any) have you used marijuana or hashish...
 ...in your lifetime?
 ...during the past 30 days?

56. On how many occasions (if any) have you vaped nicotine (e-cigarettes, vape pens, JUUL)?
 ...in your lifetime?
 ...during the past 30 days?

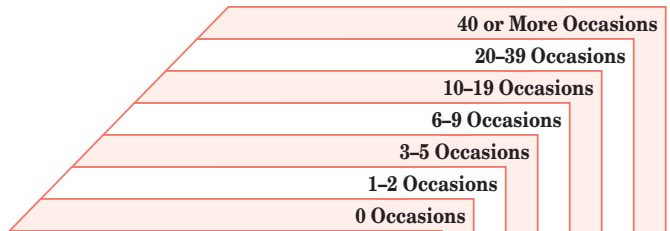
57. On how many occasions (if any) have you vaped marijuana (e-cigarettes, vape pens, JUUL)?
 ...in your lifetime?
 ...during the past 30 days?

58. On how many occasions (if any) have you smoked synthetic or "fake" marijuana such as spice or K2...
 ...in your lifetime?
 ...during the past 30 days?

59. On how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high...
 ...in your lifetime?
 ...during the past 30 days?

60. On how many occasions (if any) have you used methamphetamine (also known as Ice and Crystal meth)...
 ...in your lifetime?
 ...during the past 30 days?

61. On how many occasions (if any) have you used "club drugs" such as Ecstasy, Rohypnol, GHB, or ketamine...
 ...in your lifetime?
 ...during the past 30 days?



62. On how many occasions (if any) have you used LSD, PCP or hallucinogenic mushrooms ('shrooms, magic mushrooms)...
 ...in your lifetime?
 ...during the past 30 days?

63. On how many occasions (if any) have you used cocaine or "crack" cocaine...
 ...in your lifetime?
 ...during the past 30 days?

64. On how many occasions (if any) have you used prescription depressants or tranquilizers, such as Xanax or Valium, without a doctor's orders...
 ...in your lifetime?
 ...during the past 30 days?

65. On how many occasions (if any) have you used prescription pain relievers such as Oxycontin, Vicodin or Percocet, without a doctor's orders...
 ...in your lifetime?
 ...during the past 30 days?

66. On how many occasions (if any) have you used drugs that can be purchased from a store without a prescription—such as cold and cough medication—in order to get high...
 ...in your lifetime?
 ...during the past 30 days?

67. On how many occasions (if any) have you used amphetamines (including Ritalin, Adderall, etc.) without a doctor's orders...
 ...in your lifetime?
 ...during the past 30 days?

68. On how many occasions (if any) have you used derbisol...
 ...in your lifetime?
 ...during the past 30 days?

69. On how many occasions (if any) have you used heroin...
 ...in your lifetime?
 ...during the past 30 days?

70. During your life, how many times have you used a needle to inject any illegal drug into your body?

- 0 times 1 time 2 or more times

71. During the past 30 days, how did you usually get alcohol to drink? (CHOOSE ONLY ONE ANSWER)

- I did not drink in the past 30 days
 I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
 I bought it at a restaurant, bar, or club
 I bought it at a public event such as a concert or sporting event
 I gave someone else money to buy it for me
 Someone gave it to me
 I took it from a store
 I took it from a family member without them knowing it
 I got it some other way

72. During the past 30 days, where did you usually drink alcohol? (CHOOSE ONLY ONE ANSWER)

- I did not drink in the past 30 days
 At my home
 At another person's home
 In a car or other vehicle
 At a restaurant, bar, or club
 At a public place such as a park, beach, or parking lot
 At a public event such as a concert or sporting event
 On school property
 Some other place

73. During the past 30 days, on the days when you drank, about how many drinks did you usually have?

- I did not drink in the past 30 days
 1
 2
 3
 4
 5 or more

These questions ask about how you might act or feel in certain situations.

74. I often do whatever brings me pleasure here and now, even at the cost of some distant goal.

75. I'm more concerned with what happens to me in the short run than in the long run.

76. I sometimes find it exciting to do things for which I might get in trouble.

Strongly Agree
 Agree
 Disagree
 Strongly Disagree

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Strongly Agree
 Agree
 Disagree
 Strongly Disagree

77. Excitement and adventure are more important to me than security.

78. When I'm really angry, other people better stay away from me.

79. When I have a serious disagreement with someone, it's usually hard for me to talk calmly about it without getting upset.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed that they consider attempting suicide (taking some action to end their own life).

80. 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?

- No Yes

81. During the past 12 months, did you ever seriously consider attempting suicide?

- No Yes

82. During the past 12 months, did you make a plan about how you would attempt suicide?

- No Yes

83. During the past 12 months, how many times did you actually attempt suicide?

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

84. 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?

- I did not attempt suicide during the past 12 months
 No
 Yes

988 is a 24/7, confidential crisis line that connects individuals who need to talk about suicidal thoughts and other difficulties, with a crisis counselor.

85. If you were feeling overwhelmed, upset, or suicidal, would you call 988?

- Not likely Somewhat likely Very Likely

Very Likely

Somewhat Likely

Not Likely

86. If you were feeling overwhelmed, upset, or suicidal, how likely would you be to use phone, text, or chat to talk with a crisis counselor?

Phone

Text

Chat

These questions ask about the neighborhood and community where you live.

Very Easy

Sort of Easy

Sort of Hard

Very Hard

87. If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey or gin), how easy would it be for you to get some?

88. If you wanted to get some cigarettes, how easy would it be for you to get some?

89. If you wanted to get a drug like cocaine, LSD or amphetamines, how easy would it be for you to get some?

90. If you wanted to get a handgun, how easy would it be for you to get one?

91. If you wanted to get some marijuana, how easy would it be for you to get some?

YES!

yes

no

NO!

92. If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?

93. 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?

Not Wrong At All

A Little Bit Wrong

Wrong

Very Wrong

94. How wrong would most adults in your neighborhood think it was for kids your age:

to use marijuana.

to drink alcohol.

to smoke cigarettes.

40+ Times

30 to 39 Times

20 to 29 Times

10 to 19 Times

6 to 9 Times

3 to 5 Times

1 or 2 Times

Never

95. How many times in the past year (12 months) have you:

been suspended from school?

carried a handgun?

sold illegal drugs?

stolen or tried to steal a motor vehicle such as a car or motorcycle?

been arrested?

attacked someone with the idea of seriously hurting them?

taken a handgun to school?

drank alcohol before or during school?

smoked marijuana before or during school?

used another drug before or during school to get high?

THC is one of the chemicals in marijuana, but different types of THC, called Delta-8 THC and Delta-10 THC, come from hemp plants. Some stores and websites sell gummies, vape pens and cartridges, and other products that contain Delta-8 THC or Delta-10 THC.

96. Have you ever heard about products that contain Delta-8 THC or Delta-10 THC?

- No Yes Not sure

97. Have you ever used a product that contains Delta-8 THC or Delta-10 THC?

- No Yes Not sure

Some stores and websites also sell gummies, pills, and powders that contain a substance called kratom.

98. Have you ever heard about products that contain kratom?

- No Yes Not sure

99. Have you ever used a product that contains kratom?

- No Yes Not sure

The next few questions ask about your family.

	Very Wrong	Wrong	A Little Bit Wrong	Not Wrong At All
100. How wrong do your parents feel it would be for you to:				
have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

101. The rules in my family are clear.

- NO! no yes YES!

102. Has anyone in your family ever had a severe alcohol or drug problem?

- No Yes

103. During the past 12 months, have you talked with a parent or guardian about the dangers of taking a prescription drug that was not prescribed for you?

- No Yes

	NO!	no	yes	YES!
104. People in my family often insult or yell at each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. 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"/>
106. We argue about the same things in my family over and over.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. If you drank some beer, wine or liquor (for example, vodka, whiskey or gin) without your parents' permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. My family has clear rules about alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109. If you carried a handgun without your parents' permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. If you skipped school, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. My parents notice when I am doing a good job and let me know about it.				
<input type="radio"/> Never or Almost Never <input type="radio"/> Often				
<input type="radio"/> Sometimes <input type="radio"/> All the Time				
112. My parents ask me what I think before most family decisions affecting me are made.				
<input type="radio"/> NO! <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> YES!				
113. How often do your parents tell you they're proud of you for something you've done?				
<input type="radio"/> Never or Almost Never <input type="radio"/> Often				
<input type="radio"/> Sometimes <input type="radio"/> All the Time				

104. People in my family often insult or yell at each other.

105. When I am not at home, one of my parents knows where I am and who I am with.

106. We argue about the same things in my family over and over.

107. If you drank some beer, wine or liquor (for example, vodka, whiskey or gin) without your parents' permission, would you be caught by your parents?

108. My family has clear rules about alcohol and drug use.

109. If you carried a handgun without your parents' permission, would you be caught by your parents?

110. If you skipped school, would you be caught by your parents?

111. My parents notice when I am doing a good job and let me know about it.

- Never or Almost Never Often
 Sometimes All the Time

112. My parents ask me what I think before most family decisions affecting me are made.

- NO! no yes YES!

113. How often do your parents tell you they're proud of you for something you've done?

- Never or Almost Never Often
 Sometimes All the Time

Go on to the next page 

PLEASE DO NOT WRITE IN THIS AREA

	YES!			
	yes		no	
	NO!			
114. Do you enjoy spending time with your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. Do you enjoy spending time with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. 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"/>
117. My parents give me lots of chances to do fun things with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. My parents ask if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. People in my family have serious arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. Would your parents know if you did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

121. On an average school night, how many hours of sleep do you get?

- 4 hours or less
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours
- 11 hours
- 12 or more hours

	Yes	
	No	Yes
122. Does a parent or other adult you live with often insult you or put you down?	<input type="radio"/>	<input type="radio"/>
123. Has a parent or other adult you live with ever hit, beat, kicked, or seriously hurt you in any way?	<input type="radio"/>	<input type="radio"/>
124. Have you ever been forced to do sexual things you didn't want to do?	<input type="radio"/>	<input type="radio"/>
125. Are your parents separated or divorced?	<input type="radio"/>	<input type="radio"/>
126. Have your parents or other adults you live with ever physically abused each other?	<input type="radio"/>	<input type="radio"/>
127. Have you ever lived with someone who has a drinking problem?	<input type="radio"/>	<input type="radio"/>
128. Have you ever lived with someone who uses illegal drugs or abuses prescription drugs?	<input type="radio"/>	<input type="radio"/>
129. Have you ever lived with someone who is depressed or has any other mental health issues?	<input type="radio"/>	<input type="radio"/>
130. Have you ever lived with someone who attempted suicide?	<input type="radio"/>	<input type="radio"/>
131. Have you ever lived with someone who got sent to jail or prison?	<input type="radio"/>	<input type="radio"/>
132. Do you often feel that no one in your family loves you or thinks you are important?	<input type="radio"/>	<input type="radio"/>
133. Do you often feel that the members of your family don't support one another?	<input type="radio"/>	<input type="radio"/>
134. Do your parents ever fail to meet the basic needs of your family (for example, not providing enough food to eat or clean clothes to wear)?	<input type="radio"/>	<input type="radio"/>
135. Have your parents ever been too drunk or high to take you to the doctor when you were sick or hurt?	<input type="radio"/>	<input type="radio"/>

