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The following questions ask about your PERSONAL AND FAMILY INFORMATION.

1. SEX:

Male  Female

2. Are you Hispanic or Latino?

No  Yes

3. RACE:

White  
 Black or African-American  
 Asian  
 Native Hawaiian/Pacific Islander  
 American Indian/Alaskan Native  
 Race not known or other  
 More than one race

4. GRADE:

5th  6th  7th  8th

5. AGE:

10 years old or younger  12 years old  
 11 years old  13 years old or older

6. During any time in your life, has either of your parents or guardians been sent to Iraq, Afghanistan, or other combat zone because they are in the military? (Military includes Army, Navy, Marines, Air Force, National Guard, and Reserves.)

No  
 Yes  
 Not sure

7. During any time in your life, has either of your parents or guardians served time in jail or prison?

No  
 Yes  
 Not sure

The following questions ask about your USE OF ALCOHOL AND OTHER DRUGS.

8. How many times in the last month (30 days) have you used... ?

	Never	1-5 times	6-19 times	20-39 times	40 times or more
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol (beer, wine, liquor, wine coolers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (pot, hash, weed, kush, Mary Jane)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (whip-its, huffing, aerosol spray can, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vivoxiline (Vivo)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs (like OxyContin, Xanax, Vicodin, Adderall, etc.) not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. At what age did you first use... ?

	Never used	10 or younger	11	12	13 or older
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol (beer, wine, liquor, wine coolers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (pot, hash, weed, kush, Mary Jane)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (whip-its, huffing, aerosol spray can, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vivoxiline (Vivo)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs (like OxyContin, Xanax, Vicodin, Adderall, etc.) not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions ask about what you THINK OR FEEL.

10. How much do you think people risk harming themselves (physically or in other ways) if they... ?

	No risk	Slight risk	Moderate risk	Great risk
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 per week	<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"/>
Use prescription drugs not prescribed to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. How wrong do your friends feel it would be for you to... ?

	Very wrong	Wrong	A little bit wrong	Not at all wrong
Smoke tobacco	<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"/>
Have 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"/>
Use prescription drugs not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. How wrong do your parents feel it would be for you to... ?

	Very wrong	Wrong	A little bit wrong	Not at all wrong
Have one or two drinks of an alcoholic beverage nearly every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink beer, wine or hard liquor (for example vodka, whiskey, or gin) regularly (at least once or twice a month)	<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"/>
Steal something worth more than \$5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pick a fight with someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Please answer the following questions:

	No	Yes
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?	<input type="radio"/>	<input type="radio"/>
During the past 12 months, did you ever seriously consider attempting suicide?	<input type="radio"/>	<input type="radio"/>
During the past 12 months, did you make a plan about how you would attempt suicide?	<input type="radio"/>	<input type="radio"/>

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

	YES!	yes	no	NO!
The rules in my family are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents ask if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
My family has clear rules about alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We argue about the same things in my family over and over.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my family have serious arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my family often insult or yell at each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents ask me what I think before most family decisions affecting me are made.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
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"/>

15. Please answer the following questions:

	All the time	Often	Sometimes	Never or almost never
My parents notice when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do your parents tell you they're proud of you for something you've done?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



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16. Please answer the following questions:

YES!	yes	no	NO!
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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17. Putting them all together, what were your grades like last year?

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

18. Please answer the following questions:

YES!	yes	no	NO!
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. 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
<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"/>	<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"/>	<input type="radio"/>

20. How truthfully have you answered these questions?

- Not truthfully at all
- Somewhat truthfully
- Completely truthfully

ADDITIONAL QUESTIONS

If your teacher gives you additional questions, please answer them using the spaces below.

- 1. A B C D E F G H
- 2. A B C D E F G H
- 3. A B C D E F G H
- 4. A B C D E F G H
- 5. A B C D E F G H
- 6. A B C D E F G H
- 7. A B C D E F G H
- 8. A B C D E F G H
- 9. A B C D E F G H
- 10. A B C D E F G H
- 11. A B C D E F G H
- 12. A B C D E F G H
- 13. A B C D E F G H
- 14. A B C D E F G H
- 15. A B C D E F G H

3/8" SPINE PERF