



LOUISIANA CARING COMMUNITIES YOUTH SURVEY

** Thank you for agreeing to participate in this survey. The purpose of this survey is to learn how students in our schools feel about their community, family, peers, and school. The survey also asks about health behaviors.

** The survey is completely voluntary and anonymous. DO NOT put your name on the questionnaire.

** This is not a test, so there are no right or wrong answers. We would like you to work quickly so you can finish.

** All of the questions should be answered by completely filling in one of the answer spaces. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank. You can skip any question that you do not wish to answer.

** For questions that have the following answers: **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.

Example: Chocolate is the best ice cream flavor.

NO! no yes YES!

In the example above, the student marked "yes" because he or she thinks the statement is mostly true.

** Please mark each question by completely filling in the circle or circles. ONLY USE A #2 PENCIL.

Please fill in the following information with the help of your teacher/survey assistant.

Site Code:

0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9
A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K
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N	N	N	N	N	N	N	N	N	N	N
P	P	P	P	P	P	P	P	P	P	P
R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S
V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

2. Are you:

MALE FEMALE

3. How old are you?

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

4. Are you Hispanic or Latino?

Yes No

5. What is your race? (Mark ALL that apply.)

American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Unknown/Other _____

6. Think of where you live most of the time. Which of the following people live there with you? (Mark ALL that apply.)

Mother Uncle
 Stepmother Other Adult(s)
 Father Brother(s)
 Stepfather Stepbrother(s)
 Foster Parent(s) Sister(s)
 Grandparent(s) Stepsister(s)
 Aunt Other Children

1. What grade are you in?

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

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PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]



The next section asks about your experiences at school.

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7. 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

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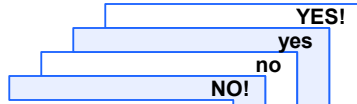
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	NO!	no	yes	YES!
8. In my school, students have lots of chances to help decide things like class activities and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Teachers ask me to work on special classroom projects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My teachers 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"/>
11. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. There are lots of chances for students in my school to talk with a teacher one-on-one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I feel safe at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The school lets my parents/caregivers know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Are your school grades better than the grades of most students in your class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I have lots of chances to be part of class discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I think sometimes it's okay to cheat at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. If you skipped school, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. My parents ask if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. How worried, if at all, are you about the possibility of each of the following things happening at your school?

	Not at all worried	Not too worried	Somewhat worried	Very worried
a. Getting bullied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Gun violence or active shooter situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Suicide by a student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Gang activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Students using alcohol or drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Tornado/Fire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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22. How safe do you feel in each of the following areas at your school (before and after school)?

	Very unsafe	Somewhat unsafe	Somewhat safe	Very safe
a. Playgrounds or fields	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Lunchroom/Cafeteria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Classrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Bathrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Parking lots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Stairs and hallways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. On the school bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. 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

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

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

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

	Never	Seldom	Sometimes	Often	Almost always
a. enjoy being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. hate being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. try to do your best work in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

27. Now think about all the students in your grade at your school. How many of them do you think:

	None (0%)	Few (1-10%)	Some (11-30%)	Some to half (31-50%)	Half to most (51-70%)	Most (71-90%)	Almost all (91-100%)
a. smoke one or more cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. drank alcohol sometime in the past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. used marijuana sometime in the past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. used an illegal drug in the past month (not including marijuana)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



36. How often have you done the following for money, possessions, or anything of value:

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	Almost everyday	Once a week or more	Once a month	A few times in the past year	Before, but not in the past year	Never
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a. played the lottery or lottery scratch-off tickets?

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b. bet on sporting events?

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c. played cards for money?

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d. played bingo for money or prizes?

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e. bet on Fantasy Sports such as football, basketball, etc.

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f. bet on dice games such as craps?

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37. The following questions are about your gambling/betting OVER THE PAST 3 MONTHS.

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	Always	Most of the time	Sometimes	Never
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a. How often have you skipped hanging out with friends who do not gamble/bet to hang out with friends who do gamble/bet?

b. In the past 3 months, how often have you felt that you might have a problem with gambling/betting?

c. How often have you hidden your gambling/betting from your parents, other family members or teachers?

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

	Not wrong at all	A little bit wrong	Wrong	Very wrong
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a. take a handgun to school?

b. steal anything worth more than \$5?

c. pick a fight with someone?

d. attack someone with the idea of seriously hurting them?

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

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

g. smoke cigarettes?

h. smoke marijuana?

i. use LSD, cocaine, amphetamines, or another illegal drug?

	NO!	no	yes	YES!
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39. Sometimes I think that life is not worth it.

40. At times I think I am no good at all.

41. All in all, I am inclined to think that I am a failure.

42. In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?

43. It is all right to beat up people if they start the fight.

44. I think it is okay to take something without asking if you can get away with it.

The following questions ask about suicide.

45. Has there ever been a time in your life when you experienced a loss by suicide?

- No
- Yes

46. If you marked "Yes" to question 45 above, was the loss a blood relative or friend? (Mark ALL that apply.)

- I marked "No" to the question above.
- Friend/peer
- Blood relative
- Friend/family
- Best friend

47. If you marked "Yes" to question 45, have you spoken to anyone about your loss?

- I marked "No" to the question above.
- No
- Yes

48. If you marked "Yes" on q45 above, please rate on a scale of 1-5 how it impacted you.

- I marked "No" to the question above.
- 1 (It had no effect on me.)
- 2 (It had little effect on me.)
- 3 (It had some effect on me.)
- 4 (It had considerable effect on me.)
- 5 (It had great effect on me.)

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

- No
- Yes

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

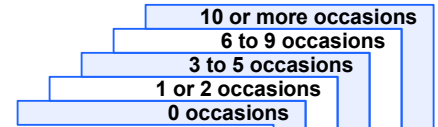
- No
- Yes

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

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



The next questions ask about drugs, alcohol, tobacco, and prescription medication.



On how many occasions (if any) have you:

	0 occasions	1 or 2 occasions	3 to 5 occasions	6 to 9 occasions	10 or more occasions	
52. 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"/>	77
53. had beer, wine, or hard liquor to drink during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	75
54. been drunk or very high from drinking alcoholic beverages during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	73
55. used marijuana (grass, pot) or hashish (hash, hash oil) in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	71
56. used marijuana (grass, pot) or hashish (hash, hash oil) during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	69
57. used LSD (acid, blotter) or other hallucinogens (like PCP, mescaline, peyote, shrooms, or ketamine) in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	67
58. used LSD (acid, blotter) or other hallucinogens (like PCP, mescaline, peyote, shrooms, or ketamine) during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	64
59. used cocaine or crack in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	61
60. used cocaine or crack during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	59
61. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	57
62. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	54
63. used phenoxydine (pox, px, breeze) in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	51
64. used phenoxydine (pox, px, breeze) during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	49
65. used methamphetamines (meth, speed, crank, crystal meth) in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	47
66. used methamphetamines (meth, speed, crank, crystal meth) in the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	45
67. used stimulants, other than methamphetamines (such as amphetamines, Adderall, Dexedrine, Ritalin,) without a doctor telling you to take them, in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	43
68. used stimulants, other than methamphetamines (such as amphetamines, Adderall, Dexedrine, Ritalin) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	40
69. used sedatives (tranquilizers, such as Ativan, Klonopin, Valium, Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them, in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	37
70. used sedatives (tranquilizers, such as Ativan, Klonopin, Valium, Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	34
71. used heroin in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	31
72. used heroin during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29
73. used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet, Suboxone, fentanyl, carfentanyl, or other opiates) without a doctor telling you to take them, in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27
74. used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet, Suboxone, fentanyl, carfentanyl, or other opiates) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23
75. used MDMA (X,E, "Molly", or ecstasy) in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20
76. used MDMA (X,E, "Molly", or ecstasy) in the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18
77. used synthetic marijuana or herbal incense products (such as K2, Spice, or Gold) in the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16
78. used other synthetic drugs (such as Bath Salts like Ivory Wave or White Lightning) in the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13



79. During the past 30 days, how many times did you **DRIVE** a car or other vehicle when you had been drinking alcohol?

- I do not drive.
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

80. 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?

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

81. Are you currently taking any medication that were prescribed for you because you had problems with your behavior or emotions?

- Yes
- No

82. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use? (Mark ALL that apply.)

- No
- Yes, about tobacco use
- Yes, about alcohol use
- Yes, about drug use

83. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? (Mark ALL that apply.)

- No
- Yes, about tobacco use
- Yes, about alcohol use
- Yes, about drug use

84. 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

85. Have you ever smoked cigarettes?

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

86. Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, or chewing tobacco)?

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

87. How frequently have you used smokeless tobacco during the past 30 days?

- Never
- Once or twice
- Once or twice per week
- 3-5 times per week
- About once a day
- More than once a day

88. Have you ever tried vape products (such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars)?

- Yes
- No

89. If you used vape products in the past 30 days, how did you get your own vape products? (Mark ALL that apply.)

- I did not use vape products (e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars) in the past 30 days.
- I bought them in a convenience store, supermarket, discount store, or gas station.
- I bought them at a smoke or vape shop.
- I bought them on the Internet or social media (such as Facebook, Instagram, or SnapChat).
- I gave someone else money to buy them for me.
- I borrowed (or bummed) them from somebody else.
- A person 18 years old or older gave them to me.
- I took them from a store or family member.
- I got them some other way.

90. During the past 30 days, on how many days did you:

	0 days	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20 to 29 days	All 30 days
a. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke tobacco in a hookah or waterpipe?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. use vape products (such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

91. Where did you get the prescription drugs you misused during the past year? (Mark ALL that apply.)

- I did not misuse prescription drugs in the past year.
- From a prescription I had.
- A friend or family member gave it to me for free.
- I took it from a family member or friend.
- I got it at a party.
- I bought it from a dealer or stranger.
- I bought it from a friend or family member.
- I bought it on the internet.
- I got it some other way.



92. If you drank alcohol (not just a sip or taste) in the past year, how did you get it? (Mark the number of times for each question).

	More than 5 times	3 to 5 times	1 or 2 times	0 times
a. I bought it myself from a store, restaurant, bar, or club with fake ID.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I bought it myself from a store, restaurant, bar, or club without fake ID.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A stranger bought it for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I got it from someone I know age 21 or older .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I got it from someone I know under age 21 .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I got it from a family member or relative other than my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I got it from home with my parents' permission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I got it from home without my parents' permission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I got it in another way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Great risk	Moderate risk	Slight risk	No risk
a. smoke one or more packs of cigarettes per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. try marijuana once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. smoke marijuana regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. have five or more drinks of an alcoholic beverage once or twice a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. smoke marijuana once or twice a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. use prescription drugs that are not prescribed to them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. try vape products (such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions ask about the neighborhood and community where you live

94. How wrong would most adults (over 21) in your neighborhood think it is for kids your age:

	Not wrong at all	A little bit wrong	Wrong	Very wrong
a. to use marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. to drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. to smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Very easy	Sort of easy	Sort of hard	Very hard
96. 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

97. In your community, how easy would it be for someone under 21 to buy alcohol from a store?

98. If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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99. If you wanted to get a handgun, how easy would it be for you to get one?

100. If you wanted to get some marijuana, how easy would it be for you to get some?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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101. If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?

	YES!	yes	no	NO!
102. 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

103. If a kid carried a handgun in your neighborhood, would he or she be caught by the police?

104. If someone was drinking and driving in your neighborhood, would they get caught by the police?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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105. If the police caught a kid drinking alcohol in your neighborhood, would he or she be in serious trouble?

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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The next few questions ask about your family. When answering these questions please think about the people you consider to be your family, for example, parents, stepparents, grandparents, aunts, uncles, etc.

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	NO!	no	yes	YES!
106. I feel safe at home where I live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. The rules in my family are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. 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"/>
109. If you drank some beer, wine, or hard 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"/>
110. My family has clear rules about alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. 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"/>
112. Would your parents know if you did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. It is important to be honest with your parents, even if they become upset or you get punished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

115. How honest were you in filling out this survey?

- I was very honest.
- I was honest most of the time.
- I was honest some of the time.
- I was honest once in a while.
- I was not honest at all.

Thank you for completing the survey

114. How wrong do your parents feel it would be for YOU to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. steal something worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. draw graffiti, 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"/>
f. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>