

Attitudes and Behaviors Survey

Instructions: Your answers on this questionnaire will be kept strictly confidential. No one will be able to find out how you or anyone else answered. Your school or program will receive a report that combines many students' answers together. Therefore, no one will be able to connect your answers with your name.

This is not a test you take for grades. You are just being asked to tell about yourself, your experiences, and your feelings. Please be as honest as you can.

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

Age: _____ Grade: _____

Which of the following best describes you?	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender, do not identify as exclusively male or female
	<input type="checkbox"/> Male	
	<input type="checkbox"/> Transgender, male-to-female	<input type="checkbox"/> Not sure
	<input type="checkbox"/> Transgender, female-to-male	

Would you say that you are...?	<input type="checkbox"/> Only straight/heterosexual	<input type="checkbox"/> Mostly lesbian/gay
	<input type="checkbox"/> Mostly straight/heterosexual	
	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Only lesbian/gay

Race/Ethnicity (Check all that apply):	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino/Latina	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other (please specify): _____	

Which of the following best describes your family?	<input type="checkbox"/> I live with my two birth / biological parents	<input type="checkbox"/> I live with my two adoptive parents
	<input type="checkbox"/> Sometimes I live with my mom and sometimes my dad	<input type="checkbox"/> I live with one parent
	<input type="checkbox"/> I live with one parent and one stepparent	<input type="checkbox"/> I live with one birth parent and one adoptive parent
	<input type="checkbox"/> I live with foster parents	<input type="checkbox"/> I live with my grandparents or other adult relatives who take care of me
	<input type="checkbox"/> Other	

How important is each of the following to you in your life? Mark one answer for each.	Not Important	Somewhat Important	Not Sure	Quite Important	Extremely Important
7. Helping other people	<input type="checkbox"/>				
8. Helping to reduce hunger and poverty in the world	<input type="checkbox"/>				
9. Helping to make the world a better place in which to live	<input type="checkbox"/>				
10. Being religious or spiritual	<input type="checkbox"/>				
11. Helping to make sure that all people are treated fairly	<input type="checkbox"/>				
12. Getting to know people who are of a different race or ethnic group than I am	<input type="checkbox"/>				
13. Speaking up for equality (everyone should have the same rights and opportunities)	<input type="checkbox"/>				

Reminder: in this survey, "parents" (and "father" or "mother") refer to the adults who are now most responsible for raising you.

14. Giving time or money to make life better for other people	<input type="checkbox"/>				
15. Doing what I believe is right, even if my friends make fun of me	<input type="checkbox"/>				
16. Standing up for what I believe, even when it's unpopular to do so	<input type="checkbox"/>				
17. Telling the truth, even when it's not easy	<input type="checkbox"/>				
18. Accepting responsibility for my actions when I make a mistake or get in trouble	<input type="checkbox"/>				
19. Doing my best, even when I have to do a job I don't like	<input type="checkbox"/>				

About School

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

<input type="checkbox"/> None	<input type="checkbox"/> Half hour or less
<input type="checkbox"/> Between a half hour and an hour	<input type="checkbox"/> 1 hour
<input type="checkbox"/> 2 hours	<input type="checkbox"/> 3 hours or more

21. What grades do you earn in school?

<input type="checkbox"/> Mostly As	<input type="checkbox"/> About half As and half Bs
<input type="checkbox"/> Mostly Bs	<input type="checkbox"/> About half Bs and half Cs
<input type="checkbox"/> Mostly Cs	<input type="checkbox"/> About half Cs and half Ds
<input type="checkbox"/> Mostly Ds	<input type="checkbox"/> Mostly below Ds

For each of the following, mark one response. How often does one of your parents ... ?

	Very Often	Often	Sometimes	Seldom	Never
22. Help you with your school work	<input type="checkbox"/>				
23. Talk to you about what you are doing in school	<input type="checkbox"/>				
24. Ask you about homework	<input type="checkbox"/>				
25. Go to meetings or events at your school	<input type="checkbox"/>				

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

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
26. At school I try as hard as I can to do my best work	<input type="checkbox"/>				
27. My teachers really care about me	<input type="checkbox"/>				
28. It bothers me when I don't do something well	<input type="checkbox"/>				
29. I get a lot of encouragement at my school	<input type="checkbox"/>				
30. Teachers at school push me to be the best I can be	<input type="checkbox"/>				
31. My parents push me to be the best I can be	<input type="checkbox"/>				

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

<input type="checkbox"/> None	<input type="checkbox"/> 1 day
<input type="checkbox"/> 2 days	<input type="checkbox"/> 3 days
<input type="checkbox"/> 4-5 days	<input type="checkbox"/> 6-10 days

Reminder: in this survey, "parents" (and "father" or "mother") refer to the adults who are now most responsible for raising you.

11 or more days

33. During this school year, have you received special help in school for your class work or behavior on a daily or weekly basis? Yes No

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

	Usually	Sometimes	Never
34. Feel bored at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Come to classes without the supplies I need (for example, paper, computer, books)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Come to classes without your homework finished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Feel interested in what you are learning at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About You

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

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
38. On the whole, I like myself	<input type="checkbox"/>				
39. It is against my values to drink alcohol while I am a teenager	<input type="checkbox"/>				
40. I like to do exciting things, even if they are dangerous	<input type="checkbox"/>				
41. At times, I think I am no good at all	<input type="checkbox"/>				
42. I get along well with my parents	<input type="checkbox"/>				
43. All in all, I am glad I am me	<input type="checkbox"/>				
44. I feel I do not have much to be proud of	<input type="checkbox"/>				
45. If I break one of my parents' rules, I usually get punished	<input type="checkbox"/>				
46. My parents give me help and support when I need it	<input type="checkbox"/>				
47. It is against my values to have sex while I am a teenager	<input type="checkbox"/>				
48. In my school there are clear rules about what students can and cannot do	<input type="checkbox"/>				
49. I care about the school I go to	<input type="checkbox"/>				
50. My parents often tell me they love me	<input type="checkbox"/>				
51. In my family, I feel useful and important	<input type="checkbox"/>				
52. Students in my school care about me	<input type="checkbox"/>				
53. In my family, there are clear rules about what I can and cannot do	<input type="checkbox"/>				
54. In my neighborhood, there are a lot of people who care about me	<input type="checkbox"/>				
55. At my school, everyone knows that you'll get in trouble for using alcohol or other drugs	<input type="checkbox"/>				
56. If one of my neighbors saw me do something wrong, he or she would tell one of my parents	<input type="checkbox"/>				

Reminder: in this survey, "parents" (and "father" or "mother") refer to the adults who are now most responsible for raising you.

During the last 12 months, how many times have you ...	Never	Once	Twice	3-4 Times	5 or More Times
57. Been a leader in a group or organization	<input type="checkbox"/>				
58. Stolen something from a store	<input type="checkbox"/>				
59. Gotten into trouble with the police	<input type="checkbox"/>				
60. Hit or beat up someone	<input type="checkbox"/>				
61. Damaged property just for fun (such as breaking windows, scratching a car, putting paint on walls, etc.)	<input type="checkbox"/>				

During an average week, how many hours do you spend ... ?	0	1	2	3-5	6-10	11 or More
62. Playing on or helping with sports teams at school or in the community	<input type="checkbox"/>					
63. In clubs or organizations other than sports at school (for example, school newspaper, student government, school plays, language clubs, hobby clubs, drama club, debate, etc.)	<input type="checkbox"/>					
64. In clubs or organizations other than sports outside of school (such as 4-H, Scouts, Boys and Girls Clubs, YWCA, YMCA, etc.)	<input type="checkbox"/>					
65. Reading just for fun (not part of your school work)	<input type="checkbox"/>					
66. Going to programs, groups, or services at a church, synagogue, mosque, or other religious or spiritual place	<input type="checkbox"/>					

During an average week, how many hours do you spend ... ?	0	1	2	3-5	6-10	11 or More
67. Helping other people without getting paid (such as helping out at a hospital, daycare center, food shelf, youth program, community service agency, or doing other things) to make your city a better place for people to live	<input type="checkbox"/>					
68. Helping friends or neighbors	<input type="checkbox"/>					
69. Practicing or taking lessons in music, art, drama, or dance, after school or on weekends	<input type="checkbox"/>					

Reminder: in this survey, "parents" (and "father" or "mother") refer to the adults who are now most responsible for raising you.

Think about people who know you well. How do you think they would rate you on each of these? People who know me would say that this is ...	Not at All Like Me	A Little Like Me	Somewhat Like Me	Quite Like Me	Very Much Like Me
70. Knowing how to say "no" when someone wants me to do things I know are wrong or dangerous	<input type="checkbox"/>				
71. Caring about other people's feelings	<input type="checkbox"/>				
72. Thinking through the possible good and bad results of different choices before I make decisions	<input type="checkbox"/>				
73. Saving my money for something special rather than spending it all right away	<input type="checkbox"/>				
74. Respecting the values and beliefs of people who are of a different race or culture than I am	<input type="checkbox"/>				
75. Giving up when things get hard for me	<input type="checkbox"/>				
76. Staying away from people who might get me in trouble	<input type="checkbox"/>				
77. Feeling really sad when one of my friends is unhappy	<input type="checkbox"/>				
78. Being good at making and keeping friends	<input type="checkbox"/>				
79. Knowing a lot about people of other races or ethnic groups	<input type="checkbox"/>				
80. Enjoying being with people who are of a different race or ethnic group than I am	<input type="checkbox"/>				
81. Being good at planning ahead	<input type="checkbox"/>				
82. Taking good care of my body (such as, eating foods that are good for me, exercising regularly, and eating three good meals a day)	<input type="checkbox"/>				

In this section we ask you about alcohol and other drugs. Please answer honestly. Remember, you are not asked to put your name on this form, so no one will ever be able to tell how you answered.

On how many occasions (if any) have you had more than just a few sips of alcoholic beverages (beer, wine, or hard liquor) to drink...?	0	1-2	3-5	6-9	10-19	20-39	40+
83. In your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. During the past 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. Think back over the past two weeks. How many times have you had five or more drinks in a row? (A "drink" is a glass of wine, a bottle or can of beer, a shot glass of liquor, or a mixed drink.)	<input type="checkbox"/> None				<input type="checkbox"/> Once		
	<input type="checkbox"/> Twice				<input type="checkbox"/> 3 to 5 times		
	<input type="checkbox"/> 6 to 9 times				<input type="checkbox"/> 10 or more times		
86. How frequently have you smoked cigarettes during the past 30 days?	<input type="checkbox"/> I have never smoked a cigarette			<input type="checkbox"/> Not at all			
	<input type="checkbox"/> Less than 1 cigarette per day			<input type="checkbox"/> 1 to 5 cigarettes per day			
	<input type="checkbox"/> About 1/2 pack per day			<input type="checkbox"/> About 1 pack per day			
	<input type="checkbox"/> About 1-1/2 packs per day			<input type="checkbox"/> 2 or more packs per day			

Reminder: in this survey, "parents" (and "father" or "mother") refer to the adults who are now most responsible for raising you.

87. During the past 30 days have you used marijuana or hashish? Yes No

88. During the past 30 days have you used prescription drugs not prescribed to you? Yes No

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

	Very Wrong	Wrong	A Little Bit Wrong	Not at all Wrong
89. Have one or two drinks of an alcoholic beverage nearly every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. Smoke tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. Smoke marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. Use prescription drugs not prescribed to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Very Wrong	Wrong	A Little Bit Wrong	Not at all Wrong
93. Have one or two drinks of an alcoholic beverage nearly every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. Smoke tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. Smoke marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96. Use prescription drugs not prescribed to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	No Risk	Slight Risk	Moderate Risk	Great Risk
97. 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"/>
98. Smoke one or more packs of cigarettes per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99. Smoke marijuana once or twice a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100. Use prescription drugs that are not prescribed to them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many times, if any, have you used cocaine (crack, coke, snow, rock) in your lifetime ... ?

	0	1	2	3-5	6-9	10-19	20-39	40+
101. Number of Times	<input type="checkbox"/>							

During the last 12 months, how many times have you ...

	Never	Once	Twice	3-4 Times	5 or More Times
102. Been to a party where other kids your age were drinking	<input type="checkbox"/>				
103. Driven a car after you had been drinking	<input type="checkbox"/>				
104. Ridden in a car whose driver had been drinking	<input type="checkbox"/>				

How many times during the last 30 days, if any, have you vaped tobacco, nicotine, or marijuana?

	0	1	2	3-5	6-9	10-19	20-39	40+
105. Number of Times	<input type="checkbox"/>							

None Once a week

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During the last 12 months, how many times have you ... ?	Never	Once	Twice	3-4 Times	5 or More Times
121. Taken part in a fight where a group of your friends fought another group	<input type="checkbox"/>				
122. Hurt someone badly enough to need bandages or a doctor	<input type="checkbox"/>				
123. Used a knife, gun, or other weapon to get something from a person	<input type="checkbox"/>				

	Yes	Probably	I'm not sure	Probably Not	No
124. If you had an important concern about drugs, alcohol, sex, or some other serious issue, would you talk to your parent(s) about it?	<input type="checkbox"/>				

125. How much of the time do your parents ask you where you are going or with whom you will be?	<input type="checkbox"/> Never	<input type="checkbox"/> Seldom	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time
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Among the people you consider to be your closest friends, how many would you say ... ?	None	A Few	Some	Most	All
126. Drink alcohol once a week or more	<input type="checkbox"/>				
127. Have used drugs such as marijuana or cocaine	<input type="checkbox"/>				
128. Do well in school	<input type="checkbox"/>				
129. Get into trouble at school	<input type="checkbox"/>				

How often do you feel afraid of ...	Never	Once in a While	Sometimes	Often	Always
130. Walking around your neighborhood	<input type="checkbox"/>				
131. Getting hurt by someone at your school	<input type="checkbox"/>				
132. Getting hurt by someone in your home	<input type="checkbox"/>				

133. On the average, how many evenings per week do you go out to activities at a school, youth group, congregation, or other organization?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
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134. On the average, how many evenings per week do you go out just to be with your friends without anything special to do?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
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135. Imagine that someone at your school hit you or pushed you for no reason. What would you do? Mark one answer.	<input type="checkbox"/> I'd hit or push them right back.	<input type="checkbox"/> I'd try to hurt them worse than they hurt me.	<input type="checkbox"/> I'd try to talk to this person and work out our differences.	<input type="checkbox"/> I'd talk to a teacher or other adult.	<input type="checkbox"/> I'd just ignore it and do nothing.
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Reminder: in this survey, "parents" (and "father" or "mother") refer to the adults who are now most responsible for raising you.

How much do you agree or disagree with the following? Mark one answer for each.	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
136. Students help decide what goes on in my school	<input type="checkbox"/>				
137. I don't care how I do in school	<input type="checkbox"/>				
138. I have lots of good conversations with my parents	<input type="checkbox"/>				
139. If I break a rule at school, I'm sure to get in trouble	<input type="checkbox"/>				
140. My parents spend a lot of time helping other people	<input type="checkbox"/>				
141. I have little control over the things that will happen in my life	<input type="checkbox"/>				

During the last 12 months, how many times have you ... ?	Never	Once	Twice	3-4 times	5 or more times
142. Carried a knife or gun to protect yourself	<input type="checkbox"/>				
143. Threatened to physically hurt someone	<input type="checkbox"/>				
144. Gambled (for example, bought lottery tickets or tabs, bet money on sports teams or card games, etc.)	<input type="checkbox"/>				

The following questions ask about the adults you know. When answering these questions, don't count your parents or relatives.

How many adults have you known for two or more years who ... ?	0	1	2	3-4	5 or More
145. Give you lots of encouragement whenever they see you	<input type="checkbox"/>				
146. You look forward to spending time with	<input type="checkbox"/>				
147. Spend a lot of time helping other people	<input type="checkbox"/>				
148. Do things that are wrong or dangerous	<input type="checkbox"/>				
149. Talk with you at least once a month	<input type="checkbox"/>				

On an average school day, how many hours do you spend ... ?	None	Less Than 1 Hour	1 Hour	2 Hours	3 Hours	4 or More Hours
150. Watching TV or videos	<input type="checkbox"/>					
151. Using a computer, cell phone, or other device to email, play games, surf the web, message, or text with friends	<input type="checkbox"/>					
152. At home with no adult there with you	<input type="checkbox"/>					

153. Have you ever been physically harmed (that is where someone caused you to have a scar, black and blue marks, welts, bleeding, or a broken bone) by someone in your family or someone living with you?

Never
 2-3 times
 More than 10 times

154. How many times in the last 2 years have you been the victim of physical violence where someone caused you physical pain or injury?

Never
 Twice
 4 or more times

Once
 4-10 times
 3 times

Reminder: in this survey, "parents" (and "father" or "mother") refer to the adults who are now most responsible for raising you.

155. Where does your family now live?

- | | |
|--|--|
| <input type="checkbox"/> On a farm | <input type="checkbox"/> In the country, not on a farm |
| <input type="checkbox"/> On an American Indian reservation | <input type="checkbox"/> In a small town (under 2,500 in population) |
| <input type="checkbox"/> In a town (2,500 to 9,999) | <input type="checkbox"/> In a small city (10,000 to 49,999) |
| <input type="checkbox"/> In a medium size city (50,000 to 250,000) | <input type="checkbox"/> In a large city (over 250,000) |

156. How many years have you lived in the city where you now live?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> All my life | <input type="checkbox"/> 10 years or more, but I've lived in at least one other place |
| <input type="checkbox"/> 5–9 years | <input type="checkbox"/> 3–4 years |
| <input type="checkbox"/> 1–2 years | <input type="checkbox"/> Less than 1 year |

157. How often do you binge eat (eat a lot of food in a short period of time) and then make yourself throw up or use laxatives to get rid of the food you have eaten?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Once in a while |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |

158. Have you ever gone several months where you cut down on how much you ate and lost so much weight or became so thin that other people became worried about you?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

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

- | | |
|---|--|
| <input type="checkbox"/> Completed grade school or less | <input type="checkbox"/> Some high school |
| <input type="checkbox"/> Completed high school | <input type="checkbox"/> Some college |
| <input type="checkbox"/> Completed college | <input type="checkbox"/> Graduate or professional school after college |
| <input type="checkbox"/> Don't know, or does not apply | |

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

- | | |
|---|--|
| <input type="checkbox"/> Completed grade school or less | <input type="checkbox"/> Some high school |
| <input type="checkbox"/> Completed high school | <input type="checkbox"/> Some college |
| <input type="checkbox"/> Completed college | <input type="checkbox"/> Graduate or professional school after college |
| <input type="checkbox"/> Don't know, or does not apply | |