

## Core Module

## High School Questionnaire

2013–2014

This survey asks about your behavior, experiences, and attitudes related to your school, health, and well-being. It includes questions about use of alcohol, tobacco, and other drugs, and about bullying and violence.

**You do not have to answer these questions**, but your answers will be very helpful in improving school and health programs. **You will be able to answer** whether or not you have done or experienced any of these things.

**Please do not write your name on this form or the answer sheet. Do not identify yourself in any other way.**

Please mark all of your answers on the answer sheet. Fill in the bubbles neatly with a **#2 pencil**. Do not write on the questionnaire. Mark only one answer unless told to *“Mark All That Apply.”*

This survey asks about things you may have done during different periods of time, such as during your **lifetime** (for example, did you ever do something?), or the past **12 months**, or **30 days**. Each provides different information. Please pay careful attention to these time periods.

**Thank you for taking this survey!**

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**Begin by writing your school's name at the top of the answer sheet.**

1. Fill in the bubble for the letter "B."
2. Fill in the bubble for the letter "G."

**Next, we would like some background information about you.**

3. How old are you?

A) 10 years old or younger	F) 15 years old
B) 11 years old	G) 16 years old
C) 12 years old	H) 17 years old
D) 13 years old	I) 18 years old or older
E) 14 years old	
4. What is your sex?

A) Male	
B) Female	
5. What grade are you in?

A) 6th grade	F) 11th grade
B) 7th grade	G) 12th grade
C) 8th grade	H) Other grade
D) 9th grade	I) Ungraded
E) 10th grade	
6. Are you of Hispanic or Latino origin?

A) No	
B) Yes	
7. What is your race?

A) American Indian or Alaska Native	D) Native Hawaiian or Pacific Islander
B) Asian	E) White
C) Black or African American	F) Mixed (two or more) races

## Core Module

8. If you are Asian or Pacific Islander, which groups best describe you? (*Mark All That Apply.*)  
If you are **not** of Asian/Pacific Islander background, mark "A. Does not apply."
- |                                                       |                                                                            |
|-------------------------------------------------------|----------------------------------------------------------------------------|
| A) Does not apply; I am not Asian or Pacific Islander | H) Korean                                                                  |
| B) Asian Indian                                       | I) Laotian                                                                 |
| C) Cambodian                                          | J) Vietnamese                                                              |
| D) Chinese                                            | K) Native Hawaiian, Guamanian, Samoan, Tahitian, or other Pacific Islander |
| E) Filipino                                           | L) Other Asian                                                             |
| F) Hmong                                              |                                                                            |
| G) Japanese                                           |                                                                            |
9. What best describes where you live? A home includes a house, apartment, trailer, or mobile home.
- |                                                |                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------|
| A) A home with one or more parents or guardian | E) Foster home, group care, or waiting placement                        |
| B) Other relative's home                       | F) Hotel or motel                                                       |
| C) A home with more than one family            | G) Shelter, car, campground, or other transitional or temporary housing |
| D) Friend's home                               | H) Other living arrangement                                             |
10. What is the highest level of education your parents completed? (*Mark The Educational Level Of The Parent Who Went The Furthest In School.*)
- |                                                           |                           |
|-----------------------------------------------------------|---------------------------|
| A) Did not finish high school                             | D) Graduated from college |
| B) Graduated from high school                             | E) Don't know             |
| C) Attended college but did not complete four-year degree |                           |
11. During the past 12 months, how would you describe the grades you mostly received in school?
- |                |                |
|----------------|----------------|
| A) Mostly A's  | E) Mostly C's  |
| B) A's and B's | F) C's and D's |
| C) Mostly B's  | G) Mostly D's  |
| D) B's and C's | H) Mostly F's  |
12. During the past 12 months, about how many times did you skip school or cut classes?
- |                |                          |
|----------------|--------------------------|
| A) 0 times     | D) Once a month          |
| B) 1–2 times   | E) Once a week           |
| C) A few times | F) More than once a week |

Core Module

13. In the past 30 days, did you miss school for any of the following reasons? (Mark All That Apply.)

- A) Does not apply, I didn't miss any school
- B) Illness (feeling physically sick), including problems with breathing or your teeth
- C) Felt very sad, hopeless, anxious, stressed, or angry
- D) Didn't get enough sleep
- E) Didn't feel safe at school
- F) Had to work
- G) Had to take care of or help a family member or friend
- H) Wanted to spend time with friends who don't go to your school
- I) Wanted to use alcohol or drugs
- J) Were behind in schoolwork or weren't prepared for a test or class assignment
- K) Were bored with or uninterested in school
- L) Were suspended
- M) Other reason

How strongly do you agree or disagree with the following statements?

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neither Disagree Nor Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>
14. I feel close to people at this school.	A	B	C	D	E
15. I am happy to be at this school.	A	B	C	D	E
16. I feel like I am part of this school.	A	B	C	D	E
17. The teachers at this school treat students fairly.	A	B	C	D	E
18. I feel safe in my school.	A	B	C	D	E
19. I try hard to make sure that I am good at my schoolwork.	A	B	C	D	E
20. I try hard at school because I am interested in my work.	A	B	C	D	E
21. I work hard to try to understand new things at school.	A	B	C	D	E
22. I am always trying to do better in my schoolwork.	A	B	C	D	E

## Core Module

Please mark on your answer sheet how TRUE you feel each of the following statements is about your SCHOOL and things you might do there.

*At my school, there is a teacher or some other adult ...*

	Not At All True	A Little True	Pretty Much True	Very Much True
23. who really cares about me.	A	B	C	D
24. who tells me when I do a good job.	A	B	C	D
25. who notices when I'm not there.	A	B	C	D
26. who always wants me to do my best.	A	B	C	D
27. who listens to me when I have something to say.	A	B	C	D
28. who believes that I will be a success.	A	B	C	D

*At school, ...*

	Not At All True	A Little True	Pretty Much True	Very Much True
29. I do interesting activities.	A	B	C	D
30. I help decide things like class activities or rules.	A	B	C	D
31. I do things that make a difference.	A	B	C	D

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The next questions ask about the use of alcohol, tobacco, marijuana, and other drugs, including pills or medications to get “high” or for reasons other than medical (*without a doctor’s order*).

Keep the following definitions in mind.

- **One drink of ALCOHOL**, or alcoholic drink (beverage), means one regular size can/bottle of beer or wine cooler, one glass of wine, one mixed drink, or one shot glass of liquor.
- Questions about alcohol do **not** include drinking a few sips of wine for religious purposes.
- **DRUG** means any substance other than alcohol or tobacco, including pills and medications, used to get “high” (“loaded”, “stoned”, or “wasted”) or for purposes other than they were prescribed by a doctor. *During your life, how many times have you used the following substances?*

		<u>Number of Times</u>					
		<u>0</u> <u>Times</u>	<u>1</u> <u>Time</u>	<u>2</u> <u>Times</u>	<u>3</u> <u>Times</u>	<u>4–6</u> <u>Times</u>	<u>7 or</u> <u>More</u> <u>Times</u>
32.	A whole cigarette	A	B	C	D	E	F
33.	Smokeless tobacco (dip, chew, or snuff such as Redman™, Skoal™, or Bechnut™)	A	B	C	D	E	F
34.	An electronic cigarette or any other nicotine delivery device	A	B	C	D	E	F
35.	One full drink of alcohol (such as a can of beer, glass of wine, wine cooler, or shot of liquor)	A	B	C	D	E	F
36.	Marijuana (pot, weed, grass, hash, bud)	A	B	C	D	E	F
37.	Inhalants (things you sniff, huff, or breathe to get “high” such as glue, paint, aerosol sprays, gasoline, poppers, gases)	A	B	C	D	E	F
38.	Cocaine, Methamphetamine, or any amphetamines (meth, speed, crystal, crank, ice)	A	B	C	D	E	F
39.	Derbisol (DB, derbs, dirt)	A	B	C	D	E	F
40.	Ecstasy, LSD, or other psychedelics (acid, mescaline, peyote, mushrooms)	A	B	C	D	E	F
41.	Prescription pain killers (Vicodin™, OxyContin™, Percodan™, Lortab™), tranquilizers, or sedatives (Xanax™, Ativan™)	A	B	C	D	E	F
42.	Diet Pills (Didrex, Dexedrine, Zinadrine, Skittles, M&M’s)	A	B	C	D	E	F
43.	Ritalin™ or Adderall™ (JIF, R-ball, Skippy) or other prescription stimulant	A	B	C	D	E	F
44.	Cold/Cough Medicines (Triple-C’s, Coricidin Cough, Sudafed, TheraFlu, Tylenol Cough) or other over-the-counter medicines	A	B	C	D	E	F
45.	Any other drug, or pill, or medicine to get “high” or for other than medical reasons	A	B	C	D	E	F

Core Module

During your life, how many times have you been ...

		Number of Times					
		0 Times	1 Time	2 Times	3 Times	4-6 Times	7 or More Times
46.	very drunk or sick after drinking alcohol?	A	B	C	D	E	F
47.	“high” (loaded, stoned, or wasted) from using drugs?	A	B	C	D	E	F
48.	drunk on alcohol or “high” on drugs <u>on school property</u> ?	A	B	C	D	E	F

About how old were you the first time you did any of these things?

		Years of Age									
		Never	10 or Under	11	12	13	14	15	16	17	18 or Over
49.	Had a drink of an alcoholic beverage (other than a sip or two)	A	B	C	D	E	F	G	H	I	J
50.	Smoked part or all of a cigarette	A	B	C	D	E	F	G	H	I	J
51.	Used smokeless tobacco or other tobacco products	A	B	C	D	E	F	G	H	I	J
52.	Used marijuana or hashish	A	B	C	D	E	F	G	H	I	J
53.	Used any other illegal drug or pill to get “high”	A	B	C	D	E	F	G	H	I	J

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

		0 Days	1 Day	2 Days	3-9 Days	10-19 Days	20-30 Days
54.	cigarettes?	A	B	C	D	E	F
55.	smokeless tobacco (dip, chew or snuff)?	A	B	C	D	E	F
56.	an electronic cigarette or any other nicotine delivery device?	A	B	C	D	E	F
57.	one drink of alcohol?	A	B	C	D	E	F
58.	five or more drinks of alcohol in a row, that is, within a couple of hours?	A	B	C	D	E	F
59.	marijuana (pot, weed, grass, hash, bud)?	A	B	C	D	E	F
60.	inhalants (things you sniff, huff, or breathe to get “high”)?	A	B	C	D	E	F
61.	prescription pain medications to get “high” or for reasons other than prescribed (such as Vicodin™, OxyContin™, Percodan™, Ritalin™, Adderall™, Xanax™)?	A	B	C	D	E	F
62.	any other drug, pill, or medicine to get “high” or for other than medical reasons?	A	B	C	D	E	F
63.	two or more drugs at the same time (for example, alcohol with marijuana, ecstasy with mushrooms)?	A	B	C	D	E	F

Core Module

*During the past 30 days, on how many days on school property did you ...*

	0 Days	1 Day	2 Days	3 – 9 Days	10 – 19 Days	20 – 30 Days
64. smoke cigarettes?	A	B	C	D	E	F
65. use smokeless tobacco?	A	B	C	D	E	F
66. have at least one drink of alcohol?	A	B	C	D	E	F
67. smoke marijuana?	A	B	C	D	E	F
68. use any other illegal drug or pill to get “high”?	A	B	C	D	E	F

*How much do people risk harming themselves physically and in other ways when they do the following?*

	Great	How Much Risk or Harm		None
		Moderate	Slight	
69. Smoke cigarettes occasionally	A	B	C	D
70. Smoke 1–2 packs of cigarettes each day	A	B	C	D
71. Drink alcohol occasionally	A	B	C	D
72. Have five or more drinks of an alcoholic beverage once or twice a week	A	B	C	D
73. Smoke marijuana occasionally	A	B	C	D
74. Smoke marijuana once or twice a week	A	B	C	D

*How difficult is it for students in your grade to get any of the following substances if they really want them?*

	Very Difficult	Fairly Difficult	Fairly Easy	Very Easy	Don't Know
75. Cigarettes	A	B	C	D	E
76. Alcohol	A	B	C	D	E
77. Marijuana	A	B	C	D	E
78. How do you feel about someone your age smoking one or more packs of cigarettes a day?					
A) Neither approve nor disapprove					
B) Somewhat disapprove					
C) Strongly disapprove					

*How many times have you tried to quit or stop using ...*

	Does Not Apply, Don't Use	0 Times	1 Time	2–3 Times	4 or More Times
79. cigarettes?	A	B	C	D	E
80. alcohol?	A	B	C	D	E
81. marijuana?	A	B	C	D	E



## Core Module

82. During your life, how many times have you ever driven a car when you had been drinking alcohol, or been in a car driven by a friend when he or she had been drinking?
- A) Never
  - B) 1 time
  - C) 2 times
  - D) 3 to 6 times
  - E) 7 or more times

**Next are questions about violence, safety, harassment, & bullying  
on school property.**

83. How safe do you feel when you are at school?
- A) Very safe
  - B) Safe
  - C) Neither safe nor unsafe
  - D) Unsafe
  - E) Very unsafe

*During the past **12 months**, how many times **on school property** have you ...*

		Happened on School Property			
		0 Times	1 Time	2 to 3 Times	4 or More Times
84.	been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	B	C	D
85.	been afraid of being beaten up?	A	B	C	D
86.	been in a physical fight?	A	B	C	D
87.	had mean rumors or lies spread about you?	A	B	C	D
88.	had sexual jokes, comments, or gestures made to you?	A	B	C	D
89.	been made fun of because of your looks or the way you talk?	A	B	C	D
90.	had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
91.	been offered, sold, or given an illegal drug?	A	B	C	D
92.	damaged school property on purpose?	A	B	C	D
93.	carried a gun?	A	B	C	D
94.	carried any other weapon (such as a knife or club)?	A	B	C	D
95.	been threatened or injured with a weapon (gun, knife, club, etc.)?	A	B	C	D
96.	seen someone carrying a gun, knife, or other weapon?	A	B	C	D
97.	been threatened with harm or injury?	A	B	C	D
98.	been made fun of, insulted, or called names?	A	B	C	D

## Core Module

During the past 12 months, how many times **on school property** were you harassed or bullied for any of the following reasons? [You were **bullied** if you were shoved, hit, threatened, called mean names, teased, or had other unpleasant physical or verbal things done to you repeatedly or in a severe way. It is **not bullying** when two students of about the same strength quarrel or fight.]

	<u>0 Times</u>	<u>1 Time</u>	<u>2 to 3 Times</u>	<u>4 or More Times</u>
99. Your race, ethnicity, or national origin	A	B	C	D
100. Your religion	A	B	C	D
101. Your gender (being male or female)	A	B	C	D
102. Because you are gay or lesbian or someone thought you were	A	B	C	D
103. A physical or mental disability	A	B	C	D
104. Any other reason	A	B	C	D
105. During the past <u>12 months</u> , how many times did other students spread mean rumors or lies about you on the internet (i.e., Facebook™, MySpace™, email, instant message)?				
A) 0 times (never)				
B) 1 time				
C) 2–3 times				
D) 4 or more times				
106. Do you consider yourself a member of a gang?				
A) No				
B) Yes				
107. During the past <u>12 months</u> , did you ever feel so sad or hopeless almost everyday for two weeks or more that you stopped doing some usual activities?				
A) No				
B) Yes				
108. During the past <u>12 months</u> , did you ever seriously consider attempting suicide?				
A) No				
B) Yes				
109. Did you eat breakfast today?				
A) No				
B) Yes				
110. How many questions in this survey did you answer honestly?				
A) All of them				
B) Most of them				
C) Only some of them				
D) Hardly any				

## Core Module

111. Is your father, mother, or caretaker currently in the military (Army, Navy, Marines, Air Force, National Guard, or Reserves)?
- A) No
  - B) Yes
  - C) Don't know
112. Which of the following best describes you? (*Mark All That Apply.*)
- A) Heterosexual (straight)
  - B) Gay or Lesbian or Bisexual
  - C) Transgender
  - D) Not sure
  - E) Decline to respond

# Alcohol & Other Drugs Module

## SUPPLEMENT 1

W1. If you drink alcohol, how much do you usually drink?

- A) I don't drink alcohol
- B) Just enough to feel it a little
- C) Enough to feel it moderately
- D) Until I feel it a lot or get really drunk

W2. If you use marijuana or other drugs, how "high" (stoned, faded, wasted, trashed) do you usually like to get?

- A) I don't use drugs
- B) Just enough to feel a little high
- C) Enough to feel it moderately
- D) Until I feel it a lot or get really high

W3. Has using alcohol, marijuana, or other drugs ever caused you to have any of the following problems?

*(Mark All That Apply.)*

- |                                                          |                                                          |
|----------------------------------------------------------|----------------------------------------------------------|
| A) Doesn't apply; I've never used alcohol or drugs       | G) Fight with other kids                                 |
| B) Have problems with emotions, nerves, or mental health | H) Damage a friendship                                   |
| C) Get into trouble or have problems with the police     | I) Physically hurt or injure yourself                    |
| D) Have money problems                                   | J) Have unwanted or unprotected sex                      |
| E) Miss school                                           | K) Forget what happened or pass out                      |
| F) Have problems with schoolwork                         | L) Have any other problems                               |
|                                                          | M) I've used alcohol or drugs but never had any problems |

W4. If you use alcohol, marijuana, or another drug, have you had any of the following experiences? *(Mark All That Apply.)*

- |                                                                                                                      |                                                                            |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| A) Does not apply; I have not used alcohol or drugs                                                                  | recreational activities or hobbies (sports, music, art, etc.)              |
| B) Found you had to increase how much you use to have the same effect as before                                      | G) Often didn't feel OK unless you had something to drink or used a drug   |
| C) Frequently spent a lot of time getting, using, or being hung over from using alcohol or other drugs               | H) Thought about reducing (cutting down) or stopping use                   |
| D) Used alcohol or drugs a lot more than you intended                                                                | I) Told yourself you were not going to use but found yourself using anyway |
| E) Used alcohol or drugs when you were alone (by yourself)                                                           | J) Spoke with someone about reducing or stopping use                       |
| F) Your use of alcohol or drugs often kept you from doing a normal activity, like going to school, working, or doing | K) Attended counseling, a program, or group to help you reduce or stop use |
|                                                                                                                      | L) I use alcohol or drugs but have not experienced any of these things     |

## Alcohol &amp; Other Drugs Module

## SUPPLEMENT 1

- W5. Have you ever felt that you needed help (such as counseling or treatment) for your alcohol *or* other drug use?
- A) No, I never used alcohol or other drugs
  - B) No, but I do use alcohol or other drugs
  - C) Yes, I have felt that I needed help
- W6. In your opinion, how likely is it that a student would find help at your school from a counselor, teacher, or other adult to **stop or reduce** using alcohol or other drugs?
- A) Very likely
  - B) Likely
  - C) Not likely
  - D) Don't know
- W7. In your opinion, how likely is it that a student will be suspended, expelled, or transferred if he or she is caught on school property using or possessing alcohol or other drugs?
- A) Very likely
  - B) Likely
  - C) Not likely
  - D) Don't know
- W8. How do *most* kids at your school who drink alcohol usually get it? (*Mark All That Apply.*)
- A) At school
  - B) At parties or events outside school
  - C) At their own home
  - D) From adults at friends' homes
  - E) From friends or another teenager
  - F) Get adults to buy it for them
  - G) Buy it themselves from a store (convenience store, liquor store, grocery, mini mart)
  - H) At bars, clubs, or gambling casinos
  - I) Other
  - J) Don't know

*How do you feel about someone your age doing the following?*

	Neither Approve Nor Disapprove	Somewhat Disapprove	Strongly Disapprove
W9. Having one or two drinks of any alcoholic beverage nearly every day	A	B	C
W10. Trying marijuana or hashish once or twice	A	B	C
W11. Using marijuana once a month or more	A	B	C
W12. During the past <u>12 months</u> , have you talked with at least one of your parents or guardians about the dangers of tobacco, alcohol, or drug use?			
	A) No		
	B) Yes		

# Alcohol & Other Drugs Module

## SUPPLEMENT 1

- W13. During the past 12 months, have you heard, read, or watched any messages about not using alcohol, tobacco, or drugs?  
 A) No  
 B) Yes

- W14. During the past 12 months, have you sold drugs to someone?  
 A) No  
 B) Yes

*How wrong do your parents or guardians feel it would be for you to do the following?*

	<u>Very Wrong</u>	<u>Wrong</u>	<u>A Little Wrong</u>	<u>Not at All Wrong</u>
W15. Take one or two drinks of alcohol nearly every day	A	B	C	D
W16. Smoke tobacco	A	B	C	D
W17. Use marijuana	A	B	C	D
W18. Use prescription drugs to get high or for reasons other than prescribed	A	B	C	D

*How wrong would your close friends feel it would be if you did the following?*

	<u>Very Wrong</u>	<u>Wrong</u>	<u>A Little Wrong</u>	<u>Not at All Wrong</u>
W19. Take one or two drinks of alcohol nearly every day	A	B	C	D
W20. Smoke tobacco	A	B	C	D
W21. Use marijuana	A	B	C	D
W22. Use prescription drugs to get high or for reasons other than prescribed	A	B	C	D

*How do you think your close friends would feel about you doing the following?*

	<u>Neither Approve Nor Disapprove</u>	<u>Somewhat Disapprove</u>	<u>Strongly Disapprove</u>
W23. Drinking one or two drinks of alcohol nearly every day	A	B	C
W24. Using marijuana	A	B	C
W25. Using prescription drugs to get high	A	B	C

## Resilience & Youth Development Module

### SUPPLEMENT 2

**Please mark on your answer sheet how you feel about each of the following statements.**

*How true do you feel these statements are about you personally?*

		Not At All True	A Little True	Pretty Much True	Very Much True
X1.	I have goals and plans for the future.	A	B	C	D
X2.	I plan to graduate from high school.	A	B	C	D
X3.	I plan to go to college or some other school after high school.	A	B	C	D
X4.	I know where to go for help with a problem.	A	B	C	D
X5.	I try to work out problems by talking or writing about them.	A	B	C	D
X6.	I can work out my problems.	A	B	C	D
X7.	I can do most things if I try.	A	B	C	D
X8.	I can work with someone who has different opinions than mine.	A	B	C	D
X9.	There are many things that I do well.	A	B	C	D
X10.	I feel bad when someone gets their feelings hurt.	A	B	C	D
X11.	I try to understand what other people go through.	A	B	C	D
X12.	When I need help, I find someone to talk with.	A	B	C	D
X13.	I enjoy working together with other students my age.	A	B	C	D
X14.	I stand up for myself without putting others down.	A	B	C	D
X15.	I try to understand how other people feel and think.	A	B	C	D
X16.	There is a purpose to my life.	A	B	C	D
X17.	I understand my moods and feelings.	A	B	C	D
X18.	I understand why I do what I do.	A	B	C	D

### How true are these statements about your FRIENDS?

*I have a friend about my own age ...*

		Not At All True	A Little True	Pretty Much True	Very Much True
X19.	who really cares about me.	A	B	C	D
X20.	who talks with me about my problems.	A	B	C	D
X21.	who helps me when I'm having a hard time.	A	B	C	D

Resilience & Youth Development Module

SUPPLEMENT 2

*My friends ...*

	Not At All True	A Little True	Pretty Much True	Very Much True
X22. get into a lot of trouble.	A	B	C	D
X23. try to do what is right.	A	B	C	D
X24. do well in school.	A	B	C	D

**How true are these statements about your HOME or the ADULTS WITH WHOM YOU LIVE?**

*In my home, there is a parent or some other adult ...*

	Not At All True	A Little True	Pretty Much True	Very Much True
X25. who expects me to follow the rules.	A	B	C	D
X26. who is interested in my school work.	A	B	C	D
X27. who believes that I will be a success.	A	B	C	D
X28. who talks with me about my problems.	A	B	C	D
X29. who always wants me to do my best.	A	B	C	D
X30. who listens to me when I have something to say.	A	B	C	D

*At home ...*

	Not At All True	A Little True	Pretty Much True	Very Much True
X31. I do fun things or go fun places with my parents or other adults.	A	B	C	D
X32. I do things that make a difference.	A	B	C	D
X34. I help make decisions with my family.	A	B	C	D



Resilience & Youth Development Module

SUPPLEMENT 2

**The next statements are about what might occur outside your school or home, such as in your NEIGHBORHOOD, COMMUNITY, or with an ADULT other than your parents or guardian.**

*Outside of my home and school, there is an adult ...*

	Not At All True	A Little True	Pretty Much True	Very Much True
X35. who really cares about me.	A	B	C	D
X36. who tells me when I do a good job.	A	B	C	D
X37. who notices when I am upset about something.	A	B	C	D
X38. who believes that I will be a success.	A	B	C	D
X39. who always wants me to do my best.	A	B	C	D
X40. whom I trust.	A	B	C	D

*Outside of my home and school, ...*

	Not At All True	A Little True	Pretty Much True	Very Much True
X41. I am part of clubs, sports teams, church/temple, or other group activities.	A	B	C	D
X42. I am involved in music, art, literature, sports, or a hobby.	A	B	C	D
X43. I help other people.	A	B	C	D