VOICES OF INDIAN TEENS SURVEY

TO ALL STUDENTS:

You are being asked to participate in a study called the Voices of Indian Teens Project. We want to understand how American Indian teens change as they get older. We will talk with Indian teens from different tribes over a period of four years. We will ask them about things in their lives that both help and work against them. We want to learn more about family, friends, school, and the teens themselves as well as their views on alcohol. When we learn about these things, we hope to come up with ways to make it easier for all teens as they grow up.

When you are answering the questions, you can skip any question you don't want to answer. If you feel uncomfortable, you can stop at any time. Please feel free to answer exactly as you think and feel.

Your responses will be kept SECRET. There are NO RIGHT OR WRONG ANSWERS. This is NOT A TEST. We will store any sheet with your name on it in a different place from your survey. Your name will not be on the survey so no one in your school or community will know your answers. When we talk about what we learn from this study, we will talk about all teens who take part, not specific people.

Your honest responses will help us, your community, and other Indian communities to better understand the needs of Indian people so that better and more helpful programs can be developed.

Your help is VERY IMPORTANT to us.

THANKS, we really appreciate your participation!

MARKING INSTRUCTIONS

- USE A NO. 2 PENCIL or BLACK/BLUE INK PEN ONLY.
- FILL THE OVAL COMPLETELY.
- MAKE NO STRAY MARKS ON THIS FORM.

RIGHT MARK

WRONG MARKS

ID NUMBER
SUBJECT SITE

FOR OFFICE USE ONLY

\[20094\]
1. What is your date of birth?
   - Month: Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec
   - Day: 1-31
   - Year: 1901-2000

2. How old are you today?
   - Age: 18 or older

3. Are you...
   - Male
   - Female

4. Please mark the name of your tribe(s) below.
   - Acosta
   - Aleut
   - Apache
   - Arawak
   - Athapascan
   - Blackfeet
   - Chehali
   - Cherokee
   - Cheyenne
   - Chippewa
   - Choctaw
   - Colville
   - Creek
   - Crow
   - Flathead
   - Hoh
   - Hopi
   - Inupiat
   - Jamestown Clatta
   - Jemez
   - Kalispel
   - Laguna
   - Lower Elwha
   - Lummi
   - Makah
   - Muckleshoot
   - Navajo
   - Nisqually
   - Nooksack
   - Other: Pueblo

5. What is your grade in school right now?
   - 7th grade
   - 8th grade
   - Freshman
   - Sophomore
   - Junior
   - Senior
   - Graduated
   - No longer in school, but did not graduate from high school

6. In general, how well do you do in school?
   - Mostly A's
   - Mostly B's
   - Mostly C's
   - Mostly D's or lower

7. How do you feel about going to school?
   - I like school very much
   - I like school quite a bit
   - I like school some
   - I don't like school very much
   - I hate school

8. My highest educational goal is to:
   - Not finish high school
   - Graduate from high school
   - Graduate from tech school/2-year college
   - Get military career training
   - Get a 4-year college degree
   - Get a Master's, M.D., or Ph.D. degree

9. Compared with your classmates, how well do you do in school?
   - Much below average
   - Below average
   - Average
   - Above average
   - Much above average

10. In general, would you say your health is:
    - Poor
    - Fair
    - Good
    - Excellent

11. Compared to other people your age, do you think you are:
    - Not as healthy as others
    - About the same as others
    - Healthier than others

Variables = tribe101-tribe154, tribe10t, nonindn1
12. My mother is...
(Fill in all that apply.)
- American Indian/Alaska Native
- Hispanic or Mexican American
- Asian
- White or Anglo
- Black or African American
- Other

13. My father is...
(Fill in all that apply.)
- American Indian/Alaska Native
- Hispanic or Mexican American
- Asian
- White or Anglo
- Black or African American
- Other

14. I am...
(Fill in all that apply.)
- American Indian/Alaska Native
- Hispanic or Mexican American
- Asian
- White or Anglo
- Black or African American
- Other

15. What is the first initial of your mother's first name?
- A
- B
- C
- D
- E
- F
- G
- H
- I
- J
- K
- L
- M
- N
- O
- P
- Q
- R
- S
- T
- U
- V
- W
- X
- Y
- Z

16. What is the first initial of your father's first name?
- A
- B
- C
- D
- E
- F
- G
- H
- I
- J
- K
- L
- M
- N
- O
- P
- Q
- R
- S
- T
- U
- V
- W
- X
- Y
- Z

IN THE NEXT QUESTIONS, WE WANT TO KNOW ABOUT THE HOUSE YOUR FAMILY LIVES IN (WHERE YOU SPEND MOST OF YOUR TIME WHEN YOU ARE AWAY FROM SCHOOL).

1. How many bedrooms are there in your family's house?

2. Is there a working phone in your house?
   - no
   - yes

3. Does your house have indoor plumbing (indoor hot and cold running water, indoor flush toilet)?
   - no
   - yes

4. How is your home heated?
   - wood or coal
   - propane or butane
   - natural gas or electricity
   - some other way
   - I don't know

5. How many kids (under 18 years old) live in your house, not counting you?

6. How many adults (anyone 18 or older) live in your house, not counting you?

7. Which of the following people live in your house?
- mother
- father
- step-mother
- step-father
- guardian
- grandmother
- grandfather

   - no
   - yes
AT HOME, WHICH TWO PEOPLE PAY FOR YOUR FOOD, HOUSING, AND BILLS? WRITE THEIR RELATIONSHIP TO YOU, SUCH AS "FATHER", "MOTHER", "GRANDMOTHER", IN THE TWO BOXES BELOW. IF ONLY ONE PERSON PAYS FOR YOUR THINGS, JUST LEAVE BOX B BLANK.

A. 

B. 

8. Look at the person you wrote in box A. Does he or she have a job right now? (Fill in all that apply.)
   1. yes, a full-time job (including self-employed, such as making crafts)
   2. yes, a part-time job (including self-employed)
   3. retired and receiving a pension check or social security
   4. retired, but not receiving a pension check
   5. no job right now
   6. on public assistance/welfare (for example, food stamps, AFDC, SSI, GA, or WIC)
   7. I don't know

9. Has the person in box A: (Fill in all that apply.)
   1. gone to college or technical school after high school?
   2. received military training?
   3. finished high school and stopped there?
   4. gotten a G.E.D.?
   5. taken adult basic education classes?
   6. not finished high school?
   7. I don't know

10. Look at the person you wrote in box B. Does he or she have a job right now? (Fill in all that apply.)
    1. yes, a full-time job (including self-employed, such as making crafts)
    2. yes, a part-time job (including self-employed)
    3. retired and receiving a pension check or social security
    4. retired, but not receiving a pension check
    5. no job right now
    6. on public assistance/welfare (for example, food stamps, AFDC, SSI, GA, or WIC)
    7. I didn't write anyone in box B.
    8. I don't know

11. Has the person in box B:
    (Fill in all that apply.)
    1. gone to college or technical school after high school?
    2. received military training?
    3. finished high school and stopped there?
    4. gotten a G.E.D.?
    5. taken adult basic education classes?
    6. not finished high school?
    7. I didn't write anyone in box B.
    8. I don't know

12. Does anyone else help to pay for the bills in your house?
    1. no
    2. yes

13. Compared to other families in your home community, is your family:
    1. poorer than most
    2. about average
    3. richer than most

14. In the past six months, how often did your family not have enough money for food, clothing or housing for your family?
    1. never
    2. rarely
    3. sometimes
    4. often

WHAT MY FRIENDS AND I BELIEVE

HOW MUCH WOULD YOUR BEST FRIENDS AGREE WITH EACH STATEMENT?

1. My friends think it's okay to skip school .......... 1 2 3 4 5 6 7
2. My friends like a kid who always obeys parents' rules .......... 1 2 3 4 5 6 7
3. My friends think a GUY shouldn't get in a fight to back up what he says .......... 1 2 3 4 5 6 7
4. My friends think a kid who gets drunk is cool .......... 1 2 3 4 5 6 7
5. My friends think it's better to share problems than to keep them to yourself .......... 1 2 3 4 5 6 7
6. My friends like a GIRL who will get in a fight to back up what she says .......... 1 2 3 4 5 6 7

- 4 -
HOW MUCH DO YOU AGREE OR DISAGREE WITH EACH STATEMENT?

1. I feel that I have many good qualities
   DISAGREE  SOMewhat DISAGREE  NEITHER AGREE NOR DISAGREE  SOMewhat AGREE  AGREE
   1          2         3          4            5

2. I feel that I am a failure
   DISAGREE  SOMewhat DISAGREE  NEITHER AGREE NOR DISAGREE  SOMewhat AGREE  AGREE
   1          2         3          4            5

3. I take a positive attitude toward myself
   DISAGREE  SOMewhat DISAGREE  NEITHER AGREE NOR DISAGREE  SOMewhat AGREE  AGREE
   1          2         3          4            5

4. I feel useless at times
   DISAGREE  SOMewhat DISAGREE  NEITHER AGREE NOR DISAGREE  SOMewhat AGREE  AGREE
   1          2         3          4            5

5. On the whole, I am satisfied with myself
   DISAGREE  SOMewhat DISAGREE  NEITHER AGREE NOR DISAGREE  SOMewhat AGREE  AGREE
   1          2         3          4            5

6. At times I think I am no good at all
   DISAGREE  SOMewhat DISAGREE  NEITHER AGREE NOR DISAGREE  SOMewhat AGREE  AGREE
   1          2         3          4            5

HAPPENINGS

FOR EACH EVENT, ANSWER “YES” IF THE EVENT HAPPENED TO YOU IN THE LAST 6 MONTHS, OR “NO” IF THE EVENT DID NOT HAPPEN TO YOU.

IN THE LAST 6 MONTHS:

1. You entered a high school as a new or transfer student
   NO  YES
   2  1

2. FEMALES: You were pregnant during the past 6 months
   MALES: Your partner was pregnant during the past 6 months
   NO  YES
   3  1

3. FEMALES: You had a baby in the past 6 months
   MALES: Your partner had a baby in the past 6 months
   NO  YES
   2  0

IN THE LAST 6 MONTHS:

4. A family member who is important to you attempted suicide and survived
   NO  YES
   3  0

   Please fill in the bubble for “yes” below for any family member(s) who attempted suicide and survived during the past 6 months.

   MOTHER
   NO  YES
   1  0

   FATHER
   NO  YES
   1  0

   SISTER OR BROTHER
   NO  YES
   1  0

   GRANDPARENT
   NO  YES
   1  0

   STEPPARENT
   NO  YES
   1  0

   OTHER RELATIVE
   NO  YES
   1  0

5. One or more of the adults who are important to you has or had an alcohol or drug problem in the past 6 months
   NO  YES
   1  0

6. You experienced verbal abuse (calling you names, insulting you, shaming you) by adults in your family on a regular basis
   NO  YES
   1  0

IN THE LAST 6 MONTHS:

7. Your parent wanted work but could not find a job or your parent lost his/her job
   NO  YES
   1  0

8. Other people gossiped and spread rumors about you
   NO  YES
   1  0

9. A friend attempted suicide and survived
   NO  YES
   1  0

IN THE LAST 6 MONTHS:

10. You had a serious argument with a friend or friends
    NO  YES
        1

11. You broke up with your boyfriend/girlfriend
    NO  YES
        1

12. You got in a car wreck in which someone was seriously hurt or killed
    NO  YES
        1
### FOR THE FOLLOWING EVENTS, ANSWER "YES" IF THAT EVENT HAS EVER HAPPENED TO YOU AT ANYTIME IN YOUR LIFE.

<table>
<thead>
<tr>
<th>No.</th>
<th>Event</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Your mother died of causes other than suicide</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If yes, how old were you when she died?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>event121</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>age121</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Your father died of causes other than suicide</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If yes, how old were you when he died?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>event122</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>age122</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Your sister or brother died of causes other than suicide</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If yes, how old were you when she/he died?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>event123</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>age123</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Your mother committed suicide</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If yes, how old were you when she committed suicide?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>event124</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>age124</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Your father committed suicide</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If yes, how old were you when he committed suicide?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>event125</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>age125</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Your sister or brother committed suicide</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If yes, how old were you when she/he committed suicide?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>event126</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>age126</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Your parents divorced or stopped living together</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If yes, how old were you when that happened?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>event127</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>age127</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Your parent(s) had a serious health problem OR injury OR was in the</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>hospital for over 2 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>event128</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>age128</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>You were hospitalized or seriously ill for more than 2 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>event129</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>age129</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>One or more of the adults who are important to you had an alcohol or</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>drug problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>event130</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CULTURAL ISSUES AND INTERESTS

PLEASE CHOOSE THE ANSWER THAT BEST FITS YOU.

• What languages were spoken in your home when you were growing up?

<table>
<thead>
<tr>
<th>Rarely or Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tribal language</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
</tr>
<tr>
<td>2. English</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
</tr>
<tr>
<td>3. Spanish</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
</tr>
<tr>
<td>4. Other</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Please write in the names of other languages spoken:

culta101, cultb101, cultc101, cultd101

culta104, cultb104, cultc104, cultd104

culta102, cultb102, cultc102, cultd102

culta105, cultb105, cultc105

culta103, cultb103, cultc103, cultd103

culta106, cultb106, cultc106, cultd106

• Some families have special activities or traditions (such as holiday parties, special meals, religious activities, trips or visits). In your family, how many of these activities or traditions are based on:

<table>
<thead>
<tr>
<th>None</th>
<th>A few</th>
<th>Some</th>
<th>A lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Indian culture</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
</tr>
<tr>
<td>6. White culture</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
</tr>
<tr>
<td>7. Hispanic/Mexican American culture</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
</tr>
<tr>
<td>8. Other culture</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Please write in the name of the other cultural group:

culta102, cultb102, cultc102, cultd102

culta105, cultb105, cultc105

culta103, cultb103, cultc103, cultd103

culta106, cultb106, cultc106, cultd106

• Does your family live by or follow:

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Not much</th>
<th>Some</th>
<th>A lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. The American Indian way of life</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
</tr>
<tr>
<td>10. The White or Anglo way of life</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
</tr>
<tr>
<td>11. The Hispanic or Mexican American way of life</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
</tr>
<tr>
<td>12. Other</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Please write in the name of the other cultural group:

culta103, cultb103, cultc103, cultd103

culta106, cultb106, cultc106, cultd106

• Do you live by or follow:

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</th>
<th>Some</th>
<th>A lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. The American Indian way of life</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
</tr>
<tr>
<td>14. The White or Anglo way of life</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
</tr>
<tr>
<td>15. The Hispanic or Mexican American way of life</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
</tr>
<tr>
<td>16. Other</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Please write in the name of the other cultural group:

culta104, cultb104, cultc104, cultd104

culta102, cultb102, cultc102, cultd102

culta105, cultb105, cultc105

culta106, cultb106, cultc106, cultd106

• How important is it to you to follow religious or spiritual beliefs which are based on:

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Not very important</th>
<th>Somewhat important</th>
<th>Very important</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Traditional Indian beliefs</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
</tr>
<tr>
<td>18. Christian beliefs such as Catholic, Baptist, Lutheran, etc.</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
</tr>
<tr>
<td>19. Other beliefs</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Please write in the name of other beliefs:

culta105, cultb105, cultc105

culta106, cultb106, cultc106, cultd106

• When you are an adult, how involved do you think you will be in:

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</th>
<th>Some</th>
<th>A lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. American Indian traditions and beliefs</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
</tr>
<tr>
<td>21. White traditions and beliefs</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
</tr>
<tr>
<td>22. Hispanic/Mexican American traditions and beliefs</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
</tr>
<tr>
<td>23. Other traditions and beliefs</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Please write in the name of the other cultural group:

culta106, cultb106, cultc106, cultd106
### Questions About Alcohol

1. Does your biological mother have a serious drinking problem now?  
   - No  
   - Yes  
   - Don't know  

2. Has your biological mother had a serious drinking problem in the past?  
   - No  
   - Yes  
   - Don't know  

3. Does your biological father have a serious drinking problem now?  
   - No  
   - Yes  
   - Don't know  

4. Has your biological father had a serious drinking problem in the past?  
   - No  
   - Yes  
   - Don't know  

5. Other than your biological mother or father, have you ever lived with someone who had a serious drinking problem?  
   - No  
   - Yes  
   - Don't know  

6. Have you ever had a drink (more than a sip) of alcohol, like beer, wine or hard liquor?  
   - No  
   - Yes
7. Have you had a drink of alcohol in the past 6 months?
   ① No
   ② Yes
   ③ Don't know

8. Did you drink more or less than you usually do in the past 6 months?
   ① A lot less
   ② A little less
   ③ About the same
   ④ A little more
   ⑤ A lot more
   ⑥ I haven't had a drink in the last six months
   ⑦ I don't drink

9. In the past month, how many days did you drink alcohol?
   ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Number
   ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ of days
   ① I don't drink

10. On those days during the past month when you drank alcohol, about how many drinks did you usually have each day?
    Sometimes it's hard to count drinks, so . . .
    One whole can of beer = 1 drink
    A whole six-pack of beer = 6 drinks
    A glass of wine = 1 drink
    A shot or gulp of straight hard liquor (like whiskey) = 1 drink
    A full glass of a mixed drink (like Everclear in punch) = 1 drink

    Number of drinks
    ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ or more
    ⑪ I don't drink

11. During the past month, what was the most you had to drink in any one day? (Use the chart in #10 to help you count.)
    Number of drinks
    ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
    ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ or more
    ① I don't drink

12. During the past month, how often did you get drunk (drank enough so that you were sick, staggering, lost control, or passed out)?
    Number of times drunk
    ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ or more
    ⑪ I don't drink

13. Not counting small tastes, how old were you when you started drinking alcoholic beverages with your friends or on your own?
    ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ or older
    ⑪ I don't drink

14. How old were you the first time you got drunk (drank enough so that you were sick, staggering, lost control, or passed out)?
    ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ or older
    ⑪ I have never gotten drunk
    ⑫ I don't drink

15. When you drink alcohol, how much do you usually drink?
    ① A little, but not enough to feel it
    ② Enough to feel it a bit
    ③ Enough to feel it a lot
    ④ Until I get really drunk (you were sick, staggering, lost control, or passed out)
    ⑤ I don't drink

16. In the last 6 months, did you go on a binge of drinking or a drinking spree where you stayed drunk for two whole days or more?
    ① No
    ② Yes
    ③ I don't drink

17. In drinking alcohol, are you . . .
    ① A light drinker
    ② A moderate drinker
    ③ A heavy drinker
    ④ A non-drinker

18. How do you feel about your drinking?
    ① It is not a problem
    ② It is a bit of a problem
    ③ It is a serious problem
    ④ I don't drink
When you drink alcohol, how often do you drink the following beverages?

<table>
<thead>
<tr>
<th>Beverage</th>
<th>Rarely or never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always</th>
<th>I don't drink</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Beer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Wine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Wine Coolers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Hard Liquor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(for example, mixed drinks like rum and Coke, straight whiskey or Everclear)

How much alcohol do you drink at the following times?

<table>
<thead>
<tr>
<th>Time</th>
<th>Rarely or never</th>
<th>1 drink</th>
<th>2-4 drinks</th>
<th>5+ drinks</th>
<th>I don't drink</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Week nights (Sun. - Thur.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Weekends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Friday night, Saturday, Sunday during the day)

Sometimes people drink and get drunk. For each of the occasions listed below, please fill in the bubble to the answer that best describes how often you get drunk.

<table>
<thead>
<tr>
<th>Time</th>
<th>Rarely or never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always</th>
<th>I don't drink</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Week nights (Sun. - Thur.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Weekends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Friday night, Saturday, Sunday during the day)

When you do drink, how often do you drink with the following people?

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Rarely or never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always</th>
<th>I don't drink</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Older brothers or sisters</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Relatives your own age or younger</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Friends your own age other than your relatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Older friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Parents or guardians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Older relatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(for example, uncles, older cousins)

<table>
<thead>
<tr>
<th>Other adults</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

| Alone        |                 |         |       |               |               |
When you do drink, how often do you drink at the following places?

17. At home ........................................... ① ② ③ ④ ⑤ ⑥
18. At a relative's home ................................. ① ② ③ ④ ⑤ ⑥
19. At a friend's home ................................. ① ② ③ ④ ⑤ ⑥
20. Other people's homes (including strangers) ................................. ① ② ③ ④ ⑤ ⑥
21. At school ........................................... ① ② ③ ④ ⑤ ⑥
22. At a bar ............................................. ① ② ③ ④ ⑤ ⑥
23. In the car ........................................... ① ② ③ ④ ⑤ ⑥
24. Outdoors or out in the country .................. ① ② ③ ④ ⑤ ⑥

25. Does anyone think you have a problem with alcohol? [alcprob1]
   ① No
   ② Yes
   ③ I don't drink

26. Has someone ever suggested that you should get treatment for an alcohol problem? [alcrt11]
   ① No
   ② Yes
   ③ I don't drink

27. Have you ever received treatment for your use of alcohol, such as going to a counselor or an AA meeting? [alcrt12]
   ① No
   ② Yes
   ③ I don't drink

THESE QUESTIONS ASK ABOUT YOUR HOME COMMUNITY'S ATTITUDES TOWARD ALCOHOL USE. BY HOME COMMUNITY, WE MEAN THE COMMUNITY YOU HAVE GROWN UP IN. HOW MUCH DO YOU AGREE OR DISAGREE WITH EACH STATEMENT?

<table>
<thead>
<tr>
<th>DISAGREE</th>
<th>NEITHER AGREE NOR DISAGREE</th>
<th>AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. My home community believes that it is all right for adults to drink alcohol ................................ ① ② ③ ④ ⑤ ⑥
2. My home community believes that it is all right for people my age to drink alcohol ................................ ① ② ③ ④ ⑤ ⑥
3. My home community tolerates bootlegging ........................................... ① ② ③ ④ ⑤ ⑥
READ EACH STATEMENT AND ANSWER ACCORDING TO YOUR OWN PERSONAL BELIEFS. EVEN IF YOU HAVE NEVER TRIED DRINKING ALCOHOL, TELL US WHAT YOU THINK WOULD HAPPEN IF YOU DID.

<table>
<thead>
<tr>
<th>Statement</th>
<th>DISAGREE</th>
<th>SOMEWHAT DISAGREE</th>
<th>NEITHER NOR DISAGREE</th>
<th>SOMEWHAT AGREE</th>
<th>AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Drinking alcohol makes me feel in control of the situation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Drinking alcohol makes parties more fun</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Drinking alcohol helps me understand things better</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Drinking alcohol helps me celebrate social occasions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Drinking alcohol helps me forget my worries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. It is easier to play sports after I've been drinking alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Drinking alcohol helps me feel less fearful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Drinking alcohol makes me more relaxed and less tense</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

READ EACH STATEMENT AND ANSWER ACCORDING TO YOUR OWN PERSONAL BELIEFS. TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS?

<table>
<thead>
<tr>
<th>Statement</th>
<th>DISAGREE</th>
<th>SOMEWHAT DISAGREE</th>
<th>NEITHER NOR DISAGREE</th>
<th>SOMEWHAT AGREE</th>
<th>AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Drinking alcohol is bad for my health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Drinking alcohol will lead me to become an alcoholic or a drunk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Drinking alcohol conflicts with my religious or spiritual beliefs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. The people I hang out with most often don't drink alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I don't like the way drinking alcohol makes me feel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I don't need to drink alcohol in order to have fun</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PLEASE CHOOSE THE ANSWER THAT COMES CLOSEST TO YOUR BEHAVIOR DURING THE PAST MONTH.

IN THE PAST MONTH:
1. Did you drink more than you thought you would? 
   Rarely or never: [ ] Sometimes: [ ] Often: [ ] Almost always: [ ] I don't drink: [ ]
2. Did you end up drinking even when you had decided not to? 
   Rarely or never: [ ] Sometimes: [ ] Often: [ ] Almost always: [ ] I don't drink: [ ]
3. Did you find you could drink more and more before you got drunk? 
   Rarely or never: [ ] Sometimes: [ ] Often: [ ] Almost always: [ ] I don't drink: [ ]
4. Were you hung over or sick after drinking? 
   Rarely or never: [ ] Sometimes: [ ] Often: [ ] Almost always: [ ] I don't drink: [ ]
5. Was drinking something you couldn't stop thinking about... that you couldn't put out of your head? 
   Rarely or never: [ ] Sometimes: [ ] Often: [ ] Almost always: [ ] I don't drink: [ ]
6. Did you go to class drunk or hung over? 
   Rarely or never: [ ] Sometimes: [ ] Often: [ ] Almost always: [ ] I don't drink: [ ]
7. Did your grades go down because of drinking? 
   Rarely or never: [ ] Sometimes: [ ] Often: [ ] Almost always: [ ] I don't drink: [ ]
8. Did you drive a car when you were drinking or do anything else where it might have put yourself or others in danger? 
   Rarely or never: [ ] Sometimes: [ ] Often: [ ] Almost always: [ ] I don't drink: [ ]
9. Did you find that you only liked to drink all by yourself? 
   Rarely or never: [ ] Sometimes: [ ] Often: [ ] Almost always: [ ] I don't drink: [ ]
10. Did you find that you only liked to drink in certain places or at certain times? 
   Rarely or never: [ ] Sometimes: [ ] Often: [ ] Almost always: [ ] I don't drink: [ ]
11. During the time when you were drinking the most, did you get sad, or depressed, or more irritable? 
   Rarely or never: [ ] Sometimes: [ ] Often: [ ] Almost always: [ ] I don't drink: [ ]
12. Did you get sick or have any physical problems when you stopped drinking? 
   Rarely or never: [ ] Sometimes: [ ] Often: [ ] Almost always: [ ] I don't drink: [ ]
13. Did you drink again to get rid of a sick or uncomfortable feeling you got after drinking too much? 
   Rarely or never: [ ] Sometimes: [ ] Often: [ ] Almost always: [ ] I don't drink: [ ]
14. Did you wake up the day after drinking and discover you couldn’t remember what you had said or done while you were drunk? 
   Rarely or never: [ ] Sometimes: [ ] Often: [ ] Almost always: [ ] I don't drink: [ ]
15. Did you fight with a friend while you were drinking? 
   Rarely or never: [ ] Sometimes: [ ] Often: [ ] Almost always: [ ] I don't drink: [ ]
16. Did you fight with your parent(s) while you were drinking? 
   Rarely or never: [ ] Sometimes: [ ] Often: [ ] Almost always: [ ] I don't drink: [ ]

MORE ABOUT MY FRIENDS AND ME:

1. How often do your friends ask you to get drunk?
   Rarely or never: [ ] Sometimes: [ ] Often: [ ] Almost always: [ ]
2. How often do you try to stop your friends from getting drunk?
   Rarely or never: [ ] Sometimes: [ ] Often: [ ] Almost always: [ ]
3. How often do your friends try to stop you from getting drunk?
   Rarely or never: [ ] Sometimes: [ ] Often: [ ] Almost always: [ ]
4. How many of your friends get drunk?
   None: [ ] A few: [ ] Some: [ ] A lot: [ ]
Decisions I Have Made

1. Have you ever run away and your parents, relatives, or school officials called the police to find you?
   - no
   - yes

2. If yes, how many times did this happen?
   - runaway1

3. Have you ever had sexual intercourse (gone all the way)?
   - no
   - yes

4. Did you have sexual intercourse in the past month?
   - no
   - yes

5. How often did you and your partner use a condom in the past month?
   - almost always
   - most of the time
   - some of the time
   - never
   - I didn't have sex during the last month
   - I have never had sex

6. How often did you and your partner use some other kind of protection against getting pregnant (e.g., birth control pill, contraceptive jelly) in the past month?
   - almost always
   - most of the time
   - some of the time
   - never
   - I didn't have sex during the last month
   - I have never had sex

7. Have you ever given birth to a child (or ever fathered a child)?
   - no
   - yes
   - I have never had sex

8. If you have had a child, how old were you when the baby was born? (If you have had more than one child, tell us how old you were when the first child was born)

My Ideas and Thoughts

Which best describes you?

1. I am good at making other kids feel comfortable
   - rarely or never
   - sometimes
   - often
   - almost always

2. When I have free time, I find lots of fun things to do
   - rarely or never
   - sometimes
   - often
   - almost always

3. I am good at creative things, like acting or art or music
   - rarely or never
   - sometimes
   - often
   - almost always

4. I do my schoolwork carefully
   - rarely or never
   - sometimes
   - often
   - almost always

5. I tell jokes that make other kids laugh
   - rarely or never
   - sometimes
   - often
   - almost always

6. I am good at all kinds of sports and athletic games
   - rarely or never
   - sometimes
   - often
   - almost always

7. I can make friends with people
   - rarely or never
   - sometimes
   - often
   - almost always

- 14 -
HOW MUCH DO YOU AGREE OR DISAGREE WITH EACH STATEMENT?

<table>
<thead>
<tr>
<th>DISAGREE</th>
<th>SOMEWHAT DISAGREE</th>
<th>NEITHER AGREE NOR DISAGREE</th>
<th>SOMEWHAT AGREE</th>
<th>AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There is really no way I can solve some of the problems I have.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. There is little I can do to change many of the important things in my life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Sometimes I feel that I am being pushed around in life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I can do just about anything I really set my mind to.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I often feel helpless in dealing with the problems of life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. When I make plans, I am almost certain I can make them work.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. I am usually able to protect my personal interests.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. When I get what I want, it is usually because I worked hard for it.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

CHOOSE THE ANSWER THAT BEST DESCRIBES YOUR OWN THOUGHTS IN THE PAST MONTH

<table>
<thead>
<tr>
<th>I never had this thought before</th>
<th>I had this thought before but not in the past month</th>
<th>About once a month</th>
<th>Couple of times a month</th>
<th>About once a week</th>
<th>Couple of times a week</th>
<th>Almost every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I thought about killing myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>2. I thought about how I would kill myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>3. I thought about when I would kill myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>4. I thought about what to write in a suicide note.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>5. I thought about writing a will.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>6. I thought about telling people I plan to kill myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
# MORE HAPPENINGS

DURING THE PAST 8 MONTHS, HOW OFTEN HAVE YOU:

<table>
<thead>
<tr>
<th>Event</th>
<th>Never</th>
<th>Once</th>
<th>Twice</th>
<th>3-4 Times</th>
<th>5 or More Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Started a fist fight or shoving match?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Shoplifted from a store?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Damaged or marked up public or private property?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Stayed out all night without permission?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Lied to your parents, grandparents, or dorm aides about where you had been or who you were with?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

# MY LIFE IN MY HOME COMMUNITY

THINK ABOUT YOUR HOME COMMUNITY—WHERE YOU LIVE AND SPEND MOST OF YOUR TIME AWAY FROM SCHOOL.

WHEN I AM IN MY HOME COMMUNITY, AWAY FROM SCHOOL . . .

<table>
<thead>
<tr>
<th>Activity</th>
<th>Rarely or Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I visit older relatives</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I try to help others when I can</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. How I act pleases the elders in the community</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I visit elders</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I volunteer to help the elders</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. How I act pleases my friends in the community</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
# QUESTIONS ABOUT DRUGS

FOR THE FOLLOWING DRUGS, PLEASE ANSWER WHETHER OR NOT YOU HAVE EVER TRIED THE DRUG, HOW MANY TIMES YOU USED IT IN THE LAST MONTH, AND HOW OLD YOU WERE THE FIRST TIME YOU TRIED IT. THIS DOES NOT INCLUDE PRESCRIPTION DRUGS (THOSE DRUGS GIVEN TO YOU BY A DOCTOR OR NURSE).

IF YOU HAVE NEVER TRIED THE DRUG, PLEASE ANSWER “NO” AND GO ON TO THE NEXT DRUG.

<table>
<thead>
<tr>
<th>Drug Description</th>
<th>Yes/ No</th>
<th># times used in the last month</th>
<th>age 1st tried</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Marijuana</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Crack or Cocaine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Inhalants (sniffing) (glue, gasoline, paint, aerosols, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Solvents (drinking) (hair spray, PAM, aftershave, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Amphetamines or speed (methadone, crystal, uppers, white cross, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Barbiturates or downers (librium, valium, reds, quaaludes, sleeping pills, pain killers, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Other drugs such as those on the list below: Hallucinogens (LSD, acid, peyote, etc.) PCP (angel dust) Heroin, morphine or other opiates/narcotics (codeine) Amyl or butyl nitrates Ecstasy or MDA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. If alcohol were available, would you use any of the drugs listed above?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Have you ever used a needle to take any drug?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. How often do you use smokeless tobacco per week?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. How old were you when you first tried smokeless or chewing tobacco?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Do you smoke cigarettes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. How old were you when you first tried cigarettes?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**druga101**

**drugb101**

**drugc101**

**druga102**

**drugb102**

**drugc102**

**druga103**

**drugb103**

**drugc103**

**druga104**

**drugb104**

**drugc104**

**druga105**

**drugb105**

**drugc105**

**druga106**

**drugb106**

**drugc106**

**druga107**

**drugb107**

**drugc107**

**drug108**

**drug109**

**drug110**

**drug111**

**drug112**

**drug113**
### FEELINGS AND THOUGHTS

**PLEASE CHOOSE THE ANSWER WHICH BEST DESCRIBES HOW YOU FELT DURING THE PAST WEEK.**

<table>
<thead>
<tr>
<th>Item</th>
<th>Rarely or none of the time (0-1 day)</th>
<th>Some or a little of the time (1-2 days)</th>
<th>A moderate amount of the time (3-4 days)</th>
<th>Most or all of the time (5-7 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I felt that I could not shake off the blues even with help from my family or friends</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2. I felt depressed</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3. I thought my life had been a failure</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>4. I felt fearful</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>5. I felt lonely</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>6. I had crying spells</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>7. I felt sad</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

**BELOW IS A LIST OF THINGS TEENAGERS MAY DO WHEN FACED WITH A PROBLEM. FOR EACH ITEM, SELECT THE ANSWER THAT BEST DESCRIBES HOW OFTEN YOU DID THE BEHAVIOR IN THE PAST 6 MONTHS.**

<table>
<thead>
<tr>
<th>Item</th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Most of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tried to stay away from the problem</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Tried to stay away from things that made me feel upset</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Avoided the people that made me feel bad</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Avoided the problem by going off by myself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Did something to make things better</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Tried to make things better by changing what I did</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Did something to solve the problem</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. Did something in order to get something good out of it</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
HOW MUCH DO YOU AGREE OR DISAGREE WITH EACH STATEMENT?

<table>
<thead>
<tr>
<th>Statement</th>
<th>disagree</th>
<th>somewhat disagree</th>
<th>neither agree nor disagree</th>
<th>somewhat agree</th>
<th>agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I would like to be a mountain climber</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. I like wild parties</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. I like people who party a lot</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. I would like to try parachute jumping</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. I would enjoy skiing a steep mountain</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. I like sexy movies</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

HAVE YOU HAD THESE FEELINGS IN THE PAST 6 MONTHS?

IN THE PAST 6 MONTHS:

<table>
<thead>
<tr>
<th>Question</th>
<th>no</th>
<th>yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you had a lot of headaches, stomach aches or other aches and pains?</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. Did you often get worried or nervous?</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. Have you ever been worried about how good you are at sports or games or in gym?</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. Have you often been worried that you have made a mistake or done something the wrong way?</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5. Have you often worried that you have made a fool of yourself in front of other people?</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>6. Have you been very worried about whether other people like you?</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>7. Are you the kind of person who doesn't like to be noticed or is easily embarrassed, or are you very self-conscious?</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>8. Are you the kind of person who is almost always worried about something?</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>9. Are you the kind of person who is often very tense, or who finds it very hard to relax?</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Statement</td>
<td>Disagree</td>
<td>Somewhat Disagree</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>----------</td>
<td>-------------------</td>
</tr>
<tr>
<td>1. There is a special person who is around when I am in need</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I have a special person who is a real source of comfort to me</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. My family really tries to help me</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I can talk about my problems with my family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I have friends with whom I can share my joys and sorrows</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I can talk about my problems with my friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Do you live at your school during the week?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Yes**
- **No**

THANK YOU FOR YOUR PARTICIPATION!