

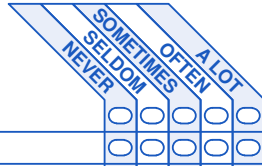
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CORRECT: ● INCORRECT: ☒ ☓ ☐ ☑

May not be used without permission from PRIDE Surveys.

**I. PERSONAL AND FAMILY INFORMATION**

<p><b>1. Race</b> (mark all that apply)</p> <p><input type="radio"/> White</p> <p><input type="radio"/> Black or African American</p> <p><input type="radio"/> Native American or Alaska Native</p> <p><input type="radio"/> Asian</p> <p><input type="radio"/> Native Hawaiian or other Pacific Islander</p> <p><input type="radio"/> Other</p>	<p><b>3. Sex:</b></p> <p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p>	<p><b>5. Zip Code:</b></p> <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table>						0	0	0	0	0	1	1	1	1	1	2	2	2	2	2	3	3	3	3	3	4	4	4	4	4	5	5	5	5	5	6	6	6	6	6	7	7	7	7	7	8	8	8	8	8	9	9	9	9	9	<p><b>6. Grade:</b></p> <p><input type="radio"/> 7    <input type="radio"/> 10</p> <p><input type="radio"/> 8    <input type="radio"/> 11</p> <p><input type="radio"/> 9    <input type="radio"/> 12</p>	<p><b>8. Do you have a job?</b></p> <p><input type="radio"/> Yes, full-time</p> <p><input type="radio"/> Yes, part-time</p> <p><input type="radio"/> No</p>
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<p><b>2. Are you Hispanic or Latino/Latina?</b></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p><b>4. Age:</b></p> <p><input type="radio"/> 10 Years old or less</p> <p><input type="radio"/> 11 years old</p> <p><input type="radio"/> 12 years old</p> <p><input type="radio"/> 13 years old</p> <p><input type="radio"/> 14 years old</p> <p><input type="radio"/> 15 years old</p> <p><input type="radio"/> 16 years old</p> <p><input type="radio"/> 17 years old</p> <p><input type="radio"/> 18 years old</p> <p><input type="radio"/> 19 years old or older</p>	<p><b>7. Do you live with...</b> (mark all that apply)</p> <p><input type="radio"/> Both parents</p> <p><input type="radio"/> Mother only</p> <p><input type="radio"/> Father only</p> <p><input type="radio"/> Mother &amp; stepfather</p> <p><input type="radio"/> Father &amp; stepmother</p> <p><input type="radio"/> Extended family</p> <p><input type="radio"/> Other</p>		<p><b>9. Do your parents have a job?</b></p> <table border="1"> <thead> <tr> <th></th> <th>Father</th> <th>Mother</th> </tr> </thead> <tbody> <tr> <td>Yes, full-time</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Yes, part-time</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>No</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>		Father	Mother	Yes, full-time	<input type="radio"/>	<input type="radio"/>	Yes, part-time	<input type="radio"/>	<input type="radio"/>	No	<input type="radio"/>	<input type="radio"/>																																											
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		<p><b>10. What is the educational level of your:</b></p> <table border="1"> <thead> <tr> <th></th> <th>Father</th> <th>Mother</th> </tr> </thead> <tbody> <tr> <td>Some high school</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>High school graduate</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Some college</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>College graduate</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>				Father	Mother	Some high school	<input type="radio"/>	<input type="radio"/>	High school graduate	<input type="radio"/>	<input type="radio"/>	Some college	<input type="radio"/>	<input type="radio"/>	College graduate	<input type="radio"/>	<input type="radio"/>																																								
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College graduate	<input type="radio"/>	<input type="radio"/>																																																									

**II. STUDENT INFORMATION**



1. Do you make good grades?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do you get into trouble at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do you take part in school sports teams?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do you take part in school activities such as band, clubs, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you take part in community activities such as scouts, rec. teams, youth clubs, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you attend church, synagogue, mosque, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Do your parents talk with you about the dangers of tobacco, alcohol and drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Do your teachers talk with you about the dangers of tobacco, alcohol and drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Does your school set clear rules on using alcohol and drugs during school and school functions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Does your school punish you when you break the rules about using alcohol and drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Do your parents set clear rules for you about using alcohol and drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Do your parents punish you when you break the rules about using alcohol and drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Have you been in trouble with the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Do you take part in gang activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Have you ever thought about committing suicide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Do your friends use tobacco (cigarettes, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Do your friends use alcohol (beer, liquor, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Do your friends use marijuana (weed, chronic, dank, kush, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. In the past 3 months, have you been at a party where alcohol was available?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. In the past 3 months, have you been at a party where marijuana or other illicit drugs were available?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. In the past 3 months, have you been at a party where prescription drugs, not prescribed to you, were available?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. In general, how often do you experience stress in your daily life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	YES	NO
23. Does your school ask any students to take a drug test?	<input type="radio"/>	<input type="radio"/>
24. Have you bought or sold drugs AT school?	<input type="radio"/>	<input type="radio"/>
25. Have you bought or sold drugs when NOT at school?	<input type="radio"/>	<input type="radio"/>
26. Have you carried a gun for protection or as a weapon when AT school in the past year?	<input type="radio"/>	<input type="radio"/>
27. Have you carried a gun for protection or as a weapon when NOT at school in the past year?	<input type="radio"/>	<input type="radio"/>
28. I did not go to school 1 or more days because I felt unsafe at school.	<input type="radio"/>	<input type="radio"/>
29. I did not go to school 1 or more days because I felt unsafe on my way to or from school.	<input type="radio"/>	<input type="radio"/>
30. Are you aware of a drug prevention coalition in your neighborhood?	<input type="radio"/>	<input type="radio"/>
31. Are you involved in an extracurricular activity where the primary purpose of the group is to organize activities around the prevention of drug and alcohol use in your community?	<input type="radio"/>	<input type="radio"/>

**32. Within the past year, as a result of drinking, I did something I later regretted.**

Yes

No

I do not drink

**33. On an average school day, how often do you play video or computer games or use a device for something that is not school work?**  
(Count time spent on things such as xbox, wii, tablets and smartphones)

Never                       Often

Seldom                       A Lot

Sometimes

**34. In the past 3 months, how often have you seen or heard anti-drug messages? (TV, Radio, Internet, Social Media Sites, Billboards, Movie Theaters)**

Never                       1-3 times/month

Once/month               1-3 times/week

**35. How many days have you been absent from school this year?**

- None
- 1-2 days
- 3-5 days
- 6-10 days
- More than 10 days

**III. WITHIN THE PAST YEAR HOW OFTEN HAVE YOU...**

	DOES NOT APPLY	6 TIMES YEAR	ONCE YEAR	TWICE MONTH	3 TIMES MONTH	ONCE WEEK	EVERY DAY
1. Smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Used smokeless tobacco (chew, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Smoked cigars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Used an electronic vapor product? (e-cigars, e-cigarettes, e-pipes, vape pipes, vaping pens, e-hookahs, hookah pens, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Drank beer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Drank coolers, hard lemonade, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Drank liquor? (whiskey, vodka, rum, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Had 5 or more glasses of beer, coolers or shots of liquor within a few hours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Smoked marijuana? (weed, chronic, dank, kush, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Used synthetic marijuana? (K2, spice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Used chemical products to get high? (bath salts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Used pain medication not prescribed to you? (Oxycontin, Vicodin, Percocet, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Used stimulant medication not prescribed to you? (Adderall, Ritalin, Concerta, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Used sleeping medication not prescribed to you? (Ambien, Restoril, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Used sedative/anxiety medication not prescribed to you? (Xanax, Valium, Ativan, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Used over-the-counter drugs to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Used heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Used cocaine (crack, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Used inhalants (glue, gas, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Used hallucinogens (PCP, LSD, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Used steroids?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Used ecstasy (MDMA)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Used meth (crystal, ice, crank, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Ridden in a car with a driver who was drunk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Ridden in a car with a driver who was high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Driven a car while drunk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Driven a car while high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**IV. WHAT EFFECT DO YOU MOST OFTEN GET WHEN YOU...**

	DO NOT USE	A LITTLE	NO HIGH	VERY HIGH	BOMBED/STONED
1. Drink beer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Drink coolers, hard lemonade, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Drink liquor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Use an electronic vapor product?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Use other illicit drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**V. DURING THE PAST 30 DAYS**

	YES	NO
1. Did you drink one or more drinks of an alcoholic beverage?	<input type="radio"/>	<input type="radio"/>
2. Did you smoke part or all of a cigarette?	<input type="radio"/>	<input type="radio"/>
3. Have you used marijuana or hashish?	<input type="radio"/>	<input type="radio"/>
4. Have you used prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>
5. Have you used an electronic vapor product?	<input type="radio"/>	<input type="radio"/>
6. Have you used other illicit drugs?	<input type="radio"/>	<input type="radio"/>

**VI. DO YOU FEEL THE FOLLOWING ARE HARMFUL TO YOUR HEALTH?**

	NO HARM	SOME HARM	VERY HARMFUL
1. Smoking cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Using smokeless tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Smoking cigars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Using an electronic vapor product?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Drinking beer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Drinking coolers, hard lemonade, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Drinking liquor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Smoking marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Using synthetic marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Using chemical products to get high? (bath salts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Using prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Using over-the-counter drugs to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Using heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Using cocaine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Using inhalants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Using hallucinogens?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Using steroids?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Using ecstasy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Using meth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**VII. HOW MUCH DO YOU THINK PEOPLE RISK HARMING THEMSELVES PHYSICALLY OR IN OTHER WAYS IF THEY...**

	NO RISK	SLIGHT RISK	MODERATE RISK	GREAT RISK
1. Use any alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have five or more drinks of an alcoholic beverage once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Take one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Use any tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Use an electronic vapor product?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Use illicit drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Drive while drunk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Drive while high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



PLEASE DO NOT WRITE IN THIS AREA

**VIII. HOW EASY IS IT TO GET...**

	DO NOT KNOW/CAN'T GET	VERY DIFFICULT	FAIRLY DIFFICULT	FAIRLY EASY	VERY EASY
1. Cigarettes, smokeless tobacco, cigars, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Electronic vapor products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Beer, wine, liquor and other alcohol products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Other illicit drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**IX. HOW DO YOU FEEL ABOUT SOMEONE YOUR AGE HAVING ONE OR TWO DRINKS OF AN ALCOHOLIC BEVERAGE NEARLY EVERY DAY?**

- Neither approve nor disapprove       Strongly disapprove  
 Somewhat disapprove                       Don't know or can't say

**X. HOW WRONG DO YOUR FRIENDS FEEL IT WOULD BE FOR YOU TO...**

	NOT AT ALL WRONG	A LITTLE BIT WRONG	WRONG	VERY WRONG
1. Have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Use any alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Use any tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Use electronic vapor products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Use other illicit drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Gamble anything of value?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**XI. HOW WRONG DO YOUR PARENTS FEEL IT WOULD BE FOR YOU TO...**

	NOT AT ALL WRONG	A LITTLE BIT WRONG	WRONG	VERY WRONG
1. Have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Use any alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Use any tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Use electronic vapor products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Use other illicit drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Gamble anything of value?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**XII. FROM WHOM DO YOU GET... (mark all that apply)**

	DO NOT USE	FRIEND	PARENT	SIBLING	STORE	INTERNET	OTHER
1. Alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Electronic vapor products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Prescription drugs not prescribed to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Illicit drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**XIII. AT WHAT AGE DID YOU FIRST...**

	NEVER USED	10 OR UNDER	11	12	13	14	15	16	17 OR OLDER
1. Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Use smokeless tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Smoke cigars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Use electronic vapor products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Drink beer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Drink coolers, hard lemonade, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Drink liquor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Use synthetic marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Use chemical products to get high? (bath salts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Use over-the-counter drugs to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Use heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Use cocaine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Use inhalants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Use hallucinogens?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Use steroids?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Use ecstasy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Use meth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**XIV. WHERE DO YOU USUALLY... (You may mark more than 1 response for each question)**

	DO NOT USE	AT HOME	AT SCHOOL	FRIEND'S HOUSE	IN A CAR	PARTIES	OTHER
1. Smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Use smokeless tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Smoke cigars?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Use electronic vapor products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Drink beer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Drink coolers, hard lemonade, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Drink liquor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Use synthetic marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Use chemical products to get high? (bath salts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Use prescription drugs not prescribed to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Use over-the-counter drugs to get high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Use heroin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Use cocaine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Use inhalants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Use hallucinogens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Use steroids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Use ecstasy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Use meth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



PLEASE DO NOT WRITE IN THIS AREA

### XV. WHEN DO YOU USUALLY...

(You may mark more than 1 response for each question)

	BEFORE SCHOOL	AFTER SCHOOL	WEEK NIGHTS	WEEKENDS
1. Smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Use smokeless tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Smoke cigars?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Use electronic vapor products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Drink beer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Drink coolers, hard lemonade, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Drink liquor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Use synthetic marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Use chemical products to get high? (bath salts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Use prescription drugs not prescribed to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Use over-the-counter drugs to get high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Use heroin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Use cocaine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Use inhalants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Use hallucinogens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Use steroids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Use ecstasy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Use meth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### XVI. GAMBLING

Gambling involves betting anything of value (money, watch, soda, etc.) on a game or event.

#### WITHIN THE PAST YEAR HOW OFTEN HAVE YOU...

	DID NOT USE	6 TIMES YEAR	ONCE YEAR	TWICE MONTH	3 TIMES MONTH	EVERY WEEK	EVERY DAY
1. Played "scratch offs"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Played lottery tickets (Powerball or Megabucks)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Played pull tabs or "paper" games other than lotteries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Played dice or coin flips?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Played cards (poker, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Bet on a sport?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Bet on a horse/dog race?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Bet on games of personal skill (bowling, video games, dares, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Played bingo for money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Bet money over the internet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Bet money in other ways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 12. Where do you usually gamble? (mark all that apply)

- Internet
- Casino
- Harness racing
- My home
- Sporting event
- School property
- Community festival, concert or other event
- Another person's home
- Neighborhood store or convenience store
- Park, parking lot, or other public place
- Other place
- I have not gambled

### HAVE YOU EVER...

	I HAVE NOT GAMBLED	NEVER	SOMETIMES	OFTEN	A LOT
13. Felt bad about the amount you bet, or about what happens when you bet money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Felt that you would like to stop betting money but didn't think you could?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Lied to anyone about betting or gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Bet or gambled more than you wanted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### XVII. WHILE AT SCHOOL IN THE PAST YEAR HAVE YOU...

	NEVER	ONE TIME	2-5 TIMES	6 OR MORE TIMES
1. Carried a handgun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Carried a knife, club or other weapon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Threatened a student with a handgun, knife or club?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Threatened to hurt a student by hitting, slapping or kicking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hurt a student by using a handgun, knife or club?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Hurt a student by hitting, slapping or kicking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Been threatened with a handgun, knife or club by a student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Had a student threaten to hit, slap or kick you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Been afraid a student may hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Been hurt by a student using a handgun, knife or club?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Been hurt by a student who hit, slapped, or kicked you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### XVIII. IN MY SCHOOL, I FEEL SAFE...

	NEVER	SOMETIMES	OFTEN	A LOT
1. In the classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In the cafeteria (lunchroom)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In the halls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In the bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In the gym	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. On the school bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. At school events (ballgames, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. In the parking lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### XIX. DURING THE PAST 7 DAYS, HOW MANY DAYS DID YOU...

	0 DAYS	1-3 DAYS	4-6 DAYS	7 DAYS
1. Exercise, play a sport, or participate in a physical activity for at least 20 minutes that made you sweat and breathe hard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Eat at least one piece of fruit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Eat at least one vegetable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### XX. ON AN AVERAGE SCHOOL NIGHT, HOW MANY HOURS OF SLEEP DO YOU GET?

- 4 or less hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours

THANK YOU FOR YOUR PARTICIPATION