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**My parents give me lots of chances to do fun things with them**

<input type="checkbox"/>	YES!
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	NO!

**People in my family have serious arguments**

<input type="checkbox"/>	YES!
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	NO!

**People in my family often insult or yell at each other**

<input type="checkbox"/>	YES!
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	NO!

**The rules in my family are clear**

<input type="checkbox"/>	YES!
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	NO!

**My family has clear rules about alcohol and drug use**

<input type="checkbox"/>	YES!
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	NO!

**My parents ask if I've gotten my homework done**

<input type="checkbox"/>	YES!
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	NO!

**When I'm not at home, my parents know where I am and who I am with**

<input type="checkbox"/>	YES!
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	NO!

**Would your parents know if you did not come home on time?**

<input type="checkbox"/>	YES!
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	NO!

**If you drank some beer or wine or hard liquor (like vodka, whiskey or gin) without your parents' permission, would you be caught by your parents?**

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

**If you carried a handgun without your parents' permission, would you be caught by your parent?**

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

**If you skipped school, would you be caught by your parents?**

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

**My parents ask me what I think about family decisions**

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

**My parents feel it would be wrong for me to drink wine or beer or other kinds of alcohol**

- |                          |                    |
|--------------------------|--------------------|
| <input type="checkbox"/> | Very Wrong         |
| <input type="checkbox"/> | Wrong              |
| <input type="checkbox"/> | A little Bit Wrong |
| <input type="checkbox"/> | No Wrong at All    |

**My parents feel it would be wrong for me to smoke cigarettes**

- |                          |                    |
|--------------------------|--------------------|
| <input type="checkbox"/> | Very Wrong         |
| <input type="checkbox"/> | Wrong              |
| <input type="checkbox"/> | A little Bit Wrong |
| <input type="checkbox"/> | No Wrong at All    |

**If I have a problem, I ask a grownup in my family for help**

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

**Grownups in my family notice when I am doing a good job**

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

**Grownups in my family tell me they are proud of me for something I've done**

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

**I enjoy spending time with a grownup in my family**

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

**I feel close to a grownup in my family**

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

**I share my thoughts and feelings with the grownups in my family**

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

**We argue about the same things in my family over and over**

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

**How frequently have you smoked cigarettes during the past 30 days?**

- |                          |                                      |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Not at all                           |
| <input type="checkbox"/> | Less than one cigarette per day      |
| <input type="checkbox"/> | One to five cigarettes per day       |
| <input type="checkbox"/> | About one half-pack per day          |
| <input type="checkbox"/> | About one pack per day               |
| <input type="checkbox"/> | About one and one-half packs per day |
| <input type="checkbox"/> | Two packs or more per day            |

**How often have you taken smokeless tobacco during the past 30 days?**

- |                          |                              |
|--------------------------|------------------------------|
| <input type="checkbox"/> | Not at all                   |
| <input type="checkbox"/> | Once or twice                |
| <input type="checkbox"/> | Once or twice per week       |
| <input type="checkbox"/> | Three to five times per week |
| <input type="checkbox"/> | About once a day             |
| <input type="checkbox"/> | More than once a day         |

**On how many occasions during the last 30 days have you had alcoholic beverages to drink (more than a few sips)? Note: Alcoholic beverages include beer, wine, wine coolers, and liquor.**

- |                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | 0 occasions     |
| <input type="checkbox"/> | 1 - 2 occasions |
| <input type="checkbox"/> | 3 - 5 occasions |
| <input type="checkbox"/> | 6 - 9 occasions |
| <input type="checkbox"/> | 10-19 occasions |
| <input type="checkbox"/> | 20-39 occasions |
| <input type="checkbox"/> | 40 or more      |

**On how many occasions during the past 30 days (if any) have you been drunk or very high from drinking alcoholic beverages?**

- |                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | 0 occasions     |
| <input type="checkbox"/> | 1 - 2 occasions |
| <input type="checkbox"/> | 3 - 5 occasions |
| <input type="checkbox"/> | 6 - 9 occasions |
| <input type="checkbox"/> | 10-19 occasions |
| <input type="checkbox"/> | 20-39 occasions |
| <input type="checkbox"/> | 40 or more      |

**On how many occasions during the last 30 days (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)?**

- |                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | 0 occasions     |
| <input type="checkbox"/> | 1 - 2 occasions |
| <input type="checkbox"/> | 3 - 5 occasions |
| <input type="checkbox"/> | 6 - 9 occasions |
| <input type="checkbox"/> | 10-19 occasions |
| <input type="checkbox"/> | 20-39 occasions |
| <input type="checkbox"/> | 40 or more      |

**On how many occasions during the last 30 days (if any) have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high?**

- |                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | 0 occasions     |
| <input type="checkbox"/> | 1 - 2 occasions |
| <input type="checkbox"/> | 3 - 5 occasions |
| <input type="checkbox"/> | 6 - 9 occasions |
| <input type="checkbox"/> | 10-19 occasions |
| <input type="checkbox"/> | 20-39 occasions |
| <input type="checkbox"/> | 40 or more      |

**Not counting alcohol, tobacco, or marijuana, on how many occasions (if any) during the last 30 days have you used another illegal drug?**

- |                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | 0 occasions     |
| <input type="checkbox"/> | 1 - 2 occasions |
| <input type="checkbox"/> | 3 - 5 occasions |
| <input type="checkbox"/> | 6 - 9 occasions |
| <input type="checkbox"/> | 10-19 occasions |
| <input type="checkbox"/> | 20-39 occasions |
| <input type="checkbox"/> | 40 or more      |

**You're looking at CD's in a music store with a friend. You look up and see her slip a CD under her coat. She smiles and says "Which one do you want? Go ahead, take it while nobody's around." There is nobody in sight, no employees and no other customers. What would you do now?**

- ☐ Ignore her
- ☐ Grab a CD and leave the store
- ☐ Tell her to put the CD back
- ☐ Act like it's a joke, and ask her to put the CD back

**It's 8:00 on a weeknight and you are about to go over to a friend's home when your mother asks you where you are going. You say "Oh, just going to go hang out with some friends." She says, "No, you'll just get into trouble if you go out. Stay home tonight." What would you do now?**

- ☐ Leave the house anyway
- ☐ Explain what you are going to do with your friends, tell your mom or dad when you'd get
- ☐ Not say anything and start watching TV
- ☐ Get into an argument with your mom or dad

**You are visiting another part of town, and you don't know any of the people your age there. You are walking down the street, and some teenager you don't know is walking toward you. He is about your size, and as he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do?**

- ☐ Push the person back
- ☐ Say "Excuse me" and keep on walking
- ☐ Say "Watch where you're going" and keep on walking
- ☐ Swear at the person and walk away

**You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do?**

- ☐ Drink it
- ☐ Tell your friend "No thanks, I don't drink" and suggest that you and your friend go and do
- ☐ Say "Watch where you're going" and keep on walking
- ☐ Make up a good excuse, tell your friend you had something else to do, and leave