
1. I feel good about myself most of the time

<input type="checkbox"/>	Always
<input type="checkbox"/>	Usually
<input type="checkbox"/>	Sometimes
<input type="checkbox"/>	Never
<input type="checkbox"/>	No Answer

2. When I am mad, I yell at people

<input type="checkbox"/>	Always
<input type="checkbox"/>	Usually
<input type="checkbox"/>	Sometimes
<input type="checkbox"/>	Never
<input type="checkbox"/>	No Answer

3. If I can't do the job the first time, I keep trying until I can

<input type="checkbox"/>	Always
<input type="checkbox"/>	Usually
<input type="checkbox"/>	Sometimes
<input type="checkbox"/>	Never
<input type="checkbox"/>	No Answer

4. I am usually too embarrassed to ask questions

<input type="checkbox"/>	Always
<input type="checkbox"/>	Usually
<input type="checkbox"/>	Sometimes
<input type="checkbox"/>	Never
<input type="checkbox"/>	No Answer

5. I get along well with other people

<input type="checkbox"/>	Always
<input type="checkbox"/>	Usually
<input type="checkbox"/>	Sometimes
<input type="checkbox"/>	Never
<input type="checkbox"/>	No Answer

6. Helping others makes me feel good

<input type="checkbox"/>	Always
<input type="checkbox"/>	Usually
<input type="checkbox"/>	Sometimes
<input type="checkbox"/>	Never
<input type="checkbox"/>	No Answer

7. There is no one I can count on in an emergency

<input type="checkbox"/>	Always
<input type="checkbox"/>	Usually
<input type="checkbox"/>	Sometimes
<input type="checkbox"/>	Never
<input type="checkbox"/>	No Answer

8. I trust an adult at school to give advice if I have a problem

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | Always |
| <input type="checkbox"/> | Usually |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | No Answer |

9. I can be trusted

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | Always |
| <input type="checkbox"/> | Usually |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | No Answer |

10. Sometimes I break things on purpose

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | Always |
| <input type="checkbox"/> | Usually |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | No Answer |

11. I give up on things before completing them

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | Always |
| <input type="checkbox"/> | Usually |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | No Answer |

12. I let people know how I feel

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | Always |
| <input type="checkbox"/> | Usually |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | No Answer |

13. It is hard for me to make friends

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | Always |
| <input type="checkbox"/> | Usually |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | No Answer |

14. I always like to do my part

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | Always |
| <input type="checkbox"/> | Usually |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | No Answer |

15. There are people I can depend on if I really need it

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | Always |
| <input type="checkbox"/> | Usually |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | No Answer |

16. There is an adult I feel comfortable talking about my problems with

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | Always |
| <input type="checkbox"/> | Usually |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | No Answer |

17. I can do most things that I try

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | Always |
| <input type="checkbox"/> | Usually |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | No Answer |

18. If I feel like it, I hit people

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | Always |
| <input type="checkbox"/> | Usually |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | No Answer |

19. If I study hard, I will get better grades

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | Always |
| <input type="checkbox"/> | Usually |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | No Answer |

20. If I work hard, I will get what I want

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | Always |
| <input type="checkbox"/> | Usually |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | No Answer |

21. If I don't understand something, I will ask for an explanation

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | Always |
| <input type="checkbox"/> | Usually |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | No Answer |

22. My friends respect me

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | Always |
| <input type="checkbox"/> | Usually |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | No Answer |

23. It is important to do your part in helping at home

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | Always |
| <input type="checkbox"/> | Usually |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | No Answer |

24. There is an adult I could talk to about important decisions

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | Always |
| <input type="checkbox"/> | Usually |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | No Answer |

25. I like the way I look

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | Always |
| <input type="checkbox"/> | Usually |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | No Answer |

26. One of my problems is I cannot start working when I should

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | Always |
| <input type="checkbox"/> | Usually |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | No Answer |

1. Smoke one or more packs of cigarettes per day?

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | No Risk |
| <input type="checkbox"/> | Slight Risk |
| <input type="checkbox"/> | Moderate Risk |
| <input type="checkbox"/> | Great Risk |
| <input type="checkbox"/> | Not Sure |
| <input type="checkbox"/> | No Answer |

2. Try marijuana once or twice?

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | No Risk |
| <input type="checkbox"/> | Slight Risk |
| <input type="checkbox"/> | Moderate Risk |
| <input type="checkbox"/> | Great Risk |
| <input type="checkbox"/> | Not Sure |
| <input type="checkbox"/> | No Answer |

3. Smoke marijuana regularly?

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | No Risk |
| <input type="checkbox"/> | Slight Risk |
| <input type="checkbox"/> | Moderate Risk |
| <input type="checkbox"/> | Great Risk |
| <input type="checkbox"/> | Not Sure |
| <input type="checkbox"/> | No Answer |

4. Take one or more drinks of an alcoholic beverage (wine, beer, a shot, liquor) nearly every day?

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | No Risk |
| <input type="checkbox"/> | Slight Risk |
| <input type="checkbox"/> | Moderate Risk |
| <input type="checkbox"/> | Great Risk |
| <input type="checkbox"/> | Not Sure |
| <input type="checkbox"/> | No Answer |

5. Take five or more drinks of an alcoholic beverage at one time?

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | No Risk |
| <input type="checkbox"/> | Slight Risk |
| <input type="checkbox"/> | Moderate Risk |
| <input type="checkbox"/> | Great Risk |
| <input type="checkbox"/> | Not Sure |
| <input type="checkbox"/> | No Answer |

III-1. How often do you feel that the school work you are assigned is meaningful and important?

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | Almost always |
| <input type="checkbox"/> | Often |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Seldom |
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | No Answer |

III-2. How interesting are most of your courses to you?

- | | |
|--------------------------|--------------------|
| <input type="checkbox"/> | Very interesting |
| <input type="checkbox"/> | Quite interesting |
| <input type="checkbox"/> | Fairly interesting |
| <input type="checkbox"/> | Slightly dull |
| <input type="checkbox"/> | Very dull |
| <input type="checkbox"/> | No Answer |

III-3. How important do you think the things you are learning in school are going to be later in life?

- | | |
|--------------------------|----------------------|
| <input type="checkbox"/> | Very important |
| <input type="checkbox"/> | Quite important |
| <input type="checkbox"/> | Fairly important |
| <input type="checkbox"/> | Slightly important |
| <input type="checkbox"/> | Not at all important |
| <input type="checkbox"/> | No Answer |

III-4-1. Enjoy being in school?

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | Seldom |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Often |
| <input type="checkbox"/> | Almost always |
| <input type="checkbox"/> | No Answer |

III-4-2. Hate being in school?

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | Seldom |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Often |
| <input type="checkbox"/> | Almost always |
| <input type="checkbox"/> | No Answer |

III-4-3. Try to do your best in school?

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | Never |
| <input type="checkbox"/> | Seldom |
| <input type="checkbox"/> | Sometimes |
| <input type="checkbox"/> | Often |
| <input type="checkbox"/> | Almost always |
| <input type="checkbox"/> | No Answer |

IV-1. How frequently have you smoked cigarettes during the past 30 days?

- | | |
|--------------------------|-------------------------------|
| <input type="checkbox"/> | Not at all |
| <input type="checkbox"/> | Less than 1 cigarette per day |
| <input type="checkbox"/> | 1-5 cigarettes per day |
| <input type="checkbox"/> | About 1/2 pack per day |
| <input type="checkbox"/> | About 1 pack per day |
| <input type="checkbox"/> | About 1 1/2 packs per day |
| <input type="checkbox"/> | 2 packs per day |
| <input type="checkbox"/> | No Answer |

IV-2. To be more precise, during the past 30 days, about how many cigarettes have you smoked per day?

- | | |
|--------------------------|-----------------------|
| <input type="checkbox"/> | None |
| <input type="checkbox"/> | Less than one per day |
| <input type="checkbox"/> | 1-2 |
| <input type="checkbox"/> | 3-7 |
| <input type="checkbox"/> | 8-12 |
| <input type="checkbox"/> | 13-17 |
| <input type="checkbox"/> | 18-22 |
| <input type="checkbox"/> | 23-27 |
| <input type="checkbox"/> | 28-32 |
| <input type="checkbox"/> | 33-37 |
| <input type="checkbox"/> | 38 or more |
| <input type="checkbox"/> | No Answer |

IV-3. 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 to twice per week |
| <input type="checkbox"/> | 3-5 times per week |
| <input type="checkbox"/> | About once per day |
| <input type="checkbox"/> | More than once per day |
| <input type="checkbox"/> | No Answer |

IV-4-1. Had alcoholic beverages (including beer, wine, wine coolers, and liquor) to drink (more than a few sips)?

- | | |
|--------------------------|----------------------|
| <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 Occasions |
| <input type="checkbox"/> | No Answer |

IV-4-2. 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 Occasions |
| <input type="checkbox"/> | No Answer |

IV-4-3. 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 Occasions |
| <input type="checkbox"/> | No Answer |

IV-5. How old were you the first time you had more than a sip or two of beer, wine or hard liquor (for example: vodka, whiskey or gin)?

<input type="checkbox"/>	Never have
<input type="checkbox"/>	10 or younger
<input type="checkbox"/>	11
<input type="checkbox"/>	12
<input type="checkbox"/>	13
<input type="checkbox"/>	14
<input type="checkbox"/>	15
<input type="checkbox"/>	16
<input type="checkbox"/>	17 or older
<input type="checkbox"/>	No Answer

IV-6. During the LAST MONTH, about how many marijuana cigarettes (joints, reefers), or equivalent, did you smoke a day on average? (If you shared them with other people, count only the amount YOU smoked).

<input type="checkbox"/>	None
<input type="checkbox"/>	Less than one a day
<input type="checkbox"/>	1 a day
<input type="checkbox"/>	2-3 a day
<input type="checkbox"/>	4-6 a day
<input type="checkbox"/>	7-10 a day
<input type="checkbox"/>	11 or more a day
<input type="checkbox"/>	No Answer

IV-7-1. Got in trouble at school

<input type="checkbox"/>	None
<input type="checkbox"/>	1-2 Times
<input type="checkbox"/>	3-5 Times
<input type="checkbox"/>	6-9 Times
<input type="checkbox"/>	10+ Times
<input type="checkbox"/>	No Answer

IV-7-2. Was suspended from school

<input type="checkbox"/>	None
<input type="checkbox"/>	1-2 Times
<input type="checkbox"/>	3-5 Times
<input type="checkbox"/>	6-9 Times
<input type="checkbox"/>	10+ Times
<input type="checkbox"/>	No Answer

IV-7-3. Skipped school

<input type="checkbox"/>	None
<input type="checkbox"/>	1-2 Times
<input type="checkbox"/>	3-5 Times
<input type="checkbox"/>	6-9 Times
<input type="checkbox"/>	10+ Times
<input type="checkbox"/>	No Answer

IV-7-4. Was arrested

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | None |
| <input type="checkbox"/> | 1-2 Times |
| <input type="checkbox"/> | 3-5 Times |
| <input type="checkbox"/> | 6-9 Times |
| <input type="checkbox"/> | 10+ Times |
| <input type="checkbox"/> | No Answer |

IV-7-5. Been in a physical fight

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | None |
| <input type="checkbox"/> | 1-2 Times |
| <input type="checkbox"/> | 3-5 Times |
| <input type="checkbox"/> | 6-9 Times |
| <input type="checkbox"/> | 10+ Times |
| <input type="checkbox"/> | No Answer |

IV-7-6. Hit or tried to hurt someone

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | None |
| <input type="checkbox"/> | 1-2 Times |
| <input type="checkbox"/> | 3-5 Times |
| <input type="checkbox"/> | 6-9 Times |
| <input type="checkbox"/> | 10+ Times |
| <input type="checkbox"/> | No Answer |