

Thank you very much for taking this survey.

Your responses will help your school and others like yours make good decisions about what to do about youth substance use. Therefore, it is important that you answer each question as honestly and thoughtfully as possible.

There is NO way for anyone to tell how you answered the questions since your name isn't anywhere on the survey. No one at your school or anyone you know will see your answers.

This study is completely voluntary. If there is a question that you find unacceptable, you may leave it blank.

We hope you will enjoy taking the survey. Thank you very much for being an important part of this project.

CONFIDENTIAL

# AP-2

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To answer a question, simply click on your response. When you have finished answering the question(s) on each page, click the ">>" button at the bottom of the page to move forward.

**Q1 What grade are you in?**

- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

**Q2 How old are you?**

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21 or older

**Q3 Sex:**

- Male
- Female

**Q4 Are you... (Mark all that apply.)**

- White
- Black or African American
- American Indian/Native American
- Latino or Hispanic
- Alaska Native
- Hawaiian or Pacific Islander
- Asian American
- Other

**Q5 Do you have your own cell phone?**

- Yes
- No

**Q6 How do you use your phone? (Mark all that apply.)**

- Phone calls
- Texting
- Internet
- Games

**Q7 Do you have internet access at home?**

- Yes
- No

**Q8 How often do you use the following social media?**

	Never	Rarely	Sometimes	Often
Facebook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instagram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twitter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Snapchat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q9 Which of the following live in the same household with you? (Mark all that apply.)**

- Father
- Stepfather
- Mother
- Stepmother
- Brother (or stepbrother)/ Sister (or stepsister)
- Grandparent
- Other

**Q10 Which of the following best describes where you live?**

- On the reservation
- 1-10 miles from the reservation
- 11-25 miles from the reservation
- More than 25 miles from the reservation

**Q11 Have you EVER smoked CIGARETTES?**

- Never
- Once or twice
- Occasionally but not regularly
- Regularly in the past
- Regularly now

**Q12 During the PAST 30 DAYS about how many CIGARETTES have you smoked PER DAY?**

- None
- Less than 1 per day
- 1 to 2 per day
- 3 to 7 per day
- 8 to 12 per day
- 13 to 17 per day
- 18 to 22 per day
- 23 to 27 per day
- 28 to 32 per day
- 33 to 37 per day
- 38 or more per day

**Q13 Do you think you will be smoking CIGARETTES five years from now?**

- I definitely will.
- I probably will.
- I probably will not.
- I definitely will not.

The next questions are about ALCOHOL, including beer, wine, liquor, and any other drink that contains alcohol.

**Q14 How many times (if any) have you had any ALCOHOL to drink -- more than just a few sips ... IN YOUR LIFETIME?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q15 How important are each of the following reasons you DON'T DRINK ALCOHOL?**

	Not at all important	Somewhat important	Very Important
My parents don't want me to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid of getting caught.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I couldn't get or find any.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It could hurt my grades.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It could keep me from doing other things I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wouldn't like the feeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It has hurt my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't like the taste.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends don't do it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It isn't cool.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It could physically harm or kill me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious or spiritual reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q16 How many times have you had any ALCOHOL to drink -- more than just a few sips ...DURING THE LAST 12 MONTHS?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q17 How many times have you had any ALCOHOL to drink -- more than just a few sips ...DURING THE LAST 30 DAYS?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q18 How many times (if any) have you gotten DRUNK ...IN YOUR LIFETIME?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q19 How many times have you gotten DRUNK ...DURING THE LAST 12 MONTHS?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 time
- 20-39 times
- 40 or more times

**Q20 How many times have you gotten DRUNK ...DURING THE LAST 30 DAYS?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q21 What are the most important reasons you DRINK ALCOHOL? (Mark all that apply.)**

- To experiment - to see what it's like.
- To relax or relieve tension.
- To feel good or get high.
- To have a good time with my friends.
- To fit in with a group I like.
- To get away from my problems or troubles.
- Because of boredom, nothing else to do.
- Because of anger or frustration.
- To get through the day.
- To increase the effects of some other drug(s).
- To decrease (offset) the effects of some other drug(s).
- To get to sleep.
- Because it tastes good.
- Because I am "hooked" – I feel I have to drink.

**The following question asks about how much you drink when you drink alcohol. For this question, a "drink" means any of the following: A 12-ounce can (or bottle) of beer A 4-ounce glass of wine A 12-ounce bottle (or can) of wine cooler A mixed drink or a shot glass of liquor**



**Q22 During the LAST TWO WEEKS, how many times (if any) did you have 5 OR MORE drinks in a row?**

- None
- Once
- Twice
- 3 to 5 times
- 6 to 9 times
- 10 or more times

**Q23 Do you think you will be DRINKING ALCOHOL five years from now?**

- I definitely will.
- I probably will.
- I probably will not.
- I definitely will not.

**Q24 How many times (if any) have you used MARIJUANA ...IN YOUR LIFETIME?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q25 How important are each of the following reasons you DON'T USE marijuana?**

	Not at all important	Somewhat Important	Very Important
My parents don't want me to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid of getting caught.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I couldn't get or find any.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It could hurt my grades.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It could keep me from doing other things I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wouldn't like the feeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It has hurt my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't like to smoke.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends don't do it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It isn't cool.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It could physically harm or kill me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious or spiritual reasons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q26 How many times have you used MARIJUANA ...DURING THE LAST 12 MONTHS?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q27 How many times have you used MARIJUANA ...DURING THE LAST 30 DAYS?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q28 What are the most important reasons you use MARIJUANA? (Mark all that apply.)**

- To experiment – to see what it's like.
- To relax or relieve tension.
- To feel good or get high.
- To find deeper insights and understanding.
- To have a good time with my friends.
- To fit in with a group I like.
- To get away from my problems or troubles.
- Because of boredom, nothing else to do.
- Because of anger or frustration.
- To get through the day.
- To increase the effects of some other drug(s).
- To decrease (offset) the effects of some other drug(s).
- Because I am "hooked" – I have to have it.

**Q29 What methods have you used for using MARIJUANA during the last year? (Mark all that apply.)**

- Smoking
- Eating in food
- In a drink
- Other

**Q30 Do you think you will be using MARIJUANA five years from now?**

- I definitely will.
- I probably will.
- I probably will not.
- I definitely will not.

**Q31 How many times (if any) have you “SNIFFED” OR “HUFFED” GLUE, GAS, SPRAYS, or anything like that to get high (Do NOT include cocaine.)...IN YOUR LIFETIME?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q32 How many times have you “SNIFFED” OR “HUFFED” GLUE, GAS, SPRAYS, or anything like that to get high (Do NOT include cocaine.) ...DURING THE LAST 12 MONTHS?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q33 How many times have you “SNIFFED” OR “HUFFED” GLUE, GAS, SPRAYS, or anything like that to get high (Do NOT include cocaine.) ...DURING THE LAST 30 DAYS?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q34 How many times (if any) have you taken LSD...IN YOUR LIFETIME?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q35 How many times have you taken LSD ...DURING THE LAST 12 MONTHS?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q36 How many times have you taken LSD ...DURING THE LAST 30 DAYS?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q37 Do you think you will be using LSD five years from now?**

- I definitely will.
- I probably will.
- I probably will not.
- I definitely will not.

**Q38 How many times (if any) have you taken HALLUCINOGENS OTHER THAN LSD ("shrooms", peyote, mescaline, etc. DO NOT include Ecstasy)...IN YOUR LIFETIME?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q39 How many times (if any) have you taken HALLUCINOGENS OTHER THAN LSD (“shrooms”, peyote, mescaline, etc. DO NOT include Ecstasy) ...DURING THE LAST 12 MONTHS?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q40 How many times (if any) have you taken HALLUCINOGENS OTHER THAN LSD (“shrooms”, peyote, mescaline, etc. DO NOT include Ecstasy) ...DURING THE LAST 30 DAYS?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q41 What HALLUCINOGENS OTHER THAN LSD have you taken during the last year? (Mark all that apply.)**

- Mescaline
- Peyote
- “Shrooms” or Psilocybin
- PCP
- Concentrated THC
- Other
- Don’t know the names of some I have used

**Q42 How many times have you taken peyote for spiritual or cultural reasons only?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q43 How many times have you taken peyote to get high (NOT for spiritual or cultural reasons)?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q44 How many times (if any) have you taken AMPHETAMINES such as Ritalin, Adderall, Concerta, or Vyvanse without a doctor telling you to take them...IN YOUR LIFETIME?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q45 How many times (if any) have you taken AMPHETAMINES such as Ritalin, Adderall, Concerta, or Vyvanse without a doctor telling you to take them ...DURING THE LAST 12 MONTHS?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q46 How many times (if any) have you taken AMPHETAMINES such as Ritalin, Adderall, Concerta, or Vyvanse without a doctor telling you to take them ...DURING THE LAST 30 DAYS?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q47 Do you think you will be using drugs like Ritalin, Adderall, Concerta, or Vyvanse without a doctor's orders five years from now?**

- I definitely will.
- I probably will.
- I probably will not.
- I definitely will not.

**Q48 How many times (if any) have you taken CRYSTAL METH (ICE)...IN YOUR LIFETIME?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q49 How many times (if any) have you taken CRYSTAL METH (ICE) ...DURING THE LAST 12 MONTHS?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q50 How many times (if any) have you taken CRYSTAL METH (ICE) ...DURING THE LAST 30 DAYS?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q51 Do you think you will be using drugs like CRYSTAL METH (ICE) five years from now?**

- I definitely will.
- I probably will.
- I probably will not.
- I definitely will not.

The next questions are about TRANQUILIZERS, which doctors sometimes prescribe to calm people down, quiet their nerves, or relax their muscles. They include the following drugs: Librium Serax Valium Ativan Xanax Klonopin Som

**Q52 Have you ever taken TRANQUILIZERS because a doctor told you to use them?**

- No
- Yes, but I had already tried them on my own
- Yes, and it was the first time I took them

**Q53 How many times (if any) have you taken TRANQUILIZERS on your own—that is, without a doctor telling you to take them ...IN YOUR LIFETIME?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q54 How many times (if any) have you taken TRANQUILIZERS on your own—that is, without a doctor telling you to take them ...DURING THE LAST 12 MONTHS?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q55 How many times (if any) have you taken TRANQUILIZERS on your own—that is, without a doctor telling you to take them ...DURING THE LAST 30 DAYS?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q56 Do you think you will be using TRANQUILIZERS without a doctor's orders five years from now?**

- I definitely will.
- I probably will.
- I probably will not.
- I definitely will not.

**Q57 How many times (if any) have you taken COCAINE in POWDERED form...IN YOUR LIFETIME?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q58 How many times (if any) have you taken COCAINE in POWDERED form ...DURING THE LAST 12 MONTHS?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q59 How many times (if any) have you taken COCAINE in POWDERED form ...DURING THE LAST 30 DAYS?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q60 How many times (if any) have you taken COCAINE in CRACK or FREEBASE form, that is where you inhaled the fumes from smoking, heating or burning?...IN YOUR LIFETIME?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q61 How many times (if any) have you taken COCAINE in CRACK or FREEBASE form, that is where you inhaled the fumes from smoking, heating or burning? ...DURING THE LAST 12 MONTHS?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q62 How many times (if any) have you taken COCAINE in CRACK or FREEBASE form, that is where you inhaled the fumes from smoking, heating or burning? ...DURING THE LAST 30 DAYS?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q63 Do you think you will be using COCAINE five years from now?**

- I definitely will.
- I probably will.
- I probably will not.
- I definitely will not.

**Q64 How many times (if any) have you taken HEROIN...IN YOUR LIFETIME?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q65 How many times (if any) have you taken HEROIN ...DURING THE LAST 12 MONTHS?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q66 How many times (if any) have you taken HEROIN ...DURING THE LAST 30 DAYS?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**There are a number of narcotics other than heroin, such as methadone, opium, morphine, codeine, Demerol, Vicodin, OxyContin, and Percocet. These are sometimes prescribed by doctors.**

**Q67 How many times (if any) have you taken NARCOTICS OTHER THAN HEROIN on your own—that is, without a doctor telling you to take them...IN YOUR LIFETIME?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q68 How many times (if any) have you taken NARCOTICS OTHER THAN HEROIN on your own—that is, without a doctor telling you to take them ...DURING THE LAST 12 MONTHS?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q69 How many times (if any) have you taken NARCOTICS OTHER THAN HEROIN on your own—that is, without a doctor telling you to take them ...DURING THE LAST 30 DAYS?**

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**Q70 Do you think you will be using HEROIN or OTHER NARCOTICS without a doctor's orders five years from now?**

- I definitely will.
- I probably will.
- I probably will not.
- I definitely will not.





**Q75 How much do you think people risk harming themselves (physically or in other ways) if they ...**

	No Risk	Slight Risk	Moderate Risk	Great Risk
Smoke 1 to 5 cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use smokeless tobacco regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use alcohol 1-2 times?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use alcohol regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get drunk 1-2 times?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get drunk regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana 1-2 times?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use cocaine or crack 1-2 times?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use cocaine or crack regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q76 How much do you think people risk harming themselves (physically or in other ways) if they ...**

	No Risk	Slight Risk	Moderate Risk	Great Risk
Use heroin 1-2 times?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use heroin regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use crystal meth (ice) 1-2 times?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use crystal meth (ice) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use Adderall (without a doctor's orders) 1-2 times?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use Adderall (without a doctor's orders) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use Oxycontin (without a doctor's orders) 1-2 times?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use Oxycontin (without a doctor's orders) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q77 How many of your friends...**

	None	One or Two	Some of Them	Most of Them
Drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get drunk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q78 How often have your friends asked you to ...**

	Not at All	Not Much	Some	A lot
Drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get drunk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q79 How much would your friends try to stop you from ...**

	Not at All	Not Much	Some	A lot
Drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting drunk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q80 How much pressure do you feel from your friends and schoolmates to ...**

	None	A little	Some	A Lot
Drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get drunk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q81 Think about the past year in school, how often did you...**

	Never	Not Often	Sometimes	Almost Always
Enjoy being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hate being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Look forward to going to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try to do your best work in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Find your school work interesting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q82 How true are these statements?**

	Not at all	Not Much	Some	A lot
I feel safe at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe going to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe when I leave school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe where I live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q83 How likely is it that you will do each of the following things?**

	Definitely Won't	Probably Won't	Probably Will	Definitely Will
Graduate from high school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go to a technical or vocational school after high school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go to college.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Graduate from college (four-year program).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Serve in the armed forces.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q84 The next three questions are about religion. What is your religious preference?**

- Native American Church
- Traditional Native American Spirituality
- Protestant (Baptist, Methodist, Presbyterian, etc.)
- Catholic
- Mormon (Latter-Day Saints)
- Other Religion
- None

**Q85 How often do you attend religious services?**

- Never
- Rarely
- Once or twice a month
- About once a week or more

**Q86 How important is religion in your life?**

- Not important
- A little important
- Pretty important
- Very important

**Q87 The following questions are about your parents (or stepparents or guardians):**

	Never	Rarely	Sometimes	Most of the time	Always
My parents know where I am after school.	<input type="radio"/>				
When I go out at night, my parents know who I am with.	<input type="radio"/>				
When I go out at night, my parents know where I am.	<input type="radio"/>				
When I go out on weekend nights, I have to be home by a set time.	<input type="radio"/>				

**Q88 How much would your family care if you ...**

	Not at All	Not Much	Some	A lot
Smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drank alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Got drunk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sniffed glue, gas, paint, etc?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q89 How much does your family care about you?**

- Not at All
- Not Much
- Some
- A lot

**Q90 The following questions ask about you.**

	Not at All	Not Much	Some	A lot
I am proud of myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am quick tempered.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel low.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to do things well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q91 The following questions ask about you.**

	Not at All	Not Much	Some	A lot
I get mad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am unhappy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people my age like me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am lucky.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do things my teachers don't want me to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q92 The following questions ask about you.**

	Not at All	Not Much	Some	A lot
I am lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like hitting someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel bad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people my age like to be with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People like me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q93 The following questions ask about you.**

	Not at All	Not Much	Some	A lot
I like to do dangerous things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I lose my temper.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am good looking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take chances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q94 The following questions ask about you.**

	Not at All	Not Much	Some	A lot
I am smart.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am lonesome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am hotheaded.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to learn to skydive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q95 The following questions ask about you.**

	Not at All	Not Much	Some	A lot
I am good at games.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get angry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people my age ask me to do things with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Some families have special activities or traditions that take place every year at particular times (such as holiday parties, special meals, religious activities, trips or visits).**

**Q96 How many of these special activities or traditions does your family have that are based on ...**

	None	Not Many	Some	A lot
The American-Indian culture?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The White-American culture?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another culture?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q97 When you are an adult and have your own family, will you do special things together or have special traditions that are based on...**

	None	Not Many	Some	A lot
The American-Indian culture?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The White-American culture?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another culture?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q98 Does your family live by or follow...**

	No	Not Much	Some	A lot
The American-Indian way of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The White-American way of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another way of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q99 Do YOU live by or follow...**

	No	Not Much	Some	A lot
The White-American way of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The American-Indian way of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another way of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q100 Is your family a success in...**

	No	Not Much	Some	A lot
The White-American way of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The American-Indian way of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another way of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q101 When you are an adult, will YOU be a success in...**

	No	Not Much	Some	A lot
The American-Indian way of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The White-American way of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another way of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q102 How true are these statements about you?**

	Not at all true	A little true	Pretty true	Very true
I am proud to be a member of my ethnic group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to find out more about the history and traditions of my ethnic group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel a strong attachment to my ethnic group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a lot of pride in my ethnic group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q103 How true are these statements about you?**

	Not at all true	A little true	Pretty true	Very true
I feel good about my ethnicity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am happy that I am a member of my ethnic group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ethnic roots give me strength.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family does a lot to hold onto our ethnic identity and beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Q104 In the past 12 months...**

	Not at All	Not Much	Some	A lot
How often have other kids said something bad or insulting to you because of your race/ethnicity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often has a store owner, sales clerk, or person working at a place of business treated you in a disrespectful way because of your race/ethnicity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have the police hassled you because of your race/ethnicity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have other kids ignored you or left you out of some activity because of your race/ethnicity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have adults suspected you of doing something wrong because of your race/ethnicity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often has someone yelled a racial slur or racial insult at you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often has someone threatened to harm you physically because of your race/ethnicity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you had a teacher be surprised that you did something really well?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have other kids treated you badly because of your race/ethnicity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you had a teacher who didn't expect you to do well because of your race/ethnicity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you been treated differently in the court system because of your race/ethnicity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel school staff members (e.g. secretaries, teachers' aides) treat you different from non-Native (non-Indian) kids?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for taking the time to answer these questions. We hope you found them interesting.