

2008 BOSTON YOUTH SURVEY

This survey is anonymous and confidential. Please DO NOT write your name anywhere on the survey.

MARKING INSTRUCTIONS

- Use a No. 2 pencil or blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the oval completely.
- Make no stray marks on this form.
- Do not fold, tear, or mutilate this form.

CORRECT MARK

INCORRECT MARKS

SECTION 1 – First, we would like you to answer some questions about yourself.

1. How old are you?

- 13 or younger 14 15 16 17 18 19 or older

2. Are you:

- Female Male

3. Do you think of yourself as Hispanic/Latino?

- Yes No

4. What race do you think of yourself as? *(If you are bi-racial or multi-racial, mark all that apply.)*

- White Black/African American American Indian or Alaska Native
 Asian/South Asian Native Hawaiian or Other Pacific Islander Some Other Race

Specify:

5. Are you, or is your family from... *(Mark all that apply.)*

- Haiti Vietnam Cape Verde Brazil My family is mainly from the US
 Dominican Republic El Salvador Colombia Puerto Rico
 China Jamaica Ireland Another country, not on this list

6. How long have you lived in the United States?

- Four years or less More than four years I have always lived in the United States

7. Was your mother born in the United States?

- Yes No Not sure

8. Was your father born in the United States?

- Yes No Not sure

9. Is English the main language spoken in your home?

- Yes No

10. Not including yourself, how many of the following people live in the house where you usually stay?

	0	1	2	3 or more
a) Children or other teenagers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Parents or stepparents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Other adults <i>(Such as aunts, uncles, or grandparents)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Which of the following best describes you?

- 100% heterosexual (straight) Bisexual 100% homosexual (gay or lesbian)
 Mostly heterosexual Mostly homosexual Not sure

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SECTION 2 – This set of questions asks about the neighborhood or community where you live.

12. Which Boston neighborhood do you live in?

- | | | | |
|---|--------------------------------------|------------------------------------|--|
| <input type="radio"/> Allston/Brighton | <input type="radio"/> East Boston | <input type="radio"/> Mission Hill | <input type="radio"/> South End |
| <input type="radio"/> Beacon Hill/Back Bay/West End | <input type="radio"/> Fenway/Kenmore | <input type="radio"/> North End | <input type="radio"/> West Roxbury |
| <input type="radio"/> Charlestown | <input type="radio"/> Hyde Park | <input type="radio"/> Roslindale | <input type="radio"/> <u>Another Boston neighborhood, not on this list</u> |
| <input type="radio"/> Chinatown | <input type="radio"/> Jamaica Plain | <input type="radio"/> Roxbury | <input type="radio"/> <u>I do not live in the city of Boston</u> |
| <input type="radio"/> Dorchester | <input type="radio"/> Mattapan | <input type="radio"/> South Boston | |

13. What street do you live on? Please DO NOT write your address.

14. What is the nearest cross-street or the nearest street that crosses yours?

15. What is your zip code?

(Write in the numbers, and mark the matching oval below each number.)

ZIP CODE				
0	2			
<input checked="" 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"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" 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"/>
<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"/>	<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about your neighborhood, mark how much you agree or disagree with each statement.

	Strongly Disagree	Disagree	Agree	Strongly Agree
16. I live in a neighborhood where people know and like each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. People in my neighborhood are willing to help their neighbors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. People in my neighborhood generally get along with each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. People in my neighborhood generally share the same beliefs about what is right and wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. People in my neighborhood can be trusted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Considering each of the situations described below, rate how likely it is that adults in the neighborhood would do something about it.

	Very Unlikely	Unlikely	Likely	Very Likely
21. How likely is it that adults in the neighborhood would do something if...				
a) A group of children or teenagers in your neighborhood were skipping school and hanging out on a street corner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Some children or teenagers were spray-painting graffiti on a local building?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) A child or teenager in your neighborhood was showing disrespect to an adult?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) There was a fight in front of your house and someone was being beaten-up or threatened?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) The city said they were going to close a local community/youth center?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) They suspected that a child in the neighborhood was being treated abusively by his or her family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) They suspected that a child in the neighborhood was being neglected by his or her family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. In general, how much do you trust the police in your community/neighborhood?

- A lot Some Only a little Not at all

23. How much do neighborhood gangs get in the way of you being able to do everyday things, like going to the store or playing basketball?

- A lot Some Only a little Not at all

33. In general, do you think most people would try to take advantage of you if they got a chance, or do you think that most people would try to be fair?

- Try to take advantage
- Try to be fair

Yes No

34. IN THE PAST 12 MONTHS, have you had any involvement with the Department of Youth Services (DYS)?

35. IN THE PAST 12 MONTHS, have you been a member of a gang?

36. IN THE PAST 12 MONTHS, have you had contact with a police officer because the police thought you or someone you know did something wrong?

37. IN THE PAST 12 MONTHS, have you had contact with a police officer for any other reason? (For example, you asked for directions or you were interviewed about a crime.)

38. IN THE PAST 12 MONTHS, have you gotten to know a police officer who patrols your neighborhood on foot?

39. DURING THE PAST 12 MONTHS, did you feel that you were treated with respect when you had contact with the police?

- Always/almost always
- Often
- Sometimes
- Never/almost never
- I did not have contact with a police officer

When answering these questions, do not include times when you or someone else was playing or joking around.

40. For questions a–f, think about someone you were or are dating. (By dating we mean a girlfriend or boyfriend, or someone who you were romantically or sexually involved with.)

IN THE PAST 30 DAYS, how many times have you...

Never 1–2 times 3 or more times Did not date someone

a) Had a yelling argument with him or her?

b) Swore or cursed at him or her, or called him/her fat, ugly, stupid, or some other insult?

c) Threatened to hit, punch, kick, or hurt him or her?

d) Got into a physical fight with him or her?

e) Pushed, shoved or slapped him or her?

f) Hit, punched, kicked, or choked him or her?

41. For questions a–h, think about other kids, including those in your school or neighborhood. (Do not think about people in your family, and do not think about someone you were or are dating.)

IN THE PAST 30 DAYS, how many times have you...

Never 1–2 times 3 or more times

a) Had a yelling argument with someone?

b) Got into a physical fight with someone?

c) Pushed, shoved or slapped someone?

d) Hit, punched, kicked, or choked someone?

e) Attacked or threatened someone with a weapon other than a gun, like a bat, bottle, chain or knife?

f) Attacked or threatened someone with a gun?

g) Picked on someone by chasing them, grabbing their hair or clothes, or making them do something they didn't want to do?

h) Told lies or spread rumors about someone, or tried to make sure that other kids disliked him/her?

42. For questions a–d, **think about other kids, including those in your school or neighborhood.** (*Do not think about people in your family, and do not think about someone you were or are dating.*)

IN THE PAST 12 MONTHS, have any of these things happened to you?

	Yes	No
a) You got punched with a fist, kicked, choked, or beaten up by anybody	<input type="radio"/>	<input type="radio"/>
b) You got attacked or threatened with a weapon <i>other than a gun</i> , like a bat, bottle, chain, or knife	<input type="radio"/>	<input type="radio"/>
c) Someone showed you they had a gun in order to scare you or get you to do something (<i>Do not include a toy gun.</i>)	<input type="radio"/>	<input type="radio"/>
d) You were shot at or shot with a gun (<i>Do not include a toy gun.</i>)	<input type="radio"/>	<input type="radio"/>

43. For questions a–e, **think about other kids, including those in your school or neighborhood.** (*Do not think about people in your family, and do not think about someone you were or are dating.*)

These questions are about whether you have been “bullied”, which means that a kid or group of kids repeatedly hurt you or treated you badly.

IN THE PAST 30 DAYS, has someone or a group of people repeatedly hurt you or made you feel bad by...

	Yes	No
a) Teasing, picking on, or making fun of you?	<input type="radio"/>	<input type="radio"/>
b) Sending you mean emails, text messages, or posting something about you on the Internet?	<input type="radio"/>	<input type="radio"/>
c) Spreading rumors or lies about you?	<input type="radio"/>	<input type="radio"/>
d) Making unwanted sexual comments or gestures?	<input type="radio"/>	<input type="radio"/>
e) Stealing your things?	<input type="radio"/>	<input type="radio"/>

44. For questions a–f, **think about the kids in your immediate family, meaning the kids who live in your home.**

IN THE PAST 30 DAYS, how often have you done the following to someone in your home?

	Never	1–2 times	3 or more times	No other kids in my family
a) Had a yelling argument with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Got into a physical fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Pushed, shoved or slapped someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Hit, punched, kicked, or choked someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Attacked or threatened someone with a weapon <i>other than a gun</i> , like a bat, bottle, chain or knife?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Attacked or threatened someone with a gun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

45. For questions a–f, **think about just the adults who live in your home.** (*Include people like parents, stepparents, guardians, a parent's boyfriend/girlfriend, grandparents, or any other adults.*)

IN THE PAST 12 MONTHS, have any of these things happened to you?

	Yes	No
a) An adult pushed, grabbed or shoved you?	<input type="radio"/>	<input type="radio"/>
b) An adult kicked, bit or punched you?	<input type="radio"/>	<input type="radio"/>
c) An adult hit you with something that could hurt your body?	<input type="radio"/>	<input type="radio"/>
d) An adult choked or burned you?	<input type="radio"/>	<input type="radio"/>
e) An adult attacked or threatened you with a weapon <i>other than a gun</i> , like a bat, bottle, chain or knife?	<input type="radio"/>	<input type="radio"/>
f) An adult physically attacked you in some other way?	<input type="radio"/>	<input type="radio"/>

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46. IN THE PAST 12 MONTHS, have you been neglected by any adults in your home? (By neglected, we mean that the adults did not take care of you the way they should, including giving you enough food, taking you to the doctor when you were sick, or giving you a safe place to live.)

- Yes
- No

47. IN THE PAST 12 MONTHS, have you been forced – physically, or with threats or weapons – to have sex when you didn't want to? This could have been by anyone, and could have happened at home, or anywhere else. (Include oral sex, intercourse, or anal sex.)

- Yes
- No

This next set of questions asks about things you have seen in real life. (Do not include things that you may have seen on TV, radio, the news, the Internet, a game, or in a movie.)

48. IN THE PAST 12 MONTHS, have you seen...

	Yes	No
a) Somebody get punched, kicked, or choked by another person?	<input type="radio"/>	<input type="radio"/>
b) Somebody get attacked or threatened with a weapon <i>other than a gun</i> , like a bat, bottle, chain, or knife?	<input type="radio"/>	<input type="radio"/>
c) Somebody get threatened with a gun in order to scare them?	<input type="radio"/>	<input type="radio"/>
d) Somebody get shot at or shot?	<input type="radio"/>	<input type="radio"/>
e) Somebody get killed by violence like being shot, stabbed or beaten to death?	<input type="radio"/>	<input type="radio"/>

49. If you were to witness a crime, what would you do? (Mark all that apply.)

- Call 911
- Call a police tipline
- Call another anonymous tipline
- Send an anonymous text message to the police
- Tell my parent, teacher, counselor, or another adult
- Not tell any adults or authorities

50. IN YOUR ENTIRE LIFETIME, have any close family members or close friends of yours been killed by violence, like being shot, stabbed, or beaten to death? (Do not include those killed in war.)

- Yes
- No

Now we have some questions about guns and other weapons.

	Impossible	Difficult	Fairly Easy	Very Easy
51. How easy would it be for you to get a gun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. How easy do you think it is for other kids in your neighborhood to get a gun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. Thinking about your <u>ideal world</u> , how easy would you want it to be for teenagers to get a gun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54. IN THE PAST 12 MONTHS, have you...

	Yes	No
a) carried a knife anywhere?	<input type="radio"/>	<input type="radio"/>
b) carried a knife on school property?	<input type="radio"/>	<input type="radio"/>
c) carried a gun anywhere?	<input type="radio"/>	<input type="radio"/>
d) carried a gun on school property?	<input type="radio"/>	<input type="radio"/>

55. IN THE PAST 12 MONTHS, what percent of the kids from your school do you think have carried a gun in school or anywhere else? (Just give your best guess. Write in the boxes and mark the corresponding numbers.)

Example:

1	2	%
0	0	
●	1	
2	●	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

Answer:

		%
0	0	
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

56. IN THE PAST 12 MONTHS, what percent of the kids from your neighborhood do you think have carried a gun anywhere? (Just give your best guess. Write in the boxes and mark the corresponding numbers.)

Example:

1	2	%
0	0	
●	1	
2	●	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

Answer:

		%
0	0	
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

57. If it turned out that far fewer kids in your school or neighborhood than you thought had carried a gun anywhere, would this make you feel...

- More safe Less safe Just as safe

58. If it turned out that far fewer kids in your school or neighborhood than you thought had carried a gun anywhere, would you be...

- More likely to carry a gun Less likely to carry a gun Just as likely to carry a gun

SECTION 5 – These questions ask about use of alcohol, tobacco, marijuana (i.e., pot or weed), or other drugs. Alcoholic drinks include beer, wine and champagne, wine coolers, 40s (malt liquor), and liquor – such as rum, gin, vodka, or whiskey.

59. IN YOUR ENTIRE LIFETIME, have you ever...

	Yes	No
a) Drank an alcoholic drink, other than just a few sips?	<input type="radio"/>	<input type="radio"/>
b) Used tobacco, including cigarettes, chewing tobacco, or cigars?	<input type="radio"/>	<input type="radio"/>
c) Used marijuana?	<input type="radio"/>	<input type="radio"/>
d) Used any illegal drug, other than marijuana? (For example, meth, heroin, cocaine, crack, ecstasy, or LSD.)	<input type="radio"/>	<input type="radio"/>

60. IN THE PAST 30 DAYS, on how many days did you...

	Number of Days			
	None	1–2	3–9	10 or more
a) Drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Use tobacco, including smoking cigarettes or cigars, or chewing tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Use any illegal drug, other than marijuana? (For example, meth, heroin, cocaine, crack, ecstasy, or LSD.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 6 – You are almost finished! Now we have a few questions about your health and well-being.

61. IN THE PAST 12 MONTHS, did you have a physical exam or check-up from a doctor or nurse?

- Yes No

62. IN THE PAST 12 MONTHS, did you visit a school counselor, therapist, or psychologist because you were feeling bad or were having some emotional problems?

- Yes No

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For the next few questions, think about a time when someone was physically hurt or injured because of something you did accidentally. Think only about THE PAST 12 MONTHS.

70. When the person was hurt or injured, was he or she...

- Playing sports?
- Riding in or driving a car?
- Inside your or someone else's home?
- Doing something else?
- I did not accidentally hurt someone

71. Can you please describe the injury and how it happened:

- I did not accidentally injure someone.

72. What time do you usually go to sleep when you have school the next day? *(Choose the closest time.)*

TIME	
Hour	Minutes
<input type="radio"/> 8pm	<input type="radio"/> 00
<input type="radio"/> 9pm	<input type="radio"/> 15
<input type="radio"/> 10pm	<input type="radio"/> 30
<input type="radio"/> 11pm	<input type="radio"/> 45
<input type="radio"/> 12am	
<input type="radio"/> 1am	

73. What time do you usually wake up in the morning on school days? *(Choose the closest time.)*

TIME	
Hour	Minutes
<input type="radio"/> 4am	<input type="radio"/> 00
<input type="radio"/> 5am	<input type="radio"/> 15
<input type="radio"/> 6am	<input type="radio"/> 30
<input type="radio"/> 7am	<input type="radio"/> 45
<input type="radio"/> 8am	
<input type="radio"/> 9am	

74. How many hours of sleep do you usually get on a school night? *(Choose the closest number of hours and minutes.)*

Hours	Minutes
<input type="radio"/> 3	<input type="radio"/> 00
<input type="radio"/> 4	<input type="radio"/> 15
<input type="radio"/> 5	<input type="radio"/> 30
<input type="radio"/> 6	<input type="radio"/> 45
<input type="radio"/> 7	
<input type="radio"/> 8	
<input type="radio"/> 9	
<input type="radio"/> 10	

75. How tall are you without your shoes on? *(Write your height in the blank boxes. Mark the matching oval below each number on your answer sheet.)*

Example:

HEIGHT	
Ft.	In.
5	10
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input checked="" type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
<input type="radio"/> 8	<input type="radio"/> 5
<input type="radio"/> 9	<input type="radio"/> 6
<input type="radio"/> 10	<input type="radio"/> 7
<input type="radio"/> 11	<input type="radio"/> 8

Answer:

HEIGHT	
Ft.	In.
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
<input type="radio"/> 8	<input type="radio"/> 5
<input type="radio"/> 9	<input type="radio"/> 6
<input type="radio"/> 10	<input type="radio"/> 7
<input type="radio"/> 11	<input type="radio"/> 8

continue on next page

76. How much do you weigh without your shoes on? (*Write your weight in the blank boxes. Mark the matching oval below each number on your answer sheet.*)

Example:

WEIGHT

Pounds

1	5	2
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input checked="" type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input checked="" type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

Answer:

WEIGHT

Pounds

<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

77. IN THE PAST 7 DAYS, how often did you drink... (*1 can or glass; count 20 oz. bottles as 2 cans*)

a) Soda? (*Don't include diet soda.*)

- Never, or less than 1 can
- 1 can in the past 7 days
- 2-4 cans in the past 7 days
- 5-6 cans in the past 7 days
- 1 can per day
- 2 cans per day
- 3 or more cans per day

b) Hawaiian punch, lemonade, Kool-Aid or another sweetened fruit drink?

- Never, or less than 1 can
- 1 can in the past 7 days
- 2-4 cans in the past 7 days
- 5-6 cans in the past 7 days
- 1 can per day
- 2 cans per day
- 3 or more cans per day

78. IN THE PAST 7 DAYS, on how many days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard? (*Such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities.*)

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

SECTION 7 – Now we have just a few questions about your family and friends.

Thinking about the adults in your life, mark how much you agree or disagree with each statement.

	Strongly Disagree	Disagree	Agree	Strongly Agree
79. I know adults who encourage me often.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. I know at least one adult I could talk with about personal problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. An adult in my household tries to understand my point of view.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. An adult in my household tells me that he or she loves me and/or wants good things for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. I can talk to an adult in my household about my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. An adult at my school would help me if I had a problem or were upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

Thinking about your friends, mark how much you agree or disagree with each statement.

	Strongly Disagree	Disagree	Agree	Strongly Agree
85. Most of my friends stay out of trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Most of my friends follow the rules their parents make for them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. Most of my friends do well in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 8 – This is the last section!! To finish the survey, please answer these questions about your activities.

88. IN THE PAST 7 DAYS, how many days did you...

	Number of Days			
	None	1-2	3-4	5 or more
a) Use a park, playground, or open space within walking distance of your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Take part in organized activities? (These might include sports teams, school clubs, music, art, or dance lessons, church groups, or other supervised activities.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Work at a paying job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Do volunteer work, community service, or help people outside of your home without getting paid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Sit down to dinner with your family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

89. ON AN AVERAGE SCHOOL DAY, how many hours do you spend...

	Number of Hours				
	None	Less than 1	1-2	3-4	5 or more
a) Watching television? (Including DVDs and movies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Playing video or computer games, or using a computer for something other than school work? (Include activities such as Nintendo, Game Boy, Play Station, X Box, Computer Games, and the Internet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

90. IN THE PAST 12 MONTHS, how often did you attend religious services at a church, temple, mosque, or someplace else?

- Never
 A few times a year
 Once or twice a month
 About once a week or more

91. Last question – We are interested in knowing about the programs that you would be interested in taking part in. Please mark all activities that you would like to do.

A. Arts & Creative Activities

- Dance
- Music Instrument Instruction
- Music Performance
- Chorus/Choir
- Band or Color Guard
- Music Recording
- Acting or Theater Production
- Photography
- Web Design
- Graphic Design
- Painting/Drawing
- Mural Design
- Fashion Design
- Jewelry Design
- Pottery/Ceramics
- Culinary Arts/Cooking
- Journalism
- Spoken Word
- Poetry
- TV Radio
- Video Production
- Other:

Not interested in any artistic or creative activities

B. Educational Activities

- Tutoring
- MCAS Prep
- SAT Prep
- College Planning
- Essay workshop for college prep
- Career Exploration Internship
- Construction (carpentry, electric, plumbing)
- Auto Repair
- Driver's Ed
- CPR/First Aid Courses
- Babysitting Certification
- Social Justice
- Community Service Activity
- Peer Leadership
- Substance Abuse Programs
- Conflict Resolution Training
- Other:

Not interested in any educational activities

C. Sports & Physical Activities

- Martial Arts/Self Defense
- Yoga/Pilates/Aerobics
- Cheerleading
- Step Squad
- Double Dutch
- Running Club
- Track & Field
- Swimming
- Basketball
- Hockey
- Soccer
- Football
- Lacrosse
- Baseball/Softball
- Wrestling
- Boxing
- Volleyball
- Bowling
- Golf
- Tennis
- Rowing
- Sailing
- Other:

Not interested in any sporting activities

THANK YOU FOR YOUR TIME!

PROOF

3/8" spine part

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

