**Juntos: Youth Questionnaire (English)**

**PJ \_\_\_ \_\_\_ \_\_\_ \_\_\_ Participant : TCF TCM INT ID \_\_\_ \_\_\_ \_\_\_**

**Date: \_\_\_/\_\_\_\_/\_\_\_\_ Wave \_\_\_ \_\_\_**

**Location: Phone / Home /Office School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Thank you for taking part in our survey. Remember that you can choose not to answer a certain question(s). Please also remember that this survey is completely confidential and we do not share your answers with anybody. We hope you feel comfortable to answer each question honestly and openly.***

**Education**

**For the first question, answer “no” if you have graduated from school, dropped out, or have been permanently expelled.**

**Answer “yes” if you are currently in school or if you have been temporarily expelled, or, for example, are missing school because of an extended illness.**

1. Are you attending school now? 0—**No If “no”, skip to #13**

1—**Yes**

1. What grade are you in now? \_\_\_\_\_\_\_

**Please answer the following questions by choosing the answer that best fits you most of the time.**

3. How often do you get homework assignments? 1. Almost every day

2. 2-3 times a week

3. Once a week or less

4. Not very often

5. Never (**If “never”, skip to #13)**

4. My grades are (**circle one)**:

mostly A’s

A’s and B’s

Mostly B’s

B’s and C’s

Mostly C’s

C’s and D’s

Mostly D’s

Not passing

1. What is your overall GPA? \_\_\_\_\_\_\_\_\_\_

***How much do you agree or disagree with the following statements about your homework and your relationship with school work and your education over* the last three months?**

1. **= Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree**
2. I have a specific place (i.e., after school program, my desk at home, etc.) for doing my homework \_\_\_\_
3. I have a specific time for doing my homework \_\_\_\_
4. When I do my homework I turn off my cell phone and other distractions \_\_\_\_
5. Doing homework is an important part of my daily routine \_\_\_\_
6. Doing a good job on my homework is important to me \_\_\_\_
7. Doing well in school is important to me \_\_\_\_
8. If I have challenges with certain parts of my homework, I take active steps to get the help I need \_\_\_\_
9. I have a daily planner or other way of keeping my homework organized \_\_\_\_
10. I can rely on my parents to help me make plans and take steps toward my future education and career goals \_\_\_\_
11. My parents and I argue about my homework \_\_\_
12. How likely is it you will drop out of school before you graduate from high school?
    1. I will not drop out
    2. I likely will not drop out
    3. I might or might not drop out
    4. I likely will drop out
    5. I definitely will drop out
13. On a school day, about how many hours do you usually spend watching TV, videos (movies), playing video games or using social media?
    1. I do not use any kind of media on school days except for homework
    2. I use half hour to an hour of media on school days
    3. I use one to two hours of media on school days
    4. I use two hours or more of media on school days

**Parent support of child with school and after school activities.**

***In the* last three months*, how often did your parent (s)/ guardian (s) help you to…***

***0 = never 1 = rarely 2 = sometimes 3 = often***

1. … find ways to take part in school activities \_\_\_
2. … find ways to do volunteer activities in the community \_\_\_\_
3. … take leadership roles in school or in the community \_\_\_\_
4. … do your best in school \_\_\_\_
5. … make a schedule for completing homework and school projects on time \_\_\_

**Parent communication with youth about school.**

***In the* last three months *how frequently have at least one of your parents/guardians talked to you about…***

***0 = never 1 = rarely 2 = sometimes 3 = often***

1. … your friends at school \_\_\_
2. …. being involved in school activities \_\_\_\_
3. …. events that are coming up at school \_\_\_
4. …..your teachers \_\_\_
5. …. the things you are learning in class \_\_\_
6. …. how you are doing in your classes \_\_\_
7. …. your future career and education goals (even short term goals) \_\_\_\_
8. …. challenges at school (bullying, aggression, harassment, racism, fights, etc.) \_\_\_\_
9. … your attitudes about school \_\_\_\_
10. ….your behavior at school \_\_\_\_
11. … the things that go on at school (school environment in general) \_\_\_\_
12. … preparing for future education or career path (e.g. college planning, technical or trade school, etc.) \_\_\_\_\_
13. … getting involved in extracurricular activities at school and in the community (e.g. leadership roles, community volunteering, sports, etc.) \_\_\_\_\_

**Child perception of parent involvement at school**

***In the* last 3 months*, how* frequently *has at least one of your parents/guardians… (***

***0 = never 1 = rarely 2 = sometimes 3 = often NS = I don’t know***

1. …visited your school for a special event (activity nights, choir performance, dances, etc.) \_\_\_\_\_
2. … attended a parent-teacher conference \_\_\_\_\_
3. … attended a parent group meeting \_\_\_\_\_
4. …volunteered for a school activity, event, or project \_\_\_\_
5. …had at least some type of contact with at least one of your teachers (by telephone, text, email, or an in-person meeting)?

***This section asks about your involvement in school and community activities and events. How much do you agree or disagree with the following statements***

**1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree**

1. I get actively involved in school events such as student government, sport teams, music groups, etc. \_\_\_\_
2. I help out in community events such as programs at my church, or with other community groups \_\_\_\_
3. I participate in groups/activities outside of school (sports, scouts, soccer, church, music, etc.) \_\_\_\_
4. It is important to me to be a helpful member of my community \_\_\_\_

**Teacher-student relationship confidence, support, fairness, willingness**

***This section has to do with your relationship with you teachers* during this school year*. How much do you agree or disagree with the following statements?***

**1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree**

**This school year…**

1. I have a good relationship with at least one of my teachers \_\_\_\_
2. I feel at least one of my teachers cares about me \_\_\_\_
3. I feel supported to do my best by at least one of my teachers \_\_\_\_
4. I am treated with respect by most of my teachers \_\_\_\_
5. There is at least one teacher or adult at my school I feel comfortable talking to if I had concerns or conflicts \_\_\_\_
6. I feel my teachers are fair \_\_\_\_
7. I feel my teachers are willing to help me if I had a hard time understanding something \_\_\_\_
8. I believe my teachers want to see me succeed in school and in life \_\_\_\_
9. If I had a conflict with a teacher, I feel confident we would work through it together \_\_\_\_
10. If I had a problem at school, my parents and my teacher would work together to solve it \_\_\_\_\_
11. Most of my teachers understand my family’s culture and background. \_\_\_\_

***This section is about the active steps you have, or have not taken in regards to your education* this year. *Using the scale provided please answer how much you agree or disagree with the statements about yourself.***

**1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree**

***I take active steps to…***

1. … understand the difference between earning a high school diploma and earning a GED\_\_\_\_
2. … get involved in school activities (homework club, student activities, clubs, etc.) \_\_\_\_
3. … do my best in school so I can reach my future education and career goals\_\_\_\_
4. …ask my parents to help me think about what I want for my future \_\_\_\_
5. … seek out educational opportunities after high school \_\_\_\_

***I know…***

1. … the steps I need to take in order to pursue my educational and/or career dreams \_\_\_\_\_
2. … what it takes to continue my education after high school \_\_\_\_
3. … what the educational and career choices are for me after high school \_\_\_\_

***I feel …***

1. …. I am a good student \_\_\_\_
2. … education is important to me \_\_\_\_\_
3. … I am making the most of my education and skills to be successful in life after high school \_\_\_\_

***This section talks about how comfortable you feel in your school environment* this year. *Please answer how much you agree or disagree with following statements.***

**1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree**

**This year,** ***at my school I feel …***

1. … I am treated with respect and that my opinions matter \_\_\_\_
2. … the teachers and administrators create a positive learning space \_\_\_\_
3. … safe at my school \_\_\_\_
4. … my parents know they are welcome at my school \_\_\_\_
5. … that students get along well \_\_\_\_
6. … that we see different races, cultures, genders, and differing physical abilities represented in a positive way. \_\_\_
7. … the diversity of races, cultures and languages of the student body is seen as an asset to this school \_\_\_\_
8. … opportunities are available for my family members, such as English Language Learner classes, computer access, home-language literacy classes, parenting classes, etc. \_\_\_\_
9. .…family and community members are communicated with in their home language \_\_\_
10. …there are high expectations for all students \_\_\_\_\_
11. …our textbooks and other materials reflect the culture and ethnicity of all students \_\_\_\_
12. … the cultures and experiences of students are welcome in the classroom \_\_\_\_
13. …the class materials and readings used contain multiple or diverse perspectives \_\_\_
14. … discriminated against \_\_\_\_\*
15. … like an important member of this school \_\_\_

**School Engagement Scale**

***This short section has to do with how you feel about being in school. Use the scale below to answer how often you do the following…***

**0= Never 1= Rarely 2= Some of the time 3= Most of the time 4= All of the time**

* 1. I pay attention in class\_\_\_\_
  2. When I am in class, I just act like I’m working \_\_\_\_\*
  3. I follow the rules at school \_\_\_\_
  4. I get in trouble in school \_\_\_\*
  5. I feel bored in school\_\_\_\*
  6. I feel excited about what I am learning at school \_\_\_\_
  7. I like being at school \_\_\_\_
  8. I am interested in the work at school \_\_\_\_
  9. My classroom is a fun place to be \_\_\_\_

***This section asks about the languages you speak. Please tell us which language (s) you use at home. Sometimes you might speak one language with your parents and another with your siblings—tell us all the languages you use.***

1. What language(s) do you speak at home? (*Mark all that apply)*

a. English

b. Spanish

c. Indigenous language(s) (e.g. Mixtec, Zapotec, Purépecha) [*Which language?*]:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Other [*which language?*]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For this section, we would like to know how comfortable you feel speaking Spanish and English in different settings. Use the scale below for your answers.***

This scale is 1 to 5 with 1 meaning ‘not at all comfortable’ and 5 ‘very comfortable’

**How comfortable do you feel speaking *Spanish* in the following situations?**

93. at HOME 1 2 3 4 5

94. at SCHOOL 1 2 3 4 5

95. with FRIENDS 1 2 3 4 5

96. in GENERAL 1 2 3 4 5

**How comfortable do you feel speaking *English* in the following situations?**

97. at HOME 1 2 3 4 5

98. at SCHOOL 1 2 3 4 5

99. with FRIENDS 1 2 3 4 5

100. in GENERAL 1 2 3 4 5

***This section has to do with things that may have happened to you because of your race, ethnicity, skin color, language or nationality over the* last three months*. First we want to know if the situation happened at school and then we ask if it happened somewhere other than school***

***If you answer 'yes', to an item, please use the scale to tell us how stressful the experience was for you.***

**Not at all A little Moderately Very Extremely Stressful Stressful Stressful Stressful Stressful**

1. **…**people treated you as if you were

inferior because of your

race/ethnicity, etc.

1. **At school?** **No**

**Yes**  1 2 3 4 5

1. **Some place other than school?** No

Yes 1 2 3 4 5

…people said negative things about

your hair, skin or style of dress

because of your race/ethnicity, etc.

1. **At school?** **No**

**Yes**  1 2 3 4 5

1. **Some place other than school?** No

Yes 1 2 3 4 5

…people acted as if they were

afraid of you because of your

race/ethnicity, etc.

1. **At school?** **No**

**Yes**  1 2 3 4 5

1. **Some place other than school?** No

Yes 1 2 3 4 5

…people called you names or

insulted you because of your

race/ethnicity, etc.

1. **At school?** **No**

**Yes**  1 2 3 4 5

1. **Some place other than school?** No

Yes 1 2 3 4 5

…your teacher discouraged

you from taking hard classes or

told you that the classes you

wanted to take were too hard.

1. **At school?** **No**

**Yes**  1 2 3 4 5

…people treat you as if you were

not smart because of your

race/ethnicity, etc.

1. **At school?** **No**

**Yes**  1 2 3 4 5

1. **Some place other than school?** No

Yes 1 2 3 4 5

I have felt more fearful

since the 2016 election

**At school?** **No**

**Yes**  1 2 3 4 5

1. **Some place other than school?** No

Yes 1 2 3 4 5

*Since the presidential election of 2016, at my school…*

**1 = Strongly disagree 2 = Somewhat disagree 3 = Somewhat agree 4 = Strongly agree**

1. Negative feelings about immigrants has increased \_\_\_\_
2. Students are more afraid about what may happen to them or their families \_\_\_\_
3. I have noticed an increase in racist talk and anger towards students of color \_\_\_\_
4. Students get in fights (verbal or physical) based on who they supported in the election \_\_\_\_
5. Teachers and administrators have put in place a support system specifically to help the school deal with the post-election climate \_\_\_\_

**Qualitative:**

1. Describe any election-related harassment events that have occurred in your school.
2. Please describe any examples of hope or inclusion that have occurred in your school following the election.

**Health**

***This section has to do with your overall health.***

* + - 1. Do you have any physical or mental health concerns or illnesses (e.g. asthma, diabetes, depression, etc.) that make it hard for you to finish schoolwork or from participating in activities outside of school such as sports or clubs?

0 = No 1 = Yes, if yes, please list all concerns/conditions:

* + - * 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
        2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
        3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
        4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BRIEF CESD**

***This section asks about how you have been feeling. Use the following scale to choose the number that best describes how often you felt this way DURING the past WEEK.***

**Rarely or** **Some or a** **Occasionally** **Most or**

**none of little of or a moderate all of**

**the time the time amount of time the time**

**(- 1 day) (1-2 days) (3-4 days) (5-7 days)**

1. 1 2 3
2. I felt depressed. \_\_\_\_
3. I felt that everything I did was an effort. \_\_\_\_
4. I felt fearful. \_\_\_\_
5. My sleep was restless. \_\_\_\_
6. I was happy. \_\_\_\_
7. I felt lonely. \_\_\_\_
8. People were unfriendly. \_\_\_\_
9. I enjoyed life. \_\_\_\_
10. I felt sad. \_\_\_\_
11. I felt that people disliked me. \_\_\_\_
12. I could not "get going.” \_\_\_\_\_

**Parent-Child Relationship**

***For the next questions, please indicate how often the following happened in your relationship with your parent(s)/guardian(s) in the* last three months*.***

***0 = never 1 = rarely 2 = sometimes 3 = often***

**During the last three months…**

1. My parents listened attentively when I needed to talk to them \_\_\_\_\_\_
2. My parents and I regularly did things together we both enjoy \_\_\_\_\_
3. I have had several friendly chats with my parents \_\_\_\_\_
4. My parents have said or done things that showed me that they care about/love me (like kind words, hugs) \_\_\_\_\_
5. I felt close with my parents \_\_\_\_
6. My parents are aware of the goals I have for my life \_\_\_\_\_

***The following questions have to do with your support system during the* last three months*. Please answer how much you agree or disagree with the following statements.***

**1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree**

1. Other than my parents, I had at least one adult in my life who I could discuss my worries and concerns with \_\_\_\_\_
2. I felt I could go to at least one of my parents when I had problems or concerns \_\_\_\_
3. I had at least one close friend I could discuss my problems with \_\_\_\_

***This section has to do with how you and your parent (s) communicate, especially about difficult topics. How much do you agree or disagree with the following statements?***

**1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree**

1. If I face an important decision or challenge, I would talk with my parents \_\_\_\_\_
2. When I am irritated, angry or upset, my parents help me so that I don’t hurt others through my words or actions \_\_\_\_\_\_
3. My parents and I are able to talk through any conflicts we have about school (my attendance, grades, etc.) \_\_\_\_\_\_
4. I am able to talk openly with my parents about difficult topics \_\_\_\_\_
5. I have been able to talk openly with my parents about the topic of sex (e.g. changes in my body, having sexual relations with another person, etc.) \_\_\_\_\_
6. My parents talk with me about safer sex and sexual intimacy (physical closeness with another) \_\_\_\_
7. My parents talk with me about how to avoid using drugs (peer pressure, etc.) \_\_\_\_\_
8. If I told my parents I was using drugs, I think we could have an open conversation about it \_\_\_\_\_

**Monitoring**

***The next questions are about how well your parents know what you do on a daily basis, who you spend time with and how well your parent(s) know your friends. Please let us know how much you agree or disagree with the following about you and your parent(s) in the* last month*.***

**1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree**

**In the last month, my parent (s) and I…**

1. … frequently discussed my plans for the coming day \_\_\_\_
2. … regularly talked about my relationship with my friends \_\_\_\_\_

**In the last three months, my parent(s)…**

1. … spent time getting to know my friends \_\_\_\_
2. … spent time getting to know my friends’ parents \_\_\_\_
3. … usually knew what I was doing or where I was going when I was not at home \_\_\_\_
4. … usually knew who I spent my time with \_\_\_\_

***This next section talks about communication, limit setting and discipline. Over the last* three months, *how much do you agree or disagree with the following statements regarding you and your parent(s)?***

1. **= Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree NA = Doesn’t apply**
2. At home we agreed on clear rules about what I can and cannot do \_\_\_\_\_\_
3. When I did something my parents did not like, they stayed calm \_\_\_\_\_\_\_
4. I knew how my parents would respond if I did something wrong \_\_\_\_\_
5. When I did something wrong, my parents yelled at me or insulted me \_\_\_\_\_\_\*
6. When I didn’t do what my parents asked me to do, they gave up trying to get me to do it \_\_\_\_\_\_\*
7. My parents (or other caregivers) are in agreement about how they disciplined me \_\_\_\_\_
8. When I was learning a new behavior (ex: being respectful, responsible, studious, organized), my parents supported me by congratulating me, or giving me a hug, a smile, or a small gift \_\_\_\_\_\_
9. When I was facing a big challenge or goal, my parents helped me focus on the small steps to achieve that goal \_\_\_\_\_
10. I really enjoyed being with my parents \_\_\_\_\_
11. My parents and I have gotten along very well with each other \_\_\_\_\_
12. My parents trusted my judgment \_\_\_\_\_\_

***The next questions are about your behaviors during the last month****.* ***Use the scale to indicate how much you agree or disagree with the following statements:***

**1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree**

**I…**

1. …communicated respectfully with adults \_\_\_\_\_\_\_
2. …made my needs known in an appropriate way (for ex: asked for help instead of whining or yelling) \_\_\_\_\_
3. …did NOT respect the rules of the house \_\_\_\_
4. … I acted in a way that didn’t hurt others through my words or actions even when I was upset.\_\_\_\_\_
5. … was at risk of being involved in a gang \_\_\_\_\_
6. … have felt pressure related to sex (to talk about it, do it, etc.) **\_\_\_\_**
7. **…** have felt pressure related to experimenting with substances such as tobacco, alcohol, marijuana, or other recreational drugs \_\_\_

… lied to my parents about where I was going or who I was with \_\_\_

… purposely damaged or destroyed property belonging to someone else \_\_\_

… stole money or other things \_\_\_

… hit or threatened to hit someone else \_\_\_

***The next questions again ask about your behaviors. Use the scale to indicate how ‘true’ or ‘not true’ the following statements describe your behaviors in the* last three months.**

**SDQ Not True …… Somewhat True …….. Certainly True**

I try to be nice to other people. I care about their feelings □ □ □

I am restless, I cannot stay still for long □ □ □

I get a lot of headaches, stomach-aches or sickness □ □ □

I usually share with others, for example games, food □ □ □

I get very angry and often lose my temper □ □ □

I would rather be alone than with people of my age □ □ □

I usually do as I am told □ □ □

I worry a lot □ □ □

I am helpful if someone is hurt, upset or feeling ill □ □ □

I am constantly fidgeting or squirming □ □ □

I have one good friend or more □ □ □

I fight a lot. I can make other people do what I want □ □ □

I am often unhappy, depressed or tearful □ □ □

Other people my age generally like me □ □ □

I am easily distracted, I find it difficult to concentrate □ □ □

I am nervous in new situations. I easily lose confidence □ □ □

I am kind to younger children □ □ □

I am often accused of lying or cheating □ □ □

Other children or young people pick on me or bully me □ □ □

I often offer to help others (parents, teachers, children) □ □ □

I think before I do things □ □ □

I take things that are not mine from home, school or elsewhere □ □ □

I get along better with adults than with people my own age □ □ □

I have many fears, I am easily scared □ □ □

I finish the work I'm doing. My attention is good □ □ □

**Children's Hope Scale**

***The next section has to do with how you are doing in your life in general. Use the following scale to tell us how much you agree or disagree with each statement***

**0= None of the Time 1= Almost Never 2= Sometimes 3= Often 4= Almost Always 5= All of the time**

1. I think I am doing pretty well \_\_\_\_\_
2. I can think of many ways to get the things in life that are most important to me \_\_\_\_
3. When I have a problem, I can come up with lots of ways to solve it \_\_\_\_\_
4. I think the things I have done in the past will help me in the future \_\_\_\_\_
5. Even when others want to quit, I know that I can find ways to solve the problem \_\_\_\_\_\_

**Peers**

***This section is about your friends. Please indicate how much you agree or disagree with these statements about your friends.***

**1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree**

1. I have at least one good friend at school \_\_\_
2. I can talk to my friend (s) when I have a problem \_\_\_
3. I trust my friend (s) \_\_\_
4. My friend (s) are a good support for me \_\_\_\_
5. I am happy with my friend group \_\_\_\_

**During the last month, my friends…**

1. … have been a good influence on my life \_\_\_\_\_\_
2. … have taken full advantage of school opportunities \_\_\_\_\_
3. … have communicated respectfully with adults \_\_\_\_\_
4. … have tried smoking cigarettes \_\_\_\_
5. … have used alcohol or drugs \_\_\_\_
6. … have been physically aggressive toward other people (hitting, punching, or physically threatening) \_\_\_\_\_\_
7. … encouraged me to do things that I don’t feel comfortable doing \_\_\_\_\_
8. … may have been involved in gangs \_\_\_\_\_

**Now we are going to ask you some questions about tobacco, alcohol, and drugs. You may never have tried any of these things, you may only use them occasionally, or you may use them often. *It is very important to our project that you answer the questions as truthfully as you can.* Remember, none of these answers will ever be reported to anyone! They are completely confidential.**

**TOBACCO**

***These questions are about your use of tobacco products. This includes cigarettes, cigars, pipe tobacco, chewing tobacco, snuff and smokeless tobacco.***

**1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree**

***Using the scale above, answer how much you agree or disagree with the following statements about you and tobacco.***

1. I am aware of the effects that using tobacco has on my life and on my health \_\_\_\_\_\_
2. If someone offered me a tobacco product, I would likely use it \_\_\_\_\_\_
3. How old were you when you used a tobacco product for the first time?

**01** I have never used a tobacco product (**skip to #211**)

**02** 8 years old or younger

**03** 9 years old

**04** 10 years old

**05** 11 years old

**06** 12 years old

**07** 13 years old or older

1. During the past 30 days, did you use a tobacco product?

**0 = No** **1 = Yes**

**ALCOHOL**

***The next 6 questions ask about drinking alcohol.***

***Drinking alcohol does NOT include drinking a few sips of wine for religious purposes.***

***A “drink” is a glass of wine, a bottle of beer, a small glass of liquor, or a mixed drink.***

**1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree**

***Using the scale above, answer how much you agree or disagree with the following statements about you and alcohol.***

1. I am aware of the effects that drinking alcohol has on my life and on my health \_\_\_\_
2. If someone offered me alcohol, I would likely use it \_\_\_\_\_
3. How old were you when you used alcohol for the first time?

01 I have never used alcohol (**Skip to #215**)

02 8 years old or younger

03 9 years old

04 10 years old

05 11 years old

06 12 years old

07 13 years old or older

1. During the past 30 days, did you drink alcohol?

**0 = No** **1 = Yes**

**Marijuana**

***This section talks about your use of marijuana products, this includes smoking, vaping, or eating marijuana.***

**1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree**

***Using the scale above, answer how much you agree or disagree with the following statements about you and marijuana.***

1. I am aware of the effects that using marijuana has on my life and on my health \_\_\_\_
2. If someone offered me marijuana, I would likely use it \_\_\_\_
3. How old were you when you first used marijuana?

01 I have never used marijuana (**skip to #220**)

02 8 years old or younger

03 9 years old

04 10 years old

05 11 years old

06 12 years old

07 13 years old or older

1. During the past 30 days, did you use marijuana?

**0 = No** **1 = Yes**

**Drugs**

***The next section talks about your use of recreational drugs. This includes substances such as amphetamines or methamphetamines, cocaine, or opiates such as heroin, prescription drugs used without a prescription in order to get high; or use of other substances such as glue or paint.***

**1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree**

***Using the scale above, answer how much you agree or disagree with the following statements about you and recreational drugs.***

1. I am aware of the effects that using recreational drugs such as, cocaine, heroin, etc. have on my life and on my health \_\_\_\_\_\_\_\_
2. If someone offered me recreational drugs, I would likely use them \_\_\_\_\_\_
3. How old were you when you first used recreational drugs OTHER THAN ALCOHOL, TOBACCO, OR MARIJUANA. This includes opiates, cocaine, heroin, etc., glue, paint, or using prescription drugs as a way to get high?

01 I have never used drugs (**skip to #223**)

02 8 years old or younger

03 9 years old

04 10 years old

05 11 years old

06 12 years old

07 13 years old or older

1. During the past 30 days, did you use a recreational drug?

**0 = No** **1 = Yes**

**DEMO---**

1. How do you describe your gender:    \_\_\_\_female     \_\_\_\_ male     \_\_\_\_other
2. How do you describe your race/ethnicity? Please **circle those** that apply:
3. White
4. Hispanic, Latino, Chicano (Mexican, Mexican-American, Central American, South American, Puerto Rican, Carrribean, etc.)
5. Indigenous from Mexico, Central America or South America (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Black or African American
2. Asian
3. American Indian, Alaska Native
4. Middle Eastern or North African
5. Native Hawaiian or other Pacific Islander
6. Other: (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. How old are you?\_\_\_\_
8. What country were you born in?
   1. United States
   2. Other country (which one?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. If you were born outside of the U.S., how old were you when you first moved to the U.S.?

**Thank you for completing this survey!**