
Start of Block: Default Question Block

FS



End of Block: Default Question Block

Start of Block: Face Sheet Criteria

FS_1 Student Identification Number

FS_2 Which school district do you attend?

FS_3 Were you born in the United States?

Yes (1)

No (2)

Skip To: End of Block If Were you born in the United States? = Yes

End of Block: Face Sheet Criteria

Start of Block: Skip Logic

SL_1 Was at least one of your parents born in South America, Mexico, Central America, Cuba, or the Dominican Republic?

Yes (1)

No (2)

Skip To: End of Survey If Was at least one of your parents born in South America, Mexico, Central America, Cuba, or the Dom... = No

End of Block: Skip Logic

Start of Block: Demographics

D_1 What is your gender?

- Man (1)
- Woman (2)
- Transgender (3)
- Non-binary (4)
- Other (6)



Q107 How old are you?

Q110 Where you born in the United States?

- Yes (1)
- No (2)

Skip To: D_3 If Where you born in the United States? = Yes

Q108 What country were you born in?

D_4 How many months or years have you lived in the United States?

D_3 Where was your father born?

Q109 Where was your mother born?

D_6 Who do you currently live with?
Check all that apply.

- Sister (1)
 - Brother (2)
 - Mother (3)
 - Father (4)
 - Step-father (5)
 - Step-mother (6)
 - Roommate (7)
 - Own children (8)
 - Alone (9)
 - Partner/spouse (11)
 - Extended family (12)
 - Cousin(s) (15)
 - Aunt (16)
 - Uncle (17)
 - Others (13)
-

D_7 How many people are in your household, including yourself?

D_8 What language do you speak at home?

D_9 How well do you speak English?

- I don't speak English (1)
- I don't speak it very well (2)
- I speak it well (4)
- I speak it very well (5)

Q100 Are you currently working?

- Yes (1)
- No (2)

Skip To: D_12 If Are you currently working? = No

D_10 How many hours per week do you work?

D_11 Please select to what extent you disagree or agree with the following statement:

	0 (1)	1 (2)	2 (3)	3 (4)
My job makes it difficult for me to do well in school. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D_12 Aside from having a job, another responsibility that young people may have is taking care of family members. How many hours per week do you spend taking care of family members? (write 0 if you don't take care of any family members)

End of Block: Demographics

Start of Block: School Interruption

SI_1 Please select a response:

Have you ever been out of school for one year or more?

- >Yes (1)
- No (2)
- Prefer to not answer (4)

Skip To: End of Block If Please select a response: Have you ever been out of school for one year or more? = No

SI_2 How many months or years were you out of school?

SI_3 Where were you living when you were out of school?

- United States (1)
- Home country (2)
- Prefer to not answer (4)

End of Block: School Interruption

Start of Block: Economic Hardship

EH_1 The following questions are focused on how often there is money at home to...

	0 (1)	1 (2)	2 (3)	3 (4)	4 (5)
Buy food (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Buy gasoline for the car or take the bus (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pay utilities (electricity, water, etc.) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pay for school expenses (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Buy clothes you need (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Buy clothes you want (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do fun activities (go on vacation, movies, go out, etc.) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pay rent (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Economic Hardship

Start of Block: Enforcement

E_1 In this section we would like to know how often you worry about deportation. Select one of the following options: Never, sometimes, almost always or always.

	Never (1)	Sometimes (2)	Almost Always (3)	Always (4)	Prefer to not answer (6)
How often are you worried that family members or friends might be detained or deported? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E_2

	Never (1)	Sometimes (2)	Almost always (3)	Always (4)	Prefer to not answer (6)
How often are you worried that YOU might be detained or deported? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E_3 Do you personally know anyone who has been detained or deported?

- Yes (1)
- No (2)
- Prefer to not answer (4)

E_4.1 What is your relationship to the person(s) who were detained or deported? Select ALL that apply:

- I don't know anyone that has been deported or detained (9)
 - Parent(s) (2)
 - Sibling(s) (3)
 - Other family member(s) (4)
 - Friend(s) (5)
 - Neighbor(s) (6)
 - Classmates (7)
 - Other (please explain) (8)
-
- I prefer not to answer (10)
-

E_5 The fear of being detained or deported has led your family to: Please select ALL that apply:

	Never (1)	Sometimes (2)	Almost Always (3)	Always (4)	Prefer to not answer (5)
Avoid attending religious services or community events (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid going to school activities outside of regular school hours (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid going to a doctor, health clinic or hospital if sick or injured (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take public transportation or share a ride instead of driving (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stay at home instead of going out (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take a different route to school (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E_6 Are you worried that you, a friend of yours or a member of your family will be at a greater risk of being detained or deported by enrolling in a government program like food stamps?

- Very worried (1)
- A little worried (2)
- Not worried (3)
- Prefer to not answer (5)

End of Block: Enforcement

Start of Block: Adolescent Discrimination Index

ADI_1 In the following section we will be reading statements about discrimination related to your race or ethnicity. Select one of the following options: Never, sometimes, almost always or always to indicate how often these things have happened to you.

	Never (1)	Sometimes (2)	Almost always (3)	Always (4)	Prefer to not answer (6)
I was discouraged from participating in an advanced class (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was wrongly disciplined or assigned detention (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I received a grade lower than deserved (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was discouraged from joining an organization or club (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others my age did not include me in their activities (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People expected more of me than they expected from others my age (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People expected less of me than they expected from others my age (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

People assumed my English was poor (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was hassled by police (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was hassled by a store clerk or store security guard (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was called racially insulting names (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I received poor service at a restaurant or store (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People acted as if they thought I was not smart (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People acted as if they were afraid of me (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was threatened (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Adolescent Discrimination Index

Start of Block: Identity

Q105 In this section, select how much you disagree or agree with the following statements about your identity.

	Strongly disagree (1)	Disagree (2)	Agree (3)	Strongly agree (4)	Prefer to not answer (6)
I identify publicly as American. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I am a part of the American society. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My American identity has very little to do with how I feel about myself. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Belonging to the American society is an important part of my self-image. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The American society I belong to is an important reflection of who I am. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My American background is unimportant to my sense of what kind of person I am. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I identify publicly with the country I was born in. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I feel I am a part of the society of the country I was born in. (8)

The country I was born in has very little to do with how I feel about myself. (9)

The country I was born in is an important part of my self-image. (10)

The country I was born in is an important reflection of who I am. (11)

The country I was born in is not important to my sense of what kind of a person I am. (12)

End of Block: Identity

Start of Block: BREAK_1

Don't worry!! We're almost there!

End of Block: BREAK_1

Start of Block: Mental health access

MHA_1 The following two questions are about mental health services.

	Yes (1)	No (2)
Have you ever talked to a psychologist, social worker or counselor about your problems? (1)	<input type="radio"/>	<input type="radio"/>
Are you currently talking to a psychologist, social worker or counselor about your problems? (2)	<input type="radio"/>	<input type="radio"/>

End of Block: Mental health access

Start of Block: Trauma Exposure

TE_Instrct In this section we will be reading about stressful life events that may happen to young people. Select YES if the event has EVER happened TO YOU. Select NO if it has NEVER happened to you.

TE_1 Have you been in a serious accident, where you were badly hurt or could have been killed?

- Yes (1)
 - No (2)
 - Prefer to not answer (4)
-

TE_2 Have you seen a serious accident, where someone could have been (or was) badly hurt or died?

- Yes (2)
- No (3)
- Prefer to not answer (5)

TE_3 Have you thought that you or someone you know would get badly hurt during a natural disaster such as a hurricane, flood, or earthquake?

- Yes (1)
 - No (2)
 - Prefer to not answer (4)
-

TE_4 Has anyone close to you been very sick or injured?

- Yes (1)
 - No (2)
 - Prefer to not answer (4)
-

TE_5 Has anyone close to you died?

- Yes (1)
 - No (2)
 - Prefer to not answer (4)
-

TE_6 Have you had a serious illness or injury, or had to be rushed to the hospital?

- Yes (1)
 - No (2)
 - Prefer to not answer (4)
-

TE_7 Have you had to be separated from your parent or someone for more than a few days when you didn't want to be?

- Yes (1)
 - No (2)
 - Prefer to not answer (4)
-

TE_8 Have you been attacked by a dog or other animal?

- Yes (1)
 - No (2)
 - Prefer to not answer (4)
-

TE_9 Has anyone told you they were going to hurt you?

- Yes (1)
 - No (2)
 - Prefer to not answer (4)
-

TE_10 Have you seen someone else being told they were going to be hurt?

- Yes (1)
 - No (2)
 - Prefer to not answer (4)
-

TE_11 Have you been slapped, punched, or hit by someone?

- Yes (1)
 - No (2)
 - Prefer to not answer (4)
-

TE_12 Have you seen someone else being slapped, punched, or hit by someone?

- Yes (1)
 - No (2)
 - Prefer to not answer (4)
-

TE_13 Have you been beaten up?

- Yes (1)
 - No (2)
 - Prefer to not answer (4)
-

TE_14 Have you seen someone else getting beaten up?

- Yes (1)
 - No (2)
 - Prefer to not answer (4)
-

TE_15 Have you seen someone else being attacked or stabbed with a knife?

- Yes (1)
 - No (2)
 - Prefer to not answer (4)
-

TE_16 Have you seen someone pointing a real gun at someone else?

- Yes (1)
 - No (2)
 - Prefer to not answer (4)
-

TE_17 Have you seen someone else being shot at or shot with a real gun?

- Yes (1)
 - No (2)
 - Prefer to not answer (4)
-

TE_18 Have you been pursued by gangs or individuals?

- Yes (1)
 - No (2)
 - Prefer to not answer (4)
-

TE_19 Have you been asked to use, sell, or distribute drugs?

- Yes (1)
 - No (2)
 - Prefer to not answer (4)
-

TE_20 Have you been captured, detained or taken by the police?

- Yes (1)
- No (2)
- Prefer to not answer (4)

End of Block: Trauma Exposure

Start of Block: CPSS

CPSS_1 In this section, we will read a list of problems that youth may experience after an upsetting event. Select how often each problem has bothered you IN THE LAST 2 WEEKS.

	Never (1)	Sometimes (2)	Half of the time (3)	Almost always (4)	Prefer to not answer (6)
Having upsetting thoughts or images about the event that came into your head when you didn't want them to (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having bad dreams or nightmares (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acting or feeling as if the event was happening again (hearing something or seeing a picture about it and feeling as if you are there again) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling upset when you think about it or hear about the event (for example, feeling scared, angry, sad, guilty, etc.) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Having feelings in your body when you think about or hear about the event (for example, breaking out into a sweat or heart beating fast) (5)

Trying not to think about, talk about, or have feelings about the event (6)

Trying to avoid activities, people, or places that remind you of the event (7)



CPSS_7 In this section, we will read a list of problems that youth may experience after an upsetting event. Select how often you have experienced the following things.

	Never (1)	Sometimes (2)	>Half of the time (3)	Almost always (4)	Prefer to not answer (6)
Not being able to remember an important part of the upsetting event (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having less interest in doing things you used to do (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not feeling close to people around you (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to have strong feelings (for example, being unable to cry or unable to feel happy) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling as if your future plans or hopes will not become true (for example, having a job, getting married or having kids) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having trouble falling or staying asleep (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CPSS_13

	Never (1)	Sometimes (2)	Half of the time (3)	Almost always (4)	Prefer to not answer (6)
Feeling irritable or having fits of anger (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having trouble concentrating (for example, losing track of a story on the television, forgetting what you read, not paying attention in class) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being overly careful (for example, checking to see who or what is around you) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being jumpy or easily startled (for example, when someone walks up behind you) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CPSS_18 PART 2: Indicate below if the problems you rated in Part 1 have gotten in the way of the following areas of your life DURING THE PAST 2 WEEKS.

	Yes (6)	No (7)	I prefer not to answer (8)
Saying your prayers (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing chores and duties at home (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having relationships with friends (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing fun activities or hobbies (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing schoolwork (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relating with your family (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being happy in life (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

End of Block: CPSS

Start of Block: CES-D

CES-D_1 Below is a list of the ways you might have felt or behaved in the past week. Please tell us how often these things happened to you.

	Rarely or none of the time (less than 1 day) (1)	Some or a little of the time (1-2 days) (2)	Occasionally or a moderate amount of time (3-4 days) (3)	Most or all of the time (5-7 days) (4)	Prefer to not answer (6)
I was bothered by things that don't usually bother me (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not feel like eating; my appetite was poor (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that I could not shake off the sadness even with the help from my family or friends (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I was just as good as other people (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had trouble keeping my mind on what I was doing (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt depressed (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that everything I did was an effort (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CES-D_8

	Rarely or non of the time (less than 1 day) (1)	Some or a little of the time (1-2 days) (2)	Occasionally or a moderate amount of time (3-4 days) (3)	Most or all of the time (5-7 days) (4)	Prefer to not answer (6)
I felt hopeful about the future (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I thought my life had been a failure (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt fearful (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sleep was restless (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was happy (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I talked less than usual (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt lonely (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CES-D_14

	Rarely or none of the time (less than 1 day) (1)	Some or a little of the time (1-2 days) (2)	Occasionally or a moderate amount of time (3-4 days) (3)	Most or all of the time (5-7 days) (4)	Prefer to not answer (6)
People were unfriendly (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoyed life (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had crying spells (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt sad (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that people disliked me (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could not get "going" (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: CES-D

Start of Block: Substance Abuse

SA_7 The following questions would like to know how many times (from zero to 40 or more times) you have used alcohol, smoked cigarettes and other drugs IN YOUR LIFETIME.

	0 (1)	1-2 times (2)	3-5 times (3)	6-9 times (4)	10-19 times (5)	20-30 times (6)	40 or more (7)	Prefer to not answer (9)
How many times have you drunk more than a sip of beer, wine or liquor in your lifetime? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many times have you smoked cigarettes in your lifetime? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many times have you smoked marijuana in your lifetime? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many times have you sniffed glue, spray paint, or other inhalants to get high in your lifetime? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many times have you used a drug that you weren't prescribed in your lifetime?
(5)

How many times have you used electronic cigarettes in your lifetime?
(6)



SA_7 The following questions would like to know how many times (from zero to 40 or more times) you have used alcohol, smoked cigarettes and other drugs IN THE PAST 30 DAYS.

	0 (1)	1-2 times (2)	3-5 times (3)	6-9 times (4)	10-19 times (5)	20-30 times (6)	40 or more (7)	Prefer to not answer (9)
How many times have you drunk more than a sip of beer, wine or liquor in the past 30 days? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many times have you smoked cigarettes in the past 30 days? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many times have you smoked marijuana in the past 30 days? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many times have you sniffed glue, spray paint, or other inhalants to get high in the past 30 days? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many times have you used a drug that you weren't prescribed in the past 30 days?
(5)

How many times have you used electronic cigarettes in your lifetime?
(6)

End of Block: Substance Abuse

Start of Block: BREAK_2

KEEP UP THE GREAT WORK, WE'RE ALMOST DONE!!

End of Block: BREAK_2

Start of Block: SCARED

SCARED_I Below is a list of sentences that describe how youth may feel. Listen to each phrase and decide how often this happens to you. Indicate how often you feel this way.

Scared_1 When I feel frightened, it is hard to breathe.

- Almost never (1)
 - Sometimes (2)
 - Almost always (3)
 - Prefer to not answer (5)
-

scared_2 I get headaches when I am at school.

- Almost never (1)
 - Sometimes (2)
 - Almost always (3)
 - Prefer to not answer (5)
-

scared_3 I don't like to be with people I don't know well.

- Almost never (1)
 - Sometimes (2)
 - Almost always (3)
 - Prefer to not answer (4)
-

scared_4 I get scared if I sleep away from home.

- Almost never (1)
 - Sometimes (2)
 - Almost always (3)
 - Prefer to not answer (4)
-

scared_5 I worry about other people liking me.

- Almost never (1)
 - Sometimes (2)
 - Almost always (3)
 - Prefer to not answer (4)
-

scared_6 When I get frightened, I feel like passing out.

- Almost never (1)
 - Sometimes (2)
 - Almost always (3)
 - Prefer to not answer (5)
-

scared_7 I am a nervous person.

- Almost never (1)
 - Sometimes (2)
 - Almost always (3)
 - Prefer to not answer (4)
-

scared_8 I follow my family members wherever they go.

- Almost never (1)
 - Sometimes (2)
 - Almost always (3)
 - Prefer to not answer (5)
-

SCARED_9 Indicate how often you feel the following ways.

	0 = Almost never (4)	1= Sometimes (5)	2 = Almost always (6)	3 = Prefer to not answer (8)
People tell me that I look nervous. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel nervous with people I don't know well. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get stomach aches at school. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get frightened, I feel like I am going crazy. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about sleeping alone. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about being as good as other kids (in school or sports). (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get frightened, I feel like things are not real. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have nightmares about something bad happening to my parents. (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about going to school. (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get frightened, my heart beats fast. (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SCARED_19 Indicate how often you feel the following ways.

	0 = Almost never (1)	1 = Sometimes (2)	2 = Almost always (3)	3 = Prefer to not answer (5)
I get shaky when I am scared. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have nightmares about something happening to me. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about things working out for me. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get frightened, I sweat a lot. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a worrier. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get really frightened for no reason at all. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid to be alone in the house. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is hard for me to talk with people I don't know well. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get frightened I feel like I am choking. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People tell me that I worry too much. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't like to be away from my family. (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid of having anxiety (or panic) attacks. (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I worry that something bad might happen to my parents. (13)

I feel shy with people I don't know well. (14)

I worry about what is going to happen in the future. (15)

When I get frightened, I feel like throwing up. (16)

I worry about how well I do things. (17)

I am scared to go to school. (18)

I worry about things that have already happened. (19)

When I get frightened, I feel dizzy. (20)

I feel nervous when I am with other youth or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport). (21)

I feel nervous
when I am going
to parties,
dances, or any
place where
there will be
people that I
don't know well.
(22)

I am shy. (23)

Page Break

End of Block: SCARED

Start of Block: EXT BXS

EXT BXS Below is a list of items that describe some youth behaviors. Select whether the following have been false, somewhat true or very true for you in the PAST SIX MONTHS.

EXT BXS_1 I argue a lot.

- 0 = Almost never (1)
- 1 = Sometimes (2)
- 2 = Almost always (3)
- 3 = Prefer to not answer (4)

EXT BXS_2 I disobey my parents.

- 0 = Almost never (1)
 - 1 = Somewhat true (2)
 - 2 = Very true (3)
 - 3 = Prefer to not answer (5)
-

EXT BXS_3 I disobey at school.

- 0 = Almost never (1)
 - 1 = Somewhat true (2)
 - 2 = Very true (3)
 - 3 = Prefer to not answer (5)
-

EXT BXS_4 I don't get along with other kids.

- 0 = Almost never (1)
 - 1 = Somewhat true (2)
 - 2 = Very true (3)
 - 3 = Prefer to not answer (5)
-

EXT BXS_5 I get in many fights.

- 0 = Almost never (1)
 - 1 = Somewhat true (2)
 - 2 = Very true (3)
 - 3 = Prefer to not answer (5)
-

EXT BXS_6 I hang around with kids who get in trouble.

- 0 = Almost never (1)
 - 1 = Somewhat true (2)
 - >2 = Very true (3)
 - 3 = Prefer to not answer (5)
-

EXT BXS_7 I act without stopping to think.

- 0 = Almost never (1)
 - 1 = Somewhat true (2)
 - 2 = Very true (3)
 - 3 = Prefer to not answer (5)
-

EXT BXS_8 I run away from home.

- 0 = Almost never (1)
 - 1 = Somewhat true (2)
 - 2 = Very true (3)
 - 3 = Prefer to not answer (5)
-

EXT BXS_9 I cut classes or skip school.

- 0 = Almost never (1)
- 1 = Somewhat true (2)
- 2 = Very true (3)
- 3 = Prefer to not answer (5)

End of Block: EXT BXS

Start of Block: School Engagement

Q84 The following statements are about youth participation in school. Decide if each phrase is false, somewhat true or very true about you.

	False (1)	Somewhat true (2)	Very true (3)	Prefer not to answer (5)
I enjoy learning new things. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get bored easily with school work. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel good when I learn something new even when it is hard. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I finish my school work. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I turn in my homework on time. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I pay close attention in class. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I just get by in school. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I spend time doing homework after school. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am late to classes. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I skip classes. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can count on at least one adult in school. (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers do not care about my future. (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone at school makes me feel successful. (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

School is a lonely place where no one cares about me. (19)

No one in school can help me. (12)

Teachers do not treat me with respect. (13)

I have at least one friend at school to help me with homework. (14)

Teachers care about me and what happens to me. (15)

I can talk about troubles with people at school. (21)

I can count on someone in school to help me with my schoolwork. (20)

I can count on someone if I have a problem at school. (16)

BREAK 3 Almost there.....

End of Block: School Engagement

Start of Block: Resiliency

R1 In the following section select much do you disagree or agree with each of the following statements about yourself. The answers range from "strongly disagree" for those situations that don't apply to you, to "strongly agree" for the situations that very much apply to you.

	Strongly disagree (1)	Disagree (2)	Agree (3)	Strongly agree (4)	Prefer not to answer (5)
I am very determined to meet my goals. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I make friends easily. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a self-reliant person. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I give up easily. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually know what to do if something goes wrong. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can't do much to change a bad situation at school into a good situation. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think I am a smart person. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to get the help I need. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a positive thinker. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can handle difficult situations at school. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If I see someone I'd like to meet, I go to that person instead of waiting for him or her to come to me. (11)

My family members watch me closely. (12)

My family members know a lot about me. (13)

I talk to my family members about how I feel. (14)

My family members stand by me during difficult times. (15)

I feel safe when I am with my family members. (16)

I enjoy my family's cultural traditions. (17)

Spiritual beliefs are important to me. (18)

I participate
in organized
religious
activities.
(19)

End of Block: Resiliency

Start of Block: End of Survey Gif

Q98 WOW, CONGRATULATIONS! YOU'RE ALL DONE!

End of Block: End of Survey Gif
