





Questions About You



1. Are you...? (choose one)

- ☐ Female
- ☐ Male
- ☐ Other (fill in): _____

2. What is your age? (choose one)

- ☐ 10 or younger
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17
- ☐ 18 or older

3. What is your birth month and year? Month: _____ Year: _____

4. What grade are you in? (choose one)

- ☐ 10th
- ☐ 11th

5. Do you think of yourself as...? (you may choose more than one)

- ☐ White
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Asian
- ☐ Hawaiian or Pacific Islander
- ☐ American Indian, Native American, or Alaska Native
- ☐ Other (fill in): _____

Questions About You (continued)

6. What is the **HIGHEST** educational level that your mother (or female guardian) has completed? (choose one)

- ☐ Elementary school or middle school
- ☐ High school or GED
- ☐ 2 years of college or trade school
- ☐ 4 years of college
- ☐ Law, medical or graduate (masters, doctorate) school

7. What is the **HIGHEST** educational level that your father (or male guardian) has completed? (choose one)

- ☐ Elementary school or middle school
- ☐ High school or GED
- ☐ 2 years of college or trade school
- ☐ 4 years of college
- ☐ Law, medical or graduate (masters, doctorate) school

8. Who do you live with most of the time? (you may choose more than one)

- ☐ Biological mother
- ☐ Biological father
- ☐ Stepmother
- ☐ Stepfather
- ☐ Adoptive mother
- ☐ Adoptive father
- ☐ Grandmother
- ☐ Grandfather
- ☐ Brothers
- ☐ Sisters
- ☐ Other caretaker(s)

Questions About You (continued)

9. Are your parents? (choose one)

- ☐ Married to one another
- ☐ Married, but not to one another
- ☐ Separated (this does not include if your parent is deployed or away for work)
- ☐ Divorced
- ☐ My parents were never married
- ☐ One or both my parents has died

10. If your parents are NOT living together, please choose all that apply:

- ☐ Mother is living with another partner or remarried
- ☐ Father is living with another partner or remarried
- ☐ Neither parent is living with another partner or remarried

11. Answer all of the following that apply:

a) How old were you when...

- i. Your parents were divorced? _____
- ii. Your parents were separated? _____
- iii. Your mother died? _____
- iv. Your father died? _____
- v. Your mother remarried/began living with another partner?
_____ (if more than once, enter multiple ages)
- vi. Your father remarried/began living with another partner?
_____ (if more than once, enter multiple ages)

Questions About You (continued)

12. If you are NOT living with your biological mother...

(skip these questions if you live with your biological mother)

a) About how far from her do you live?

- ☐ 0-10 miles
- ☐ 11-30 miles
- ☐ 31-60 miles
- ☐ 61-120 miles
- ☐ 121 miles or more
- ☐ I don't know

b) How frequently do you see her in person?

- ☐ Never
- ☐ A few times a year
- ☐ About once a month
- ☐ A few times a month
- ☐ About once a week
- ☐ A few times a week
- ☐ Every day

c) In the past year, how often have you had contact with your biological mother, either by card, letter, e-mail message, phone call, text, video call, etc.?

- ☐ Never
- ☐ A few times a year
- ☐ About once a month
- ☐ A few times a month
- ☐ About once a week
- ☐ A few times a week
- ☐ Every day

Questions About You (continued)

13. If you are NOT living with your biological father...

(skip these questions if you live with your biological father)

a) About how far from him do you live?

- ☐ 0-10 miles
- ☐ 11-30 miles
- ☐ 31-60 miles
- ☐ 61-120 miles
- ☐ 121 miles or more
- ☐ I don't know

b) How frequently do you see him in person?

- ☐ Never
- ☐ A few times a year
- ☐ About once a month
- ☐ A few times a month
- ☐ About once a week
- ☐ A few times a week
- ☐ Every day

c) In the past year, how often have you had contact with your biological father either by card, letter, e-mail message, phone call, text, video call, etc.?

- ☐ Never
- ☐ A few times a year
- ☐ About once a month
- ☐ A few times a month
- ☐ About once a week
- ☐ A few times a week
- ☐ Every day



What I Am Like

We are interested in what you are like. This is a survey, *not* a test. There are no right or wrong answers. We want to know how well each statement describes *you*.

	Describes Me Very Poorly	Describes Me Quite Poorly	Describes Me Quite Well	Describes Me Very Well
1. I feel just as smart as others my age.	1	2	3	4
2. I find it hard to make friends.	1	2	3	4
3. I do very well at all kinds of sports.	1	2	3	4
4. I am <u>not</u> happy with the way I look.	1	2	3	4
5. I usually do what I know is right.	1	2	3	4
6. I am able to make really close friends.	1	2	3	4
7. I am often disappointed in myself.	1	2	3	4
8. I am pretty slow in finishing my school work.	1	2	3	4
9. I have a lot of friends.	1	2	3	4
10. I think I could do well at just about any new athletic activity.	1	2	3	4
11. I wish my body was different.	1	2	3	4
12. I often get in trouble for the things I do.	1	2	3	4
13. I have a close friend I share secrets with.	1	2	3	4
14. I don't like the way I am leading my life.	1	2	3	4
15. I do very well at my class work.	1	2	3	4
16. I am very hard to like.	1	2	3	4
17. I am better than others my age at sports.	1	2	3	4
18. I wish my physical appearance was different.	1	2	3	4
19. I feel really good about the way I act.	1	2	3	4
20. I have a close friend to share things with.	1	2	3	4
21. I am happy with myself most of the time.	1	2	3	4
22. I have trouble figuring out the right answers in school.	1	2	3	4
23. I am popular with others my age.	1	2	3	4
24. I don't do well at new outdoor games.	1	2	3	4
25. I think I am good looking.	1	2	3	4
26. I do things I know I shouldn't do.	1	2	3	4

Continues on the next page

What I Am Like (continued)

	Describes Me Very Poorly	Describes Me Quite Poorly	Describes Me Quite Well	Describes Me Very Well
27. I find it hard to make friends I can really trust.	1	2	3	4
28. I like the kind of person I am.	1	2	3	4
29. I feel that I am pretty intelligent.	1	2	3	4
30. I feel that I am socially accepted by people my age.	1	2	3	4
31. I do not feel that I am very athletic.	1	2	3	4
32. I really like my looks.	1	2	3	4
33. I usually act the way I am supposed to.	1	2	3	4
34. I don't have a friend that is close enough to share really personal thoughts with.	1	2	3	4
35. I am very happy being the way I am.	1	2	3	4

Family Satisfaction



<i>How satisfied are you with...</i>	Dissatisfied	Somewhat Dissatisfied	Generally Satisfied	Very Satisfied	Extremely Satisfied
1. How close you feel to the rest of your family?	1	2	3	4	5
2. Your family's ability to try new things?	1	2	3	4	5
3. How much your mother and father argue with each other?	1	2	3	4	5
4. The amount of time you spend with your family?	1	2	3	4	5
5. Your freedom to be alone when you want to?	1	2	3	4	5
6. Your family's acceptance of your friends?	1	2	3	4	5
7. How often you make decisions as a family, rather than individually?	1	2	3	4	5
8. The number of fun things your family does together?	1	2	3	4	5

Family Conflict

Circle the number that tells how often each sentence is true for you.

<i>How often do people in your family/household...</i>	Almost Never	Seldom	Sometimes	Fairly Often	Almost Always
1. Criticize each other? (criticize is to say mean things about one another)	1	2	3	4	5
2. Argue with each other?	1	2	3	4	5
3. Yell at each other?	1	2	3	4	5



Communication With Mother (or Female Guardian)

Who do you think of as your mother/ female guardian?

- ☐ Biological mother
☐ Stepmother
☐ Adopted mother
☐ Foster mother
☐ Grandmother
☐ Other
☐ Does not apply to me (**please skip the questions below**)

Please answer the following questions about your relationship with this person.

	Strongly Disagree	Moderately Disagree	Neither Agree Nor Disagree	Moderately Agree	Strongly Agree
1. I can discuss my beliefs with my mother without feeling restrained or embarrassed.	1	2	3	4	5
2. Sometimes I have trouble believing everything my mother tells me.	1	2	3	4	5
3. My mother is always a good listener.	1	2	3	4	5
4. I am sometimes afraid to ask my mother for what I want.	1	2	3	4	5
5. My mother has a tendency to say things to me which would be better left unsaid.	1	2	3	4	5
6. My mother can tell how I'm feeling without asking.	1	2	3	4	5
7. I am very satisfied with how my mother and I talk together.	1	2	3	4	5
8. If I were in trouble, I could tell my mother.	1	2	3	4	5
9. I openly show affection to my mother.	1	2	3	4	5
10. When we are having a problem, I often give my mother the silent treatment.	1	2	3	4	5
11. I am careful about what I say to my mother.	1	2	3	4	5

Communication With Mother (or Female Guardian) Continued

	Strongly Disagree	Moderately Disagree	Neither Agree Nor Disagree	Moderately Agree	Strongly Agree
12. When talking to my mother, I have a tendency to say things that would be better left unsaid.	1	2	3	4	5
13. When I ask questions, I get honest answers from my mother.	1	2	3	4	5
14. My mother tries to understand my point of view.	1	2	3	4	5
15. There are topics I avoid discussing with my mother.	1	2	3	4	5
16. I find it easy to discuss problems with my mother.	1	2	3	4	5
17. It is very easy for me to express all my true feelings to my mother.	1	2	3	4	5
18. My mother nags/bothers me.	1	2	3	4	5
19. My mother insults me when she is angry with me.	1	2	3	4	5
20. I don't think I can tell my mother how I really feel about some things.	1	2	3	4	5



Communication With Father (or Male Guardian)

Who do you think of as your father/ male guardian?

- ☐ Biological father
☐ Stepfather
☐ Adopted father
☐ Foster father
☐ Grandfather
☐ Other
☐ Does not apply to me (**please skip the questions below**)

Answer the following questions about your relationship with this person.

	Strongly Disagree	Moderately Disagree	Neither Agree Nor Disagree	Moderately Agree	Strongly Agree
1. I can discuss my beliefs with my father without feeling restrained or embarrassed.	1	2	3	4	5
2. Sometimes I have trouble believing everything my father tells me.	1	2	3	4	5
3. My father is always a good listener.	1	2	3	4	5
4. I am sometimes afraid to ask my father for what I want.	1	2	3	4	5
5. My father has a tendency to say things to me which would be better left unsaid.	1	2	3	4	5
6. My father can tell how I'm feeling without asking.	1	2	3	4	5
7. I am very satisfied with how my father and I talk together.	1	2	3	4	5
8. If I were in trouble, I could tell my father.	1	2	3	4	5
9. I openly show affection to my father.	1	2	3	4	5
10. When we are having a problem, I often give my father the silent treatment.	1	2	3	4	5

Communication With Father (or Male Guardian) Continued

	Strongly Disagree	Moderately Disagree	Neither Agree Nor Disagree	Moderately Agree	Strongly Agree
11. I am careful about what I say to my father.	1	2	3	4	5
12. When talking to my father, I have a tendency to say things that would be better left unsaid.	1	2	3	4	5
13. When I ask questions, I get honest answers from my father.	1	2	3	4	5
14. My father tries to understand my point of view.	1	2	3	4	5
15. There are topics I avoid discussing with my father.	1	2	3	4	5
16. I find it easy to discuss problems with my father.	1	2	3	4	5
17. It is very easy for me to express all of my true feelings to my father.	1	2	3	4	5
18. My father nags/bothers me.	1	2	3	4	5
19. My father insults me when he is angry with me.	1	2	3	4	5
20. I don't think I can tell my father how I really feel about some things.	1	2	3	4	5

Sibling Support

How many sisters do you have?

- | | |
|--------------------------------|--|
| <input type="checkbox"/> Zero | <input type="checkbox"/> Five |
| <input type="checkbox"/> One | <input type="checkbox"/> Six |
| <input type="checkbox"/> Two | <input type="checkbox"/> Seven |
| <input type="checkbox"/> Three | <input type="checkbox"/> Eight or more |
| <input type="checkbox"/> Four | |

What are the ages of your sisters? (fill in number)

Sister 1: _____ years	Sister 5: _____ years
Sister 2: _____ years	Sister 6: _____ years
Sister 3: _____ years	Sister 7: _____ years
Sister 4: _____ years	Sister 8: _____ years

☐ Does not apply to me

How many brothers do you have?

- | | |
|--------------------------------|--|
| <input type="checkbox"/> Zero | <input type="checkbox"/> Five |
| <input type="checkbox"/> One | <input type="checkbox"/> Six |
| <input type="checkbox"/> Two | <input type="checkbox"/> Seven |
| <input type="checkbox"/> Three | <input type="checkbox"/> Eight or more |
| <input type="checkbox"/> Four | |

What are the ages of your brothers? (fill in number)

Brother 1: _____ years	Brother 5: _____ years
Brother 2: _____ years	Brother 6: _____ years
Brother 3: _____ years	Brother 7: _____ years
Brother 4: _____ years	Brother 8: _____ years

☐ Does not apply to me

Sibling Support (continued)

How old is the sibling who is closest in age to you? (fill in box)

 years

Is this sibling? (choose one)

- ☐ Female
- ☐ Male
- ☐ Other (fill in): _____

Please answer this questionnaire for **the sibling that is closest in age to you**. Skip this page if you do not have any brothers or sisters. Please answer how often your sibling (closest in age to you) did each of the things that we have listed in the PAST MONTH.

<i>In the past month, how often did your sibling...</i>	Never	Almost Never	Not Too Often	Half the Time	Fairly Often	Almost Always	Always
1. Let you know he/she really cares about you?	1	2	3	4	5	6	7
2. Act loving and affectionate toward you?	1	2	3	4	5	6	7
3. Let you know that he/she appreciates you, the things you do, or your ideas?	1	2	3	4	5	6	7
4. Help you do something that was important to you?	1	2	3	4	5	6	7
5. Laugh with you about something that was funny?	1	2	3	4	5	6	7
6. Act supportive and understanding toward you?	1	2	3	4	5	6	7

Support from Family and Friends



Indicate how you feel about each statement.

	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
1. My family really tries to help me.	1	2	3	4	5	6	7
2. I get the emotional help and support I need from my family.	1	2	3	4	5	6	7
3. My friends really try to help me.	1	2	3	4	5	6	7
4. I can count on my friends when things go wrong.	1	2	3	4	5	6	7
5. I can talk about my problems with my family.	1	2	3	4	5	6	7
6. I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
7. My family is willing to help me make decisions.	1	2	3	4	5	6	7
8. I can talk about my problems with my friends.	1	2	3	4	5	6	7

My Romantic Relationships

1. Do you currently have a romantic friend or boyfriend/girlfriend? (check one)

☐ Yes (complete items below)

☐ No (skip this page)

2. How long have you been romantic friends?

☐ < 1 week

☐ 1 week

☐ 2 weeks

☐ 3 weeks

☐ 1-3 months

☐ 4-6 months

☐ 7-9 months

☐ 10-12 months

☐ About 1.5 years

☐ About 2 years

☐ About 2.5 years

☐ About 3+ years

3. What is the gender of this person?

☐ Female

☐ Male

☐ Other (fill in): _____

4. How old is this person? (fill in the box)

years

5. Which of the following is true of your relationship with this person? (**check all that are true**)

☐ I like them, but I'm not sure they really like me.


☐ We feel strongly for each other and say we are "going out."

☐ We are seriously committed and love each other.

My Friends and Other Kids

These questions ask about some things that often happen between kids. Please rate how often these things have happened to you in the past six months.

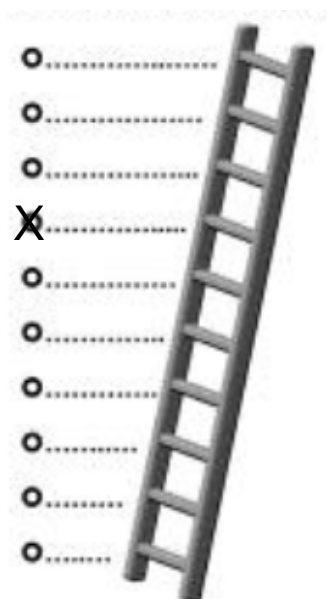
<i>How often has this happened to you?</i>	Never	Once or Twice	A Few Times	About Once a Week	A Few Times a Week
1. A kid left me out of an activity or conversation that I really wanted to be included in.	1	2	3	4	5
2. A kid chased me like he or she was really trying to hurt me.	1	2	3	4	5
3. A kid I wanted to be with would not sit near me at lunch or in class.	1	2	3	4	5
4. A kid tried to damage my social reputation by spreading rumors about me.	1	2	3	4	5
5. A kid did not invite me to a party or other social event even though he/she knew that I wanted to go.	1	2	3	4	5
6. A kid left me out of what he or she was doing.	1	2	3	4	5
7. A kid threatened to hurt or beat me up.	1	2	3	4	5
8. A kid gave me the silent treatment (did not talk to me on purpose).	1	2	3	4	5
9. A kid said mean things about me so that people would think I was a loser.	1	2	3	4	5
10. A kid hit, kicked, or pushed me in a mean way.	1	2	3	4	5
11. A kid I wanted to be friends with (on Facebook, Instagram, Snapchat, etc.) ignored my friend request.	1	2	3	4	5
12. A kid posted mean things about me on a social networking site.	1	2	3	4	5
13. A kid posted pictures of me that made me look bad.	1	2	3	4	5
14. A kid sent me a mean message on a social networking site.	1	2	3	4	5
15. A kid pretended to be me and did things to make me look bad/damage my friendships on a social networking site.	1	2	3	4	5
16. I found out that I was excluded from a party or social event over a social networking site.	1	2	3	4	5

Imagine these ladders show where people fit in your grade. Where would you put yourself? Put a **large “X” over the circle** – like this  - which shows best **where you would be** on each ladder.

FOR EXAMPLE ...

How TALL are you compared with the rest of your grade? (Not just compared with your own friends.)

Top = tallest people in your year group.



OK, HOW ABOUT ...

How POPULAR are you compared with the rest of your grade? (not just compared with your own friends.)

Top = most popular people in your year.



How WELL ARE YOU DOING AT SCHOOL compared with the rest of your grade?

Top = people who get the best grades.



Questions About You (continued)

Think of this ladder as representing where people stand in the United States. Where would you place your family on this ladder?

Please place a large "X" over the circle that shows where you think your family stands on this ladder at this time in your life, relative to other people in the United States.

Top = families who have the most money, most education, and most respected jobs in the United States.



Bottom = families who have the least money, least education, and least respected jobs or no job in the United States.

School Connectedness

How much do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
1. You feel close to people at your school.	1	2	3	4	5
2. You feel like you are part of your school.	1	2	3	4	5
3. Students at your school are prejudiced (treating others differently based on race/ethnicity, gender, religion, and/or sexual orientation).	1	2	3	4	5
4. You are happy to be at your school.	1	2	3	4	5
5. The teachers at your school treat students fairly.	1	2	3	4	5
6. You feel safe in your school.	1	2	3	4	5

School Connectedness (continued)



My Grades

	<i>Mostly F's</i>	<i>D's & F's</i>	<i>Mostly D's</i>	<i>C's & D's</i>	<i>Mostly C's</i>	<i>B's & C's</i>	<i>Mostly B's</i>	<i>A's & B's</i>	<i>Mostly A's</i>
1. Which of the following <u>best</u> describes the grades you are getting in school this year?	1	2	3	4	5	6	7	8	9
(Circle One)									

How I Spend My Time

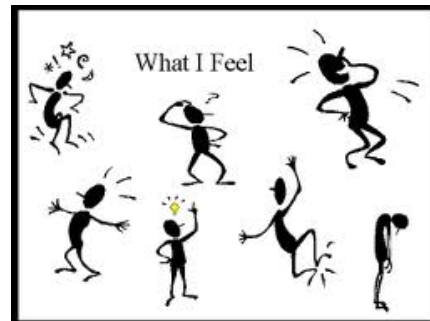
We would like for you to tell us how you spend your time outside of school. Please indicate how much time you were involved in the following activities during the past 6 months. If your involvement was seasonal (for example, soccer season), respond in relation to that season.

<i>In the past 6 months, how often were you involved in...</i>	No Involvement	Less Than Once A Week	About Once A Week	2-3 Days A Week	4-6 Days A Week	Everyday
1. Sports If involved, which sport(s)? _____	0	1	2	3	4	5
2. Performing Arts If involved, what activity? _____	0	1	2	3	4	5
3. School Clubs If involved, which club(s)? _____	0	1	2	3	4	5
4. Volunteer Work	0	1	2	3	4	5
5. Religious Activities	0	1	2	3	4	5
6. Scouting Activities	0	1	2	3	4	5

How I Feel

Directions:

Below is a list of sentences that describe how people feel. Read each phrase and decide if it is "Not True or Hardly Ever True" or "Somewhat True or Sometimes True" or "Very True or Often True" for you. Then, for each sentence, circle the number that corresponds to the response that seems to describe you for the last three months.



	Not True or Hardly Ever True	Somewhat True or Sometimes True	Very True or Often True
1. When I feel frightened, it is hard to breathe.	0	1	2
2. I get headaches when I am at school.	0	1	2
3. I don't like to be with people I don't know well.	0	1	2
4. I get scared if I sleep away from home.	0	1	2
5. I worry about other people liking me.	0	1	2
6. When I get frightened, I feel like passing out.	0	1	2
7. I am nervous.	0	1	2
8. I follow my mother or father wherever they go.	0	1	2
9. People tell me that I look nervous.	0	1	2
10. I feel nervous with people I don't know well.	0	1	2
11. I get stomachaches at school.	0	1	2
12. When I get frightened, I feel like I am going crazy.	0	1	2
13. I worry about sleeping alone.	0	1	2
14. I worry about being as good as other kids.	0	1	2
15. When I get frightened, I feel like things are not real.	0	1	2
16. I have nightmares about something bad happening to my parents.	0	1	2
17. I worry about going to school.	0	1	2
18. When I get frightened, my heart beats fast.	0	1	2
19. I get shaky.	0	1	2
20. I have nightmares about something bad happening to me.	0	1	2
21. I worry about things working out for me.	0	1	2
22. When I get frightened, I sweat a lot.	0	1	2
23. I am a worrier.	0	1	2
24. I get really frightened for no reason at all.	0	1	2

How I Feel (continued)

	Not True or Hardly Ever True	Somewhat True or Sometimes True	Very True or Often True
25. I am afraid to be alone in the house.	0	1	2
26. It is hard for me to talk with people I don't know well.	0	1	2
27. When I get frightened, I feel like I am choking.	0	1	2
28. People tell me that I worry too much.	0	1	2
29. I don't like to be away from my family.	0	1	2
30. I am afraid of having anxiety (or panic) attacks.	0	1	2
31. I worry that something bad might happen to my parents.	0	1	2
32. I feel shy with people I don't know well.	0	1	2
33. I worry about what is going to happen in the future.	0	1	2
34. When I get frightened, I feel like throwing up.	0	1	2
35. I worry about how well I do things.	0	1	2
36. I am scared to go to school.	0	1	2
37. I worry about things that have already happened.	0	1	2
38. When I get frightened, I feel dizzy.	0	1	2
39. I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport).	0	1	2
40. I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well.	0	1	2
41. I am shy.	0	1	2

How My Week Has Been

The purpose of this questionnaire is to find out how you were feeling during the **past week**.

For each sentence, circle either:

- 1 = You felt or acted this way NOT AT ALL
- 2 = You felt or acted this way A LITTLE
- 3 = You felt or acted this way SOMETIMES
- 4 = You felt or acted this way A LOT

Please circle the number below that best describes how you felt or acted during the **past week**.

<i>During the past week...</i>	Not At All	A Little	Some	A Lot
1. I was bothered by things that usually don't bother me.	1	2	3	4
2. I did not feel like eating, I wasn't very hungry.	1	2	3	4
3. I wasn't able to feel happy, even when my family or friends tried to help me feel better.	1	2	3	4
4. I felt like I was just as good as other kids.	1	2	3	4
5. I felt like I couldn't pay attention to what I was doing.	1	2	3	4
6. I felt down and unhappy.	1	2	3	4
7. I felt like I was too tired to do things.	1	2	3	4
8. I felt like something good was going to happen.	1	2	3	4
9. I felt like things I did before didn't work out right.	1	2	3	4
10. I felt scared.	1	2	3	4
11. I didn't sleep as well as I usually sleep.	1	2	3	4
12. I was happy.	1	2	3	4
13. I was more quiet than usual.	1	2	3	4
14. I felt lonely, like I didn't have any friends.	1	2	3	4
15. I felt like kids I know were not friendly or that they didn't want to be with me.	1	2	3	4
16. I had a good time.	1	2	3	4
17. I felt like crying.	1	2	3	4
18. I felt sad.	1	2	3	4
19. I felt like people didn't like me.	1	2	3	4
20. It was hard to get started doing things.	1	2	3	4



My Emotional Responses

This questionnaire asks different questions about how you experience emotions **on a regular basis (for example, each day)**. When you are asked about being “emotional,” this may refer to being angry, sad, excited, or some other emotion. Please rate the following statements.

	Not At All Like Me	A Little Like Me	Somewhat Like Me	A Lot Like Me	Completely Like Me
1. When something happens that upsets me, it's all I can think about for a long time.	0	1	2	3	4
2. My feelings get hurt easily.	0	1	2	3	4
3. When I experience emotions, I feel them very strongly/intensely.	0	1	2	3	4
4. When I'm emotionally upset, my whole body gets physically upset as well.	0	1	2	3	4
5. I tend to get very emotional very easily.	0	1	2	3	4
6. I experience emotions very strongly.	0	1	2	3	4
7. I often feel extremely anxious.	0	1	2	3	4
8. When I feel emotional, it's hard for me to imagine feeling any other way.	0	1	2	3	4
9. Even the littlest things make me emotional.	0	1	2	3	4
10. If I have a disagreement with someone, it takes a long time for me to get over it.	0	1	2	3	4
11. When I am angry/upset, it takes me much longer than most people to calm down.	0	1	2	3	4
12. I get angry at people very easily.	0	1	2	3	4
13. I am often bothered by things that other people don't react to.	0	1	2	3	4
14. I am easily agitated.	0	1	2	3	4
15. My emotions go from neutral to extreme in an instant.	0	1	2	3	4
16. When something bad happens, my mood changes very quickly. People tell me I have a very short fuse.	0	1	2	3	4
17. People tell me that my emotions are often too intense for the situation.	0	1	2	3	4
18. I am a very sensitive person.	0	1	2	3	4
19. My moods are very strong and powerful.	0	1	2	3	4
20. I often get so upset it's hard for me to think straight.	0	1	2	3	4
21. Other people tell me I'm overreacting.	0	1	2	3	4

First Use

Below are a number of things you may or may not have done in your life. Please specify the **age at which you first did the activity**. If you have **never** done the activity, check the space marked "Never." Remember all of the information you provide will remain confidential.

1. Smoked first cigarette Age_____ or Never_____
2. Smoked cigarettes everyday Age_____ or Never_____
3. Tried e-cigarettes (such as JUUL) or vaped Age_____ or Never_____
4. Tried smokeless tobacco (dip, snuff, chew) Age_____ or Never_____
5. Tried marijuana (weed, pot, grass) or hashish Age_____ or Never_____
6. Tried synthetic marijuana (K2, spice) Age_____ or Never_____
7. Tried alcohol (beer, wine, liquor) Age_____ or Never_____
8. Had five or more alcoholic drinks in a row (binge drinking) Age_____ or Never_____
9. Tried amphetamines (uppers, speed, bath salts) Age_____ or Never_____
10. Tried benzodiazepines **to get high** (Xanax, Ativan, Valium, Klonopin, benzos) Age_____ or Never_____
11. Tried antacids Age_____ or Never_____
12. Tried club drugs (MDMA, molly, ecstasy, roofies) Age_____ or Never_____
13. Tried prescription stimulants **to get high** (Adderall, Ritalin, Concerta, Focalin) Age_____ or Never_____
14. Tried prescription pain killers **to get high** (morphine, Vicodin, OxyContin, Percocet, Percodan, Dilaudid, Demerol, Codeine) Age_____ or Never_____
15. Tried over-the-counter cough and cold medications **to get high** (Robitussin™, Tylenol Cough & Cold™, DayQuil/NyQuil™) Age_____ or Never_____
16. Tried inhalants (sniffing glue, paint, nail polish remover, gasoline, gases, whippets, etc.) Age_____ or Never_____
17. Tried anabolic steroids (roids, juice) Age_____ or Never_____

Alcohol and Substance Use

The questions on the following pages are about your alcohol and other substance use **during the last six months**. Please answer every question by placing an "X" next to the response that best characterizes your use of the substance. Remember all of the information that you provide will remain confidential.

1. How often did you usually drink alcohol (beer, wine, liquor) in the last 6 months?

☐ Never
☐ A few times
☐ About once a month
☐ 2-3 days a month
☐ About once a week
☐ 2-3 days a week
☐ 4-5 days a week
☐ Every day

2. When you drank alcohol, on the average day, how much did you usually drink in the last 6 months?

One drink = 1 can/bottle of beer OR 1 glass of wine OR 1 shot of liquor

☐ I drank no alcohol
☐ 1 drink per day
☐ 2 drinks per day
☐ 3 drinks per day
☐ 4 drinks per day
☐ 5 drinks per day
☐ 6 drinks per day
☐ 7 drinks per day
☐ 8 drinks per day
☐ More than 8 drinks per day (please specify how much: _____)

3. How many times did you drink **5 or more** alcoholic drinks (cans/bottles of beer, glasses of wine, drinks containing liquor) in the last 6 months?

Please **FILL IN** the number of times here →

4. How many cigarettes or packs of cigarettes did you usually smoke per day in the last 6 months?

☐ None
☐ Less than 1 cigarette per day
☐ 1-5 cigarettes per day
☐ About ½ pack per day
☐ About 1 pack per day
☐ About 1 ½ packs per day
☐ About 2 packs or more per day

5. How often have you used marijuana (weed, pot, grass) in the last 6 months? (non-medical use only)

☐ Never
☐ A few times
☐ About once a month
☐ 2-3 days a month
☐ About once a week
☐ 2-3 days a week
☐ 4-5 days a week
☐ Everyday

Alcohol and Substance Use

6. How often did you vape nicotine in the last 6 months?

- ☐ Never
- ☐ A few times
- ☐ About once a month
- ☐ 2-3 days a month
- ☐ About once a week
- ☐ 2-3 days a week
- ☐ 4-5 days a week
- ☐ Every day

7. How often did you vape marijuana in the last 6 months?

- ☐ Never
- ☐ A few times
- ☐ About once a month
- ☐ 2-3 days a month
- ☐ About once a week
- ☐ 2-3 days a week
- ☐ 4-5 days a week
- ☐ Every day

8. How often did you vape just flavoring (not tobacco or marijuana) in the last 6 months?

- ☐ Never
- ☐ A few times
- ☐ About once a month
- ☐ 2-3 days a month
- ☐ About once a week
- ☐ 2-3 days a week
- ☐ 4-5 days a week
- ☐ Every day

9. If you vaped in the last 6 months, how did you usually get your own electronic vapor products? (Select only **one** response.)

- ☐ I did not use any electronic vapor products during the last 6 months
- ☐ I bought them in a store such as a convenience store, supermarket, discount store, gas station, or vape store
- ☐ I got them on the Internet
- ☐ I gave someone else money to buy them for me
- ☐ I borrowed them from someone else
- ☐ A person who can legally buy these products gave them to me
- ☐ I took them from a store or another person
- ☐ I got them some other way

10. On the days you vaped, how many times did you usually pick up your e-cigarette device to vape?

- ☐ 1 time
- ☐ 2 times
- ☐ 3–5 times
- ☐ 6–9 times
- ☐ 10–14 times
- ☐ 15–20 times
- ☐ ≥ 20 times

11. Each time you picked up your e-cigarette to vape, how many puffs did you usually take before putting it away?

- ☐ 0 puffs
- ☐ 1 puff
- ☐ 2 puffs
- ☐ 3–5 puffs
- ☐ 6–9 puffs
- ☐ 10–14 puffs
- ☐ 15–20 puffs
- ☐ ≥ 20 puffs

How I Cope With Problems



Sometimes kids have problems or feel upset about things. When this happens, they may do different things to solve the problem or to make themselves feel better. For each item below, choose the answer that BEST describes how often you usually did this to solve your problems or make yourself feel better during the past month. There are no right or wrong answers, just indicate how often YOU USUALLY did each thing in order to solve your problems or make yourself feel better during the past month.

<i>When you had problems in the past month...</i>	Never	Sometimes	Often	Most of the Time
1. You thought about what you could do before you did something.	1	2	3	4
2. You tried to notice or think about only the good things in your life.	1	2	3	4
3. You told people how you felt about the problem.	1	2	3	4
4. You did something to make things better.	1	2	3	4
5. You talked to someone who could help you figure out what to do.	1	2	3	4
6. You told yourself that things would get better.	1	2	3	4
7. You listened to music.	1	2	3	4
8. You reminded yourself that you are better off than a lot of other kids.	1	2	3	4
9. You went bicycle riding.	1	2	3	4
10. You talked about your feelings to someone who really understood.	1	2	3	4
11. You told other people what you wanted them to do.	1	2	3	4
12. You thought about what would happen before you decided what to do.	1	2	3	4
13. You told yourself that it would be OK.	1	2	3	4
14. You told other people what made you feel the way you did.	1	2	3	4
15. You told yourself that you could handle this problem.	1	2	3	4
16. You went for a walk.	1	2	3	4
17. You told others how you would like to solve the problem.	1	2	3	4
18. You tried to make things better by changing what you did.	1	2	3	4
19. You told yourself you have taken care of things like this before.	1	2	3	4
20. You played sports.	1	2	3	4
21. You thought about why it happened.	1	2	3	4
22. You let other people know how you felt.	1	2	3	4
23. You told yourself you could handle whatever happens.	1	2	3	4
24. You told other people what you would like to happen.	1	2	3	4
25. You told yourself that in the long run, things would work out for the best.	1	2	3	4

How I Cope With Problems (continued)

<i>When you had problems in the past month...</i>	Never	Sometimes	Often	Most of the Time
26. You read a book or magazine.	1	2	3	4
27. You reminded yourself that you knew what to do.	1	2	3	4
28. You thought about which things are best to do to handle the problem.	1	2	3	4
29. You told yourself that it would work itself out.	1	2	3	4
30. You talked to someone who could help you solve the problem.	1	2	3	4
31. You went skateboard riding or roller skating.	1	2	3	4
32. You reminded yourself that overall things are pretty good for you.	1	2	3	4
33. You did something like video games or a hobby.	1	2	3	4
34. You did something to solve the problem.	1	2	3	4
35. You tried to understand it better by thinking more about it.	1	2	3	4
36. You reminded yourself about all the things you have going for you.	1	2	3	4
37. You thought about what you needed to know so you could solve the problem.	1	2	3	4
38. You did something in order to get the most you could out of the situation.	1	2	3	4
39. You thought about what you could learn from the problem.	1	2	3	4
40. You watched TV.	1	2	3	4
41. You did some exercise.	1	2	3	4
42. You tried to figure out why things like this happen.	1	2	3	4

How I Cope with Problems (continued)

People think and do many different things when they have problems or feel upset about things. Read each of the items below and indicate how often you do each one when you have problems or feel upset (down, sad, depressed, anxious, worried, angry). Please circle what you *generally* do, not what you think you should do.

<i>When I have problems or feel upset about things:</i>	Never	Hardly Ever	Sometimes	Most of the Time	Always
1. I think back to other times I felt this way.	0	1	2	3	4
2. I think about how I should have done something different.	0	1	2	3	4
3. I go away by myself and think about why I feel this way.	0	1	2	3	4
4. I go someplace alone to think about my feelings.	0	1	2	3	4
5. I think, "Why can't I stop feeling this way?"	0	1	2	3	4
6. I think about other times things did go the way I wanted them to.	0	1	2	3	4
7. I think about what made me feel like this.	0	1	2	3	4
8. I replay in my head what happened.	0	1	2	3	4
9. I think about my feelings.	0	1	2	3	4
10. I think about something that just happened, wishing it had gone better.	0	1	2	3	4

Talking With My Close Friends, Family, and Others About Our Problems

Think about the way you usually are with the people you are closest to. Circle the number that best describes how true each statement is for you.

<i>When we talk about a problem that one of us has...</i>	Not At All True	A Little True	Somewhat True	Mostly True	Really True
1. We talk about every part of the problem over and over.	1	2	3	4	5
2. We spend a long time talking about how sad, worried, or mad the person with the problem feels.	1	2	3	4	5
3. We talk about all of the reasons why the problem might have happened.	1	2	3	4	5
4. We talk about the problem repeatedly, even if the problem hasn't changed.	1	2	3	4	5
5. We talk a lot about how upset the person with the problem is.	1	2	3	4	5
6. We try to figure out every one of the bad things that might happen because of the problem.	1	2	3	4	5
7. We keep talking about the problem even after we both know all the details about what happened.	1	2	3	4	5
8. We talk a lot about how bad the person with the problem feels.	1	2	3	4	5
9. We spend a lot of time trying to figure out parts of the problem that we can't understand.	1	2	3	4	5

Who do you usually talk about your problems with? (**Select all that apply**)

- ☐ Close friend
- ☐ Romantic partner (girlfriend or boyfriend)
- ☐ Sibling
- ☐ Mother/female caregiver
- ☐ Father/male caregiver
- ☐ Another adult you trust (teacher, coach, guidance counselor, etc.)
- ☐ People you don't know online
- ☐ Other (fill in): _____

Talking With My Close Friends, Family, and Others About Our Problems

Select the one person you *most often* talk about your problems with: (**Select only one**)

- ☐ Close friend
- ☐ Romantic partner (girlfriend or boyfriend)
- ☐ Sibling
- ☐ Mother/female caregiver
- ☐ Father/male caregiver
- ☐ Another adult you trust (teacher, coach, guidance counselor, etc.)
- ☐ People you don't know online
- ☐ Other (fill in): _____

What is the gender of the person you share your problems with *most often*?

- ☐ Female
- ☐ Male
- ☐ Other (fill in): _____

How do you *usually* talk about your problems with this person? (**Select all that apply**)

- ☐ In person
- ☐ On a phone call
- ☐ On video chat (FaceTime, Skype, etc.)
- ☐ Text message
- ☐ Social media (Snapchat, Instagram, etc.)
- ☐ Other (fill in): _____

<i>How much time did you spend doing the following activities on an <u>average/typical</u> weekend day?</i>		None	Less Than 1 Hour	1 Hours	2 Hours	3 Hours	4 Hours	5 Hours	How Many Hours (If 6 or More Hours?)
1.	Watch TV	0	0.5	1	2	3	4	5	_____
2.	Stream movies or TV shows, or videos (through Netflix, Hulu, Amazon Prime, YouTube, etc.)	0	0.5	1	2	3	4	5	_____
3.	Talk on the phone	0	0.5	1	2	3	4	5	_____
4.	Talk to others using video chat (through FaceTime, Skype, ooVoo, etc.)	0	0.5	1	2	3	4	5	_____
5.	Text	0	0.5	1	2	3	4	5	_____
6.	Use social media (Facebook, Snapchat, Instagram, etc.)	0	0.5	1	2	3	4	5	_____
7.	E-mail or Instant Message (g-chat, Facebook messenger, etc.)	0	0.5	1	2	3	4	5	_____
8.	Play console video games (PlayStation, Xbox, Nintendo, etc.)	0	0.5	1	2	3	4	5	_____
9.	Play games on the computer or using a phone app (Candy Crush, Clash of Clans, etc.)	0	0.5	1	2	3	4	5	_____
10.	Listen to music on the radio, an iPod, or an online station (Spotify, iHeartRadio, Pandora, Apple Music, etc.)	0	0.5	1	2	3	4	5	_____
11.	Read with an e-Reader (Kindle, NOOK, etc.)	0	0.5	1	2	3	4	5	_____

Technology Use (continued)



<i>How often did you typically use the following sites/apps:</i>	Never	Less Than Once a Week	Once a Week	Several Times a Week	Once a Day	Several Times a Day	Once an Hour	Several Times an Hour	Almost Constantly
1. Facebook	0	1	2	3	4	5	6	7	8
2. Twitter	0	1	2	3	4	5	6	7	8
3. Instagram	0	1	2	3	4	5	6	7	8
4. Snapchat	0	1	2	3	4	5	6	7	8
5. Tumblr	0	1	2	3	4	5	6	7	8
6. Text messaging apps (Kik, Whatsapp, Burn Note, etc.)	0	1	2	3	4	5	6	7	8
7. Online discussion boards (Reddit, Digg, 4Chan, etc.)	0	1	2	3	4	5	6	7	8
8. Online pinboards (Pinterest, Polyvore, etc.)	0	1	2	3	4	5	6	7	8
9. Anonymous sharing apps (Whisper, etc.)	0	1	2	3	4	5	6	7	8
10. Live video streaming sites (YouTube Live, Twitch.tv, etc.)	0	1	2	3	4	5	6	7	8
11. Voice-Over-IP apps (Discord, TeamSpeak, Mumble, etc.)	0	1	2	3	4	5	6	7	8



<i>During the past year, have you ...</i>	Never	Rarely	Sometimes	Often	Always
1. Regularly found that you can't think of anything else but the moment that you will be able to use social media again?	1	2	3	4	5
2. Regularly felt dissatisfied because you wanted to spend more time on social media?	1	2	3	4	5
3. Often felt bad when you could not use social media?	1	2	3	4	5
4. Tried to spend less time on social media, but failed?	1	2	3	4	5
5. Regularly neglected other activities (e.g. hobbies, sport) because you wanted to use social media?	1	2	3	4	5
6. Regularly had arguments with others because of your social media use?	1	2	3	4	5
7. Regularly lied to your parents or friends about the amount of time you spend on social media?	1	2	3	4	5
8. Often used social media to escape from negative feelings?	1	2	3	4	5
9. Had serious conflict with your parents, brother(s) or sister(s) because of your social media use?	1	2	3	4	5

Video/Computer Game Playing



For each question, circle the response that best describes how you **USUALLY** feel while you are playing a video or computer game.

Have you played any video or computer games within the past six months? (Mark One)

_____ Yes (Please continue to next questions)

_____ No (Do not complete the rest of this page)

<i>While I am playing, sometimes...</i>	No	Sort of	Yes
1. I lose track of time.	1	2	3
2. Things seem to happen automatically.	1	2	3
3. I feel different.	1	2	3
4. I feel scared.	1	2	3
5. The game feels real.	1	2	3
6. If someone talks to me, I don't hear them.	1	2	3
7. I get wound up.	1	2	3
8. Time seems to kind of standstill or stop.	1	2	3
9. I feel spaced out.	1	2	3
10. I don't answer when someone talks to me.	1	2	3
11. I can't tell that I'm getting tired.	1	2	3
12. Playing seems automatic.	1	2	3
13. My thoughts go fast.	1	2	3
14. I lose track of where I am.	1	2	3
15. I play without thinking about how to play.	1	2	3
16. Playing makes me feel calm.	1	2	3
17. I play longer than I meant to.	1	2	3
18. I really get into the game.	1	2	3
19. I feel like I just can't stop playing.	1	2	3

Video/Computer Game Genres

What types of video/computer games do you **usually** play? (Select all that apply)

- ☐ Action (Grand Theft Auto, Assassin's Creed, Crash Bandicoot, Star Wars)
- ☐ Role-playing (RPG; Dragon Quest, Fallout, The Legend of Zelda, Final Fantasy, Horizon Zero)
- ☐ Virtual Reality (VR; Batman: Arkham, Paranormal Activity)
- ☐ Simulation (The Sims, combat flight simulating games, Zoo Tycoon, Katy Perry Pop)
- ☐ MMO (Massively Multiplayer Online Game; Minecraft, World of Warcraft)
- ☐ Sports (Madden NFL, FIFA Soccer, NBA, MLB)
- ☐ Adventure (Splatoon, Plants vs. Zombies, LEOG Jurassic World)
- ☐ Fighting (Sumo Wrestling, Mixed Martial Arts, Street Fighter, UFC, Mortal Combat)
- ☐ Racing (Mario Kart, Need for Speed, Forza Horizon, Moto GP, Moto Racer, F1)
- ☐ Survival/Horror (Resident Evil, Seven Days to Die, Alien)
- ☐ Strategy/tactics/puzzles (Bejeweled, Tetris, Candy Crush, Limbo)
- ☐ Board games (Scrabble, Monopoly, Backgammon, Battleship, Chess)
- ☐ Narrative Games (Where in the World is Edith Finch?, Broken Age, Gone Home)
- ☐ Style/Fashion Games (High Fashion, Runway Life, Salon Superstar, Salon Stylist)
- ☐ Music/Dance (Just Dance, Rock Band)
- ☐ Other _____ (Fill in the blank)

Who do you **usually** play video/computer games with? (Select all that apply)

- ☐ Alone
- ☐ With friends in person
- ☐ With friends online
- ☐ With family
- ☐ With people you don't know online

Who do you **most often** play video/computer games with? (Select only one)

- ☐ Alone
- ☐ With friends in person
- ☐ With friends online
- ☐ With family
- ☐ With people you don't know online

My Physical Development

This set of questions has to do with your health and development. Please answer all the questions as best you can.

For most questions, you will see boxes that look like this: ☐

Please place an X in the box that goes with the answer you choose.

Here is an example:

What color are your eyes? (Mark one box)

☐ Brown

☐ Blue

☐ Green

☐ Grey

You will see the words “Mark one box” – this means that we need you to put an X in only ONE box for that question.

For some questions, you will see wider boxes that look like this:

Please write your answer to the question inside wider boxes.

Here is another example:

How many friends do you have?

The person that answered this way has 10 friends.

If you would rather not answer a question, just put a circle around the box or boxes for that question and go to the next question.

My Physical Development (continued)

1. How tall are you? I am feet, and inches tall.

2. About how much do you weigh? I weigh pounds

To answer each question, please put an X in the box in front of the answer that best describes what is happening to you. Please choose only ONE answer for each question.

3. Would you say your growth in height ... **[Mark one box]**

- ☐ Has not yet begun to spurt or grow really fast
- ☐ Has barely started
- ☐ Has definitely started
- ☐ Seems completed

4. And how about the growth of body hair? Would you say that your body hair has: **[Mark one box]**

- ☐ Not yet started growing
- ☐ Has barely started growing
- ☐ Is definitely underway
- ☐ Seems completed

5. Have you noticed any skin changes, especially pimples? **[Mark one box]**

- ☐ Not yet started showing changes
- ☐ Have barely started showing any changes yet
- ☐ Skin changes are definitely underway
- ☐ Skin changes seem completed

My Physical Development (continued)

[for GIRLS only]



6G. Have your breasts begun to grow?
[Mark one box]

- ☐ Not yet started growing
- ☐ Have barely started changing
- ☐ Breast growth is definitely underway
- ☐ Breast growth seems completed

7G. Do you think your development is any earlier or later than most other girls your age **[Mark one box]**

- ☐ Much earlier
- ☐ Somewhat earlier
- ☐ About the same
- ☐ Somewhat later
- ☐ Much later

8G. Have you begun to menstruate or get your period?

- ☐ No → ***please continue on the next page.***
- ☐ Yes → ***continue with question 9G***

9G. How old were you when you first menstruated or got your period?

years, and months old

[for BOYS only]



6B. Have you noticed a deepening of your voice?
[Mark one box]

- ☐ Not yet started changing
- ☐ Has barely started showing any changes
- ☐ Voice change is definitely underway
- ☐ Voice change seems completed

7B. Have you begun to grow hair on your face?
[Mark one box]

- ☐ Not yet started growing hair
- ☐ Has barely started growing hair
- ☐ Facial hair growth is definitely underway
- ☐ Facial hair growth seems completed

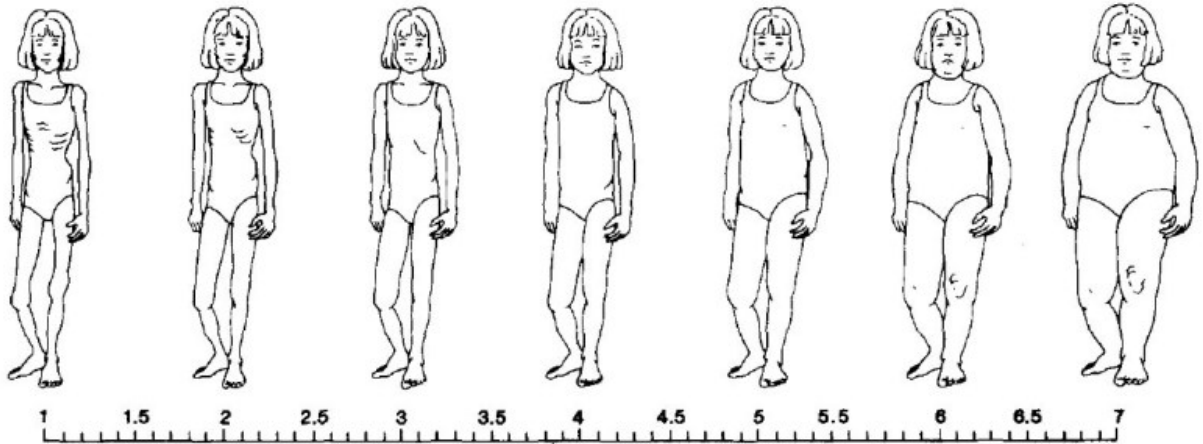
8B. Do you think your development is any earlier or later than most other boys your age?
[Mark one box]

- ☐ Much earlier
- ☐ Somewhat earlier
- ☐ About the same
- ☐ Somewhat later
- ☐ Much later

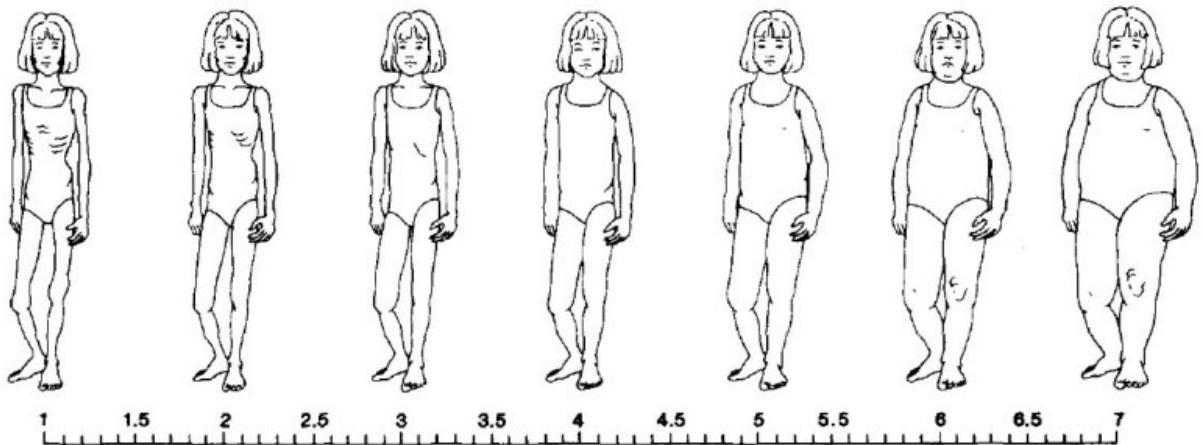
How I Look

FOR GIRLS ONLY (BOYS SKIP TO NEXT PAGE)

1. What picture looks the MOST like you look right now? (Circle One Figure)



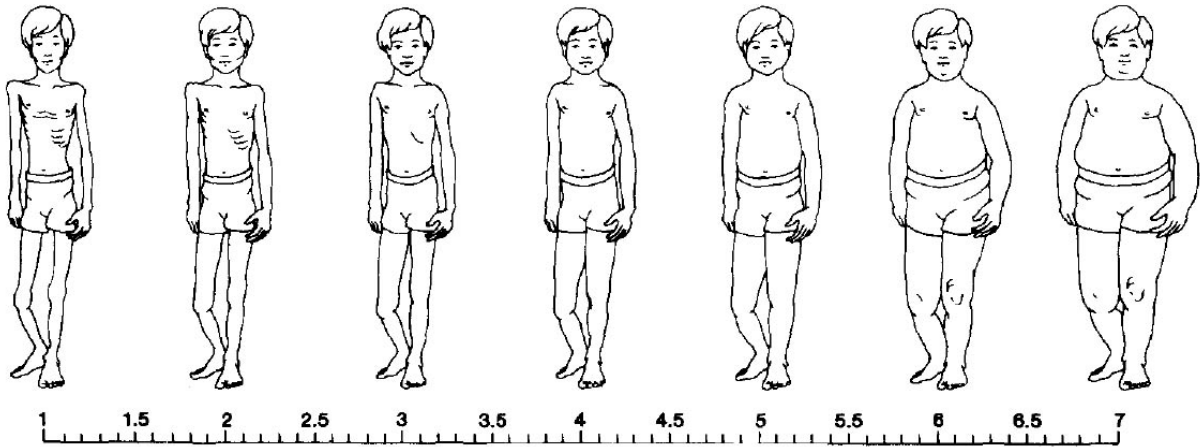
2. What picture shows the way you WANT to look right now? (Circle One Figure)



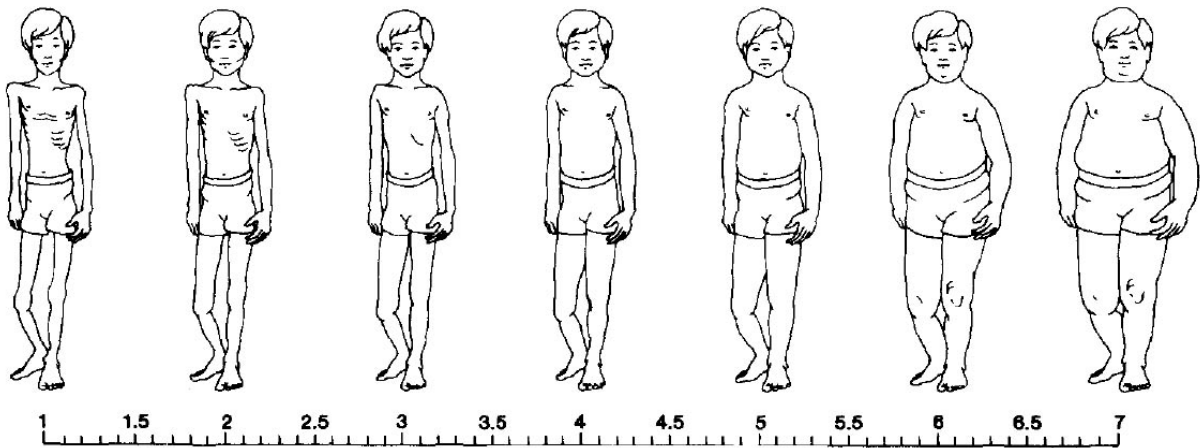
How I Look (continued)

FOR BOYS ONLY (GIRLS SKIP THIS PAGE)

1. What picture looks the MOST LIKE YOU look right now? (Circle One Figure)



2. What picture shows the way you WANT to look right now? (Circle One Figure)



My Eating Habits



Check the box that applies to you (please only choose one for each question).

1. Are you currently trying to:

<input type="checkbox"/>	Lose weight
<input type="checkbox"/>	Stay the same weight
<input type="checkbox"/>	Gain weight
<input type="checkbox"/>	I am not trying to do anything about my weight

2. How often have you gone on a diet during the last 6 months? By “diet” we mean changing the way you eat so you can try to lose weight or keep from gaining weight.

<input type="checkbox"/>	Never
<input type="checkbox"/>	1-4 times
<input type="checkbox"/>	5-10 times
<input type="checkbox"/>	More than 10 times
<input type="checkbox"/>	I am always dieting

3. In the last 4 weeks (28 days), how often have you had the following experiences during a time when you were eating? Please respond to each item using the following scale:

<i>How true is each statement for you?</i>	Never	Rarely	Occasionally	Often	Always
a. I continued to eat past the point when I wanted to stop.	1	2	3	4	5
b. I felt like I had “blown it” and might as well keep eating.	1	2	3	4	5
c. I felt helpless about controlling my eating.	1	2	3	4	5
d. My eating felt like a ball rolling down a hill that just kept going and going.	1	2	3	4	5
e. I found myself eating despite negative consequences.	1	2	3	4	5
f. I felt like the craving to eat overpowered me.	1	2	3	4	5
g. I felt like I could not do anything other than eat.	1	2	3	4	5
h. I felt I had lost control over eating.	1	2	3	4	5

My Behavior

<i>In the past 6 months, how often did you...</i>						
	Never	1 to 2 Times	3 or 4 Times	5 or 6 Times	About Once A Month	About Once a Week or More
1. Have troubles with teachers (expelled/suspended from school)?	0	1	2	3	4	5
2. Start physical fights?	0	1	2	3	4	5
3. Run away from home overnight?	0	1	2	3	4	5
4. Lie to get money or something else you wanted?	0	1	2	3	4	5
5. Have troubles with the law?	0	1	2	3	4	5
6. Steal something (from family or outside the home)?	0	1	2	3	4	5
7. Skip school?	0	1	2	3	4	5
8. Be physically cruel to animals or people?	0	1	2	3	4	5
9. Deliberately (on purpose) damage property that didn't belong to you?	0	1	2	3	4	5
10. Use or threaten to use a weapon in fights?	0	1	2	3	4	5
11. Deliberately (on purpose) engage in fire setting?	0	1	2	3	4	5
12. Break into someone else's house, building, or car?	0	1	2	3	4	5
13. Lie to your parents or guardians about where you were or what you were doing?	0	1	2	3	4	5
14. Threaten to hurt or beat up others?	0	1	2	3	4	5
15. Hit, kick or push another kid in a mean way?	0	1	2	3	4	5
16. Spread rumors about another kid to damage their social reputation?	0	1	2	3	4	5
17. Leave another kid out of what I was doing or a conversation that I knew he or she wanted to be included in?	0	1	2	3	4	5

THANK YOU SO MUCH
FOR COMPLETING THIS
SURVEY!!!!!!

