

# 2010 MISSOURI STUDENT SURVEY

~Final~

## INTRODUCTION

Thank you for agreeing to participate in this study. The following questions are about your thoughts and feelings on a number of subjects about which we would like to know your opinions. Completing this survey is completely voluntary, which means you can stop at any time and you don't have to answer any questions that you don't want to. There are no right or wrong answers and everything you say is completely anonymous. That means that no one will ever know your individual responses. Please answer the survey as thoughtfully and honestly as possible. Thank you very much for being an important part of this project!

- ❖ Please answer all of the questions by marking one of the answer spaces.
- ❖ Select the answer that comes closest to how you feel.
- ❖ If you are not sure what a question means, please ask the survey administrator to explain.
- ❖ If any of the questions make you uncomfortable, you don't need to answer them.

### First, we'd like to know a little about you.

1. How old are you?  
 10 or younger    11    12    13    14    15    16    17    18    19 or older
2. What grade are you in?  
 6<sup>th</sup>    7<sup>th</sup>    8<sup>th</sup>    9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>
3. Are you male or female?  
 Male    Female
4. Are you Hispanic or Latino?  
 Yes, I am Hispanic or Latino    No; I am not Hispanic or Latino
5. Which of the following best describes you? (Please check all that apply)  
 White  
 African American or Black  
 Asian  
 Native Hawaiian or other Pacific Islander  
 American Indian or Alaskan Native  
 Other (specify \_\_\_\_\_)
6. What is the language you speak most often at home?  
 English    Spanish    Other
7. How much education does your father have?  
 Did not finish High School    Graduated from High School  
 Some education after High School    Graduated from College  
 Not Sure
8. How much education does your mother have?  
 Did not finish High School    Graduated from High School  
 Some education after High School    Graduated from College  
 Not Sure

## Your School

9. What were your average grades last school year?  
 Mostly A's    Mostly B's    Mostly C's    Mostly D's    Mostly F's
10. During the past 30 days, how many whole days have you missed school because you skipped or cut?  
 0 days    1 or 2 days    3 to 5 days    6 to 9 days    10 or more days
11. I feel safe at school.  
 Strongly disagree    Disagree    Agree    Strongly agree
12. I feel safe going to or from school.  
 Strongly disagree    Disagree    Agree    Strongly agree
13. a. In my school, students have lots of chances to help decide things like class activities and rules.  
 Strongly disagree    Disagree    Agree    Strongly agree
- b. Teachers ask me to work on classroom projects.  
 Strongly disagree    Disagree    Agree    Strongly agree
- c. My teacher(s) notice(s) when I am doing a good job and let me know about it.  
 Strongly disagree    Disagree    Agree    Strongly agree
- d. There are a lot of chances at school for me to get involved in sports, clubs, and other school activities outside of class.  
 Strongly disagree    Disagree    Agree    Strongly agree
- e. There are lots of chances for students in my school to talk with a teacher one-on-one.  
 Strongly disagree    Disagree    Agree    Strongly agree
- f. The school lets my parents know when I have done something well.  
 Strongly disagree    Disagree    Agree    Strongly agree
- g. My teachers praise me when I work hard in school.  
 Strongly disagree    Disagree    Agree    Strongly agree
- h. I have lots of chances to be part of class discussions or activities.  
 Strongly disagree    Disagree    Agree    Strongly agree
- i. Rules are enforced fairly.  
 Strongly disagree    Disagree    Agree    Strongly agree
- j. Students of all races and ethnic groups are treated equally.  
 Strongly disagree    Disagree    Agree    Strongly agree

## Your Friends

14. During the past year (12 months), how many of the friends you feel closest to have
- a. smoked cigarettes?  
 0 friends       1 friend       2 friends       3 friends       4 or more friends
  - b. had a drink of any type of alcohol?  
 0 friends       1 friend       2 friends       3 friends       4 or more friends
  - c. smoked marijuana?  
 0 friends       1 friend       2 friends       3 friends       4 or more friends
  - d. used any other illegal drugs such as cocaine, LSD (acid), methamphetamine (meth.), or club drugs (ecstasy, roofies)?  
 0 friends       1 friend       2 friends       3 friends       4 or more friends
  - e. carried a gun (not including use of a gun for hunting or sport)?  
 0 friends       1 friend       2 friends       3 friends       4 or more friends

## Your Neighborhood

15. a. If a kid smoked cigarettes in your neighborhood, or the area around where you live, would he or she be caught by the police?  
 Strongly disagree       Disagree       Agree       Strongly agree
- b. If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, or the area around where you live, would he or she be caught by the police?  
 Strongly disagree       Disagree       Agree       Strongly agree
- c. If a kid smoked marijuana in your neighborhood, or the area around where you live, would he or she be caught by the police?  
 Strongly disagree       Disagree       Agree       Strongly agree
- d. If a kid was found carrying a gun in your neighborhood, or the area around where you live, would he or she be caught by the police?  
 Strongly disagree       Disagree       Agree       Strongly agree

## Your Thoughts and Behaviors

16. During the past 30 days, on how many days did you:
- a. carry a **weapon** such as a gun, knife, or club?  
 0 days       1 day       2 or 3 days       4 or 5 days       6 or more days
  - b. carry a **gun**?  
 0 days       1 day       2 or 3 days       4 or 5 days       6 or more days
  - c. carry a weapon such as a gun, knife, or club **on school property**?  
 0 days       1 day       2 or 3 days       4 or 5 days       6 or more days
  - d. **not** go to school because you felt unsafe at on your way to school?  
 0 days       1 day       2 or 3 days       4 or 5 days       6 or more days

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17. How often in the past 3 months have you:
- a. Spread mean rumors or lies about other kids at school?  
 Never    1-2    3-5    6-9    10-19    20-29    30-39    40 or more
  - b. Used the internet (including IM, email, blogs, MySpace, Facebook, etc.) to post pictures or text that might embarrass or hurt a student?  
 Never    1-2    3-5    6-9    10-19    20-29    30-39    40 or more
  - c. Used a cell phone to send text messages or pictures that might embarrass or hurt a student?  
 Never    1-2    3-5    6-9    10-19    20-29    30-39    40 or more
  - d. Made fun of other people?  
 Never    1-2    3-5    6-9    10-19    20-29    30-39    40 or more
  - e. Had mean rumors or lies spread about you at school?  
 Never    1-2    3-5    6-9    10-19    20-29    30-39    40 or more
  - f. Had pictures or text that embarrassed or hurt you posted via the internet (including IM, email, blogs, MySpace, Facebook, etc.)?  
 Never    1-2    3-5    6-9    10-19    20-29    30-39    40 or more
  - g. Had embarrassing or hurtful text or picture cell phone messages sent about you?  
 Never    1-2    3-5    6-9    10-19    20-29    30-39    40 or more
  - h. Been made fun of?  
 Never    1-2    3-5    6-9    10-19    20-29    30-39    40 or more
  - i. Been sent to the office for disciplinary reasons?  
 Never    1-2    3-5    6-9    10-19    20-29    30-39    40 or more
  - j. Been in in-school suspension or detention?  
 Never    1-2    3-5    6-9    10-19    20-29    30-39    40 or more
  - k. Been suspended from school?  
 Never    1-2    3-5    6-9    10-19    20-29    30-39    40 or more

**The next question asks about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.**

18. During the past 12 months, have you ever been bullied **on school property**?  
 No    Yes
19. During the past 12 months, how often:
- a. Has someone threatened or injured you with a weapon such as a gun, knife, or club on school property  
 0 times    1 time    2 or 3    4 or 5    6 or 7    8 or 9    10 or 11    12 or more
  - b. Were you in a physical fight?  
 0 times    1 time    2 or 3    4 or 5    6 or 7    8 or 9    10 or 11    12 or more
  - c. Were you in a fight where you were hurt and had to be treated by a doctor or nurse?  
 0 times    1 time    2 or 3    4 or 5    6 or 7    8 or 9    10 or 11    12 or more

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20. I ignore rules that get in my way.  
 Strongly disagree       Disagree       Agree       Strongly agree
21. It is all right to beat up people if they start the fight.  
 Strongly disagree       Disagree       Agree       Strongly agree
22. It is important to be honest with your parents, even if they become upset or you get punished.  
 Strongly disagree       Disagree       Agree       Strongly agree
23. I do the opposite of what people tell me, just to get them mad.  
 Strongly disagree       Disagree       Agree       Strongly agree
24. I think it is okay to take something without asking if you can get away with it.  
 Strongly disagree       Disagree       Agree       Strongly agree
25. I think sometimes it is okay to cheat at school.  
 Strongly disagree       Disagree       Agree       Strongly agree
26. In the last 30 days how often:
- a. were you very sad?  
 Never       Not very often       Sometimes       Often       Always
- b. were you grouchy or irritable, or in a bad mood?  
 Never       Not very often       Sometimes       Often       Always
- c. did you feel hopeless about the future?  
 Never       Not very often       Sometimes       Often       Always
- d. did you feel like not eating or eating more than usual?  
 Never       Not very often       Sometimes       Often       Always
- e. did you sleep a lot more or a lot less than usual?  
 Never       Not very often       Sometimes       Often       Always
- f. did you have difficulty focusing on your school work?  
 Never       Not very often       Sometimes       Often       Always
27. During the past 12 months, did you ever seriously consider attempting suicide?  
 No       Yes
28. During the past 12 months, did you make a plan about how you would attempt suicide?  
 No       Yes
29. During the past 12 months, how many times did you actually attempt suicide?  
 0 times       1 time       2 or 3 times       4 or 5 times       6 or more times
30. Did you attempt suicide during the past year, resulting in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?  
 No       Yes

## Your Beliefs about Cigarettes, Alcohol, and Other Drugs

31. These questions are about how available certain things are to you.
- a. If you wanted to get some cigarettes, how easy would it be for you to get some?  
 Very easy       Sort of easy       Sort of hard       Very hard

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- b. If you wanted to get some alcohol (beer, wine, brandy, and mixed drinks), how easy would it be for you to get some?
- Very easy       Sort of easy       Sort of hard       Very hard
- c. If you wanted to get some marijuana, how easy would it be for you to get some?
- Very easy       Sort of easy       Sort of hard       Very hard
- d. If you wanted to get other illegal drugs such as cocaine, LSD (acid), methamphetamine (meth.), or club drugs (ecstasy, roofies), how easy would it be for you to get some?
- Very easy       Sort of easy       Sort of hard       Very hard
- e. If you wanted to get a gun, how easy would it be for you to get one?
- Very easy       Sort of easy       Sort of hard       Very hard
32. How much do you think people risk harming themselves (physically or in other ways) if they:
- a. smoke cigarettes?
- No risk at all       Slight risk       Moderate risk       Great risk
- b. use marijuana?
- No risk at all       Slight risk       Moderate risk       Great risk
- c. drink any type of alcohol?
- No risk at all       Slight risk       Moderate risk       Great risk
- d. use any other illegal drugs such as cocaine, LSD (acid), methamphetamine (meth.), or club drugs (ecstasy, roofies)?
- No risk at all       Slight risk       Moderate risk       Great risk
33. How wrong do you feel it would be for you to:
- a. smoke cigarettes?
- Not wrong at all       A little bit wrong       Wrong       Very wrong
- b. have a drink of any type of alcohol?
- Not wrong at all       A little bit wrong       Wrong       Very wrong
- c. use marijuana?
- Not wrong at all       A little bit wrong       Wrong       Very wrong
- d. use any other illegal drugs such as cocaine, LSD (acid), methamphetamine (meth.), or club drugs (ecstasy, roofies)?
- Not wrong at all       A little bit wrong       Wrong       Very wrong
- e. attack someone with the idea of seriously hurting them?
- Not wrong at all       A little bit wrong       Wrong       Very wrong

## Cigarettes, Alcohol, and Other Drugs

These next questions are about your use of tobacco, alcohol, and other drugs. Remember your answers are completely anonymous.

### 34. CIGARETTES

- a. At any time during the next year do you think you will smoke a cigarette?
- Definitely not       Probably not       Probably yes       Definitely yes

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- b. If one of your best friends offered you a cigarette, would you smoke it?  
 Definitely not       Probably not       Probably yes       Definitely yes
- c. Have you *ever* smoked part or all of a cigarette?  
 No       Yes

[Note: if student answers "No" student will skip to questions #35 (chewing tobacco)]

- d. How old were you the *first time* you smoked part or all of a cigarette?  
 8 or Younger       9       10       11       12       13  
 14       15       16       17       18       19 or older
- e. What is your *best estimate* of the number of days you smoked part or all of a cigarette during the past 30 days?  
 0 days  
 1 or 2 days  
 3 to 5 days  
 6 to 9 days  
 10 to 19 days  
 20 to 29 days  
 All 30 days

[Note: if student answers "0 days" student will skip to questions #35 (chewing tobacco)]

- f. Have you ever tried to *quit* smoking cigarettes?  
 Yes and I quit       Yes, but I still smoke       No, I never tried
- g. On the day or days you smoked cigarettes during the past 30 days, how many cigarettes did you smoke per day, on average?  
 Part of one cigarette per day  
 1 cigarette per day  
 2 to 5 cigarettes per day  
 6 to 15 cigarettes per day (about 1/2 pack)  
 16 to 25 cigarettes per day (about 1 pack)  
 26 to 35 cigarettes per day (about 1 1/2 packs)  
 More than 35 cigarettes per day (about 2 packs or more)
- h. What is your *best estimate* of the number of days you smoked part or all of a cigarette *on school property* over the past 30 days?  
 0 days  
 1 or 2 days  
 3 to 5 days  
 6 to 9 days  
 10 to 19 days  
 20 to 29 days  
 All 30 days

35. **CHEWING TOBACCO.** These next questions are about your use of *chewing tobacco* and *snuff*, sometimes called *dip*.
- a. Have you *ever* used chewing tobacco such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen or snuff (dip), even once?  
 No       Yes

[Note: if respondent answers "No", student will skip to question #36 (cigars)]

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- b. What is your *best estimate* of the number of days you used chewing tobacco or snuff during the past 30 days?
- 0 days
  - 1 or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 to 29 days
  - All 30 days

36. **CIGARS.** The next questions are about smoking cigars including big cigars, cigarillos, and small ones that look like cigarettes.

- a. Have you *ever* smoked part or all of any type of cigar?
- No
  - Yes

[Note: if student answers "No" student will skip to question #37 (alcohol)]

- b. What is your *best estimate* of the number of days you smoked part or all of a cigar during the past 30 days?
- 0 days
  - 1 or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 to 29 days
  - All 30 days

37. **ALCOHOL.** The next questions are about alcohol, such as beer, wine, brandy, and mixed drinks. We are not asking about times when you only had a sip or two from a drink or drank only for religious purposes.

Throughout these questions, by a "drink", we mean a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it.

- a. If one of your best friends offered you alcohol to drink, would you drink it?
- Definitely not
  - Probably not
  - Probably yes
  - Definitely yes
- b. Over the past 30 days, on how many days did you ride in a car or other vehicle driven by someone who had been drinking alcohol?
- 0 days
  - 1 or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 to 29 days
  - All 30 days
- c. Have you *ever*, even once, had a drink of any type of alcohol (other than just a sip or two for religious purposes)?
- No
  - Yes

[Note: if ever used question is answered "No", student will skip to question #38 (marijuana)]

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- d. Think about the *first time* you had a drink of alcohol. How old were you the *first time* you had a drink (other than just a sip)?
- 8 or Younger     9     10     11     12     13  
 14     15     16     17     18     19 or older
- e. During your life, how many times have you had at least one drink of alcohol?
- 0 times  
 1-2 times  
 3-5 times  
 6-9 times  
 10-19 times  
 20-39 times  
 40 or more times
- f. What is your *best estimate* of the number of days you drank alcohol during the past 30 days?
- 0 days  
 1 or 2 days  
 3 to 5 days  
 6 to 9 days  
 10 to 19 days  
 20 to 29 days  
 All 30 days

[Note: if student answers "0 days", student will skip to question #38 (marijuana)]

- g. During the past 30 days, on how many days did you have 5 or more drinks on the same occasion (i.e. within a couple of hours)?
- 0 days  
 1 or 2 days  
 3 to 5 days  
 6 to 9 days  
 10 to 19 days  
 20 to 29 days  
 All 30 days
- h. On the days you drink alcohol, about how many drinks do you have on average?
- Less than one  
 One  
 Two  
 Three  
 Four  
 Five  
 Six or more
- i. What is your *best estimate* of the number of days you drank alcohol *on school property* during the past 30 days?
- 0 days  
 1 or 2 days  
 3 to 5 days  
 6 to 9 days  
 10 to 19 days  
 20 to 29 days  
 All 30 days

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- j. During the past 30 days, on how many days did you drive a car or other vehicle when you had been drinking alcohol?
- 0 days
  - 1 or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 to 29 days
  - All 30 days

38. **MARIJUANA.** The next questions are about marijuana, also called weed, pot or grass. Marijuana is usually smoked, either in cigarettes, called joints, or in a pipe.

- a. If one of your best friends offered you marijuana, would you use it?
- Definitely not       Probably not       Probably yes       Definitely yes
- b. Have you ever, even once, used marijuana?
- No       Yes

[Note: If student answers "No" to "ever used" question, student will skip to question #39 (inhalants)]

- c. How old were you the *first time* you used marijuana ?
- 8 or Younger       9       10       11       12       13  
 14       15       16       17       18       19 or older
- d. What is your *best estimate* of the number of days you used marijuana during the past 30 days?
- 0 days
  - 1 or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 to 29 days
  - All 30 days

[Note: If student answers "0 days" student will skip to question #39 (inhalants)]

- e. What is your *best estimate* of the number of days you used marijuana *on school property* during the past 30 days?
- 0 days
  - 1 or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 to 29 days
  - All 30 days

39. **INHALANTS.** The next questions are about inhalants, which are liquids, sprays, and gases that some people sniff or inhale. Inhalants include things like gas in aerosol cans, gasoline, white out, glue, and marking pens.

- a. Have you ever, even once, used inhalants?
- No       Yes

[If student answers "No" to "ever used" question, student will skip to question #40 (prescription drugs)]

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- b. How old were you the *first time* you used inhalants?
- 8 or Younger     9     10     11     12     13  
 14     15     16     17     18     19 or older
- c. What is your *best estimate* of the number of days you used inhalants during the past 30 days?
- 0 days  
 1 or 2 days  
 3 to 5 days  
 6 to 9 days  
 10 to 19 days  
 20 to 29 days  
 All 30 days

### 40. PRESCRIPTION DRUGS

- a. Have you ever, even once, used prescription medication that was not prescribed for you by a doctor? (excluding "over-the-counter" medications)
- No     Yes

[If "No" student will skip to question #41 (over-the-counter)]

- b. What is your *best estimate* of the number of days in the past 30 days you used any prescription medication that was not prescribed for you by a doctor?
- 0 days  
 1 or 2 days  
 3 to 5 days  
 6 to 9 days  
 10 to 19 days  
 20 to 29 days  
 All 30 days

### 41. OVER-THE-COUNTER MEDICATIONS

- a. Have you ever, even once, used "over-the-counter" medications for non-medical reasons?
- No     Yes

[If "No" student will skip to question #42 (other drugs)]

- b. What is your *best estimate* of the number of days in the past 30 days you used any "over-the-counter" medication for non-medical reasons?
- 0 days  
 1 or 2 days  
 3 to 5 days  
 6 to 9 days  
 10 to 19 days  
 20 to 29 days  
 All 30 days

### 42. OTHER DRUGS. These questions are about cocaine (also called blow or rock), including all the different forms of cocaine such as powder, 'crack,' free base, and coca paste.

- a. Have you ever, even once, used any form of cocaine?
- No     Yes
- b. Have you ever, even once, used heroin (also called smack or H)?
- No     Yes

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- c. Have you ever, even once, used hallucinogens such as LSD (acid), PCP (angel dust), Magic Mushrooms, Mescaline, Peyote, or Psilocybin?  
 No             Yes
- d. Have you ever, even once, used methamphetamine (known as meth, crank, crystal, or ice)?  
 No             Yes
- e. Have you ever, even once, used Derbisol (also known as "DB", "derbs" and "dirt")?  
 No             Yes
- f. Have you ever, even once, used any type of club drug including MDMA (ecstasy, X, E), GHB (G), Rohypnol (roofie), and Ketamine (Special K)?  
 No             Yes
- g. Have you ever, even once, used any type of steroid that was not prescribed for you?  
 No             Yes

## Gambling

43. Have you ever gambled (for example, played poker or cards for money, bet on sports teams, bought lottery tickets or tabs, etc.)?  
 No             Yes

[If "No" student will skip to family questions - #46]

44. What is your *best estimate* of the number of days you gambled in the past 30 days?  
 0 days  
 1 or 2 days  
 3 to 5 days  
 6 to 9 days  
 10 to 19 days  
 20 to 29 days  
 All 30 days
45. What is your *best estimate* of the total amount of money you have lost by gambling?  
 \$0.00-\$5.00       \$5.00-\$20.00       \$21.00-\$50.00  
 \$51.00-\$75.00       More than \$75.00

## Your Family

46. a. My parents notice when I am doing a good job and let me know about it.  
 Strongly disagree     Disagree             Agree                 Strongly agree
- b. My parents ask me what I think before most family decisions affecting me are made.  
 Strongly disagree     Disagree             Agree                 Strongly agree
- c. My parents tell me that they are proud of me for something I have done.  
 Strongly disagree     Disagree             Agree                 Strongly agree
- d. If I had a personal problem, I could ask my mom or dad for help.  
 Strongly disagree     Disagree             Agree                 Strongly agree
- e. My parents give me lots of chances to do fun things with them.  
 Strongly disagree     Disagree             Agree                 Strongly agree

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- f. My parents ask if I have gotten my homework done.  
 Strongly disagree     Disagree     Agree     Strongly agree
47. a. How wrong would your parents feel it would be for you to smoke part or all of a cigarette?  
 Not wrong at all     A little bit wrong     Wrong     Very wrong
- b. How wrong would your parents feel it would be for you to have a drink of any type of alcohol?  
 Not wrong at all     A little bit wrong     Wrong     Very wrong
- c. How wrong would your parents feel it would be for you to use marijuana or hashish?  
 Not wrong at all     A little bit wrong     Wrong     Very wrong
- d. How wrong would your parents feel it would be for you to use any other illegal drugs like cocaine, LSD (acid), methamphetamine (meth.), or club drugs (ecstasy, roofies)?  
 Not wrong at all     A little bit wrong     Wrong     Very wrong
- e. How wrong do your parents feel it would be for you to start a physical fight?  
 Not wrong at all     A little bit wrong     Wrong     Very wrong
- f. How wrong do your parents feel it would be for you to defend yourself from a physical fight?  
 Not wrong at all     A little bit wrong     Wrong     Very wrong
48. Do you have any brothers or sisters (including step-brothers and sisters and half-brothers and sisters)?  
 No     Yes

[Note: If "NO" student will skip to question #50]

49. Have any of your brothers or sisters ever:
- a. smoked cigarettes?  
 No     Yes
- b. drunk beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?  
 No     Yes
- c. smoked marijuana?  
 No     Yes
- d. taken a gun to school?  
 No     Yes
50. Does anyone in your house smoke cigarettes or cigars (not counting yourself)?  
 No     Yes
51. Does anyone in your house use marijuana (not counting yourself)?  
 No     Yes
52. Has anyone who lives in your home, other than yourself ever had an alcohol or drug problem?  
 No     Yes
53. How often does your family quarrel or argue?  
 Never     Not very often     Some of the time     Most of the time     All of the time

## **Honesty**

54. How honest were you in filling out this survey?

- I was not honest at all
- I was honest once in a while
- I was honest some of the time
- I was honest pretty much all of the time
- I was honest all of the time

**Thanks very much for completing this survey!!!**