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Five empty rectangular boxes for identification numbers.



MISSOURI 2002 STUDENT SURVEY

Thank you for accepting the invitation to participate in this study. The questions contained in this booklet are designed to obtain your opinion about a number of things concerning you, your friends, your family, your neighborhood and your community. In a sense, many of your answers will count as "votes" on a wide range of important issues.

In order for this study to be helpful, it is important that you answer each question as thoughtfully and honestly as possible. All of your answers will be kept strictly confidential and will never be seen by anyone at your school. You will not be asked for your name. Please do not write your name in the booklet. This study is completely voluntary so you may skip any question that you do not wish to answer.

Be sure to read the instructions below before you begin to answer. Thank you very much for being an important part of this project.

INSTRUCTIONS

1. This is not a test, so there are no right or wrong answers. Your grades will not be affected.
2. All of the questions should be answered by marking one of the answer spaces. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure of what it means, just leave it blank.
3. Your answers will be read automatically by a machine called an optical mark reader. Please follow these directions carefully:

- Use a No. 2 pencil.
- Make heavy black marks inside the ovals.
- Erase cleanly any answer you wish to change.
- Make no other markings or comments on the survey pages, since they interfere with the automatic reading.
- Do NOT write your name anywhere on this booklet.

This kind of mark will work:
Correct Mark

○ ● ○ ○ ○

These kinds of marks will NOT work:
Incorrect Marks

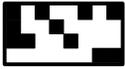
⊗ ⊖ ⊕ ⊙ ✎

SCHOOL LOCATION

The following numbers will be provided to you by the person administering the survey. Please write the numbers in the space provided and then darken the ovals corresponding to those numbers.

SCHOOL	DISTRICT	SERVICE AREA	COUNTY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0 ○ ○ ○ ○ ○ ○	0 ○ ○ ○	0 ○ ○	0 ○ ○ ○
1 ○ ○ ○ ○ ○ ○	1 ○ ○ ○	1 ○ ○	1 ○ ○ ○
2 ○ ○ ○ ○ ○ ○	2 ○ ○ ○	2 ○ ○	2 ○ ○ ○
3 ○ ○ ○ ○ ○ ○	3 ○ ○ ○	3 ○ ○	3 ○ ○ ○
4 ○ ○ ○ ○ ○ ○	4 ○ ○ ○	4 ○ ○	4 ○ ○ ○
5 ○ ○ ○ ○ ○ ○	5 ○ ○ ○	5 ○ ○	5 ○ ○ ○
6 ○ ○ ○ ○ ○ ○	6 ○ ○ ○	6 ○ ○	6 ○ ○ ○
7 ○ ○ ○ ○ ○ ○	7 ○ ○ ○	7 ○ ○	7 ○ ○ ○
8 ○ ○ ○ ○ ○ ○	8 ○ ○ ○	8 ○ ○	8 ○ ○ ○
9 ○ ○ ○ ○ ○ ○	9 ○ ○ ○	9 ○ ○	9 ○ ○ ○





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25. How often do you feel that the school work you are assigned is meaningful and important?
 Never Sometimes Almost Always
 Seldom Often
26. How interesting are most of your courses to you?
 Very interesting and stimulating Slightly dull
 Quite interesting Very dull
 Fairly interesting
27. How important do you think the things you are learning in school are going to be for you later in life?
 Very important Slightly important
 Quite important Not at all important
 Fairly important

28. Now thinking back over the past year in school, how often did you:

	Never	Seldom	Some-times	Often	Almost Always
a. enjoy being in school?	<input type="radio"/>				
b. hate being in school?	<input type="radio"/>				
c. try to do your best work in school?	<input type="radio"/>				

PEER INFLUENCES

29. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:

	None	1	2	3	4
a. smoked cigarettes?	<input type="radio"/>				
b. tried beer, wine, or hard liquor (for example, vodka, whisky, or gin) when their parents didn't know about it?	<input type="radio"/>				
c. used marijuana?	<input type="radio"/>				
d. used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="radio"/>				
e. been suspended from school?	<input type="radio"/>				
f. carried a handgun (other than for hunting or sport)?	<input type="radio"/>				
g. sold illegal drugs?	<input type="radio"/>				
h. stolen or tried to steal a motor vehicle such as a car or a motorcycle?	<input type="radio"/>				
i. been arrested?	<input type="radio"/>				
j. dropped out of school?	<input type="radio"/>				
k. been members of a gang?	<input type="radio"/>				

30. How old were you when you first:

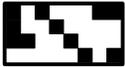
	10 or Younger	11	12	13	14	15	16	17 or older
a. smoked marijuana?	<input type="radio"/>							
b. smoked a cigarette, even just a puff?	<input type="radio"/>							
c. had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<input type="radio"/>							
d. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="radio"/>							
e. got suspended from school?	<input type="radio"/>							
f. got arrested?	<input type="radio"/>							
g. carried a handgun (other than for hunting or sport)?	<input type="radio"/>							
h. attacked someone with the idea of seriously hurting them?	<input type="radio"/>							
i. belonged to a gang?	<input type="radio"/>							

31. How wrong do you think it is for someone your age to:

	Very Wrong	Wrong	A Little Bit Wrong	Not Wrong at All
a. take a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. steal anything worth more than \$5.00?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. attack someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. stay away from school all day when their parents think they are at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. drink beer, wine, or hard liquor (for example: vodka, whiskey, or gin) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. use LSD, cocaine, amphetamines, or another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	NO!	no	yes	YES!
48. It is important to think before you act.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Do you have to have everything right away?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Do you often switch from activity to activity rather than sticking to one at a time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. I often do things without thinking about what will happen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. How much do you think people risk harming themselves (physically or in other ways) if they:

- a. Smoke one or more packs of cigarettes per day?
- b. Try marijuana once or twice?
- c. Smoke marijuana regularly?
- d. Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?

	No risk	Slight risk	Moderate risk	Great risk
a.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DRUG/ALCOHOL USAGE

53. Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, or chewing tobacco)?

- Never
- Regularly in the past
- Once or twice
- Regularly now
- Once in a while but not regularly

54. How frequently have you used smokeless tobacco during the past 30 days?

- Never
- Regularly in the past
- Once or twice
- Regularly now
- Once in a while but not regularly

55. Have you ever smoked cigarettes?

- Never
- Regularly in the past
- Once or twice
- Regularly now
- Once in a while but not regularly

56. How frequently have you smoked cigarettes during the past 30 days?

- Not at all
- Less than one cigarette per day
- One to five cigarettes per day
- About one-half pack per day
- About one pack per day
- About one and one-half packs per day
- Two packs or more per day

57. On how many occasions (if any) have you had beer, wine, or hard liquor to drink in your lifetime? (More than just a few sips.)

- 0 occasions
- 10 - 19 occasions
- 1 - 2 occasions
- 20 - 39 occasions
- 3 - 5 occasions
- 40 or more occasions
- 6 - 9 occasions

58. On how many occasions (if any) have you had beer, wine, or hard liquor during the past 30 days?

- 0 occasions
- 10 - 19 occasions
- 1 - 2 occasions
- 20 - 39 occasions
- 3 - 5 occasions
- 40 or more occasions
- 6 - 9 occasions

59. Think back over the last two weeks. On how many days did you have five or more alcoholic drinks at the same time or within a couple of hours of each other?

- 0 occasions
- 10 - 19 occasions
- 1 - 2 occasions
- 20 - 39 occasions
- 3 - 5 occasions
- 40 or more occasions
- 6 - 9 occasions

60. On how many occasions (if any) have you used marijuana in your lifetime?

- 0 occasions
- 10 - 19 occasions
- 1 - 2 occasions
- 20 - 39 occasions
- 3 - 5 occasions
- 40 or more occasions
- 6 - 9 occasions

61. On how many occasions (if any) have you used marijuana during the past 30 days?

- 0 occasions
- 10 - 19 occasions
- 1 - 2 occasions
- 20 - 39 occasions
- 3 - 5 occasions
- 40 or more occasions
- 6 - 9 occasions

62. On how many occasions (if any) have you used LSD or other psychedelics in your lifetime?

- 0 occasions
- 10 - 19 occasions
- 1 - 2 occasions
- 20 - 39 occasions
- 3 - 5 occasions
- 40 or more occasions
- 6 - 9 occasions

63. On how many occasions (if any) have you used LSD or other psychedelics during the past 30 days?

- 0 occasions
- 10 - 19 occasions
- 1 - 2 occasions
- 20 - 39 occasions
- 3 - 5 occasions
- 40 or more occasions
- 6 - 9 occasions

64. On how many occasions (if any) have you used cocaine or crack in your lifetime?

- 0 occasions
- 10 - 19 occasions
- 1 - 2 occasions
- 20 - 39 occasions
- 3 - 5 occasions
- 40 or more occasions
- 6 - 9 occasions

65. On how many occasions (if any) have you used cocaine or crack during the past 30 days?

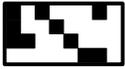
- 0 occasions
- 10 - 19 occasions
- 1 - 2 occasions
- 20 - 39 occasions
- 3 - 5 occasions
- 40 or more occasions
- 6 - 9 occasions

66. On how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in your lifetime?

- 0 occasions
- 10 - 19 occasions
- 1 - 2 occasions
- 20 - 39 occasions
- 3 - 5 occasions
- 40 or more occasions
- 6 - 9 occasions

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67. On how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high during the past 30 days?

- 0 occasions, 1-2 occasions, 3-5 occasions, 6-9 occasions, 10-19 occasions, 20-39 occasions, 40 or more occasions

68. On how many occasions (if any) have you taken speed, amphetamines, or meth in your lifetime?

- 0 occasions, 1-2 occasions, 3-5 occasions, 6-9 occasions, 10-19 occasions, 20-39 occasions, 40 or more occasions

69. On how many occasions (if any) have you taken speed, amphetamines, or meth during the past 30 days?

- 0 occasions, 1-2 occasions, 3-5 occasions, 6-9 occasions, 10-19 occasions, 20-39 occasions, 40 or more occasions

70. On how many occasions (if any) have you used derbisol in your lifetime?

- 0 occasions, 1-2 occasions, 3-5 occasions, 6-9 occasions, 10-19 occasions, 20-39 occasions, 40 or more occasions

71. On how many occasions (if any) have you used derbisol during the past 30 days?

- 0 occasions, 1-2 occasions, 3-5 occasions, 6-9 occasions, 10-19 occasions, 20-39 occasions, 40 or more occasions

72. On how many occasions (if any) have you used other illegal drugs in your lifetime?

- 0 occasions, 1-2 occasions, 3-5 occasions, 6-9 occasions, 10-19 occasions, 20-39 occasions, 40 or more occasions

73. On how many occasions (if any) have you used other illegal drugs during the past 30 days?

- 0 occasions, 1-2 occasions, 3-5 occasions, 6-9 occasions, 10-19 occasions, 20-39 occasions, 40 or more occasions

COMMUNITY-BASED PERCEPTIONS

74. If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?

- Very hard, Sort of easy, Sort of hard, Very easy

75. If you wanted to get some cigarettes, how easy would it be for you to get some?

- Very hard, Sort of easy, Sort of hard, Very easy

76. If a kid smoked marijuana in your neighborhood, or the area around where you live, would he or she be caught by the police?

- NO!, no, yes, YES!

77. If you wanted to get drugs like cocaine, LSD, or amphetamines, how easy would it be for you to get some?

- Very hard, Sort of easy, Sort of hard, Very easy

78. 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?

- NO!, no, yes, YES!

79. If you wanted to get a handgun, how easy would it be for you to get one?

- Very hard, Sort of easy, Sort of hard, Very easy

80. If a kid illegally carried a handgun in your neighborhood, or the area around where you live, would he or she be caught by the police?

- NO!, no, yes, YES!

81. If you wanted to get some marijuana, how easy would it be for you to get some?

- Very hard, Sort of easy, Sort of hard, Very easy

82. If a kid smoked cigarettes in your neighborhood, or the area around where you live, would he or she be caught by the police?

- NO!, no, yes, YES!

83. How wrong would most adults in your neighborhood, or the area around where you live, think it is for kids your age:

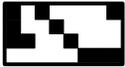
Table with 4 columns: Very Wrong, Wrong, A little Bit Wrong, Not Wrong at All. Rows: a. to use marijuana?, b. to drink alcohol?, c. to smoke cigarettes?

84. About how many adults have you known personally who in the past year have:

- a. used marijuana, crack, cocaine, or other drugs? (None, 1 adult, 2 adults, 3 or 4 adults, 5 or more adults)
b. sold or dealt drugs? (None, 1 adult, 2 adults, 3 or 4 adults, 5 or more adults)
c. done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.? (None, 1 adult, 2 adults, 3 or 4 adults, 5 or more adults)
d. gotten drunk or high? (None, 1 adult, 2 adults, 3 or 4 adults, 5 or more adults)

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NO!	no	yes	YES!
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

85. If I had to move, I would miss the neighborhood I now live in.

86. My neighbors notice when I am doing a good job and let me know about it.

87. I like my neighborhood, or the area around where I live.

88. There are a lot of adults in my neighborhood I could talk to about something important.

89. How much do each of the following statements describe your neighborhood, or the area around where you live?

NO!	no	yes	YES!
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

a. crime and/or drug selling

b. fights

c. lots of empty or abandoned buildings

d. lots of graffiti

90. People move in and out of my neighborhood a lot.

NO! no yes YES!

91. How many times have you changed homes since kindergarten?

Never 3 - 4 times 7 or more times
 1 - 2 times 5 - 6 times

92. There are people in my neighborhood, or the area around where I live, who are proud of me when I do something well.

NO! no yes YES!

93. Which of the following activities for people your age are available in your community?

a. sports teams Yes No

b. scouting Yes No

c. boys and girls clubs Yes No

d. 4-H clubs Yes No

e. service clubs Yes No

94. Have you changed schools in the past year (the last 12 months)?

No Yes

95. I feel safe in my neighborhood, or the area around where I live.

NO! no yes YES!

96. How many times have you changed schools since kindergarten?

Never 3 - 4 times 7 or more times
 1 - 2 times 5 - 6 times

97. I would like to get out of my neighborhood, or the area around where I live.

NO! no yes YES!

98. Have you changed homes in the past year (the last 12 months)?

No Yes

99. There are people in my neighborhood, or the area around where I live, who encourage me to do my best.

NO! no yes YES!

THE NEXT FEW QUESTIONS ASK ABOUT YOUR FAMILY. For the following questions, if you consider more than one person your "father" or "mother" (e.g. a step-parent or foster parent), please answer these questions of the father or mother you currently live with MOST of the time.

100. How wrong do your parents feel it would be for you to:

	Very Wrong	Wrong	A little Bit Wrong	Not Wrong at All
a. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. steal anything worth more than \$5.00?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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101. Have any of your brothers or sisters ever:
- a. Drunk beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
 No Yes I don't have any brothers or sisters
 - b. smoked marijuana?
 No Yes I don't have any brothers or sisters
 - c. smoked cigarettes?
 No Yes I don't have any brothers or sisters
 - d. taken a ~~handgun~~ to school?
 No Yes I don't have any brothers or sisters
 - e. been suspended or expelled from school?
 No Yes I don't have any brothers or sisters

102. The rules in my family are clear.
 NO! no yes YES!

103. Has anyone in your family ever had a severe alcohol or drug problem?
 No Yes

	NO!	no	yes	YES!
104. People in my family often insult or yell at each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. When I am not at home, one of my parents knows where I am and who I am with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. We argue about the same things in my family over and over.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. My parents want me to call if I am going to be late getting home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. If you drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109. My family has clear rules about alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. If you carried a handgun without your parents' permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. If you skipped school without your parents' permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

112. My parents notice when I am doing a good job and let me know about it.
 Never or almost never Often
 Sometimes All the time

113. Do you feel very close to your mother?
114. Do you share your thoughts and feelings with your mother?
115. My parents ask me what I think before most family decisions affecting me are made.
116. How often do your parents tell you that they are proud of you for something you have done?
 Never or almost never Often
 Sometimes All the time

	NO!	no	yes	YES!
113. Do you feel very close to your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. Do you share your thoughts and feelings with your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. My parents ask me what I think before most family decisions affecting me are made.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

117. Do you share thoughts and feelings with your father?
118. Do you enjoy spending time with your mother?
119. Do you enjoy spending time with your father?
120. If I had a personal problem, I could ask my mom or dad for help.
121. Do you feel very close to your father?
122. My parents give me lots of chances to do fun things with them.
123. My parents ask if I have gotten my homework done.
124. People in my family have serious arguments.
125. Would your parents know if you did not come home on time?

	NO!	no	yes	YES!
117. Do you share thoughts and feelings with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. Do you enjoy spending time with your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. Do you enjoy spending time with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. If I had a personal problem, I could ask my mom or dad for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
121. Do you feel very close to your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. My parents give me lots of chances to do fun things with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. My parents ask if I have gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. People in my family have serious arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. Would your parents know if you did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

126. How important were these questions?
 Not too important Important
 Fairly important Very important

127. How honest were you in filling out this survey?
 I was very honest
 I was honest pretty much of the time
 I was honest some of the time
 I was honest once in a while
 I was not honest at all

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