

A. Tell Us About Yourself

1. Are you (fill in the circle for only one):

- Male
- Female

2. Fill in the circle for the year you were born.

- 1986
- 1987
- 1988
- 1989

3. Fill in the circle for the month you were born.

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

4. Choose the category that best describes you (select only one):

- Latino/Hispanic
- Black/African American
- Asian
- Native American/American Indian
- White
- Two or more of the above categories
- Other (please specify): _____

5. With whom do you currently live? Fill in all that apply. If there is more than one person in a category, put the number of people in that category in the boxes provided to the right of the relationship category.

- | | | |
|--|---|----------------------|
| <input type="radio"/> Mother | <input type="radio"/> Husband or wife | |
| <input type="radio"/> Father | <input type="radio"/> Own child | <input type="text"/> |
| <input type="radio"/> Stepmother | <input type="radio"/> Stepbrother or stepsister | <input type="text"/> |
| <input type="radio"/> Stepfather | <input type="radio"/> Other relative | <input type="text"/> |
| <input type="radio"/> Brother <input type="text"/> | <input type="radio"/> Boyfriend or girlfriend | |
| <input type="radio"/> Sister <input type="text"/> | <input type="radio"/> Friend | <input type="text"/> |

6. Have you lived with both natural parents (biological or adoptive) since birth?

- Yes
- No ⇒ If no, what was the reason?
 - Death of a parent
 - Separation or divorce of parents
 - Other reason

7. Were you born in this country?

- Yes
- No ⇒ If no, please answer the questions below:

In what country were you born? (list country name) _____

How old were you when you came to the United States? years old

How many years of schooling did you have before you arrived? years of schooling

8. Are you a citizen of the United States?

- Yes
- No

9. Thinking about your natural parents (biological or adoptive), answer the following questions.

| | Father | Mother |
|--|--|--|
| Were your parents born in the U.S.? If not born in the U.S., write in the country where they were born. How old were your parents when they arrived in the U.S.? | <input type="radio"/> Yes <input type="radio"/> No _____ <input type="text"/> <input type="text"/> years old | <input type="radio"/> Yes <input type="radio"/> No _____ <input type="text"/> <input type="text"/> years old |
| Do your parents regularly speak a language other than English at home? If they speak a language other than English at home, write in the language spoken. | <input type="radio"/> Yes <input type="radio"/> No _____ | <input type="radio"/> Yes <input type="radio"/> No _____ |
| Are your parents citizens of the U.S.? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

Computer and Internet Use

10. Where do you use computers and the Internet?

| Place | Computer | | Internet | |
|----------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Yes | No | Yes | No |
| Home | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| School | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Local library | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Friend's house | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other place | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I don't use | <input type="radio"/> | | <input type="radio"/> | |

11. Why do you use a computer and the Internet?

| | Computer | | Internet | | Hours/Week |
|--|-----------------------|-----------------------|-----------------------|-----------------------|---|
| | Yes | No | Yes | No | |
| School work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input style="width: 30px; height: 20px;" type="text"/> |
| Look for schools/educational opportunities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input style="width: 30px; height: 20px;" type="text"/> |
| Games | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input style="width: 30px; height: 20px;" type="text"/> |
| Communicate with friends | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input style="width: 30px; height: 20px;" type="text"/> |

B. Tell Us About Your School Plans

1. How far do you want to go in school? (select only one)
 - I don't want to finish high school
 - I want to graduate from high school
 - I want to go to vocational, trade, or business school after high school
 - I want to graduate from a 2-year community college
 - I want to graduate from a 4-year college or more

2. What could prevent you from going as far in school as you would like? (select all that apply)
 - Nothing
 - It costs too much
 - My parents/guardians don't want me to go far in school
 - I need to work after high school
 - I'm not smart enough
 - I don't have good enough grades
 - I don't want to work hard enough
 - I have family responsibilities
 - My health problems
 - Other reason (please specify): _____

3. Using the scale below, indicate how disappointed you think your parents would be if:

| | Mother | | | | Father | | | |
|--|-------------------------|-----------------------|-----------------------|-----------------------|-------------------------|-----------------------|-----------------------|-----------------------|
| | Not at all disappointed | | Very disappointed | | Not at all disappointed | | Very disappointed | |
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| | ← | | → | | ← | | → | |
| you didn't graduate from high school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| you didn't attend a vocational or training school after high school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| you didn't graduate from college? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

C. Tell Us What Your Expectations Are

1. What kind of job do you want to have when you are 30 years old?

2. How sure are you that you will be doing this kind of job? (select only one)

- Very sure
- Somewhat sure
- Somewhat unsure
- Not sure at all

3. How much education do you think you need for the job you expect to have when you are 30 years old? (select only one)

- No high school
- Some high school
- High school diploma
- Less than two years of vocational, trade or business school
- Two years or more of vocational, trade or business school
- A degree or certificate from a vocational, trade or business school
- Some college education
- 2-year college degree
- 4- or 5-year college degree
- Graduate degree (Master's or Ph.D.)
- Professional degree (J.D. or M.D.)
- Not planning to work

4. How often do you talk to the following people about your **educational or career goals**?

| | Never | Occasionally | Often | All the time |
|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Your father | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your mother | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Another relative | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A guidance counselor or teacher | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Friends or relatives your own age | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| An unrelated adult you respect | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

5. Where do you WANT to live when you are 30 years old? (select only one)

- Same town as now
- Nearby town
- Somewhere else in rural Pennsylvania
- Small city in Pennsylvania (e.g., Williamsport, Lancaster, Altoona, Franklin, etc.)
- Large city in Pennsylvania (e.g., Erie, Harrisburg, Pittsburgh, Philadelphia, etc.)
- Small city in another state
- Large city in another state (e.g., Los Angeles, Chicago, New York, Miami, etc.)
- Rural area in another state
- Another country (Canada, Mexico, etc.)
- I don't know

6. If you have a preference, where exactly do you WANT to live when you are 30 years old?

7. Where or from whom did you learn about the area in which you want to live?

8. How often do you talk to the following people about where you hope to live as an adult?

| | Never | Occasionally | Often | All the time |
|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Your father | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your mother | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Another relative | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A guidance counselor or teacher | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Friends or relatives your own age | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| An unrelated adult you respect | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

9. Do you think the people in your community are trying to make your community a better place for people your age to live?

- Yes
- No
- I don't know

10. How much do you like living in the town/community where you currently live?

- A lot
- Some
- A little
- Not at all

11. In the left column fill in the circle to indicate how satisfied you are with the resources in your **current community**. Next, in the right column, indicate how important these resources would be in your **ideal community**.

| How SATISFIED are you with these in your <u>current</u> community? | | | | Community Resources | How IMPORTANT are these for selecting where you <u>want</u> to live? | | | |
|---|-----------------------|-----------------------|-----------------------|---|---|-----------------------|-----------------------|-----------------------|
| Very Dissatisfied | Somewhat Dissatisfied | Generally Satisfied | Very Satisfied | | Not at all Important | Somewhat Important | Important | Very Important |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Good paying jobs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Clean environment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Places for teenagers to hang out | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Quality schools and teachers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Good library, bookstores | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Good stores and shopping facilities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Cultural opportunities, such as concerts and museums | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Lots of places to eat out | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Many chances to get ahead | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Indoor entertainment (like movies, bowling, video arcades) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Agencies to help people solve problems | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Land that can be used for hiking, hunting, and other recreation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Access to high-speed Internet connection at home | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Cell phone coverage | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Organized outdoor recreation activities (softball, soccer, football, tennis, track) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | People in the community work together | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Community values its youth | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

D. Your School and Community Activities

1. Are you participating in any of the following activities during the current school year?

| School Clubs/Activities | Yes | No |
|---|-----------------------|-----------------------|
| Student newspaper or yearbook | <input type="radio"/> | <input type="radio"/> |
| School sports team (including intramural, cheer leading) | <input type="radio"/> | <input type="radio"/> |
| School music, art, or dance clubs/activities | <input type="radio"/> | <input type="radio"/> |
| Student council | <input type="radio"/> | <input type="radio"/> |
| Other school clubs (science/math, computer, debate, newspaper/yearbook, foreign language, etc.) | <input type="radio"/> | <input type="radio"/> |
| Other school activity | <input type="radio"/> | <input type="radio"/> |
| Community Clubs/Activities | Yes | No |
| Religious or church youth group | <input type="radio"/> | <input type="radio"/> |
| Community sports team (including Little League, gymnastics, soccer, basketball, swimming, etc.) | <input type="radio"/> | <input type="radio"/> |
| 4-H, grange or other agricultural club | <input type="radio"/> | <input type="radio"/> |
| Boy scouts or girl scouts, other club or organization | <input type="radio"/> | <input type="radio"/> |
| Hunting, scouting, or any other activity | <input type="radio"/> | <input type="radio"/> |
| Youth leadership programs (e.g., PULSE) | <input type="radio"/> | <input type="radio"/> |
| Any volunteer work in your community or community service | <input type="radio"/> | <input type="radio"/> |
| Other community activity | <input type="radio"/> | <input type="radio"/> |

2. If you are not involved in school or community activities, what are some of the reasons? (Select all that apply)

- I don't want to be involved in any activities
- I'm not interested in the activities available
- Difficult to get transportation
- Activities cost too much money
- Parents won't allow me to participate
- I have other responsibilities that take up my time (i.e., school work, job, helping around the house)
- There are few or no activities available in my school
- There are few or no activities available in my community
- Health problem(s)
- I don't feel accepted by others in the activity
- Other (please specify): _____

E. Your Attitudes

1. Please indicate how important each of the following is to you in your life by filling in the circle that best reflects how you feel.

| | Not Important | Somewhat Important | Important | Very Important |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Being successful in my line of work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Having lots of money | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Having strong friendships | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Being able to find steady work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Helping other people in my community | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Being able to give my children better opportunities than I've had | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Living close to parents | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Living close to relatives | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Getting away from this community | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Having children | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Having leisure time to enjoy my own interests | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Getting a good education | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Living close to friends | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2. Please indicate how much you agree with each of the following statements by filling in the circle that best reflects how you feel.

| | Strongly Disagree | Disagree | Agree | Strongly Agree |
|---|--------------------------|-----------------------|-----------------------|-----------------------|
| This area is a good place to raise a family | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Religious or spiritual beliefs are important in my day-to-day life | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I can stay in this area and get a good education | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I could get a good job in this area when I'm an adult | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There are enough jobs in this area for the people who want them. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I will need to move away to get the education I want | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I want to get married and have a family when I'm an adult | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I would have to move away to get the job I want | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My family can afford to buy the things that other families can buy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I like my school very much | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have plans for my future | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I think good things are going to happen to me in the future | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Everyone knows your business in this community | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| People in this community don't like you if you are different | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| It takes a long time for people in this community to accept newcomers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My parents want me to stay in this community | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My family feels it is part of this community | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel that it is difficult to make it in the world today | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| People in this community trust people my age | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3. Next, we want to ask you about the age you expect you will do the following adult activities. If you never expect to do some of these, just leave that item blank.

| At what age do you expect to... | Age in Years | | |
|--|----------------------|----------------------|----------------------|
| Move out of your parents home and get your own place to live. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Start your first real full-time job. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Completely finish schooling. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Live together with a boyfriend or girlfriend, but not get married. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Get married. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Have a child. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Get divorced. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Binge drinking (drink five or more alcoholic drinks at one time) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Go to jail. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Be financially independent from your parents. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Make independent decisions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |

F. Your Feelings

1. For each of the following statements, please fill in the circle that best describes how often you have felt these emotions in the **past month**.

| | None of the time | Some of the time | Most of the time | All of the time |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Very nervous or anxious | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Calm and peaceful | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Downhearted and blue | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Happy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Confident of what I was doing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Overwhelmed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| So down in the dumps that nothing could cheer me up | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

G. Tell Us About Your Parents/Family

1. What is the highest level of education your mother/father reached? Select only one choice for each parent.

| Mother | Father |
|---|---|
| <input type="radio"/> Did not finish high school <input type="radio"/> Finished high school <input type="radio"/> Went to school after high school, but not college <input type="radio"/> Went to college, but did not graduate <input type="radio"/> Graduated from college or more <input type="radio"/> He/She went to school, but I don't know how far | <input type="radio"/> Did not finish high school <input type="radio"/> Finished high school <input type="radio"/> Went to school after high school, but not college <input type="radio"/> Went to college, but did not graduate <input type="radio"/> Graduated from college or more <input type="radio"/> He/She went to school, but I don't know how far |

2. Does your mother/father work outside the home for pay? Select only one choice for each parent. If you don't know this information about a parent, just leave their column blank.

| Mother | Father |
|---|---|
| <input type="radio"/> Yes, at a full-time job <input type="radio"/> Yes, at a part-time job <input type="radio"/> Not working now, but looking for a job <input type="radio"/> Does not have a job | <input type="radio"/> Yes, at a full-time job <input type="radio"/> Yes, at a part-time job <input type="radio"/> Not working now, but looking for a job <input type="radio"/> Does not have a job |

3. What kind of job does your **father** do?

4. What kind of job does your **mother** do?

5. Please indicate if your parents are involved in any of the following community activities. If you don't know this information about a parent, select the "Don't Know" category.

| | Mother | | | Father | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Yes | No | Don't Know | Yes | No | Don't Know |
| My school (volunteers in my class, PTO or PTA) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Our church | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Civic organizations (i.e., Lions or Rotary Club) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Local government, as an elected official or serving on local government committees | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Any volunteer group in the community (i.e., hospital or community health services, senior center, youth center, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

6. How satisfied are you with the quality of your...

| | Very Satisfied | Satisfied | Dissatisfied | Very Dissatisfied |
|-----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Family life | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family's economic situation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Now we would like to ask you about some of the family obligations that you may feel are important.

7. In general, how important is it to **YOU** that you:

| | Not Important | Somewhat Important | Important | Very Important |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Treat your parents with respect | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do well for the sake of your family | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Follow your parents' advice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Make sacrifices for your family | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Help your parents financially in the future | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Help your parents financially now | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Live near your parents when you are an adult | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Have your parents live with you when they get older | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Make your parents happy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. How often do **YOU** think you should do the following?

| | Never | Almost Never | Sometimes | Frequently | Always |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Spend time at home with your family | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Help with chores outside the home (i.e., going to the store for the family) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Help out around the house | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Eat meals with your family | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

9. How often do each of the following occur?

| | Never | Almost Never | Sometimes | Frequently | Always |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| My parents need my help with the work or finances | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Responsibilities at home get in the way of my schoolwork | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My parents expect me to spend free time helping around the house | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My parents need my help taking care of family members | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My parents need my help translating to English for them | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

H. Your School Experiences

1. What kind of grades did you get in school last year? (select only one response)

- Mostly A's
- A's and B's
- Mostly B's
- B's and C's
- Mostly C's
- C's and D's
- Mostly D's
- D's and F's

2. What type of high school program are you enrolled in? (select only one response)

- General high school program
- College prep, academic, or specialized academic (such as science or math)
- Vocational, technical, or business and career
- Agricultural education
- Other specialized high school program (such as Fine Arts)
- Alternative, stay-in-school, or dropout prevention program
- I don't know

3. Please indicate how much you agree with each of the following statements about your school and teachers.

| | Strongly Disagree | Disagree | Agree | Strongly Agree |
|---|--------------------------|-----------------------|-----------------------|-----------------------|
| The students get along well with teachers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Most students are active in at least one club, sport, or other school activity. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Discipline and rules are fair. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The parents are involved in the school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Disruptive students get in the way of learning. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Most of my teachers care about me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I get bullied by other students at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I like school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel safe at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My school is preparing me for my future. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. Please think about the **past month** when answering the following questions.

| | None | 1-2 | 3-4 | 5 or more |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| During the past month, how many total days of school have you been absent for ANY reason? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| During the past month, how many of these absences were because you were home sick? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| During the past month, how many times were you late for school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

I. Your Relationship With Your Family

1. Thinking about your relationship with your **mother**, tell us how much you agree or disagree with the following statements.

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I turn to my mother for advice and support. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| When I'm an adult, I want to be like my mother. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My mother accepts me no matter what I do. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My mother is very important to me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel close to my mother. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have a lot of respect for my mother. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My mother is the kind of person other people respect. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I really enjoy spending time with my mother. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sometimes I think my mother doesn't like me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2. Thinking about your relationship with your **father**, tell us how much you agree or disagree with the following statements.

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I turn to my father for advice and support. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| When I'm an adult, I want to be like my father. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My father accepts me no matter what I do. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My father is very important to me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel close to my father. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have a lot of respect for my father. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My father is the kind of person other people respect. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I really enjoy spending time with my father. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sometimes I think my father doesn't like me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3. Thinking about the things you have done with your parents **in the past month**, answer the following questions.

| | Mother | | Father | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| | Yes | No | Yes | No |
| Have you gone to your mother/father for advice and support? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Have you had a serious argument with your mother/father about your behavior? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Have you talked with your mother/father about your school work or grades? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Have you worked on a school project together with your mother/father? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Have you talked with your mother/father about other things you're doing in school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. Please think about how often you did the following things in the **past week**.

| | Not at all | 1 time | 2 times | 3 or more |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| How many times did you do chores around the house? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How many times did you just hang out with friends? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How many times did you play an active sport or exercise (such as basketball, swimming, or biking)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How many times did you go out without your parents knowing where you really were? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How many times did you have friends over to your house when an adult was not present? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How many times did you go to a friend's house when an adult was not present? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

5. In the past TWO YEARS, has your family ever received public assistance, such as welfare or TANF?

- Yes
- No
- I don't know

6. Lots of things happen in families that may affect young people. In the **last 2 years**, have any of the following happened to your family? Fill in the circle for all that happened in your family.
- My family moved to a new home
 - My parents got divorced or separated
 - One (or both) of my parents got remarried
 - One (or both) of my parents lost his/her job
 - One (or both) of my parents started to work
 - One (or both) of my parents got a better job
 - I became seriously ill or disabled
 - One of my parents died
 - A close relative died
 - One of my brothers or sisters dropped out of school
 - A family member became seriously ill
 - A member of my family was the victim of a crime
 - My parents fought a lot

J. Tell Us Your Thoughts on the Following

1. How wrong do you feel it would be for students in your grade to do the following things?

| | Not at all wrong | A little wrong | Wrong | Very wrong |
|---|-------------------------|-----------------------|-----------------------|-----------------------|
| Lie to their parents or guardians about where they had been or with whom. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hurt someone badly enough to need bandages or care. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Act loud, rowdy, or unruly in a public place. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Smoke cigarettes. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Get drunk. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Smoke marijuana (pot, grass) or take other drugs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Bully other kids. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2. Of your four closest friends, how many do the following?

| | None | 1 | 2 | 3 | 4 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Cut classes or skip school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do volunteer work. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Use marijuana (pot, grass) or other drugs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Get drunk at least once a month. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Go to church on a regular basis. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Participate in organized sports, clubs, or school activities. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Plan to go to college. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Smoke cigarettes. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Talk about moving away when they are adults. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Talk about dropping out of high school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Bully other kids. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3 How many times did you change schools in the past two years because your family moved?

times