

Boys & Girls Clubs of America National Teen (age 13+) Survey

Thank you very much for taking this survey today! Your opinion is important to us and we appreciate your time.

This survey is designed to find out about you, your opinions, and your experiences. Your answers will help make the Boys & Girls Club more interesting and enjoyable for you and others like you. So please answer honestly.

You can answer honestly because your survey won't have your name on it, and nobody seeing the survey will know your name. This means your answers will never be shared with your parents, friends, or anyone in your Club. Your answers will be kept confidential and used to better understand Boys & Girls Clubs and their members.

Remember, there are no right or wrong answers -- only your opinion and your experiences. If any question makes you feel uncomfortable, you don't have to answer it. Just skip it and go to the next question.

Thanks again!

REMINDER: If any question makes you feel uncomfortable, you don't have to answer it. Just skip it and go to the next question.

PLEASE WRITE YOUR INFORMATION IN THE SPACE PROVIDED - see example below.

WHAT IS YOUR CLUB MEMBER ID NUMBER?

EXAMPLE: 55234

ID								5	5	3	3	4
----	--	--	--	--	--	--	--	---	---	---	---	---

WHAT IS YOUR BIRTH DATE? In the first two spaces, fill in the month (for example, 01 for January or 11 for November); in the second two spaces, fill in the day (for example, 02 for the 2nd and 15 for the 15th); in the last four spaces, fill in the year you were born (for example, 1999 or 1991).

Example below is April 23, 1999.

Birth date	M	M	D	D	Y	Y	Y	Y	0	4	2	3	1	9	9	9
------------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

(please mark the appropriate box - example [X])

WHAT GRADE ARE YOU IN?

- | | |
|----------------------------|---|
| <input type="radio"/> 6TH | <input type="radio"/> 11TH |
| <input type="radio"/> 7TH | <input type="radio"/> 12TH |
| <input type="radio"/> 8TH | <input type="radio"/> College |
| <input type="radio"/> 9TH | <input type="radio"/> Not currently in school |
| <input type="radio"/> 10TH | |

ARE YOU A...?

- BOY
 GIRL

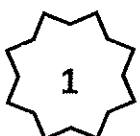
WHAT IS YOUR RACE/ETHNICITY? (Please choose all that apply to you)

- | | |
|---|--|
| <input type="radio"/> AMERICAN INDIAN OR ALASKAN NATIVE | <input type="radio"/> NATIVE HAWIIAN OR PACIFIC ISLANDER |
| <input type="radio"/> ASIAN | <input type="radio"/> WHITE |
| <input type="radio"/> BLACK, AFRICAN-AMERICAN | <input type="radio"/> HISPANIC/LATINO |
| <input type="radio"/> Other | <input type="radio"/> I don't want to say |

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THIS FIRST GROUP OF QUESTIONS ASKS ABOUT YOUR EXPERIENCES IN THE CLUB. WE ARE TRYING TO UNDERSTAND HOW YOUNG PEOPLE IN BOYS & GIRLS CLUBS SPEND THEIR TIME AND WHAT THEY THINK ABOUT A VARIETY OF THINGS. THERE ARE NO RIGHT OR WRONG ANSWERS. WE ARE JUST LOOKING FOR YOUR OPINIONS.

(please mark the appropriate box - example [X])



1 ABOUT HOW MANY STAFF AT THE BOYS & GIRLS CLUB: (please choose one answer for each statement)

	None	One	Two or Three	More than Three
a. Pay attention to what's going on in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Could you go to for help in a crisis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Say something nice to you when you do something good?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Would say something to you if something in your life wasn't going right?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Could you go to if you need advice about personal problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Could you talk to if you are upset or mad about something?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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WE ARE INTERESTED IN YOUR OPINION ABOUT THE BOYS & GIRLS CLUB. HOW MUCH DO YOU AGREE OR DISAGREE WITH EACH OF THE FOLLOWING STATEMENTS? (please choose one answer for each statement)

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. I feel like I belong here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. People listen to me here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. There are people my age here who accept me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. This Boys & Girls Club has rules for how people are supposed to treat each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I feel respected by staff at the Boys & Girls Club.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I feel like my ideas count here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. If I didn't show up at the Boys & Girls Club, people would miss me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I feel respected by other kids at the Boys & Girls Club.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. People make sure rules about how we treat each other are followed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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3

HOW OFTEN DO THESE THINGS HAPPEN AT THE BOYS & GIRLS CLUB? (please choose one answer for each statement)

	All of the time	Most of the time	Sometimes	Never
a. I feel safe when I am at the Boys & Girls Club.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I worry about getting beaten up or hurt at the Boys & Girls Club.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Kids bring weapons to the Boys & Girls Club.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If someone wanted to hurt me or beat me up here, someone at the Boys & Girls Club would stop them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4

COMPARED TO WHEN YOU ARE HANGING OUT SOMEWHERE ELSE, HOW SAFE DO YOU FEEL WHEN YOU ARE AT THE BOYS & GIRLS CLUB? (please choose one answer)



- A lot more safe compared to hanging out somewhere else
- A little more safe compared to hanging out somewhere else
- Just as safe as hanging out somewhere else
- A little less safe compared to hanging out somewhere else
- A lot less safe compared to hanging out somewhere else

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5

THINK ABOUT YOUR EXPERIENCES AT THE BOYS & GIRLS CLUB. HOW TRUE ARE THE FOLLOWING STATEMENTS? (please choose one answer for each statement)

AT THE CLUB...	Very true	Sort of true	Not very true	Not at all true
a. I have a good time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I can relax at the Boys & Girls Club.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I enjoy coming to the Boys & Girls Club.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have more fun at the Boys & Girls Club than other places I spend time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6

THINK ABOUT THE RELATIONSHIPS YOU HAVE WITH THE STAFF AT THE BOYS & GIRLS CLUB. THE FOLLOWING QUESTIONS ARE ABOUT THESE RELATIONSHIPS AND HOW YOU ARE TREATED BY STAFF. HOW TRUE IS EACH STATEMENT? (please choose one answer for each statement)

AT THE CLUB...	Very true	Sort of true	Not very true	Not at all true
a. Staff reward me when I do a good job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There is an adult who always wants me to do my best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Staff notice when I try hard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. There is an adult who believes that I will be a success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Staff let others know when I do a good job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. There is an adult who expects me to follow the rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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FOR EACH OF THE FOLLOWING STATEMENTS, MARK THE BOX THAT BEST DESCRIBES YOU. (please choose one answer for each statement)

	Very true	Sort of true	Not very true	Not at all true
a. When I have problems with other people my age, I talk to an adult about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When I have problems with other people my age, I push or hit the other person so that it doesn't happen again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. When I have problems with other people my age, I yell at them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. When I have problems with other people my age, I talk things over with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. When other people my age try to hit or push me around, I fight back.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



DURING THE PAST 12 MONTHS, HOW MANY TIMES WERE YOU IN A PHYSICAL FIGHT? (please choose one answer)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> 0 times | <input type="checkbox"/> 6 or 7 times |
| <input type="checkbox"/> 1 time | <input type="checkbox"/> 8 or 9 times |
| <input type="checkbox"/> 2 or 3 times | <input type="checkbox"/> 10 or 11 times |
| <input type="checkbox"/> 4 or 5 times | <input type="checkbox"/> 12 or more times |

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THE NEXT QUESTIONS ARE ABOUT SCHOOL.

9

Putting them all together, what were your grades like last year?

- Mostly Fs
- Mostly Ds
- Mostly Cs
- Mostly Bs
- Mostly As

10

How often do you feel that the schoolwork you are assigned is meaningful and important?

- Almost always
- Often
- Sometimes
- Seldom
- Never

11

How interesting are most of your courses to you?

- Very interesting and stimulating
- Quite interesting
- Fairly interesting
- Slightly dull
- Very dull

12

How important do you think the things you are learning in school are going to be for your later life?

- Very important
- Quite important
- Fairly important
- Slightly important
- Not important at all

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13

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

Enjoy being in school?

- Almost always
- Often
- Sometimes
- Seldom
- Never

14

Hate being in school?

- Almost always
- Often
- Sometimes
- Seldom
- Never

15

Try to do your best work in school?

- Almost always
- Often
- Sometimes
- Seldom
- Never

16

During the LAST FOUR WEEKS, how many whole days have you missed school because you skipped or "cut"?

- None
- 1
- 2
- 3
- 4-5
- 6-10
- 11 or more

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17

HOW FAR IN SCHOOL DO YOU THINK YOU WILL GET? (please choose one answer)

- Some high school
- High school graduation
- Finished vocational or trade school
- 1 or 2 years of college
- 4-year college degree
- Masters degree, Ph.D., M.D., or equivalent

18

IF I WANT TO MAKE A PLAN FOR GETTING INTO COLLEGE... (please choose one answer)

- I don't want to go to college.
- I don't know where to get the information I need.
- I know where to get the information I need but haven't tried yet.
- I know where to get information I need and have gotten some.
- I know where to get information I need and have everything I need.

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THE NEXT QUESTION IS ABOUT YOUR WORK EXPERIENCE.

19

DID YOU HAVE A FULL-TIME OR PART-TIME JOB FOR PAY LAST SUMMER?
(please choose one answer)

- This does not apply to me. I am not old enough to work.
- No - I did not look for a job last summer.
- No - I looked for a job last summer but could not find one.
- Yes - I had a part-time job last summer.
- Yes - I had a full-time job last summer.

THE NEXT 2 QUESTIONS ARE ABOUT YOUR COMMUNITY SERVICE EXPERIENCES.

20

IN THE LAST YEAR, HOW OFTEN HAVE YOU VOLUNTEERED IN YOUR SCHOOL,
NEIGHBORHOOD, OR OUT IN THE COMMUNITY? (please choose one answer)

- Never
- About once a year
- About once a month
- About once every two weeks
- About once a week or more

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21

IN THE LAST YEAR, HOW OFTEN HAVE YOU HELPED OUT AT THE BOYS & GIRLS CLUB, FOR EXAMPLE, TUTORING YOUNGER MEMBERS, LEADING ACTIVITIES, PLANNING EVENTS AT THE CLUB, ETC. (please choose one answer)

- Never
- About once a year
- About once a month
- About once every two weeks
- About once a week or more

THE NEXT FEW QUESTIONS ARE ABOUT HOW MUCH EXERCISE YOU GET.

22

DURING THE PAST 7 DAYS, ON HOW MANY DAYS WERE YOU PHYSICALLY ACTIVE FOR A TOTAL OF AT LEAST 60 MINUTES PER DAY? (Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.) (please choose one answer)

- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 4 days |
| <input type="checkbox"/> 1 day | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 6 days |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> 7 days |

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23

LAST WEEK WHEN YOU WERE AT THE BOYS & GIRLS CLUB, ON HOW MANY DAYS DID YOU PARTICIPATE IN PHYSICAL ACTIVITIES LIKE DAILY CHALLENGES, WALKING, RUNNING, DANCE, KARATE, TEAM SPORTS, ETC.? (please choose one answer)

- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 4 days |
| <input type="checkbox"/> 1 day | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 6 days |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> 7 days |

24

IN THE AVERAGE WEEK WHEN YOU ARE IN SCHOOL, ON HOW MANY DAYS DO YOU GO TO PHYSICAL EDUCATION (PE) CLASSES? (please choose one answer)

- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 3 days |
| <input type="checkbox"/> 1 day | <input type="checkbox"/> 4 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 5 days |

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REMINDER: If any question makes you feel uncomfortable, you don't have to answer it. Just skip it and go to the next question.

THE NEXT QUESTIONS ARE ABOUT THE FOODS YOU ATE YESTERDAY.
 Take a minute and think about all the foods you ate yesterday. What did you eat for breakfast?
 For lunch? For dinner? For snacks? Ok....now answer these next questions.

25

DURING THE PAST 24 HOURS (YESTERDAY) HOW MANY TIMES DID YOU...? (please choose one answer for each statement)

	0 times	1 time	2 times	3 times	4 times	5 times
a. Drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eat fruit? (Do not count fruit juice.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Eat green salad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Eat potatoes? (Do not count french fries, fried potatoes, or potato chips.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Eat carrots?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eat other vegetables? (Do not count green salad, potatoes, or carrots.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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THE NEXT QUESTION ASKS ABOUT YOUR INVOLVEMENT WITH THE POLICE.

26

HOW MANY TIMES, IF ANY, HAVE YOU BEEN ARRESTED IN THE PAST 12 MONTHS? (please choose one answer)

- Never
- Once
- Two or more times

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REMINDER: If any question makes you feel uncomfortable, you don't have to answer it. Just skip it and go to the next question.

THE NEXT 3 QUESTIONS ASK ABOUT DRINKING ALCOHOL. THIS INCLUDES DRINKING BEER, WINE, WINE COOLERS, AND LIQUOR SUCH AS RUM, GIN, VODKA, OR WHISKEY. FOR THESE QUESTIONS, DRINKING ALCOHOL DOES NOT INCLUDE DRINKING A FEW SIPS OF WINE FOR RELIGIOUS PURPOSES.

27

DURING YOUR LIFE, ON HOW MANY DAYS HAVE YOU HAD AT LEAST ONE DRINK OF ALCOHOL? (please choose one answer)

- | | |
|--|---|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 20 to 39 days |
| <input type="checkbox"/> 1 or 2 days | <input type="checkbox"/> 40 to 99 days |
| <input type="checkbox"/> 3 to 9 days | <input type="checkbox"/> 100 or more days |
| <input type="checkbox"/> 10 to 19 days | |

28

DURING THE PAST 30 DAYS, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL? (please choose one answer)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 10 to 19 days |
| <input type="checkbox"/> 1 or 2 days | <input type="checkbox"/> 20 to 29 days |
| <input type="checkbox"/> 3 to 5 days | <input type="checkbox"/> All 30 days |
| <input type="checkbox"/> 6 to 9 days | |

29

DURING THE PAST 30 DAYS, ON HOW MANY DAYS DID YOU HAVE FIVE OR MORE DRINKS OF ALCOHOL IN A ROW, THAT IS, WITHIN A COUPLE OF HOURS? (please choose one answer)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 6 to 9 days |
| <input type="checkbox"/> 1 day | <input type="checkbox"/> 10 to 19 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 20 or more days |
| <input type="checkbox"/> 3 to 5 days | |

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THE NEXT 4 QUESTIONS ASK ABOUT TOBACCO USE.

30

HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS? (please choose one answer)

No

Yes

31

DURING THE PAST 30 DAYS, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? (please choose one answer)

0 days

10 to 19 days

1 or 2 days

20 to 29 days

3 to 5 days

All 30 days

6 to 9 days

32

DURING THE PAST 30 DAYS, ON HOW MANY DAYS DID YOU SMOKE CIGARS, CIGARILLOS, OR LITTLE CIGARS? (please choose one answer)

0 days

10 to 19 days

1 or 2 days

20 to 29 days

3 to 5 days

All 30 days

6 to 9 days

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33

DURING THE PAST 30 DAYS, ON HOW MANY DAYS DID YOU USE CHEWING TOBACCO, SNUFF, OR DIP, SUCH AS REDMAN, LEVI GARRETT, BEECHNUT, SKOAL, SKOAL BANDITS, OR COPENHAGEN? (please choose one answer)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 10 to 19 days |
| <input type="checkbox"/> 1 or 2 days | <input type="checkbox"/> 20 to 29 days |
| <input type="checkbox"/> 3 to 5 days | <input type="checkbox"/> All 30 days |
| <input type="checkbox"/> 6 to 9 days | |

THE NEXT 2 QUESTIONS ASK ABOUT MARIJUANA USE. MARIJUANA ALSO IS CALLED GRASS OR POT.

34

DURING YOUR LIFE, HOW MANY TIMES HAVE YOU USED MARIJUANA? (please choose one answer)

- | | |
|---|--|
| <input type="checkbox"/> 0 times | <input type="checkbox"/> 20 to 39 times |
| <input type="checkbox"/> 1 or 2 times | <input type="checkbox"/> 40 to 99 times |
| <input type="checkbox"/> 3 to 9 times | <input type="checkbox"/> 100 or more times |
| <input type="checkbox"/> 10 to 19 times | |

35

DURING THE PAST 30 DAYS, HOW MANY TIMES DID YOU USE MARIJUANA? (please choose one answer)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> 0 times | <input type="checkbox"/> 10 to 19 times |
| <input type="checkbox"/> 1 or 2 times | <input type="checkbox"/> 20 to 39 times |
| <input type="checkbox"/> 3 to 9 times | <input type="checkbox"/> 40 or more times |

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THE NEXT 2 QUESTIONS ASK ABOUT OTHER DRUGS.

36

DURING YOUR LIFE, HOW MANY TIMES HAVE YOU TAKEN A PRESCRIPTION DRUG (SUCH AS OXYCONTIN, PERCOCET, VICODIN, CODEINE, ADDERALL, RITALIN, OR XANAX) WITHOUT A DOCTOR'S PRESCRIPTION? (please choose one answer)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> 0 times | <input type="checkbox"/> 10 to 19 times |
| <input type="checkbox"/> 1 or 2 times | <input type="checkbox"/> 20 to 39 times |
| <input type="checkbox"/> 3 to 9 times | <input type="checkbox"/> 40 or more times |

37

DURING YOUR LIFE, HOW MANY TIMES HAVE YOU SNIFFED GLUE, BREATHED THE CONTENTS OF AEROSOL SPRAY CANS, OR INHALED ANY PAINTS OR SPRAYS TO GET HIGH? (please choose one answer)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> 0 times | <input type="checkbox"/> 10 to 19 times |
| <input type="checkbox"/> 1 or 2 times | <input type="checkbox"/> 20 to 39 times |
| <input type="checkbox"/> 3 to 9 times | <input type="checkbox"/> 40 or more times |

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THE NEXT 3 QUESTIONS ASK ABOUT SEXUAL BEHAVIOR. REMINDER: If any question makes you feel uncomfortable, you don't have to answer it. Just skip it and go to the next question.

38

HAVE YOU EVER HAD SEXUAL INTERCOURSE? (please choose one answer)

No

Yes

39

HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE FIRST TIME? (please choose one answer)

I have never had sexual intercourse.

11 years old or younger

12 years old

13 years old

14 years old

15 years old

16 years old

17 years old or older

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REMINDER: If any question makes you feel uncomfortable, you don't have to answer it. Just skip it and go to the next question.

40

THE LAST TIME YOU HAD SEXUAL INTERCOURSE, DID YOU OR YOUR PARTNER USE A CONDOM? (please choose one answer)

- I have never had sexual intercourse.
- No
- Yes

41

HOW HONEST WERE YOU WHEN YOU FILLED OUT THIS SURVEY? (please choose one answer)

- Very honest
- Sort of honest
- Not very honest
- Not at all honest



Thank you for completing your survey!

To be sure your answers are kept private, please do the following:

- Fold your questionnaire to fit in the envelope you were provided,
- Place the folded questionnaire into the envelope,
- Seal the envelope,
- Insert the envelope into the slot at the top of the box provided for your Club's surveys.

The sealed envelope process was designed to keep your answers secret. The process assures that no one at your Club will be able to see your answers and your name will not be connected to your survey. Once all of the surveys are in the box, your Club will seal it and send it in. Results from your club will be then added to those from other Boys and Girls Clubs across the nation.

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