

NOTE TO PARENTS:

For the early Parental Consent process, we are submitting the 2011 SHARP Survey PNA forms for your review, as the 2013 forms are not yet finalized. The 2013 SHARP Survey PNA Forms will be extremely similar to the forms you are reviewing today, with a few minor changes. The following are changes that will be made to the forms that will be used in the coming year's survey:

- Most lifetime substance use questions will be removed and replaced with a question that asks students to either report that they had not used the substance, or to indicate an age of first use.
- Questions associated with Drug Free Communities Grant will be updated to include questions on:
 - perceived risks of binge drinking, heavy marijuana use, and use of prescription drugs for non-intended purposes,
 - perceived parental acceptability of marijuana use, prescription drug use, and heavy alcohol use, and
 - perceived peer acceptability of substance use.
- One question will be added to ask students if they have used synthetic drugs such as Spice or Bath Salts question in the past month. This question would be designed to assess regular use only.
- A question will be added to see where alcohol-using students are obtaining their alcohol.
- A question will be added to assess parental permissiveness of drinking.
- A question will be added to ask students where they saw tobacco advertisements or displays.
- Several health-related and tobacco-related questions will be removed.
- Several health-related questions regarding asthma, strength training, seat belt use, cell phone use while riding, and alcohol use will be added.

If you would like to see a copy of the final 2013 SHARP PNA Survey forms, please contact Mary Johnstun at 801-842-2682 or mary@bach-harrison.com and she will send you a form as soon as they are available.

PREVENTION NEEDS ASSESSMENT SURVEY

Form B

- Thank you for agreeing to participate in this survey. The purpose of this survey is to learn how students in our schools feel about their community, family, peers, and school. The survey also asks about health behaviors.
- The survey is completely voluntary and anonymous. **DO NOT put your name on the questionnaire.**
- This is not a test, so there are no right or wrong answers. We would like you to work quickly so you can finish.
- All of the questions should be answered by completely filling in 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 what it means, just leave it blank. You can skip any question that you do not wish to answer.
- For questions that have the following answers: **NO! no yes YES!**
 Mark (the BIG) **NO!** if you think the statement is **DEFINITELY NOT TRUE** for you.
 Mark (the little) **no** if you think the statement is **MOSTLY NOT TRUE** for you.
 Mark (the little) **yes** if you think the statement is **MOSTLY TRUE** for you.
 Mark (the BIG) **YES!** if you think the statement is **DEFINITELY TRUE** for you.

Example: Chocolate is the best ice cream flavor.

NO! no yes YES!

In the example above, the student marked "yes" because he or she thinks the statement is mostly true.

- Please mark only one answer for each question by completely filling in the circle with a #2 pencil.

Please fill in the following information with the help of your teacher/survey assistant.

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- Are you: MALE FEMALE
- How old are you?
 10 or younger 12 14 16 18
 11 13 15 17 19 or older
- What grade are you in?
 6th 7th 8th 9th 10th 11th 12th
- What is your race? (Select one or more)
 American Indian or Alaska Native
 Asian
 Black or African American
 Hispanic or Latino
 Native Hawaiian or Other Pacific Islander
 White

- Think of where you live most of the time. Which of the following people live there with you? (Choose all that apply.)
 Mother Uncle
 Stepmother Other Adult(s)
 Father Brother(s)
 Stepfather Stepbrother(s)
 Foster Parent(s) Sister(s)
 Grandparent(s) Stepsister(s)
 Aunt Other Children

- Think of the adults you live with. What is the highest level of schooling any of them completed?
 Completed grade school or less Completed college
 Some high school Graduate or professional school after college
 Completed high school Don't know
 Some college Does not apply

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

43
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4

The next section asks about your experiences at school.

78					
77					
76					
		NO!	no	yes	YES!
73	7. In my school, students have lots of chances to help decide things like class activities and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70	8. Teachers ask me to work on special classroom projects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69					
66	9. My teachers notice when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61	10. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57	11. There are lots of chances for students in my school to talk with a teacher one-on-one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55					
54	12. I feel safe at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52					
51	13. The school lets my parents know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49					
47	14. My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46					
44	15. Are your school grades better than the grades of most students in your class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42					
40	16. I have lots of chances to be part of class discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39					
37					
35	17. Now thinking back over the past year in school, how often did you:		Almost always	Often	
33			Sometimes	Seldom	
31			Never		
30	a. enjoy being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29					
28	b. hate being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26					
25	c. try to do your best work in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24					
21	18. How often do you feel that the school work you are assigned is meaningful and important?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

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

21. How interesting are most of your courses to you?

Very interesting and stimulating Slightly interesting
 Quite interesting Not at all interesting
 Fairly interesting

22. During the LAST FOUR WEEKS how many whole days of school have you missed because you skipped or 'cut'?

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

The next questions ask about your feelings and experiences in other parts of your life.

23. 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:

	Number of friends				
	0	1	2	3	4
a. participated in clubs, organizations, or activities at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. made a commitment to stay drug-free?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. tried to do well in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. liked school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. regularly attended religious services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. dropped out of school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Risk Level				
	No risk	Slight risk	Moderate risk	Great risk	
a. smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. have five or more drinks of an alcoholic beverage once or twice each weekend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. How old were you when you first:

	Never	10 or younger	11	12	13	14	15	16	17 or older
a. smoked marijuana?	<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"/>
b. smoked a cigarette, even just a puff?	<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"/>
c. had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<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"/>
d. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<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"/>
e. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	<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"/>
f. got suspended from 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"/>	<input type="radio"/>
g. got arrested?	<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"/>
h. carried a handgun?	<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"/>
i. attacked someone with the idea of seriously hurting them?	<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"/>

26. Have you ever belonged to a gang?

- No Yes, belong now
 No, but would like to Yes, but would like to get out
 Yes, in the past

27. Why do you think kids join gangs? Please rate how important you think the following reasons are for kids to join gangs.

	Not at all important	Slightly important	Fairly important	Quite important	Very important
a. Belonging (to feel like they belong to a group, accepted by others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Security (protection and to feel safe, so they won't get bullied)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Certainty (to feel sure about themselves and others, give their lives meaning)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Status (respect, to feel like somebody important, better than other kids)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Excitement (to do exciting things, have fun and thrills)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Money/Stuff (make money, to get stuff they wouldn't be able to get on their own)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	NO!	no	yes	YES!
28. My parents expect me to eat dinner at home with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. People in my family often insult or yell at each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. We argue about the same things in my family over and over.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. People in my family have serious arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Sometimes, I think that life is not worth it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. At times, I think I am no good at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. All in all, I am inclined to think that I am a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. I deserve more things in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. I think things should go my way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	1 to 2 times	3 to 5 times	6 to 9 times	10 to 19 times	20 to 29 times	30 to 39 times	40+ times
38. How many times in the past year (12 months) have you:								
a. been suspended from 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"/>
b. carried a handgun?	<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. sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. participated in clubs, organizations or activities at 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"/>
f. been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. done extra work on your own for 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"/>
h. attacked someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. been drunk or high at 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"/>
j. volunteered to do community service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. taken a handgun to 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"/>

39. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?

- None 3-5 times
 Once 6-9 times
 Twice 10 or more times

On how many occasions (if any) have you:

OCCASIONS

	0	1-2	3-5	6-9	10-19	20-39	40+
76 40. had alcoholic beverages (beer, wine, or hard liquor) to drink in your lifetime -- more than just a few sips?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74 41. had beer, wine, or hard liquor to drink during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72 42. used marijuana (grass, pot) or hashish (hash, hash oil) in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70 43. used marijuana (grass, pot) or hashish (hash, hash oil) during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67 44. used LSD (acid) or other hallucinogens (like PCP, mescaline, peyote, "shrooms" or psilocybin) in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64 45. used LSD (acid) or other hallucinogens (like PCP, mescaline, peyote, "shrooms" or psilocybin) during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61 46. used cocaine (like cocaine powder) or "crack" (cocaine in chunk or rock form) in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58 47. used cocaine (like cocaine powder) or "crack" (cocaine in chunk or rock form) during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55 48. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52 49. 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 ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49 50. used phenoxydine (pox, px, breeze) in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47 51. used phenoxydine (pox, px, breeze) during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45 52. used methamphetamines (meth, speed, crank, crystal meth) in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43 53. used methamphetamines (meth, speed, crank, crystal meth) in the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40 54. used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them, in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37 55. used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34 56. used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) without a doctor telling you to take them, in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30 57. used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26 58. used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them, in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23 59. used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 60. used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them, in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 61. used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 62. used heroin in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 63. used heroin during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 64. used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 65. used MDMA (X,E, or ecstasy) in the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

66. 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?	<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 something worth more than \$5?	<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"/>

67. During a typical week, how many days do all or most of your family eat at least one meal together?

Number of days:
 0 1 2 3 4 5 6 7

68. 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?	<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"/>

69. During the past 30 days, how often did you:

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. feel nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. feel hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. feel restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. feel so depressed that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. feel that everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. feel worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

70. During the past year did you drink alcohol at any of the following places? (Mark the number of times for each).

	0 times	1 or 2 times	3 to 5 times	6 or more times
a. at my home or someone else's home without any parent permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. at my home with my parent's permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. at someone else's home with their parent's permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. in a car.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. at or near school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. in another place _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

71. Have you ever tried:

	No	Yes
a. cigarettes, even just one puff?	<input type="radio"/>	<input type="radio"/>
b. cigars, cigarillos, or little cigars, even a puff?	<input type="radio"/>	<input type="radio"/>
c. tobacco in a hookah or waterpipe?	<input type="radio"/>	<input type="radio"/>
d. electronic cigarettes or e-cigarettes?	<input type="radio"/>	<input type="radio"/>
e. any type of chewing tobacco, snuff, or dip?	<input type="radio"/>	<input type="radio"/>
f. chewing tobacco, snuff, or dip with flavors such as fruit, mint, or vanilla?	<input type="radio"/>	<input type="radio"/>
g. snus (moist smokeless tobacco usually sold in small pouches)?	<input type="radio"/>	<input type="radio"/>

72. During the past 30 days, on how many days did you:

	0 days	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20 to 29 days	All 30 days
a. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke cigars, cigarillos, or little cigars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke tobacco in a hookah or waterpipe?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. use electronic cigarettes or e-cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. use any type of chewing tobacco, snuff, or dip?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. use chewing tobacco, snuff, or dip with flavors such as fruit, mint, or vanilla?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. use snus (moist smokeless tobacco usually sold in small pouches)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

<input type="radio"/> Not at all	<input type="radio"/>
<input type="radio"/> Less than one cigarette per day	<input type="radio"/>
<input type="radio"/> One to five cigarettes per day	<input type="radio"/>
<input type="radio"/> About one-half pack per day	<input type="radio"/>
<input type="radio"/> About one pack per day	<input type="radio"/>
<input type="radio"/> About one and one-half packs per day	<input type="radio"/>
<input type="radio"/> Two packs or more per day	<input type="radio"/>

74. During the past 30 days, what brand of cigarettes did you usually smoke? (CHOOSE ONLY ONE ANSWER)

78
77
76
75
74
73
72
71

- I did not smoke cigarettes during the past 30 days.
- I do not have a usual brand.
- Camel
- Marlboro
- Newport
- Virginia Slims
- GPC, Basic, or Doral
- Some other brand

75. During the past 30 days, how did you usually get your own tobacco products?(CHOOSE ONLY ONE ANSWER)

66
64
63
62
60
58
56
54
52
50
49

- I did not use tobacco during the past 30 days.
- I bought them in a store such as a convenience store, supermarket, discount store, or gas station.
- I bought them from a vending machine.
- I gave someone else money to buy them for me.
- I borrowed (or bummed) them from someone else.
- A person 18 years old or older gave them to me.
- I took them from a store or family member.
- I got them some other way.

76. During the past 30 days, where did you buy the last pack of cigarettes you bought? (CHOOSE ONLY ONE ANSWER)

43
41
40
39
38
37
36
35

- I did not buy a pack of cigarettes during the past 30 days.
- I bought them over the Internet.
- A gas station
- A convenience store
- A grocery store
- A drugstore
- A vending machine
- Other

77. Do you think that you will try a cigarette soon?

31
30
29

- I have already tried smoking cigarettes.
- No
- Yes

78. How long can you go without smoking before you feel like you need a cigarette?

24
23
22
21
20
19
18
17
16
15

- I have never smoked cigarettes.
- I do not smoke now.
- Less than an hour
- 1 to 3 hours
- More than 3 hours but less than a day
- A whole day
- Several days
- A week or more

79. Do you want to stop smoking cigarettes?

13
12
11

- I do not smoke now.
- No
- Yes

80. During the past 12 months, did you ever try to quit smoking cigarettes?

6
5
4

- I did not smoke during the past 12 months.
- No
- Yes

81. How many times during the past 12 months have you stopped smoking for one day or longer because you were trying to quit smoking?

- I have not smoked in the past 12 months.
- I have not tried to quit.
- 1 time
- 2 times
- 3-5 times
- 6-9 times
- 10 or more times

	Definitely not	Probably not	Probably yes	Definitely yes
82. Do you think you will smoke a cigarette at any time during the next year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. If one of your best friends offered you a cigarette, would you smoke it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. Do you think people can get addicted to using tobacco just like they can get addicted to using cocaine or heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. Do you think young people who smoke cigarettes have more friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Do you think that tobacco companies have tried to mislead young people to buy their products more than other companies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. Do you think the smoke from other people's cigarettes is harmful to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

88. During this school year, were you taught in any of your classes about the dangers of tobacco use?

- No
- Yes
- Not sure

89. During this school year, did you practice ways to say NO to tobacco in any of your classes (for example by role-playing)?

- No
- Yes
- Not sure

90. During the past 12 months, have you participated in any community activities to discourage people your age from using cigarettes, chewing tobacco, snuff, dip, or cigars?

- No
- Yes
- I did not know about any activities.

91. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?

- 0 days
- 1 or 2 days
- 3 or 4 days
- 5 or 6 days
- 7 days

92. During the past 7 days, on how many days did you ride in a car with someone who was smoking cigarettes?

- 0 days
- 1 or 2 days
- 3 or 4 days
- 5 or 6 days
- 7 days

93. Does anyone who lives with you now smoke cigarettes?

- No
- Yes

94. Does anyone who lives with you now use chewing tobacco, snuff, or dip?

- No
- Yes

95. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use?

- No Yes

96. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? (Choose all that apply.)

- No Yes, alcohol use
 Yes, tobacco use Yes, drug use

97. During the past year (12 months), how often have you talked with at least one of your parents about the rules and expectations of NO alcohol use?

- At least once a month
 Every 2 to 3 months
 Every 4 to 6 months
 A few times in the past year
 Talked, but not in the past year
 Never

98. How often have you bet money, possessions, or anything of value on the results of a card game such as poker, sporting event, games of skill such as pool or bowling, bingo, dice, or other games?

- Never Once a month
 Not in the past year Once a week or more
 A few times in the past year Almost everyday

99. During the past 7 days, how many times did you drink a glass or can of soda or other sweetened drinks such as fruit punch, Kool Aid, iced tea, sports drinks, or sweetened water drinks?

- 0 times in the past 7 days 2 times per day
 1 to 3 times in 7 days 3 times per day
 4 to 6 times in 7 days 4 or more times per day
 1 time per day

100. During the past 7 days, how many times did you eat fast-food, either at school, at home or at a fast-food restaurant?

- 0 times in the past 7 days 2 times per day
 1 to 3 times in 7 days 3 times per day
 4 to 6 times in 7 days 4 or more times per day
 1 time per day

101. 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 spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

- 0 days 4 days
 1 day 5 days
 2 days 6 days
 3 days 7 days

102. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Include activities such as Xbox, PlayStation, Nintendo DS, iPod touch, Facebook, and the Internet.)

- I do not play video or computer games or use a computer for something that is not school work.
 Less than 1 hour per day
 1 hour per day
 2 hours per day
 3 hours per day
 4 hours per day
 5 or more hours per day

103. On an average school day, how many hours do you watch TV?

- I do not watch TV on an average school day.
 Less than 1 hour per day 3 hours per day
 1 hour per day 4 hours per day
 2 hours per day 5 or more hours per day

104. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who was texting or using a hand-held electronic device while driving?

- 0 times 4 to 5 times
 1 time 6 or more times
 2 to 3 times

105. Has a doctor or nurse ever told you that you have asthma?

No	Yes
<input type="radio"/>	<input type="radio"/>

106. Do you still have asthma?

<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------

107. During the past 12 months, did you have an episode of asthma or an asthma attack?

<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------

108. Do you have diabetes?

<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------

109. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------

110. During the past 12 months, did you ever seriously consider attempting suicide?

<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------

111. During the past 12 months, did you make a plan about how you would attempt suicide?

<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------

112. During the past 12 months, how many times did you actually attempt suicide?

- 0 times 4 to 5 times
 1 time 6 or more times
 2 to 3 times

For questions 113 and 114, write your height and weight in the blank boxes and fill in the matching circle below each number.

113. How tall are you without your shoes on?

feet	inches
3	0
4	1
5	2
6	3
7	4
	5
	6
	7
	8
	9
	10
	11

114. How much do you weigh without your shoes on?

pounds
0
1
2
3
4
5
6
7
8
9

115. During the past 12 months, how many times did you use an indoor tanning device such as sunlamps, sunbed, or tanning booth? (Do not include a spray on tan).

- 0 times 10 to 19 times
 1 or 2 times 20 to 39 times
 3 to 9 times 40 or more times

116. How many sunburns did you have in the past 12 months?

- 0 2 4 6 or more
 1 3 5

Answer questions 117 to 122 for both alcohol and drugs.

In the past 12 months :

	Alcohol			Drugs		
	Don't use	Yes	No	Don't use	Yes	No
117. have you spent more time using alcohol or drugs than you intended?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. have you neglected some of your usual responsibilities because of using alcohol or drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. have you wanted to cut down on your alcohol or drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. has anyone objected to your alcohol or drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
121. did you frequently find yourself thinking about using alcohol or drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. did you use alcohol or drugs to relieve feelings such as sadness, anger, or boredom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

123. During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been drinking alcohol?

- I do not drive.
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

124. During the past 30 days, how many times did you RIDE in a car or other vehicle driven by someone who had been drinking alcohol?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

125. How often do you attend religious services or activities?

- Never
- Rarely
- 1-2 times a month
- About once a week or more

126. Which is your religious preference (choose the ONE religion with which you identify the most)?

- Catholic
- Jewish
- LDS (Mormon)
- Protestant (such as Baptists, Presbyterians, or Lutherans)
- Another religion
- No religious preference

127. My teacher(s) maintain good discipline in the classroom.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

128. My principal and assistant principal maintain good discipline at my school.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

129. During the past 30 days, on how many days did you NOT go to school because you felt you would be unsafe at school or on your way to or from school?

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

130. During the past 12 months, how often have you been picked on or bullied by a student ON SCHOOL PROPERTY?

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

131. How often have you been threatened or harassed over the internet, by email, or by someone using a cell phone?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

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

- I was very honest.
- I was honest most of the time.
- I was honest some of the time.
- I was honest once in a while.
- I was not honest at all.

Responses

	a	b	c	d	e	f	g	h	i
201.	<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"/>
202.	<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"/>
203.	<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"/>
204.	<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"/>
205.	<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"/>
206.	<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"/>
207.	<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"/>
208.	<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"/>
209.	<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"/>
210.	<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"/>
211.	<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"/>
212.	<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"/>
213.	<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"/>
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215.	<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"/>
216.	<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"/>
217.	<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"/>
218.	<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"/>
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Extra Questions Start with 201