



Draft

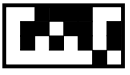
# School Success Profile



## Instructions

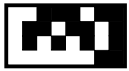
- Read each question carefully.
- Use a Number 2 lead pencil. 
- Fill in the circle that matches your answer like this: ● NOT like this: 
- Erase completely any answer you wish to change.

Dr. Gary L. Bowen and Dr. Jack M. Richman © 2008  
The University of North Carolina at Chapel Hill, School of Social Work



Draft





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## Introduction

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### **What is the School Success Profile?**

The School Success Profile (SSP) is a survey instrument that examines your beliefs about yourself, and about your neighborhood, school, family and peer group. The survey is administered by both schools and youth-serving agencies to help these organizations work more effectively with youth.

### **Who is conducting this survey?**

Your school or youth-serving agency sponsored your participation in this survey. The SSP was developed by Dr. Gary Bowen and Dr. Jack Richman, who are professors in the School of Social Work at The University of North Carolina at Chapel Hill.

### **What do you want me to do?**

We would like you to complete the SSP. On average, the SSP takes about 50 to 60 minutes to complete. This is not a test. There are no right or wrong answers.

### **Must I participate?**

No. Your participation is voluntary. However, we encourage you to complete the SSP.

### **Will you know who I am?**

No. No identifiers are included on the survey that link your answers to you. The adults that are supporting your participation in this survey will see only a summary profile that results from combining your answers with the answers of other participants.

### **Are there any special instructions?**

It is important that you read each question carefully. Please mark the response that best represents your answer. Please answer the questions in the order they are presented. One more important thing—please do not talk or compare answers with others. We are interested in knowing YOUR thoughts and feelings.

If you have a question, such as not understanding a word or knowing how to mark an answer, at any point while completing the SSP, please ask for assistance from the person in charge.

*Thank You!*

Produced by Dr. Gary L. Bowen and Dr. Jack M. Richman, School of Social Work, The University of North Carolina at Chapel Hill.

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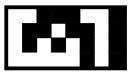


## About You

- A1. I am:**  
 Female  
 Male
- A2. I am:**  
 9 years or younger       15 years old  
 10 years old               16 years old  
 11 years old                 17 years old  
 12 years old                 18 years old  
 13 years old                 19 years old  
 14 years old                 20 years or older
- A3. What grade are you in?**  
 6th grade or lower grade  
 7th grade  
 8th grade  
 9th grade (freshman)  
 10th grade (sophomore)  
 11th grade (junior)  
 12th grade (senior)
- A4. Are you of Hispanic or Latino background, such as Mexican, Puerto Rican, Cuban, or other Spanish background?**  
 No  
 Yes
- A5. What is your race?**  
 Black or African American  
 White  
 Asian  
 Native Hawaiian or other Pacific Islander  
 American Indian or Alaskan Native  
 Mixed-race  
 Other
- A6. Do you receive free or reduced price lunches at school?**  
 No  
 Yes
- A7. I live:**  
 In a family with one adult  
 In a family with two adults  
 In another type of family situation  
 Alone
- A8. Do you speak mostly English or mostly another language at home?**  
 English  
 A language other than English

- A9. Do any of the adults in your home currently serve on active duty in the U.S. Armed Forces (Army, Air Force, Navy, Marine Corps, or Coast Guard) or in the Reserve or National Guard?**  
 No (SKIP TO A15, PAGE 2)  
 Yes (ANSWER A10 TO A14 BELOW)

- A10. What is the servicemember's connection to the military? (Please note: You may fill in more than one circle if more than one adult in your home currently serves in the military.)**  
 Serves on Active Duty  
 Serves in the National Guard (activated or not activated)  
 Serves in the Reserve  
 Other
- A11. What rank category is the servicemember adult who lives in your home? (Please note: If more than one adult servicemember lives in your home, indicate the rank category of the servicemember with the highest rank.)**  
 E1-E4  
 E5-E6  
 E7-E9  
 W1-W5  
 O1-O3  
 O4-O6  
 O7-O10  
 Don't know
- A12. Which branch of the uniformed service does the servicemember with the highest rank serve?**  
 Army  
 Navy  
 Air Force  
 Marine Corps  
 Coast Guard  
 Other
- A13. Do you live in government or military housing?**  
 No  
 Yes
- A14. Are any of the servicemember adults who live in your home currently deployed?**  
 No  
 Yes



**A15. Do you have any older brothers or sisters who currently serve on active duty in the U.S. Armed Forces (Army, Air Force, Navy, Marine Corps, or Coast Guard) or in the Reserve or National Guard?**

- No
- Yes

## Neighborhood

*In the questions below, the word "neighborhood" means the part of town or the local area in which you live.*

**N1. How many times have you moved in the last year?**

- No moves
- 1 move
- 2 moves
- 3 or more moves

**N2. Indicate your level of agreement with each of the following statements about your neighbors:**

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
a. Adults in my neighborhood are interested in what young people in the neighborhood are doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. If I had a problem, there are neighbors who would help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. People in my neighborhood really help one another out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Adults in my neighborhood encourage young people to get an education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Adults in my neighborhood would say something to me if they saw me doing something that could get me in trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Adults in my neighborhood seem to like young people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Adults in my neighborhood can be trusted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**N3. How likely are young people about your age in your neighborhood to do the following types of things?**

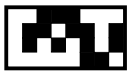
	VERY UNLIKELY	UNLIKELY	LIKELY	VERY LIKELY
a. Make good grades in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Get in trouble with the police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Use drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Join a gang	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Graduate from high school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Carry a weapon such as a knife, gun, or club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Find a job or go to college after completing high school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Drink alcoholic beverages (beer, wine, or liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**N4. How often are you afraid someone will hurt or bother you in your neighborhood?**

- Never
- Sometimes
- Often
- Always

**N5. How often are you afraid someone will hurt or bother you on the way to or from school?**

- Never
- Sometimes
- Often
- Always



**N6. During the past 30 days, how often did any of the following things happen in your neighborhood?**

- |   | NEVER                 | ONCE<br>OR<br>TWICE   | MORE<br>THAN<br>TWICE |
|---|-----------------------|-----------------------|-----------------------|
| a. Someone was robbed or mugged   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. You heard gunshots   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. You saw someone selling illegal drugs                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Someone tried to sell you illegal drugs                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Someone tried to get you to break the law                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. A fight broke out between two gangs                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. You saw someone threatened with a weapon such as a gun, knife, or club | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Someone offered you an alcoholic beverage (beer, wine, or liquor)      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**School**

*In the questions below, the word "school" means the place where you attend classes.*

**S1. What kind of grades did you make on your most recent report card?**

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

**S2. How many D's or F's did you make on your most recent report card?**

- None
- One
- Two
- Three or more

**S3. How many grades have you repeated in school?**

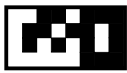
- No grades
- 1 grade
- 2 grades
- 3 or more grades

**S4. Compared to other students in your classes, how would you describe your grades?**

- Much better than most
- Better than most
- About the same as most
- Worse than most
- Much worse than most

**S5. During the past 30 days, how often did any of the following things happen?**

- |  | NEVER                 | ONCE<br>OR<br>TWICE   | MORE<br>THAN<br>TWICE |
|--|-----------------------|-----------------------|-----------------------|
| a. I turned in a homework assignment late or not at all                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I showed up for school late (unexcused)                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I cut class   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I misbehaved in class   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. A teacher gave me a warning because of my attendance or behavior              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. I had to see the principal because of problems with my attendance or behavior | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. My parent(s)/guardian(s) received a warning about my attendance or behavior   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. My parent(s)/guardian(s) received a warning about my grades or homework       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. I got into an argument with one of my teachers                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. I got in a physical fight with another student                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. I was suspended   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



S6. Have you or will you have participated in any school activities during the current school year that are not part of class work, such as sports or school clubs?

- No (Skip to S7)
Yes (Answer S6A below)

S6a. Please indicate the school activities that you have or will have participated in during the current school year that are not part of class work: (Mark all that apply)

- Sports or athletics
Cheerleading or pep club
Student government
Academic or service club
Hobby or vocational club
School newspaper or yearbook
School play or musical
Adult supervised youth group
Other type of school activity

S7. During the past 30 days, about how many hours, on average, did you spend studying or doing homework each school night (Sunday-Thursday)?

- None
Less than 1 hour
About 1 hour
About 2 hours
About 3 hours
About 4 hours
More than 4 hours

S8. How well does each of the following statements describe you?

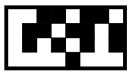
Table with 4 columns: Statement, NOT LIKE ME, A LITTLE LIKE ME, A LOT LIKE ME. Rows include 'I find school fun and exciting', 'I look forward to learning new things at school', 'I look forward to going to school', and 'I am often bored at school'.

S9. Indicate your level of agreement with each of the following statements about your school:

Table with 5 columns: STRONGLY DISAGREE, DISAGREE, AGREE, STRONGLY AGREE. Rows include statements about student needs, student importance, school quality, adult welcome, education quality, teacher care, and principal care.

S10. Indicate your level of agreement with each of the following statements about your teachers at school: My teachers:

Table with 5 columns: STRONGLY DISAGREE, DISAGREE, AGREE, STRONGLY AGREE. Rows include statements about teacher care, listening, respect, encouragement, and praise.



**S11. Indicate your level of agreement with each of the following statements about your teachers at school:**

***My teachers:***

- |  | STRONGLY DISAGREE     | DISAGREE              | AGREE                 | STRONGLY AGREE        |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Know a lot about different jobs and careers.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Ask me about my interest in future jobs and careers.                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Help me relate what I am learning in the classroom to the real world.                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Help me see the value of what I am learning in the classroom.                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Help me relate what I am learning in the classroom to my own experiences and interests.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Explain the importance of assignments to my learning.                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Often give examples in class from jobs and careers.                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Help me relate what I am learning in the classroom to potential jobs and careers.         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Assign work that connects what I am learning in the classroom to future jobs and careers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Encourage me to talk with other adults about their jobs and careers.                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Encourage me to think about my future as an adult.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**S12. Indicate your level of agreement with each of the following statements about your teachers at school:**

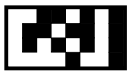
***My teachers:***

- |  | STRONGLY DISAGREE     | DISAGREE              | AGREE                 | STRONGLY AGREE        |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Expect me to do my best.                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Set high standards for my classroom performance.        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Challenge me to do better in school.                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Assign work that makes me think.                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Let me know when I am doing less than my best work.     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Encourage me when they think I can do better.           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Ask questions that make me think.                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Assign work that challenges me.                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Let me know how I can improve my classroom performance. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Let me know when I am doing my best work.               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**S13. How well does each of the following statements describe you?**

- |   | NOT LIKE ME           | A LITTLE LIKE ME      | A LOT LIKE ME         |
|---|-----------------------|-----------------------|-----------------------|
| a. I enjoy going to this school.                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I get along well with other students at this school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I feel close to other students at this school.       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I get along well with teachers at this school.       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. I am getting a good education at this school.        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. I feel like I belong at this school.                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. I am happy that I attend this school.                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





S14. How often are you afraid that someone will hurt or bother you at school?

- Never
- Sometimes
- Often
- Always

S15. During the past 30 days, did someone you know carry a weapon such as a gun, knife, or club to school?

- No
- Yes

S16. How much of a problem is each of the following at your school?

	NOT A PROBLEM	A LITTLE PROBLEM	A BIG PROBLEM
a. Students making fun of other students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Students picking on other students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Disagreements between students from different racial or ethnic groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Fights among students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Destruction of school property by students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Student use of alcohol (beer, wine, or liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Student use of illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Students carrying weapons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Students joining or being part of gangs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Students verbally abusing teachers (yelling, name calling)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Students physically abusing teachers (hitting, pushing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

S17. During the past 30 days, how often did you experience any of the following situations at school?

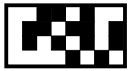
<i>Someone at school:</i>	NEVER	ONCE OR TWICE	MORE THAN TWICE
a. Insulted you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Treated you in a disrespectful way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Ignored you when you asked a question.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Excluded you from an activity in which you wanted to participate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Suspected you of doing something wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Treated you unfairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Discouraged you from trying to achieve an important goal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Acted surprised when you did something really well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Hassled you for no reason.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Yelled a racial slur or a racial insult at you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. "Made fun of" or "picked on" you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Threatened to harm you physically.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Pushed, shoved, or hit you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

S18. How helpful is school in preparing you for what you want to do after high school?

- Not helpful at all
- Somewhat helpful
- Very helpful
- I don't know what I want to do after high school

S19. Do you want to go to college in the year after you graduate from high school?

- No
- Yes, maybe
- Yes, definitely
- I don't think I will graduate from high school



**S20. Do you plan to enlist in the United States Military (Army, Air Force, Navy, Marine Corps, or Coast Guard) in the year after you graduate from high school?**

- No
- Yes, maybe
- Yes, definitely
- I don't think I will graduate from high school

**S21. Indicate your level of agreement with each of the following statements about your future:**

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
a. When I think about my future, I feel very positive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I have a clear image of myself being successful in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I know how I don't want my life to turn out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I have a good sense of what it takes to be successful as an adult.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I am on the "right track" for future success.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I try to make good choices to increase my chances for a good future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I see a strong connection between success in school and success in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I am prepared to work hard to have a good life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I feel confident that I have what it takes to be successful in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I feel certain that I will graduate from high school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I plan to attend college after I graduate from high school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. I see myself accomplishing great things in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Friends

*In the following questions, the word "friends" means people who are about your age and who you talk to and spend time with. They are not part of your family.*

**FR1. How well does each of the following statements describe you?**

	NOT LIKE ME	A LITTLE LIKE ME	A LOT LIKE ME
a. I can trust my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am able to tell my problems to my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I feel close to my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I can count on my friends for support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I can talk to my friends about things that bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**FR2. Do the adults in your home know most of your friends?**

- No
- Yes
- I don't know

**FR3. Do the adults in your home know most of the parents or guardians of your friends?**

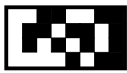
- No
- Yes
- I don't know

**FR4. Are you currently a member of a school or neighborhood gang?**

- No
- Yes

**FR5. How well does each of the following statements describe you?**

	NOT LIKE ME	A LITTLE LIKE ME	A LOT LIKE ME
a. I do things just to be popular with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I let my friends talk me into doing things I really don't want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I am made fun of by my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I am picked on by my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I find it difficult to be myself when I am with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I try hard to impress my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I tend to go along with the crowd.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I wish my friends would show me more respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**FR6. How much difficulty do you have making new friends?**

- No difficulty
- Some difficulty
- A lot of difficulty

**FR7. How well does each of the following statements describe you?**

- |  | NOT<br>LIKE ME        | A LITTLE<br>LIKE ME   | A LOT<br>LIKE ME      |
|--|-----------------------|-----------------------|-----------------------|
| a. I have friends who get in trouble with the police.                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I have friends who use drugs.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I have friends who belong to gangs.                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I have friends who drink alcoholic beverages (beer, wine, or liquor). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. I have friends who cut classes.                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. I have friends who carry a weapon such as a knife, gun, or club.      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. I have friends who make bad grades in school.                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. I have friends who get in trouble at school.                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. I have friends who probably will not graduate from high school.       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**FR8. Do most of your friends want to go to college in the year after they graduate from high school?**

- Most of my friends will not graduate from high school
- No
- Yes
- I don't know

## Family

*In the questions below, "family" means the people you live with. If you live alone, think of family as the people who support you the most.*

**FA1. How well does each of the following statements describe your family?**

*The people in my home:*

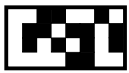
- |  | NOT<br>LIKE US        | A LITTLE<br>LIKE US   | A LOT<br>LIKE US      |
|--|-----------------------|-----------------------|-----------------------|
| a. Support one another.                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Give each other plenty of time and attention. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Talk openly and listen to one another.        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Feel loved and cared for by one another.      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Do things together.                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Play and laugh together.                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Work together to solve problems.              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**FA2. During the past 30 days, how often did the adults in your home support you in the following ways?**

- |                                     | NEVER                 | ONCE<br>OR<br>TWICE   | MORE<br>THAN<br>TWICE |
|-------------------------------------|-----------------------|-----------------------|-----------------------|
| a. Let you know you were loved      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Make you feel appreciated        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Tell you that you did a good job | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Make you feel special            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Spend free time with you         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**FA3. Did any of your brothers or sisters (including step- or half-siblings) drop out of school before graduating?**

- I have no brothers or sisters
- No
- Yes
- I don't know



FA4. **During the past 30 days, how often did you discuss the following with any adults who live in your home?**

	NEVER	ONCE OR TWICE	MORE THAN TWICE
a. Selecting courses or programs at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. School activities or events that interest you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Things you've studied in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Current events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Politics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Your plans for the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Your interest in future jobs or careers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Your plans for college	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FA5. **During the past 30 days, how often did any of the adults in your home do the following?**

	NEVER	ONCE OR TWICE	MORE THAN TWICE
a. Attend a school event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Encourage you to do well in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Encourage you to take part in school activities that are not part of class work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Help you get books or supplies you needed to do your school work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Praise or reward you for working hard on school work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Offer to help you with homework or a special assignment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FA6. **During the past 30 days, how many hours, on average, did you spend watching TV each school night (Sunday-Thursday)?**

- None
- Less than 1 hour
- About 1 hour
- About 2 hours
- About 3 hours
- About 4 hours
- More than 4 hours

FA7. **During the past 30 days, how many hours, on average, did you spend surfing the Internet or playing games on a computer at home each school night (Sunday-Thursday)?**

- I don't have a computer at home
- None
- Less than 1 hour
- About 1 hour
- About 2 hours
- About 3 hours
- About 4 hours
- More than 4 hours

FA8. **How upset would the adults in your home be with you if they knew the following things happened at school?**

	NOT UPSET	SOMEWHAT UPSET	VERY UPSET
a. You turned in your homework late or not at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You showed up late for school (unexcused).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You cut class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. You received a D or F on your report card.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. You made fun of another student.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. You picked on another student.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. You misbehaved in class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. A teacher sent you to the principal's office for misbehavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. You got in a physical fight with another student.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. You got into an argument with a teacher.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. You were suspended.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. You carried a weapon to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FA9. **If you needed any of the adults in your home to come to school, would one or more of them come?**

- No
- Yes, maybe
- Yes, definitely

FA10. **Is there an adult that you can contact when you get home from school?**

- No
- Yes, sometimes
- Yes, almost always
- Yes, always



**FA11. Is there an adult in your home who knows where you are when you are not at home or in school?**

- No
- Yes, sometimes
- Yes, almost always
- Yes, always

**FA12. About how many hours each week do you work for pay?**

- None, I do not work for pay
- Less than 15 hours a week
- 15 or more hours a week

## Health and Well-Being

**H1. How happy are you with the way you look?**

- Unhappy
- Somewhat unhappy
- Somewhat happy
- Happy

**H2. How would you describe your health?**

- Poor
- Fair
- Good
- Very good
- Excellent

**H3. Do you have any medical condition or disability that keeps you from attending school regularly?**

- No
- Yes

**H4. Over the last 7 days, on how many days did you eat breakfast?**

- None
- 1-2 days
- 3-4 days
- 5-7 days

**H5. Over the last 7 days, on how many days did you exercise or play sports?**

- None
- 1-2 days
- 3-4 days
- 5-7 days

**H6. How well does each of the following statements describe you?**

	NOT LIKE ME	A LITTLE LIKE ME	A LOT LIKE ME
--	----------------	---------------------	------------------

- |   |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|
| a. I weigh too much.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I wish that I could lose some weight.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I worry a lot about my weight.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I am currently trying to lose weight or keep from gaining weight by eating less.                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. I am currently trying to lose weight or keep from gaining weight by eating a more healthy diet.                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. I am currently trying to lose weight or keep from gaining weight by getting more physical activity or exercising more. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. I will probably be overweight in my adult years.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**H7. Over the last 7 days, on how many days did you experience any of the following problems or difficulties?**

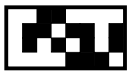
	NONE	1-2 DAYS	3 OR MORE DAYS
--	------	-------------	----------------------

- |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Toothache          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Trouble seeing     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Difficulty hearing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**H8. Over the last 7 days, on how many days did you experience any of the following problems or difficulties?**

	NONE	1-2 DAYS	3 OR MORE DAYS
--	------	-------------	----------------------

- |                                    |                       |                       |                       |
|------------------------------------|-----------------------|-----------------------|-----------------------|
| a. Little or no energy             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Trouble going to sleep at night | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Tired or sleepy most of the day | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Upset stomach/stomachache       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Headache                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Nausea or vomiting              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Dizziness or fainting           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Other aches and pains           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Trouble with your nerves        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Draft

H9. Do you frequently vomit or throw up after eating?

- No
- Yes

H10. How well does each of the following statements describe you?

NOT LIKE ME    A LITTLE LIKE ME    A LOT LIKE ME

- a. I feel good about myself.
- b. I am satisfied with myself.
- c. I am able to do things as well as most other people.
- d. I have a number of good qualities.
- e. I have confidence in myself.

H11. Have you had a close friend die in the last year?

- No
- Yes

H12. Have you had a parent or a close family member (like a brother or sister) die in the last year?

- No
- Yes

H13. How well does each of the following statements describe you?

NOT LIKE ME    A LITTLE LIKE ME    A LOT LIKE ME

- a. I often think about running away from home.
- b. I often wonder whether anyone really cares about me.
- c. I often feel sad.
- d. I often feel lost or confused.
- e. I often feel all alone in the world.
- f. I often worry about my future.

H14. How often do you go to church, synagogue, or some other place of worship?

- Daily
- About once a week
- About once a month
- Several times a year
- Never

H15. How well does each of the following statements describe you?

NOT LIKE ME    A LITTLE LIKE ME    A LOT LIKE ME

- a. Religion plays an important role in my daily life.
- b. I am a religious person.
- c. My religious faith gives me strength.
- d. My religious faith influences the decisions that I make.

H16. During the past 30 days, did you spend one hour or more doing volunteer work to help others in the community?

- No
- Yes

H17. Indicate your level of agreement with each of the following statements about the people who support you when you need help, such as parents or guardians, brothers, sisters, friends, teachers, and others:

*There are people who talk to me at least weekly who:*

- |   | STRONGLY DISAGREE     | DISAGREE              | AGREE                 | STRONGLY AGREE        |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Listen to me without giving me advice or judging me.                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Tell me that they appreciate my efforts.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Encourage me to do well.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Comfort me and tell me that they are on my side.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Get me to think about my values and feelings.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Are similar to me and see things the way I do.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Help me by giving or loaning me money.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Provide me with help, such as giving me a ride somewhere or helping me with my homework. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Thank You for Completing the SSP

*Have a Good Day!*