



## Vermont Child Health and Behavior Questionnaire

Self-report for 11-21 year olds

When completing this questionnaire, please indicate the extent to which a particular behavior or personality trait applies to you. If you are not sure which answer to give, please choose the most appropriate option rather than putting an 'X' in two boxes. In other words, **for each question give one answer only, unless otherwise instructed**. There are no right or wrong answers. It is very important that you answer all the questions to give us a complete and accurate picture. **Please make sure that you do not skip any questions**. It is also important that you complete the questionnaire *on your own* and that you do *not* discuss the questions with others.

Give the answer that describes you most accurately by putting an 'X' in the appropriate box.

For example:

- <sub>1</sub> poor
- <sub>2</sub> fair
- <sub>3</sub> reasonable
- <sub>4</sub> good
- <sub>5</sub> excellent

If you make a mistake, draw an arrow next to the correct box

For example:

- <sub>1</sub> poor
- <sub>2</sub> fair
- <sub>3</sub> reasonable
- <sub>4</sub> good
- <sub>5</sub> excellent

The answers to some questions have been placed next to each other rather than below each other.

For example:

- |    | <b>no</b>  | <b>at times</b>                                  | <b>yes</b>                            |
|----|--|--|---------------------------------------|
| a. | <input checked="" type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub>            | <input type="checkbox"/> <sub>3</sub> |
| b. | <input type="checkbox"/> <sub>1</sub>            | <input checked="" type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| c. | <input type="checkbox"/> <sub>1</sub>            | <input checked="" type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |

**All answers will be treated with confidentiality.**

## Demographic questions

1. Today's date: \_\_\_\_\_ - \_\_\_\_\_ - 20\_\_\_\_\_
2. Your name: \_\_\_\_\_  
First M Last
3. Your gender: <sub>1</sub> male  
<sub>2</sub> female
4. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ → My age is \_\_\_\_\_
5. Zip code of your home address (*enter numbers only*): \_\_\_\_\_

## Physical health and development

6. How would you describe your health in general?  
<sub>1</sub> poor  
<sub>2</sub> fair  
<sub>3</sub> reasonable  
<sub>4</sub> good  
<sub>5</sub> excellent
7. Are you right-handed or left-handed?  
<sub>1</sub> right-handed  
<sub>2</sub> left-handed  
<sub>3</sub> both
8. How tall are you? \_\_\_\_\_ feet \_\_\_\_\_ inches
9. How would you describe your height?  
<sub>1</sub> I haven't started growing fast yet  
<sub>2</sub> I have just started growing fast  
<sub>3</sub> I've been growing fast for some time now  
<sub>4</sub> The period of accelerated growth ended when I was \_\_\_\_\_ → age:.....years
10. Please describe your height as compared with your classmates during elementary school and high school?  
<sub>1</sub> just as tall/taller at elementary school and just as tall/taller at high school  
<sub>2</sub> just as tall/taller at elementary school and smaller/just as tall at high school  
<sub>3</sub> smaller/just as tall at elementary school and just as tall/taller at high school  
<sub>4</sub> smaller/just as tall at elementary school and smaller/just as tall at high school  
<sub>5</sub> I am not in high school yet
11. How much do you weigh now? \_\_\_\_\_ pounds
12. Have other people ever worried about your weight now or in the past?  
<sub>1</sub> no  
<sub>2</sub> yes, I am/was too heavy  
<sub>3</sub> yes, I am/was too light
13. How many hours a night do you sleep on average during a school week/working week?  
<sub>1</sub> less than 6 hours a night  
<sub>2</sub> 6-8 hours a night  
<sub>3</sub> 8-9 hours a night  
<sub>4</sub> more than 9 hours a night
14. Do you have a disability or disease that makes it hard for you to do things in your daily life?  
<sub>1</sub> no  
<sub>2</sub> yes, namely \_\_\_\_\_
15. Do you have an injury that makes it hard for you to participate in sports?  
<sub>1</sub> no  
<sub>2</sub> yes, namely \_\_\_\_\_
16. Are you being treated by a medical specialist? If so, for what?  
<sub>1</sub> no  
<sub>2</sub> yes, for \_\_\_\_\_

17. Have you ever been in contact with a medical/mental health professional for emotional and/or behavioral problems (for example, mental health counselor, psychologist, psychiatrist, social worker, school counselor, pediatrician)? <sub>1</sub> No <sub>2</sub> Yes

If "yes", please provide the name(s) of that person or organization:

\_\_\_\_\_

Approximate dates visited: \_\_\_\_\_

Diagnosis or treatment: \_\_\_\_\_

18. Have you ever been psychiatrically hospitalized? <sub>1</sub> No <sub>2</sub> Yes

If "yes", please provide the date(s) of hospitalization: \_\_\_\_\_

The name of hospital: \_\_\_\_\_

The reason: \_\_\_\_\_

\_\_\_\_\_

19. Have you ever had thoughts of hurting/killing yourself in the past? <sub>1</sub> No <sub>2</sub> Yes

20. Do you have thoughts about hurting/killing yourself now? <sub>1</sub> No <sub>2</sub> Yes

21. Have you ever acted on those thoughts? <sub>1</sub> No <sub>2</sub> Yes <sub>3</sub> I have never had those thoughts

If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

22. Have you ever harmed your body without the intent to kill yourself? (for example, by burning or cutting your body) <sub>1</sub> No

<sub>2</sub> Yes

If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

23. Have you ever experienced physical abuse? <sub>1</sub> No <sub>2</sub> Yes

24. Have you ever experienced sexual abuse? <sub>1</sub> No <sub>2</sub> Yes

**Questions 25 to 31 only for girls** **(boys → go to question 32)**

25. Are your breasts growing? <sub>1</sub> no, not yet  
<sub>2</sub> yes, they have just started growing; they are painful  
<sub>3</sub> yes, but they are still small  
<sub>4</sub> no, they stopped growing when I was → age: \_\_\_\_ years

26. Have you ever menstruated (had your period)? <sub>1</sub> no → go to question 31 <sub>2</sub> yes

27. How old were you when you first menstruated? \_\_\_\_\_ years and \_\_\_\_\_ months

28. Do you have regular periods? <sub>1</sub> very regular, to the exact day  
<sub>2</sub> pretty regular, usually within three days of the expected day  
<sub>3</sub> irregular, unpredictable

29. How often do you have your periods? <sub>1</sub> more than once a month  
<sub>2</sub> once every 28 days (once a month)  
<sub>3</sub> less than once a month  
<sub>4</sub> less than once every two months

30. Have you ever missed 3 periods in a row since you started menstruating? <sub>1</sub> no <sub>2</sub> yes

31. Do you currently take birth control pills? <sub>1</sub> no <sub>2</sub> yes

**Questions 32 to 34 only for boys**

**(girls → go to question 35)**

32. Is your voice changing (becoming deeper and/or breaking)? <sub>1</sub> no, it has not yet started to change → go to question 34  
<sub>2</sub> yes, it has just started to change  
<sub>3</sub> yes, it is clearly changing  
<sub>4</sub> no, the changes stopped when I was → age: \_\_\_\_\_ years

33. Did your voice start changing earlier or later than most of your classmates? <sub>1</sub> earlier <sub>2</sub> later <sub>3</sub> I don't know

34. Have you started shaving? <sub>1</sub> no  
<sub>2</sub> yes, sometimes  
<sub>3</sub> yes, several times a week, namely \_\_\_\_\_ times

**Eating habits**

35. Have you ever gone on a diet to lose weight or avoid gaining weight? <sub>1</sub> never  
<sub>2</sub> a few times  
<sub>3</sub> several times  
<sub>4</sub> often  
<sub>5</sub> I'm always on a diet

36. How old were you when you first went on a diet? <sub>1</sub> \_\_\_\_\_ years  
<sub>2</sub> I've never been on a diet

37. What role do your figure and/or weight play in how you see yourself? <sub>1</sub> the most important role  
<sub>2</sub> an important role  
<sub>3</sub> a moderate role  
<sub>4</sub> a small role  
<sub>5</sub> no role at all

38. Some children engage in binge eating. This means that they eat large amounts of food within a short period of time (e.g. within two hours). We speak of binge eating when this amount is clearly more than what most children would eat within the same period of time and under the same circumstances.

a. Do you suffer from/ have you ever engaged in binge eating? <sub>1</sub> never → go to question 40  
If so, how often does/ did this happen? <sub>2</sub> less than once a month  
<sub>3</sub> 1-3 times a month  
<sub>4</sub> once a week  
<sub>5</sub> more than once a week

b. While binge eating, do you have the feeling that you're losing control and that you can't stop eating, even if you would like to? <sub>1</sub> no  
<sub>2</sub> yes

c. How long did the period of binge eating last? <sub>1</sub> more than 1 year  
<sub>2</sub> 6 months to 1 year  
<sub>3</sub> 3 months to 6 months  
<sub>4</sub> 1 to 3 months  
<sub>5</sub> less than 1 month

39. If you have ever engaged in binge eating, how old were you when it happened for the first time? \_\_\_\_\_ years

## Smoking

40. Have you ever smoked? <sub>1</sub> no → skip to question 44  
<sub>2</sub> a few times just to try → age when you first tried: \_\_\_\_\_  
<sub>3</sub> yes → age when you started smoking: \_\_\_\_\_
41. How often do you now smoke? <sub>1</sub> I've never been a regular smoker  
<sub>2</sub> I've quit smoking  
<sub>3</sub> I smoke once a week or less  
<sub>4</sub> I smoke several times a week, not every day  
<sub>5</sub> I smoke once or several times a day
42. How many cigarettes have you smoked so far? <sub>1</sub> just one  
<sub>2</sub> about 2 to 10  
<sub>3</sub> about 10 to 50  
<sub>4</sub> more than 50
43. How many cigarettes do you/did you smoke on an average day? <sub>1</sub> less than 1 a day  
<sub>2</sub> 1-5 a day  
<sub>3</sub> 6-10 a day  
<sub>4</sub> 11-20 a day  
<sub>5</sub> 21-30 a day  
<sub>6</sub> more than 30 a day
44. Do one or more of your friends smoke tobacco? <sub>1</sub> no, none of my friends  
<sub>2</sub> yes, one of my friends  
<sub>3</sub> yes, 2-5 of my friends  
<sub>4</sub> yes, more than 5 of my friends
45. Do you think you will start smoking within a year? <sub>1</sub> absolutely not  
<sub>2</sub> probably not  
<sub>3</sub> I don't know  
<sub>4</sub> I probably will  
<sub>5</sub> I'm sure I will  
<sub>6</sub> I already smoke

## Alcohol

46. Have you ever used alcohol? <sub>1</sub> no → go to question 51  
<sub>2</sub> a few times just to try → age when you first tried: \_\_\_\_\_  
<sub>3</sub> yes → age when you started using alcohol: \_\_\_\_\_
47. How often have you had an alcoholic drink (beer, wine, spirits or mixed drinks)? *(put an 'X' in a box on each line)*

	number of times	never	1-2	3-4	5-6	7-8	9-10	11-19	20-39	more often
a.	In your entire life	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
b.	In the last 12 months	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
c.	In the last 4 weeks	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>

48. How often do you drink alcohol?  
(Include times when you only had a little bit to drink,  
e.g. half a pint of beer or a few sips of wine)
- <sub>1</sub> I don't drink alcohol  
<sub>2</sub> once a year or less  
<sub>3</sub> several times a year  
<sub>4</sub> about once a month  
<sub>5</sub> several times a month  
<sub>6</sub> once a week  
<sub>7</sub> several times a week  
<sub>8</sub> every day
49. How many glasses of alcohol do you drink in **an average week** (including the weekend)?
- <sub>1</sub> less than 1 glass  
<sub>2</sub> 1-2 glasses a week  
<sub>3</sub> 3-5 glasses a week  
<sub>4</sub> 6-10 glasses a week  
<sub>5</sub> 11-16 glasses a week  
<sub>6</sub> more than 16 glasses a week

50. Have you ever been drunk or tipsy as a result of drinking alcohol? (*put an 'X' in a box on each line*)

	number of times	never	1-2	3-4	5-6	7-8	9-10	11-19	20-39	more often
a.	In your entire life	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
b.	In the last 12 months	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
c.	In the last 4 weeks	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>

51. Do one or more of your friends drink alcohol?
- <sub>1</sub> no, none of my friends  
<sub>2</sub> yes, one of my friends  
<sub>3</sub> yes, 2-5 of my friends  
<sub>4</sub> yes, more than 5 of my friends
52. Have you ever ridden in a car driven by someone (including yourself) who had been using alcohol? <sub>1</sub> No <sub>2</sub> Yes
53. Do you ever use alcohol to relax, feel better about yourself, or fit in? <sub>1</sub> No <sub>2</sub> Yes
54. Do you ever use alcohol while you are by yourself, or alone? <sub>1</sub> No <sub>2</sub> Yes
55. Do you ever forget things you did while using alcohol? <sub>1</sub> No <sub>2</sub> Yes
56. Do your family or friends ever tell you that you should cut down on your drinking? <sub>1</sub> No <sub>2</sub> Yes
57. Have you ever gotten into trouble while you were using alcohol? <sub>1</sub> No <sub>2</sub> Yes

## Drugs

58. Have you ever used marijuana?
- <sub>1</sub> no → go to question 60  
<sub>2</sub> a few times just to try → age when you first tried: \_\_\_\_\_  
<sub>3</sub> yes → age when you started using marijuana: \_\_\_\_\_

59. How often have you used marijuana? (*put an 'X' in a box on each line*)

	number of times	never	1-2	3-4	5-6	7-8	9-10	11-19	20-39	more often
a.	In your entire life	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
b.	In the last 12 months	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
c.	In the last 4 weeks	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>

60. Do one or more of your friends use marijuana?
- <sub>1</sub> no, none of my friends  
<sub>2</sub> yes, one of my friends  
<sub>3</sub> yes, 2-5 of my friends  
<sub>4</sub> yes, more than 5 of my friends

61. Have you ever used other drugs? <sub>1</sub> no → go to question 63  
<sub>2</sub> yes

If yes, please list: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

62. How often have you used other drugs? (Put an 'X' in a box on each line)

	number of times	never	1-2	3-4	5-6	7-8	9-10	11-19	20-39	more often
a.	In your entire life	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
b.	In the last 12 months	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
c.	In the last 4 weeks	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>

63. Do one or more of your friends use drugs other than marijuana? <sub>1</sub> no, none of my friends  
<sub>2</sub> yes, one of my friends  
<sub>3</sub> yes, 2-5 of my friends  
<sub>4</sub> yes, more than 5 of my friends

64. Have you ever ridden in a car driven by someone (including yourself) who was 'high' or had been using drugs? <sub>1</sub> No <sub>2</sub> Yes  
 65. Do you ever use drugs to relax, feel better about yourself, or fit in? <sub>1</sub> No <sub>2</sub> Yes  
 66. Do you ever use drugs while you are by yourself, or alone? <sub>1</sub> No <sub>2</sub> Yes  
 67. Do you ever forget things you did while using drugs? <sub>1</sub> No <sub>2</sub> Yes  
 68. Do your family or friends ever tell you that you should cut down on your drug use? <sub>1</sub> No <sub>2</sub> Yes  
 69. Have you ever gotten into trouble while you were using drugs? <sub>1</sub> No <sub>2</sub> Yes

**Events**

70. Below is a list of events that **may have** occurred in your life. Please indicate for each event whether it has or has not occurred. (Several answers are possible: some events may have occurred more than once, e.g. less and more than two years ago.)

		has not occurred	occurred less than 2 years ago	occurred more than 2 years ago
a.	You moved to another neighborhood or town	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b.	A good friend moved	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c.	You changed schools (not from elementary to high school)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d.	You were seriously ill or had a serious accident	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e.	Someone close to you was or is seriously ill	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f.	Someone close to you died	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g.	Your parents/guardians had serious conflicts/fights	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h.	Your mother or father left home or your parents got divorced	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i.	Your mother's or father's new partner came to live with you	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
j.	Your brother or sister left home	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
k.	Your mother or father became unemployed	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
l.	Your mother or father started working again after a long period at home	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
m.	A little brother or sister was born or adopted	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

71. What school do you now attend? \_\_\_\_\_

72. What grade are you in? \_\_\_\_\_

73. Did you ever repeat a grade? <sub>1</sub> No <sub>2</sub> Yes  
 Grade: \_\_\_\_\_

If "yes", please explain: \_\_\_\_\_  
 \_\_\_\_\_



74. Did you complete high school with a diploma? <sub>0</sub> no, I'm still at school  
<sub>1</sub> no (specify reason): \_\_\_\_\_  
<sub>2</sub> yes

75. If you still go to school, how many days were you absent from school in the past four weeks? (*put an 'X' in a box on each line*)  
 (If you are now on vacation, answer this question for the last 4 weeks before your vacation)

	number of days:	0	1	2	3 or 4	5 or 6	7 or more
a.	because you were ill	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b.	because you were skipping	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c.	other reasons	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

76. Have you ever received services at school for a learning disorder? <sub>1</sub> No <sub>2</sub> Yes  
 If "yes," please describe: \_\_\_\_\_
- a. If "yes," have you ever been on a 504 plan or an IEP for a learning disorder? <sub>1</sub> No <sub>2</sub> Yes  
 Grade(s): \_\_\_\_\_
77. Have you ever received services at school for an emotional/behavioral problem? <sub>1</sub> No <sub>2</sub> Yes  
 If "yes," please describe: \_\_\_\_\_
- a. If "yes," have you ever been on a 504 plan or an IEP for an emotional/behavioral problem? <sub>1</sub> No <sub>2</sub> Yes  
 Grade(s): \_\_\_\_\_
78. How many books a week do you read (not cartoons)?  
<sub>1</sub> none <sub>2</sub> one to two <sub>3</sub> three to four <sub>4</sub> four or more
79. Do you enjoy reading? <sub>1</sub> No <sub>2</sub> Yes
80. Do you enjoy writing stories or poems? <sub>1</sub> No <sub>2</sub> Yes
81. Do you only write at school or when you have to for school? <sub>1</sub> No <sub>2</sub> Yes
82. How do you spend the greater part of your day? (give one answer only)  
<sub>1</sub> I go to school  
<sub>2</sub> I work  
<sub>3</sub> I'm unemployed  
<sub>4</sub> I go to school part-time and work part-time  
<sub>5</sub> I work part-time and I do volunteer work  
<sub>6</sub> I do volunteer work / unpaid work
83. How do you usually go to school?  
<sub>1</sub> driven by a parent  
<sub>2</sub> driven by caretaker other than parent  
<sub>3</sub> driven by friend's parents  
<sub>4</sub> takes the school bus  
<sub>5</sub> by foot alone  
<sub>6</sub> by foot as part of a group  
<sub>7</sub> by bicycle  
<sub>8</sub> I drive myself  
<sub>9</sub> a friend drives me  
<sub>10</sub> Other (please specify) \_\_\_\_\_

**PLEASE CONTINUE ON THE NEXT PAGE**

84. How long does it take you to travel to school? (each way)
- <sub>1</sub> 15 minutes or less
  - <sub>2</sub> 30 minutes or less
  - <sub>3</sub> 45 minutes or less
  - <sub>4</sub> Between 45 minutes and 1 hour
  - <sub>5</sub> Bet Between 1 and 1 ½ hours

**Exercise and Leisure Time**

85. Do you participate in sports regularly?
- <sub>1</sub> No
  - <sub>2</sub> Yes

86. Please indicate below in which sport(s) you participate. For each sport, indicate how many years you have been practicing this sport, how many months per year, how often per week, and how much time you spend on the sport each time you take part in it.

	type of sport		number of years	number of months per year	number of times a week	average time spent
	I don't do any sports at the moment	<input type="checkbox"/> <sub>0</sub>				
	ballet/dancing	<input type="checkbox"/> <sub>1</sub>	.....years	.....months	.....times	.....mins
	baseball	<input type="checkbox"/> <sub>2</sub>	.....years	.....months	.....times	.....mins
	basketball	<input type="checkbox"/> <sub>3</sub>	.....years	.....months	.....times	.....mins
	working out/fitness	<input type="checkbox"/> <sub>4</sub>	.....years	.....months	.....times	.....mins
	football	<input type="checkbox"/> <sub>5</sub>	.....years	.....months	.....times	.....mins
	gymnastics	<input type="checkbox"/> <sub>6</sub>	.....years	.....months	.....times	.....mins
	hiking	<input type="checkbox"/> <sub>7</sub>	.....years	.....months	.....times	.....mins
	hockey	<input type="checkbox"/> <sub>8</sub>	.....years	.....months	.....times	.....mins
	horseback riding	<input type="checkbox"/> <sub>9</sub>	.....years	.....months	.....times	.....mins
	running/ jogging	<input type="checkbox"/> <sub>10</sub>	.....years	.....months	.....times	.....mins
	lacrosse	<input type="checkbox"/> <sub>11</sub>	.....years	.....months	.....times	.....mins
	martial arts	<input type="checkbox"/> <sub>12</sub>	.....years	.....months	.....times	.....mins
	skiing	<input type="checkbox"/> <sub>13</sub>	.....years	.....months	.....times	.....mins
	soccer	<input type="checkbox"/> <sub>14</sub>	.....years	.....months	.....times	.....mins
	swimming	<input type="checkbox"/> <sub>15</sub>	.....years	.....months	.....times	.....mins
	tennis	<input type="checkbox"/> <sub>16</sub>	.....years	.....months	.....times	.....mins
	wrestling	<input type="checkbox"/> <sub>17</sub>	.....years	.....months	.....times	.....mins
	volleyball	<input type="checkbox"/> <sub>18</sub>	.....years	.....months	.....times	.....mins
	golf	<input type="checkbox"/> <sub>19</sub>	.....years	.....months	.....times	.....mins
	other: _____	<input type="checkbox"/> <sub>20</sub>				

**PLEASE CONTINUE ON THE NEXT PAGE**

87. How much time do you spend on the following activities? Give one answer for each activity.

		More than 6 hours per day	3-6 hours per day	1-2 hours per day	4-7 hours per week	1-3 hours per week	Less than 1 hour per week	Rarely or never
a.	watching TV/videos/DVDs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
b.	playing computer games/gameboy	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
c.	using computer/the Internet	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
d.	listening to music	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
e.	making music/choir	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
f.	books/reading	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
g.	drawing/painting	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
h.	handicrafts	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
i.	being at home with friends	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
j.	visiting friends	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
k.	on the street with friends	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
l.	sports clubs/scouting/activity clubs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
m.	homework	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
n.	shopping	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
o.	dancing	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
p.	Other: _____	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

88. What kind of work do you do?  
(several answers possible)
- <sub>0</sub> I don't work
  - <sub>1</sub> full-time paid work: more than 32 hours a week
  - <sub>2</sub> part-time paid work: 12-32 hours a week
  - <sub>3</sub> part-time paid work: less than 12 hours a week
  - <sub>4</sub> volunteer work: more than 32 hours a week
  - <sub>5</sub> volunteer work: 12-32 hours a week
  - <sub>6</sub> volunteer work: less than 12 hours a week

### How you see yourself

89. Please indicate the extent to which you agree or disagree with the following statements using the four answer categories provided.

		strongly agree	agree	disagree	strongly disagree
a.	I'm generally satisfied with myself	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b.	I sometimes feel that I'm no good at all	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c.	I feel I have a number of good qualities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d.	I'm able to do things just as well as others	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e.	I feel I don't have much to be proud of	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f.	I sometimes feel worthless	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g.	I feel I'm a valuable person, at least as valuable as others	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h.	I wish I had more self respect	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
i.	I tend to feel that I'm a failure	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
j.	I feel good about myself	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
k.	I am a spiritual person	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

## Religion

90. Were you raised in a particular religious faith? <sub>1</sub> no <sub>2</sub> yes
91. Are you religious now? <sub>1</sub> no, I'm not religious  
<sub>2</sub> yes, I'm religious but I'm not a practicing member of a church or religious community  
<sub>3</sub> yes, I'm religious and a practicing member of a church or religious community
92. What is/was your religion?  
<sub>1</sub> I have never had a religion  
 Christian:  
<sub>2</sub> Catholic  
<sub>3</sub> Protestant  
<sub>4</sub> Evangelical Christian  
<sub>5</sub> Other Christian: \_\_\_\_\_  
<sub>6</sub> Jewish  
<sub>7</sub> Muslim  
<sub>8</sub> Hindu  
<sub>9</sub> Buddhist: \_\_\_\_\_  
<sub>10</sub> Other, namely: \_\_\_\_\_

## Flipping a coin

93. Please flip a coin and note down whether you got heads or tails. <sub>1</sub> heads  
<sub>2</sub> tails

## Wellbeing

94. For each of the nine statements below, please indicate the extent to which you agree or disagree using the seven answer categories provided.

		Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
a.	My life is going more or less as I wished.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
b.	My living conditions are excellent.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
c.	I'm satisfied with life.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
d.	Until now I have always gotten the most important things I wanted in life.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
e.	If I had to live my life again, I would do more or less the same.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
f.	On the whole I'm a happy person.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
g.	Compared with most of my peers, I'm less happy than they are.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
h.	On the whole, I'm very happy. I enjoy life. Come what may, I always make the best of things.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
i.	On the whole, I'm not very happy. Although I'm not depressed, I never seem to be as happy as I could be.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

95. The '10' on the right of the bar below means **the best life** you can imagine.

The '0' on the left of the bar means **the worst life** you can imagine.

Where on the bar would you say your life generally stands?

**Worst life**

**Best Life**

<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _8	<input type="checkbox"/> _9	<input type="checkbox"/> _10
-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	------------------------------

**Family**

96. Do you have any brothers or sisters (including half brothers/sisters, step-brothers/sisters, etc.) \_1 No → *skip to question 97* \_2 Yes

Definitions: - full brother/ sister has the same biological father **and** the same biological mother as yourself  
 - half brother/ sister has the same biological father **or** the same biological mother as yourself  
 - step brother/ sister has **other** biological father **and** **other** biological mother than yourself

	Name of sibling	Age	Sex		How does he/she relate to you?				lives with you	
			male	female	full brother / sister	half-brother / sister	step-brother / sister	adoptive or foster brother / sister	no	yes
a.			<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _1	<input type="checkbox"/> _2
b.			<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _1	<input type="checkbox"/> _2
c.			<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _1	<input type="checkbox"/> _2
d.			<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _1	<input type="checkbox"/> _2
e.			<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _1	<input type="checkbox"/> _2
f.			<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _1	<input type="checkbox"/> _2
g.			<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _1	<input type="checkbox"/> _2
h.			<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _1	<input type="checkbox"/> _2

97. For each of the twelve statements below, indicate whether each statement is true (check "yes") or not true (check "no") for the members of your family?

		no	yes
a.	If two of us have an argument, everyone sticks his nose in it	<input type="checkbox"/> _1	<input type="checkbox"/> _2
b.	Family members sometimes hit each other	<input type="checkbox"/> _1	<input type="checkbox"/> _2
c.	Family members often criticize each other	<input type="checkbox"/> _1	<input type="checkbox"/> _2
d.	We often have arguments at home	<input type="checkbox"/> _1	<input type="checkbox"/> _2
e.	We sometimes swear at home	<input type="checkbox"/> _1	<input type="checkbox"/> _2
f.	When we quarrel at home, it's always the same person's fault	<input type="checkbox"/> _1	<input type="checkbox"/> _2
g.	Family members rarely become openly angry	<input type="checkbox"/> _1	<input type="checkbox"/> _2
h.	We sometimes quarrel when we go to bed	<input type="checkbox"/> _1	<input type="checkbox"/> _2
i.	We have small conflicts every day	<input type="checkbox"/> _1	<input type="checkbox"/> _2
j.	Family members sometimes get so angry they throw things	<input type="checkbox"/> _1	<input type="checkbox"/> _2
k.	We almost always quarrel during dinner	<input type="checkbox"/> _1	<input type="checkbox"/> _2
l.	We fight a lot in our family	<input type="checkbox"/> _1	<input type="checkbox"/> _2
m.	Family members hardly ever lose their tempers	<input type="checkbox"/> _1	<input type="checkbox"/> _2
n.	If there is a disagreement in our family, we try hard to smooth things over and keep the peace	<input type="checkbox"/> _1	<input type="checkbox"/> _2
o.	Family members often try to one-up or out-do each other	<input type="checkbox"/> _1	<input type="checkbox"/> _2
p.	In our family, we believe you don't ever get anywhere by raising your voice	<input type="checkbox"/> _1	<input type="checkbox"/> _2

**PLEASE CONTINUE ON THE NEXT PAGE**

98.	Which of the answers below <b>best describes</b> your current <b>living arrangement</b> ? Check all that apply.							
	Examples:							
	1. If you live fulltime with your biological mother only, under “Caregiver 1” you would check the boxes marked “female” and “biological parent”. You would write “100” for “% of time you spend in this household” and you would leave the other “Caregiver” columns blank.							
	2. If you live with your biological father and step-mother half of the time and with your biological mother the other half of the time, then under “Caregiver 1” you would mark “male,” “biological,” and “50%”; under “Caregiver 2” you would mark “female,” “step,” and “50%”; and under “Caregiver 3” you would mark “female,” “biological,” and “50%.”							
	<b>Caregiver 1</b>		<b>Caregiver 2</b>		<b>Caregiver 3</b>		<b>Caregiver 4</b>	
	<input type="checkbox"/> <sub>1</sub>	male	<input type="checkbox"/> <sub>1</sub>	male	<input type="checkbox"/> <sub>1</sub>	male	<input type="checkbox"/> <sub>1</sub>	male
	<input type="checkbox"/> <sub>2</sub>	female	<input type="checkbox"/> <sub>2</sub>	female	<input type="checkbox"/> <sub>2</sub>	female	<input type="checkbox"/> <sub>2</sub>	female
	<input type="checkbox"/> <sub>3</sub>	biological parent	<input type="checkbox"/> <sub>3</sub>	biological parent	<input type="checkbox"/> <sub>3</sub>	biological parent	<input type="checkbox"/> <sub>3</sub>	biological parent
	<input type="checkbox"/> <sub>4</sub>	adoptive	<input type="checkbox"/> <sub>4</sub>	adoptive	<input type="checkbox"/> <sub>4</sub>	adoptive	<input type="checkbox"/> <sub>4</sub>	adoptive
	<input type="checkbox"/> <sub>5</sub>	step	<input type="checkbox"/> <sub>5</sub>	step	<input type="checkbox"/> <sub>5</sub>	step	<input type="checkbox"/> <sub>5</sub>	step
	<input type="checkbox"/> <sub>6</sub>	grandparent	<input type="checkbox"/> <sub>6</sub>	grandparent	<input type="checkbox"/> <sub>6</sub>	grandparent	<input type="checkbox"/> <sub>6</sub>	grandparent
	<input type="checkbox"/> <sub>7</sub>	foster	<input type="checkbox"/> <sub>7</sub>	foster	<input type="checkbox"/> <sub>7</sub>	foster	<input type="checkbox"/> <sub>7</sub>	foster
	<input type="checkbox"/> <sub>8</sub>	other	<input type="checkbox"/> <sub>8</sub>	other	<input type="checkbox"/> <sub>8</sub>	other	<input type="checkbox"/> <sub>8</sub>	other
	% of time you spend in this household: _____%		% of time you spend in this household: _____%		% of time you spend in this household: _____%		% of time you spend in this household: _____%	

99. Below are twelve statements about families. Thinking about your own family **within the past year**, please indicate by marking the appropriate box, how much **strongly** you agree or disagree with each statement.

		<b>strongly agree</b>	<b>agree</b>	<b>disagree</b>	<b>strongly disagree</b>
a.	Planning family activities is difficult because we misunderstand each other	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b.	In times of crisis we can turn to each other for support	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c.	We cannot talk to each other about the sadness we feel	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d.	Individuals are accepted for what they are	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e.	We avoid discussing our fears and concerns	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f.	We can express feelings to each other	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g.	There are lots of bad feelings in the family	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h.	We feel accepted for what we are	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
i.	Making decisions is a problem for our family	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
j.	We are able to make decisions about how to solve problems	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
k.	We don't get along very well together	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
l.	We confide in each other	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

### Family Activities and Routines

Children and their families have different activities and routines. We are going to ask you about some activities and routines in **your** family **during the past 6 months**. You will be asked to tell **how regularly** each activity or routine took place. In other words, did an activity occur in some very regular or predictable way or not in a regular way at all?

*An extremely regular activity might be something that occurs in the same way each day. **For example**, John may take a peanut butter sandwich for lunch every day. **Or** an extremely regular routine might also be that John takes a peanut butter sandwich every Monday and Tuesday, tuna every Wednesday and Thursday, and turkey every Friday. **Also**, John visiting his grandmother every Sunday would be an extremely regular routine.*

*An example of an activity that is “not at all regular” might be that Bill does not know in advance what he will have for lunch on a particular day. Another example of an activity that is “not at all regular” might be that Bill does not visit his grandmother very often and does not know when a visit might be.*

100.	How regular is the routine in your house, in the morning, when people are going to work or school?	0 not at all regular	1 a little	2 regular	3 very	4 extremely regular
101.	How regular is your bedtime routine <b>on weekdays</b> ?	0 not at all regular	1 a little	2 regular	3 very	4 extremely regular

102.	How regular is the mealtime routine in your house? (For example, do you eat at about the same time every night and does everyone eat together?)	0 not at all regular	1 a little	2 regular	3 very	4 extremely regular
103.	How regularly do you do your chores?	0 not at all regularly	1 a little	2 regularly	3 very	4 extremely regularly
104.	How regularly are <b>other</b> household responsibilities met (such as clothes getting washed, school lunches made)?	0 not at all regularly	1 a little	2 regularly	3 very	4 extremely regularly
105.	How regular is your homework routine after school? (For example, is your homework done at about the same time and in the same place each day?)	0 not at all regular	1 a little	2 regular	3 very	4 extremely regular
106.	How regularly do your parent(s) or some other adult look over your homework or work with you on it?	0 not at all regularly	1 a little	2 regularly	3 very	4 extremely regularly
107.	How regularly do you participate in organized activities that <b>involve other children</b> (e.g., scouts, team sports)?	0 not at all regularly	1 a little	2 regularly	3 very	4 extremely regularly
108.	How regularly do you participate in organized activities that are done by yourself (e.g., music lessons, dance lessons, tutoring)?	0 not at all regularly	1 a little	2 regularly	3 very	4 extremely regularly
109.	How regularly does your parent make time to talk with you?	0 not at all regularly	1 a little	2 regularly	3 very	4 extremely regularly
110.	How regularly do you have time for yourself to do things on your own (e.g., playing, reading, relaxing)?	0 not at all regularly	1 a little	2 regularly	3 very	4 extremely regularly
111.	How regularly do you get together with friends outside of school?	0 not at all regularly	1 a little	2 regularly	3 very	4 extremely regularly
112.	On <b>weekdays</b> , how regularly do you participate in fun activities with your family (e.g., playing games, watching TV)?	0 not at all regularly	1 a little	2 regularly	3 very	4 extremely regularly
113.	On <b>weekends</b> , how regularly do you participate in fun activities with family members (parent(s), brothers, sisters)?	0 not at all regularly	1 a little	2 regularly	3 very	4 extremely regularly
114.	On <b>weekends</b> , how regularly do you participate in fun activities with someone other than your family?	0 not at all regularly	1 a little	2 regularly	3 very	4 extremely regularly
115.	How regularly does your family go some place special together?	0 not at all regularly	1 a little	2 regularly	3 very	4 extremely regularly
116.	How regularly do you see or talk with members of your family who do not live with you (e.g., grandparents, cousins)?	0 not at all regularly	1 a little	2 regularly	3 very	4 extremely regularly
117.	How regularly do you and your family see or talk with people from other families who are not related to you (e.g., family friends)?	0 not at all regularly	1 a little	2 regularly	3 very	4 extremely regularly
118.	How regularly do you or your family participate in activities related to your religion or culture (e.g., attend church or synagogue, religious or ethnic classes, home activities such as prayer or candle lighting)?	0 not at all regularly	1 a little	2 regularly	3 very	4 extremely regularly
119.	How regularly do members of your family let each other know where they are going or where they will be?	0 not at all regularly	1 a little	2 regularly	3 very	4 extremely regularly
120.	How regular is your school attendance? (For example, are you rarely absent and usually on time or frequently absent and/or late?)	0 not at all regular	1 a little	2 regular	3 very	4 extremely regular
121.	Is someone available on a regular basis to care for you if you get sick and have to stay home from or leave school?	0 not at all regularly	1 a little	2 regularly	3 very	4 extremely regularly

122.	How regular is your after-school routine?	0 not at all regular	1 a little	2 regular	3 very	4 extremely regular
123.	<b>Overall</b> , how regular do you think activities or routines are in your family?	0 not at all regular	1 a little	2 regular	3 very	4 extremely regular

**Your feelings**

124. On a scale from 0 (bad) to 10 (very good), how do you feel right now?

<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _8	<input type="checkbox"/> _9	<input type="checkbox"/> _10
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**Thank you for participating!**