

JCP Youth Questionnaire (Revised September 2006)

Name _____

Age _____

Birth date _____

Gender Male Female

Race/ethnicity/cultural heritage. What is your race, ethnicity or cultural heritage? Check all that apply.

- | | |
|--|---|
| 01. <input type="checkbox"/> Black or African-American | 08. <input type="checkbox"/> Vietnamese |
| 02. <input type="checkbox"/> White (Caucasian) | 09. <input type="checkbox"/> Native American / Alaskan Native |
| 03. <input type="checkbox"/> Asian | 10. <input type="checkbox"/> Native Hawaiian / Pacific Islander |
| 04. <input type="checkbox"/> Chinese | 11. <input type="checkbox"/> Hispanic / Latino |
| 05. <input type="checkbox"/> Indian | 12. <input type="checkbox"/> Mexican |
| 06. <input type="checkbox"/> Japanese | 13. <input type="checkbox"/> Other (Specify) _____ |
| 07. <input type="checkbox"/> Korean | 14. <input type="checkbox"/> Race / Ethnicity Unreported |

1. Do you do any sports or other activities for fun? Yes No (PF4.5)
If yes, what activity? (PF2.1)
2. What else do you enjoy doing? _____
3. What are you good at? _____
4. Describe the best thing about yourself _____
5. Do you have any friends who get mostly A's and B's? Yes No (PF3.4)
6. Do you feel close to your parents or other members of your family? Yes No (PF5.10)
7. In the last 12 months, have you ridden in a vehicle with a teenage driver who had been drinking or using drugs? Yes No (R4.10)
8. Have you done something dangerous in the last 12 months, Yes No (R4.10)
9. Do you feel that the rules in your family are clear? Yes No (R5.2)
(PF5.1)
10. Are you currently going to school? Yes No (R2.3)
If yes, what are your grades like? Mostly: (R2.4)
 A's and B's (R2.2)
 B's and C's
 C's and D's
 D's and F's
- If you are not going to school, why not? _____

11. Do you use alcohol or other drugs that you do not get from your doctor? Yes No (R6.1)
If yes, how old were you when you first started using? _____ (R6.3)
12. Have you ever gone to school while you were drunk or high? Yes No (R6.4)
13. Do you spend at least several days a month with friends who use alcohol and other drugs? Yes No (T3.5.)
14. Have any of the people you hang out with ever been suspended from or dropped out of school? Yes No (R3.3)
15. Do any of the people you hang out with carry a handgun? Yes No (R3.2)
16. Would your parents know if you did not come home on time? Yes No (R5.2)
17. When you are not at home, does your family know where you are or who you are with? Yes No (R5.2)
19. In the past few months, have you lost your temper or “blown up” easily? Yes No (R4.12)
20. Is there any adult in your life that you can trust or talk to? Yes No (PF3.6)
21. If you could meet one actor from the movies or TV, who would you want to meet?
_____ Why? _____
22. Is there anything else you'd like to tell me?

