

Council on Addiction Prevention & Education of Dutchess County, Inc.

This survey is voluntary. That means you do not have to take it. If you choose to take it, you may skip any questions you do not want to answer.

Thank you for agreeing to participate in this survey. The survey asks your opinion on a number of things in your life, including your friends, your family, your neighborhood and your community. Your answers to these questions will be confidential. That means no one will know your answers.

This is not a test. There are no right or wrong answers.

If you do not find an answer that fits exactly, use one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank.

WHY ARE YOU BEING ASKED TO DO THIS?

* HAVE YOUR VOICE HEARD

* KNOW WHAT IS REALLY GOING WITH KIDS IN DUTCHESS COUNTY

These questions ask for some general information about you. Please mark the response that best describes you.

1. How old are you?

☐ 12

☐ 15

☐ 18

☐ 13

☐ 16

☐ 19 or older

☐ 14

☐ 17



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2. What grade are you in?

☐ 8th

☐ 10th

☐ 12th

3. Are you:

☐ Male

☐ Female

☐ Other

These questions ask for some general information about you. Please mark the response that best describes you.

4. What do you consider yourself to be? (choose all that apply)

- ☐ White
- ☐ Black or African American
- ☐ American Indian/Native American, Eskimo or Aleut
- ☐ Spanish/Hispanic/Latino
- ☐ Asian or Pacific Islander

Other (please specify below)

5. What is the language you use most often at home?

- ☐ English
- ☐ Spanish

Another language (Please specify in the comment box below)

This section asks about your experiences at school.

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

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

7. Thinking back over the past year, how often did you:

Enjoy being in school?

	Never	Seldom	Sometimes	Often	Almost Always
Enjoy being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hate being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try to do your best work in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Choose the answer you agree with the most.

	NO!	no	yes	YES!
In my school, students have lots of chances to help decide things like class activities and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teacher(s) notices when I am doing a good job and lets me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are lots of chances for students in my school to talk with a teacher one-on-one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The school lets my parents know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are your school grades better than the grades of most students in your class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do your friends think doing well in school is important?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These questions are about your feelings and experiences in other parts of your life.

9. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:

	None	1	2	3	4
Smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Got drunk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dropped out of school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next section asks about your experiences with tobacco, alcohol, and other drugs. It also asks some other personal questions. Remember, your answers are confidential. This means your answers will stay secret.

10. Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?

- ☐ Never
- ☐ Once or twice
- ☐ Once in a while, but not regularly
- ☐ Regularly in the past
- ☐ Regularly now

11. Have you ever smoked cigarettes?

- ☐ Never
- ☐ Once or twice
- ☐ Once in a while, but not regularly
- ☐ Regularly in the past
- ☐ Regularly now

12. In your LIFE, how many times (if any) have you:

	never	1 or 2 times	3 to 5 times	6 to 9 times	10 or more times
Had alcoholic beverages (beer, wine or hard liquor) to drink--more than just a few sips?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high (huffing)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used cocaine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used marijuana (weed, pot) or hashish (hash, hash oil)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used methadone or suboxone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used LSD (acid) or other psychedelics (peyote, PCP)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. In your LIFE, how many times (if any) have you:

	0 times	1 or 2 times	3 to 5 times	6 to 9 times	10 or more times
Used Ecstasy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used methamphetamine (meth, crystal meth, crank)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used prescription pain relievers, such as Vicodin, OxyContin or Tylox, without a doctor's orders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used prescription tranquilizers, such as Xanax, Valium or Ambien, without a doctor's orders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used prescription stimulants, such as Ritalin or Adderall, without a doctor's orders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used synthetic marijuana or bath salts?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Now think about the LAST MONTH. During the last month, how many times have you:

	0 times	1 or 2 times	3 to 5 times	6 to 9 times	10 or more times
Had alcoholic beverages (beer, wine or hard liquor) to drink--more than just a few sips?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high (huffing)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used cocaine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used marijuana (weed, pot) or hashish (hash, hash oil)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used methadone or suboxone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used LSD (acid) or other psychedelics (peyote, PCP)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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15. In the LAST MONTH, how many times have you:

	0 times	1 or 2 times	3 to 5 times	6 to 9 times	10 or more times
Used Ecstasy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used methamphetamine (meth, crystal meth, crank)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used prescription pain relievers, such as Vicodion, OxyContin or Tylox, without a doctor's orders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used prescription tranquilizers, such as Xanax, Valium or Ambien, without a doctor's orders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used prescription stimulants, such as Ritalin or Adderall, without a doctor's orders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used synthetic marijuana or bath salts?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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



17. Now think about the PAST YEAR. How many times in the past year (12 months) have you:

	Never	1-2 times	3-5 times	6-9 times	10 times or more
Carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attacked someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been drunk or high at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taken a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stolen in order to have money to buy drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Have you ever belonged to a gang?

- ☐ No
☐ Yes

19. If so, did that gang have a name?

- ☐ No
☐ Yes
☐ I have never belonged to a gang.

20. How often do you attend religious/spiritual services or activities?

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



21. Which best describes how you spend your time after school?

- ☐ I am at an after school activity (team, club, class, program) 4-5 days
☐ I am at an after school activity 2-3 days
☐ I am at an after school activity 0-1 day

22. How old were you when you first:

	Never have	10 or younger	11 or 12	13 or 14	15 or 16	17 or older
Smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoked a cigarette, even just a puff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Got arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attacked someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Belonged to a gang?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. These questions ask about your feelings. Choose the response you agree with the most.

	NO!	no	yes	YES!
Sometimes I think that life is not worth it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At times I think I am no good at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All in all, I am inclined to think that I am a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past year have you felt depressed or sad MOST days, even if you feel OK sometimes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you describe yourself as happy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Choose the response you agree with the most.

	NO!	no	yes	YES!
Is it all right to beat up people if they start the fight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think it is okay to take something without asking if you can get away with it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important to be honest with your parents, even if they become upset or you get punished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think sometimes it's okay to cheat at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These questions ask about how you would act in certain situations. They also ask your opinion about certain things.

25. You're looking at CDs in a music store with your friend. You look up and see her slip a CD under her coat. She smiles and says, "Which one do you want? Go ahead, take it while nobody's around." There is nobody in sight, no employees and no other customers. What would you do now?

- ☐ Ignore her.
- ☐ Grab a CD and leave the store.
- ☐ Tell her to put the CD back.
- ☐ Act like it's a joke, and ask her to put the CD back.

26. It's 8:00 on a weeknight and you are about to go over to a friend's home when your mother asks you where you are going. You say, "Oh, just going to hang out with some friends." She says, "No, you'll just get into trouble if you go out. Stay home tonight." What would you do now?

- ☐ Leave the house anyway.
- ☐ Explain what you are going to do with your friends, tell her when you'd get home, and ask if you can go out.
- ☐ Not say anything and start watching TV.
- ☐ Get into an argument with her.



27. You are visiting another part of town, and you don't know any of the people your age there. You are walking down the street, and some teenager you don't know is walking towards you. He is about your size, and as he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do?

- ☐ Push the person back.
- ☐ Say "Excuse me" and keep on walking.
- ☐ Say "Watch where you're going" and keep on walking.
- ☐ Swear at the person and walk away.

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

Smoke one or more packs of cigarettes per day?

- ☐ No risk
- ☐ Slight risk
- ☐ Moderate risk
- ☐ Great risk

29. Try marijuana once or twice?

- ☐ No risk
- ☐ Slight risk
- ☐ Moderate risk
- ☐ Great risk

30. Smoke marijuana regularly?

- ☐ No risk
- ☐ Slight risk
- ☐ Moderate risk
- ☐ Great risk



31. Consume one or two drinks of an alcoholic beverage (beer, wine or hard liquor) nearly every day?

- ☐ No risk
- ☐ Slight risk
- ☐ Moderate risk
- ☐ Great risk

These questions ask about your home and the neighborhood where you live.

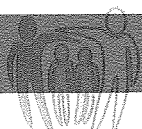
32. IN YOUR HOME, how easy would it be for you to get these things?

	Very hard	Sort of hard	Sort of easy	Very easy
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beer, wine or hard liquor (for example vodka, whiskey or gin),	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A drug like opiates, cocaine, LSD, or amphetamines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A handgun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. IN YOUR NEIGHBORHOOD OR SCHOOL, how easy would it be for you to get these things?

	Very hard	Sort of hard	Sort of easy	Very easy
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beer, wine or hard liquor (for example vodka, whiskey or gin),	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A drug like opiates, cocaine, LSD, or amphetamines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A handgun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

cape



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34. About how many adults (over 21) have you known personally in the past year who have:

Used marijuana, crack, cocaine or other drugs?

- ☐ None
- ☐ One
- ☐ A few
- ☐ Many
- ☐ All

35. Sold or dealt drugs?

- ☐ None
- ☐ One
- ☐ A few
- ☐ Many
- ☐ All

36. Done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?

- ☐ None
- ☐ One
- ☐ A few
- ☐ Many
- ☐ All

37. Gotten drunk or high?

- ☐ None
- ☐ One
- ☐ A few
- ☐ Many
- ☐ All



38. Choose the response you agree with the most.

	NO!	no	yes	YES!
If I had to move I would miss the neighborhood I now live in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My neighbors notice when I am doing a good job and let me know.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are lots of adults in my neighborhood I could talk to about something important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are people in my neighborhood who are proud of me when I do something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'd like to get out of my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are people in my neighborhood who encourage me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. Are there after school and/or weekend activities available in your community?

- ☐ Yes
- ☐ No
- ☐ Don't Know



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40. How much do each of the following statements describe your neighborhood:

	NO!	no	yes	YES!
Crime and/or drug selling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lots of empty or abandoned buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lots of graffiti	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. Think about ONE IMPORTANT ADULT in your life. How harmful does this adult feel it would be for you to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all	I don't know
Drink beer, wine or hard liquor regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steal anything worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use opiates or prescription pain medications?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. How many times have you changed neighborhoods since kindergarten?

- ☐ Never
- ☐ 1 or 2 times
- ☐ 3 or 4 times
- ☐ 5 or 6 times
- ☐ 7 times or more



43. Did any move mean you had to change schools?

- ☐ Yes
- ☐ No

44. How far do you live from your other family members (think of the one who lives closest but not in your home)?

- ☐ Walking distance
- ☐ Short Drive
- ☐ Long Drive

**45. The message I received from my
parents/guardians about:**

	Never OK	Sometimes OK	OK	Don't know
Using alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting into fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaging in sexual activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skipping school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrying a handgun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

