

9. What best describes your racial/ethnic background?

- White/Caucasian
- Black/African American
- Hispanic/Latino
- Asian/Asian American
- Native American/Amerindian
- Multiracial (please specify) _____
- Other (please specify) _____

10. In the last two weeks, have you slept in the same bed?

- Every night
- Almost every night
- A few nights
- Not at all

11. Who lives in your home other than you? Please indicate yes or no for every category below:

	Yes	No
Mother/step-mother	<input type="radio"/>	<input type="radio"/>
Father/step-father	<input type="radio"/>	<input type="radio"/>
Older brother(s)/sister(s)	<input type="radio"/>	<input type="radio"/>
Younger brother(s)/sister(s)	<input type="radio"/>	<input type="radio"/>
Other family member(s)	<input type="radio"/>	<input type="radio"/>

12. Does your mother work outside of the home?

- Yes
- No

If yes, mark each label that best describes her work:

- Day shift
- Evening shift
- Night shift (graveyard)
- Changing shifts
- Full time
- Part time
- One job
- More than one job

13. Does your father work outside of the home?

- Yes
- No

If yes, mark each label that best describes his work:

- Day shift
- Evening shift
- Night shift (graveyard)
- Changing shifts
- Full time
- Part time
- One job
- More than one job

14. Are your grades in school mostly?:

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

15. What is the highest grade in school you expect to complete? (mark one)

- May not finish high school
- Will finish high school
- Will get a college degree
- Will get a degree beyond college

16. Do you have any disabilities or chronic illnesses (for example, asthma, diabetes, deafness, loss of the use of a limb, etc.)?

- Yes
- No

If yes, please specify: _____

17. Compared to other people your age, would you say that your health is:

- Poor
- Fair
- Good
- Excellent

18. Do you have attention deficit hyperactivity disorder (ADHD) or a learning disability?

- Yes
- No

19. Do you take Ritalin or some other medication to help with concentration or a learning problem?

- Yes
- No

20. Do you have an individualized education program or receive special help for difficulties with school work?

- Yes
- No

21. During the last two weeks, how many days did you stay home from school because you were:

- a. sick? 0 1 2 3 4 5 6 7 8 9 10
- b. other? 0 1 2 3 4 5 6 7 8 9 10

Why did you stay home from school?

FOR OFFICE USE ONLY	21
	0 0
	1 1
	2 2
	3 3
	4 4
	5 5
	6 6
7 7	
8 8	
9 9	

ID NUMBER			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9