This survey is for enrollee:

Please read the survey instructions on the previous page.

Today's date:

☐☐ / ☐☐ / ☐☐☐☐
(Month) (Day) (Year)

1 When were you born?

☐☐ / ☐☐ / ☐☐☐☐
(Month) (Day) (Year)

2 Are you male or female?

☐ Male
☐ Female

3 a. How tall are you without your shoes on?

____ feet ____ inches

b. How much do you weigh without your shoes on?

________ pounds

4 In the last month, how much does this sound like you…

About Me	**Never**	**Almost Never**	**Sometimes**	**Often**	**Almost Always**
a. I feel happy	☐	☐	☐	☐	☐
b. I feel good about myself	☐	☐	☐	☐	☐
c. I feel good about my health	☐	☐	☐	☐	☐
d. I get support from my family or friends	☐	☐	☐	☐	☐
e. I think good things will happen to me	☐	☐	☐	☐	☐
f. I think my health will be good in the future	☐	☐	☐	☐	☐

In the last month…	**Poor**	**Fair**	**Good**	**Very Good**	**Excellent**
g. In general, how was your health?	☐	☐	☐	☐	☐

5 **Have you <u>ever</u> had wheezing or whistling in your chest?**

- ☐ Yes
- ☐ No → **Go to Question 8**

6 **Have you had wheezing or whistling in your chest in the <u>last 12 months</u>?**

- ☐ Yes
- ☐ No → **Go to Question 8**

7 **In the <u>last 12 months</u>, how often, on average, has your sleep been disturbed due to wheezing or whistling?**

- ☐ Never
- ☐ Less than one night per week
- ☐ One or more nights per week

8 **Has a doctor <u>ever</u> told you that you had asthma?**

- ☐ Yes
- ☐ No → **Go to Question 10**

9a **In the <u>last 4 weeks</u>, how much of the time did your asthma keep you from getting as much done at school, home, or at work?**

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

9b **During the <u>last 4 weeks</u>, how often have you had shortness of breath?**

- ☐ More than once a day
- ☐ Once a day
- ☐ 3 to 6 times a week
- ☐ Once or twice a week
- ☐ Not at all

9c **During the <u>last 4 weeks</u>, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?**

- ☐ 4 or more nights a week
- ☐ 2 or 3 nights a week
- ☐ Once a week
- ☐ Once or twice
- ☐ Not at all

9d **During the <u>last 4 weeks</u>, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?**

- ☐ 3 or more times a day
- ☐ 1 or 2 times per day
- ☐ 2 or 3 times per week
- ☐ Once a week or less
- ☐ Not at all

9e **How would you rate your asthma control during the <u>last 4 weeks</u>?**

- ☐ Not controlled at all
- ☐ Poorly controlled
- ☐ Somewhat controlled
- ☐ Well controlled
- ☐ Completely controlled

10 **In the last 4 weeks…**

	Yes	No
a. Have you often felt sad or depressed?	☐	☐
b. Have you often felt grouchy or irritable and in a bad mood, when even little things have made you mad?	☐	☐
c. Have you often blamed yourself for bad things that happened?	☐	☐
d. Has there been a time when nothing was fun for you and you just weren't interested in anything?	☐	☐
e. Have you had less energy than you usually do?	☐	☐
f. Have you slept more during the day than you usually do?	☐	☐
g. Have you felt you couldn't do anything well or that you weren't as good-looking or as smart as other people?	☐	☐
h. Has there been a time when doing even little things made you feel really tired?	☐	☐
i. Has it seemed like you couldn't think as clearly or as fast as usual?	☐	☐
j. Have you often been afraid to go out of the house by yourself?	☐	☐
k. Have you often felt afraid of being in crowded places?	☐	☐
l. Have you often been afraid of traveling in cars or on buses or trains?	☐	☐
m. Have you often felt afraid of being on bridges or in tunnels?	☐	☐
n. Have you been more scared than other people your age about traveling or going outside by yourself?	☐	☐
o. Have you gotten worried or scared just thinking about having to travel or leave the house by yourself?	☐	☐

11 **Think about the problems you may have had in the last 4 weeks. Consider problems at home, at school or with other people because of the way you have been feeling or acting. Please mark if you have had these problems not at all, hardly ever, some of the time, or a lot of the time.**

Because of the way you have been feeling or acting in the last 4 weeks,	**Not at all**	**Hardly Ever**	**Some of the Time**	**A lot of the Time**
a. How often have your parents (or guardians) felt worried about you?	☐	☐	☐	☐
b. How often have your parents (or guardians) gotten annoyed or upset with you?	☐	☐	☐	☐
c. How often have you not been able to do things or go places with your family?	☐	☐	☐	☐
d. How often did you feel bad or upset?	☐	☐	☐	☐
e. How often have you not been able to do things or go places with other people your age?	☐	☐	☐	☐
f. How often have your teachers gotten annoyed or upset with you?	☐	☐	☐	☐
g. How much of a problem have you had with school work or grades?	☐	☐	☐	☐

Questions 12 and 13 are about thoughts or feelings you may have about what happened at the World Trade Center on September 11th, 2001.

12 **Please think about each question carefully. Answer about how you have been feeling and acting in the last 4 weeks.**

In the last 4 weeks…	Yes	No
a. Have you often thought about the **WTC disaster** and what you saw?	☐	☐
b. Have you had problems falling asleep or staying asleep?	☐	☐
c. Have you had nightmares about what happened?	☐	☐
d. Have you tried hard not to think about the **WTC disaster** and not to hear or talk about it?	☐	☐
e. Have you stopped going places or doing things that might make you think about the **WTC disaster**?	☐	☐
f. Have you tried to keep away from people who might remind you of the **WTC disaster**?	☐	☐
g. Have you stopped thinking about the future or about things you might do when you are older?	☐	☐
h. Has it been harder for you to keep your mind on things or to concentrate?	☐	☐

13 **Please think about each statement carefully. Answer about how you have been feeling and acting in the last 4 weeks. Answer "Yes" if you think the statement is true; answer "No" if you think it is not true.**

In the last 4 weeks…	Yes	No
a. I get upset, afraid, or sad when something makes me think about the **WTC disaster**.	☐	☐
b. I feel alone inside and not close to other people.	☐	☐
c. I feel grouchy or I am easily angered.	☐	☐

Questions 14 and 15 ask about things you may have thought about during the WTC disaster on 9/11/2001.

14 **Did you think that your parents or guardians might be hurt or killed during the WTC disaster?**

☐ Yes
☐ No
☐ I don't know

15 **Did you think you might be hurt or killed during the WTC disaster?**

☐ Yes
☐ No
☐ I don't know

16a **Not including the WTC disaster, were you ever seriously hurt, thought you might be killed, or had something happen to you that was deeply disturbing to you?**

☐ Yes
☐ No → **Go to Question 17**

16b **Did these events or situations occur…**

☐ Before 9/11/2001
☐ After 9/11/2001
☐ Before and after 9/11/2001

17 **For this next section, please mark the box for Not True, Somewhat True, or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your behavior over the last 6 months.**

Over the last 6 months...	**Not True**	**Somewhat True**	**Certainly True**
a. I try to be nice to other people; I care about their feelings	☐	☐	☐
b. I am restless; I cannot stay still for long	☐	☐	☐
c. I get a lot of headaches, stomach-aches or sickness	☐	☐	☐
d. I usually share with others, for example CDs, games, food	☐	☐	☐
e. I get very angry and often lose my temper	☐	☐	☐
f. I would rather be alone than with people of my age	☐	☐	☐
g. I usually do as I am told	☐	☐	☐
h. I worry a lot	☐	☐	☐
i. I am helpful if someone is hurt, upset or feeling ill	☐	☐	☐
j. I am constantly fidgeting or squirming	☐	☐	☐
k. I have one good friend or more	☐	☐	☐
l. I fight a lot; I can make other people do what I want	☐	☐	☐
m. I am often unhappy, depressed or tearful	☐	☐	☐
n. Other people my age generally like me	☐	☐	☐
o. I am easily distracted; I find it difficult to concentrate	☐	☐	☐
p. I am nervous in new situations; I easily lose confidence	☐	☐	☐
q. I am kind to younger children	☐	☐	☐
r. I am often accused of lying or cheating	☐	☐	☐
s. Other adolescents or young people pick on me or bully me	☐	☐	☐
t. I often offer to help others (parents, teachers, adolescents)	☐	☐	☐
u. I think before I do things	☐	☐	☐
v. I take things that are not mine from home, school or elsewhere	☐	☐	☐
w. I get along better with adults than with people my own age	☐	☐	☐
x. I have many fears; I am easily scared	☐	☐	☐
y. I finish the work I’m doing; my attention is good	☐	☐	☐

The next set of questions is about tobacco use. Remember – your answers will not be shared with anyone.

18 a. **Does anyone who lives in your home smoke cigarettes, cigars, or pipes anywhere inside the home?** (Include all the homes that you live in.)

☐ Yes

☐ No

b. **Have you ever tried smoking, even one or two puffs?**

☐ Yes

☐ No → **Go to Question 19**

c. **How old were you when you smoked a whole cigarette for the first time?**

Age: ___ years old OR

☐ I have never smoked a whole cigarette.

d. **Do you now smoke cigarettes every day, some days, or not at all?**

☐ Every day

☐ Some days

☐ Not at all → **Go to Question 19**

e. **About how many cigarettes on average do you smoke per day? (If less than 1, enter 0.)**

Enter number of cigarettes: _______

Questions 19a-19d ask about drinking alcohol. Remember – your answers will not be shared with anyone.

19 **A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor.**

a. **Have you ever had a drink of alcohol, other than a few sips?**

☐ Yes

☐ No → **Go to Question 20**

b. **How old were you when you had your first drink of alcohol other than a few sips?**

Age: _____years old

c. **During the last 30 days, did you have at least one drink of alcohol other than a few sips?**

☐ Yes

☐ No → **Go to Question 20**

d. **During the last 30 days, did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?**

☐ Yes

☐ No

20 **The following question asks about drugs besides alcohol. If you answer yes to using any of these drugs, please tell us whether you used them in the last year, whether you used them in the last 30 days, and how old you were when you first used them. Remember – your answers will not be shared with anyone.**

			Did you use in the last year?		Did you use in the last 30 days?		How old were you when you first used?
Have you ever used:	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**Age**
a. Marijuana (also called grass, weed, or pot)?	☐	☐→	☐	☐	☐	☐	________
b. Cocaine (including powder, crack, or freebase)?	☐	☐→	☐	☐	☐	☐	________
c. Glue, paints, or sprays to get high?	☐	☐→	☐	☐	☐	☐	________
d. Heroin (also called smack, junk, or China White)?	☐	☐→	☐	☐	☐	☐	________
e. Methamphetamines (also called speed, crystal, crank, or ice)?	☐	☐→	☐	☐	☐	☐	________
f. Ecstasy (also called MDMA)?	☐	☐→	☐	☐	☐	☐	________
g. Steroid pills or shots without a doctor's prescription?	☐	☐→	☐	☐	☐	☐	________
h. Prescription drugs (like OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?	☐	☐→	☐	☐	☐	☐	________

21 **During the last 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)**

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days

The next two questions are about how you feel about school.

22 In the last month, how much of a problem has this been for you?

	Never	Almost Never	Sometimes	Often	Almost Always
a. It is hard to pay attention in class.	☐	☐	☐	☐	☐
b. I forget things.	☐	☐	☐	☐	☐
c. I have trouble keeping up with my schoolwork.	☐	☐	☐	☐	☐
d. I miss school because of not feeling well.	☐	☐	☐	☐	☐
e. I miss school to go to the doctor or hospital.	☐	☐	☐	☐	☐

23 Each sentence below describes how some people feel about school or what they did at school. Pick the answer that is most true for you.

In the last month…	Never	Sometimes	All of the time
a. I feel happy in school.	☐	☐	☐
b. I feel bored in school.	☐	☐	☐
c. I feel excited by the work in school.	☐	☐	☐
d. I like being at school.	☐	☐	☐
e. I am interested in the work at school.	☐	☐	☐
f. My classroom is a fun place to be.	☐	☐	☐

24 How was this booklet completed? Please check one of the boxes below.

- ☐ By yourself
- ☐ By yourself but with your parent's/guardian's help
- ☐ Together with your parent/guardian
- ☐ Your parent/guardian completed it for you

Thank you for completing this survey!

This is the end of the Adolescent Booklet.

Please place this booklet in one of the small envelopes provided. Then place it in the large, pre-addressed, postage-paid return envelope. When both booklets (Parent/Guardian and Adolescent) are in the large envelope, mail the envelope back. If the large envelope was not included or is lost, call us at 866-692-9827.