

Journey of Transformation

Thank you for participating in the Journey of Transformation study! This survey will take approximately 15-20 minutes to complete. Please remember that your answers are private and we will not share them with your teachers, classmates, or family.

As a reminder, you will receive a \$20 online gift card for the survey.

Thank you!

Demographic Information

What sex/gender were you assigned at birth, even if you are not that gender today?

- ☐ Male
- ☐ Female
- ☐ Refuse to answer

How do you currently identify yourself? Select all that apply.

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Questioning / Not sure of my gender identity
- ☐ Two-spirit
- ☐ Something else fits better
- ☐ I do not know what this question is asking

Please specify.

If your gender is different from your assigned sex at birth, have you discussed this with your parent(s) / caregiver(s)?

- ☐ Yes
- ☐ No
- ☐ Not applicable
- ☐ Refuse to answer

Are your parent(s) / caregiver(s) supportive of your gender identity?

- ☐ Yes
- ☐ No
- ☐ Refuse to answer

Sexual orientation is a person's emotional, romantic, and/or sexual attractions to another person. There are many ways a person can describe their sexual orientation and many labels a person can use. Which of these options best describes your sexual orientation?

- ☐ Straight or heterosexual
- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ Queer
- ☐ Pansexual
- ☐ Asexual
- ☐ I am not sure
- ☐ Something else fits better
- ☐ I do not know what this question is asking
- ☐ Refuse to answer

Please specify.

How old are you?

- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ Refuse to answer

Putting them all together, what were your grades like last year?

- ☐ Mostly As
- ☐ Mostly Bs
- ☐ Mostly Cs
- ☐ Mostly Ds
- ☐ Mostly Fs
- ☐ Refuse to answer

How many people live in your house, including yourself?

REVIEW ANSWER!

You reported that there is one (1) person living in your house (your home when you are away from Chemawa). Please remember your response should include yourself.

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

- ☐ None
- ☐ One
- ☐ Two
- ☐ Three
- ☐ Four or Five
- ☐ Six to Ten
- ☐ Eleven or more
- ☐ Refuse to answer

This next section will ask you questions about being Native and culture.

	Yes	No	Not applicable	Refuse to answer
I have helped prepare for a traditional/cultural ceremony or activity in my family or community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I plan on trying to find out more about my Native American/Indigenous culture, such as its history, Tribal Identity, traditions, customs, arts and language.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a traditional person, elder or other person who I can talk to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Disagree	Do not agree or disagree	Agree	Strongly agree	Refuse to answer
I have spent time trying to find out more about being Native American/Indigenous, such as its history, tribal identity, traditions, language and customs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a strong sense of belonging to my Native American/Indigenous family, community, Tribe, or Nation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have done things that will help me understand my Native American/Indigenous background better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have talked to community members or other people in order to learn more about being Native American/Indigenous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I learn something about my Native American/Indigenous culture, history or ceremonies, I will ask someone, research it, look it up, or find resources to learn more about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel a strong attachment towards my Native American community or Tribe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If a traditional person, counselor or Elder who is knowledgeable about my culture spoke to me about being Native American/Indigenous, I would listen to them carefully.

☐☐☐☐☐☐

I feel a strong connection to my ancestors and those who came before me.

☐☐☐☐☐☐

Being Native American means I sometimes have a different perception or way of looking at the world.

☐☐☐☐☐☐

When I need to make a decision about something, I look to my Native American/Indigenous culture for help.

☐☐☐☐☐☐

When I am feeling spiritually disconnected, I look to my Native American/Indigenous culture for help.

☐☐☐☐☐☐

In the past 12 months, have you...

	Yes	No	Refuse to answer
Smudged (for example, cedar, sweetgrass, or sage)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participated in a sweat ceremony?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Substance Use

This set of questions asks about your experiences with tobacco, alcohol, and other drugs. Please remember that your responses are completely confidential. We will not share these with your teachers, classmates, or family.

The following questions are about SMOKING CIGARETTES that contain tobacco.

How frequently have you smoked cigarettes (including tobacco in e-cigarettes) during the PAST 30 DAYS?

- ☐ Not at all
- ☐ Less than one cigarette per day
- ☐ One to five cigarettes per day
- ☐ About one-half pack per day
- ☐ About one pack per day
- ☐ About one and one-half packs per day
- ☐ Two packs or more per day
- ☐ Refuse to answer

How old were you the first time you smoked a cigarette, even just a puff?

- ☐ 10 or younger
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ Refuse to answer

REVIEW ANSWER!

You reported that you first smoked a cigarette at age [age_initiation_tobacco_bl]. This cannot be greater than your current age ([age_bl]). Please review your responses.

During the past 30 days, on how many days did you use an electronic cigarette, also called e-cigs, JUUL, or vape pens?

- ☐ 0 days
- ☐ 1-2 days
- ☐ 3-5 days
- ☐ 6-9 days
- ☐ 10-19 days
- ☐ 20-29 days
- ☐ All 30 days
- ☐ Refuse to answer

During the past 30 days, what type of substances did you use in an electronic cigarette, also called e-cigs, JUUL, or vape pens? Select all that apply.

- ☐ Liquid with nicotine in it
- ☐ Liquid with THC (marijuana) in it
- ☐ Liquid with flavor only (no nicotine or THC)
- ☐ Don't know
- ☐ Refuse to answer

How old were you the first time you used an electronic cigarette (for example, e-cigs, JUUL, or vape pens)?

- ☐ 10 or younger
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ Refuse to answer

REVIEW ANSWER!

You reported that you first vaped (used an electronic cigarette) at age [age_initiation_vape_bl]. This cannot be

greater than your current age ([age_bl]). Please review your responses.

Next we want to ask you about drinking alcoholic beverages, including beer, wine, liquor, and any other beverage that contains alcohol.

On how many occasions have you had alcoholic beverages to drink - more than just a few sips during the LAST 30 DAYS?

- ☐ 0 occasions
- ☐ 1-2 occasions
- ☐ 3-5 occasions
- ☐ 6-9 occasions
- ☐ 10-19 occasions
- ☐ 20-39 occasions
- ☐ 40 or more
- ☐ Refuse to answer

How old were you the first time you had more than one sip or two of beer, wine, or hard liquor (for example vodka, whiskey, or gin)?

- ☐ 10 or younger
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ Refuse to answer

REVIEW ANSWER!

You reported that you first drank alcohol at age [age_initiation_alcohol_bl]. This cannot be greater than your current age ([age_bl]). Please review your responses.

Think back over the LAST 12 MONTHS. How many times have you had four or more drinks in a row? (A "drink" is a glass of wine, a bottle of beer, a shot glass of liquor, a mixed drink, etc.)

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

Think back over the LAST 30 DAYS. How many times have you had four or more drinks in a row? (A "drink" is a glass of wine, a bottle of beer, a shot glass of liquor, a mixed drink, etc.)

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

REVIEW ANSWER!

You reported that you have had four or more drinks in a row [bingedrinking_30day_bl] in the past 30 days. This cannot be greater than the number of times in which you've had four or more drinks in the past 12 months ([bingedrinking_12month_bl]). Please review your responses.

The next major section of this questionnaire deals with various other drugs. There is a lot of talk about this subject, but not enough accurate information. Therefore, we still have a lot to learn about the actual experiences and attitudes of people your age.

We hope that you can answer all of the questions, but if you find one that you feel you cannot answer honestly, just mark "Refuse to answer." Remember that your answers will be kept strictly confidential; they are never connected with your name or your class.

On how many occasions (if any) have you used marijuana (weed, pot) or hashish (hash, hash oil) during the LAST 30 DAYS?

- ☐ 0 occasions
- ☐ 1-2 occasions
- ☐ 3-5 occasions
- ☐ 6-9 occasions
- ☐ 10-19 occasions
- ☐ 20-39 occasions
- ☐ 40 or more
- ☐ Refuse to answer

How old were you the first time you used marijuana?

- ☐ 10 or younger
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ Refuse to answer

REVIEW ANSWER!

You reported that you first used marijuana at age [age_initiation_marijuana_bl]. This cannot be greater than your current age ([age_bl]). Please review your responses.

On how many occasions (if any) have you taken an edible (a food or drink that contains marijuana) during the LAST 30 DAYS?

- ☐ 0 occasions
- ☐ 1-2 occasions
- ☐ 3-5 occasions
- ☐ 6-9 occasions
- ☐ 10-19 occasions
- ☐ 20-39 occasions
- ☐ 40 or more
- ☐ Refuse to answer

How old were you the first time you had an edible (food or drink that contains marijuana)?

- ☐ 10 or younger
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ Refuse to answer

REVIEW ANSWER!

You reported that you first used consumed edibles at age [age_initiation_edible_bl]. This cannot be greater than your current age ([age_bl]). Please review your responses.

On how many occasions (if any) have you used prescription stimulants THAT WERE NOT PRESCRIBED TO YOU (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.) during the LAST 30 DAYS?

- ☐ 0 occasions
- ☐ 1-2 occasions
- ☐ 3-5 occasions
- ☐ 6-9 occasions
- ☐ 10-19 occasions
- ☐ 20-39 occasions
- ☐ 40 or more
- ☐ Refuse to answer

How old were you the first time you used prescription stimulants THAT WERE NOT PRESCRIBED TO YOU (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)?

- ☐ 10 or younger
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ Refuse to answer

REVIEW ANSWER!

You reported that you first used prescription stimulants at age [age_initiation_rxstimulants_bl]. This cannot be greater than your current age ([age_bl]). Please review your responses.

On how many occasions (if any) have you used inhalants (nitrous oxide, glue, gas, paint thinner, etc.) during the LAST 30 DAYS?

- ☐ 0 occasions
- ☐ 1-2 occasions
- ☐ 3-5 occasions
- ☐ 6-9 occasions
- ☐ 10-19 occasions
- ☐ 20-39 occasions
- ☐ 40 or more
- ☐ Refuse to answer

How old were you the first time you used inhalants (nitrous oxide, glue, gas, paint thinner, etc.)?

- ☐ 10 or younger
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ Refuse to answer

REVIEW ANSWER!

You reported that you first used inhalants at age [age_initiation_inhalants_bl]. This cannot be greater than your current age ([age_bl]). Please review your responses.

On how many occasions (if any) have you used prescription opioids THAT WERE NOT PRESCRIBED TO YOU (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.) during the LAST 30 DAYS?

- ☐ 0 occasions
- ☐ 1-2 occasions
- ☐ 3-5 occasions
- ☐ 6-9 occasions
- ☐ 10-19 occasions
- ☐ 20-39 occasions
- ☐ 40 or more
- ☐ Refuse to answer

How old were you the first time you used prescription opioids THAT WERE NOT PRESCRIBED TO YOU (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)?

- ☐ 10 or younger
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ Refuse to answer

REVIEW ANSWER!

You reported that you first used prescription opioids at age [age_initiation_rxopiods_bl]. This cannot be greater than your current age ([age_bl]). Please review your responses.

On how many occasions, if any, have you used any other drug during the LAST 30 DAYS? For example, LSD, ecstasy, speed, etc..

- ☐ 0 occasions
- ☐ 1-2 occasions
- ☐ 3-5 occasions
- ☐ 6-9 occasions
- ☐ 10-19 occasions
- ☐ 20-39 occasions
- ☐ 40 or more
- ☐ Refuse to answer

What other drug(s) have you used?

How old were you the first time you used [otherdrug_specify_bl]?

- ☐ 10 or younger
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ Refuse to answer

REVIEW ANSWER!

You reported that you first used other drugs at age [age_initiation_otherdrug_bl]. This cannot be greater than your current age ([age_bl]). Please review your responses.

When was the last time...

	Past month	2 to 3 months ago	4 to 12 months ago	1+ years ago	Never	Refuse to answer
you used alcohol or drugs weekly or more often?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
you spent a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (e.g., feeling sick)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
you kept using alcohol or drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
your use of alcohol or drugs caused you to give up, reduce or have problems at important activities at work, school, home or social events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
you had withdrawal problems from alcohol or drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or drugs to stop being sick or avoid withdrawal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This set of questions is about your intentions to drink alcohol, smoke cigarettes, or use marijuana. Please answer honestly and remember that your responses are confidential.

If you have never used alcohol, do you think you will try drinking alcohol sometime this year?

- ☐ I have already tried alcohol
- ☐ I definitely will
- ☐ I probably will
- ☐ I probably will not
- ☐ I definitely will not
- ☐ Refuse to answer

If you had a chance this weekend, would you use alcohol?

- ☐ Definitely yes
- ☐ Yes
- ☐ No
- ☐ Definitely no
- ☐ Refuse to answer

If you have never smoked, do you think you will try smoking cigarettes (including e-cigarettes) sometime this year?

- ☐ I have already tried smoking cigarettes
- ☐ I definitely will
- ☐ I probably will
- ☐ I probably will not
- ☐ I definitely will not
- ☐ Refuse to answer

If you had a chance this weekend, would you use cigarettes (including e-cigarettes)?

- ☐ Definitely yes
- ☐ Yes
- ☐ No
- ☐ Definitely no
- ☐ Refuse to answer

If you have never used marijuana, do you think you will try marijuana sometime this year? This may include smoking, vaping, or edibles.

- ☐ I have already tried marijuana
- ☐ I definitely will
- ☐ I probably will
- ☐ I probably will not
- ☐ I definitely will not
- ☐ Refuse to answer

If you had a chance this weekend, would you use marijuana? This may include smoking, vaping, or edibles.

- ☐ Definitely yes
- ☐ Yes
- ☐ No
- ☐ Definitely no
- ☐ Refuse to answer

In this situation, if it was available, would you be tempted (would want) to DRINK ALCOHOL?

	Yes	Not sure	No	Refuse to answer
If I felt I had let myself down in some way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If other people didn't like me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If there were problems with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If there were problems with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If someone made fun of me for not doing it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I thought that my friends would like me more if I did it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If all my friends were doing it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I was worried about a problem I had.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In this situation, if it was available, would you be tempted (would want) to USE DRUGS?

	Yes	Not sure	No	Refuse to answer
If I felt I had let myself down in some way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If other people didn't like me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If there were problems with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If there were problems with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If someone made fun of me for not doing it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I thought that my friends would like me more if I did it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If all my friends were doing it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I was worried about a problem I had.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many of your friends would you estimate:

	None	A Few	Some	Most	All	Refuse to answer
Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana (pot, weed) or hashish?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink alcoholic beverages (beer, wine, liquor)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get drunk at least once a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use an e-cigarette, e-pen, etc. (vaping)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use inhalants (nitrous oxide, glue, gas, paint thinner, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If one of your best friends offered you a cigarette, would you smoke it?

- ☐ Definitely no
☐ Probably no
☐ Probably yes
☐ Definitely yes
☐ Refuse to answer

If one of your best friends offered you marijuana (pot, weed, an edible), would you use it?

- ☐ Definitely no
☐ Probably no
☐ Probably yes
☐ Definitely yes
☐ Refuse to answer

If one of your best friends offered you an alcoholic beverage (liquor, beer, wine), would you drink it?

- ☐ Definitely no
☐ Probably no
☐ Probably yes
☐ Definitely yes
☐ Refuse to answer

If one of your best friends offered you an e-cigarette (for vaping), would you use it?

- ☐ Definitely no
☐ Probably no
☐ Probably yes
☐ Definitely yes
☐ Refuse to answer

If one of your best friends offered you inhalants, would you use them?

- ☐ Definitely no
☐ Probably no
☐ Probably yes
☐ Definitely yes
☐ Refuse to answer

These next two questions are about your relationships.

Are you currently in a relationship with a steady partner?

- ☐ Yes
- ☐ No
- ☐ Refuse to answer

Are you currently in a relationship with a casual partner?

- ☐ Yes
- ☐ No
- ☐ Refuse to answer

The next set of questions is about your sexual history. Please remember that your answers are completely confidential.

Please answer the below questions as they apply to a person(s) with whom you have a romantic or sexual interest in.

In the past 30 days, have you had sexual intercourse?

- ☐ No
☐ Yes
☐ Refuse to answer

How old were you the first time you had any kind of sex, including vaginal, oral, or anal sex?

(Please enter age in years. If you do not want to answer, please enter 99.)

REVIEW ANSWER!

You reported that you first had sex at age [age_first_sex_bl]. This cannot be greater than your current age ([age_bl]). Please review your responses.

During your life, with whom have you had sexual contact? Check all that apply.

- ☐ Females
☐ Males
☐ Other
☐ Refuse to answer

Please specify.

How many times have you had sex in the past 30 days?

(If you do not want to answer, please enter 99.)

With how many people have you had sex in the past 30 days?

(If you do not want to answer, please enter 99.)

REVIEW ANSWER!

You reported that you had [asai_numpartners_30day_bl] sex partners in the past 30 days. This might not be greater than the number of times you have had sex in the past 30 days ([asai_freqsex_30day_bl]). Please check your responses!

With how many people have you had sex in the past 12 months?

(If you do not want to answer, please enter 99.)

REVIEW ANSWER!

You reported that you had [asai_numpartners_30day_bl] sex partners in the past 30 days. This cannot be greater than the number of sex partners reported in the last 12 months ([asai_numpartners_12mo_bl]). Please review your responses.

The last time you had sex, what method(s) did you or your partner use to prevent pregnancy and/or sexually transmitted infections? Select all that you used.

- ☐ No method was used
- ☐ Birth control pills
- ☐ Condoms
- ☐ An IUD or implant (such as Mirena or ParaGard; Implanon or Nexplanon)
- ☐ A shot (such as Depo-Provera)
- ☐ Patch or birth control ring (such as Xulane; NuvaRing)
- ☐ Withdrawal or some other method
- ☐ Not sure
- ☐ Refuse to answer

Each of the following statements may or may not apply to you. Please rate how true each statement is for you.

Note: You don't need to have ever had sex or currently have a sexual partner to answer these questions. If you are unsure about how to answer any items, please give your best guess.

	Not at all true	A little true	Moderately true	Very true	Extremely true	Refuse to answer
If I had a romantic partner, I would feel comfortable talking about whether or not I want to have children with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I had a sexual partner, I would feel comfortable telling that person if I wanted to use a method to protect against infection or pregnancy, even when they didn't want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I had a romantic partner, I would feel comfortable voicing disagreements with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can freely choose if I get married.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can freely choose who I marry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the power to control if and when I have children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a parent/guardian who would help me with my problems and troubles if I needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a parent or guardian who accepts me as I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a parent or guardian who trusts me to make the right decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a parent/guardian who helps me achieve my goals in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to do the things I want to do without worrying about my safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking down the street, I feel like my body is my own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How true is each statement for you?

	Not at all true	A little true	Moderately true	Very true	Extremely true	Refuse to answer
I do not feel afraid that I will be forced to do something sexually when I don't want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in my current living situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am worthy of love.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know my body well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My body belongs to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can imagine what my future will be like.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have an idea of how I can eventually reach my goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sexual needs or desires are important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think it would be important to focus on my own pleasure as well as my partner's during sexual experiences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I expect to enjoy sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions ask you about how you have been feeling in the past two weeks.

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day	Refuse to answer
Feeling nervous, anxious, or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This set of questions asks about your family. When answering these questions, please think about the people you consider to be your family. For example, parents, stepparents, grandparents, aunts, uncles, etc..

How wrong do your parents feel it would be for you to drink beer, wine or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?

- ☐ Very wrong
- ☐ Wrong
- ☐ A little bit wrong
- ☐ Not wrong at all
- ☐ Refuse to answer

How wrong do your parents feel it would be for you to smoke cigarettes?

- ☐ Very wrong
- ☐ Wrong
- ☐ A little bit wrong
- ☐ Not wrong at all
- ☐ Refuse to answer

How wrong do your parents feel it would be for you to smoke marijuana?

- ☐ Very wrong
- ☐ Wrong
- ☐ A little bit wrong
- ☐ Not wrong at all
- ☐ Refuse to answer

For the below statements, mark (the BIG) YES! if you think the statement is definitely true for you. Mark (the little) yes if you think the statement is mostly true for you. Mark (the little) no if you think the statement is mostly not true for you. Mark (the BIG) NO! if you think the statement is definitely not true for you.

People in my family often insult or yell at each other.

- ☐ NO!
- ☐ no
- ☐ yes
- ☐ YES!
- ☐ Refuse to answer

When I am not at home, one of my parents knows where I am and who I am with.

- ☐ NO!
- ☐ no
- ☐ yes
- ☐ YES!
- ☐ Refuse to answer

My parents notice when I am doing a good job and let me know about it.

- ☐ Never or almost never
- ☐ Sometimes
- ☐ Often
- ☐ All the time
- ☐ Refuse to answer

Do you feel very close to at least one adult person in your family?

- ☐ NO!
- ☐ no
- ☐ yes
- ☐ YES!
- ☐ Refuse to answer

Do you share your thoughts and feelings with at least one adult person in your family?

- ☐ NO!
- ☐ no
- ☐ yes
- ☐ YES!
- ☐ Refuse to answer

If I had a personal problem, I could ask my mom or dad for help.

- ☐ NO!
- ☐ no
- ☐ yes
- ☐ YES!
- ☐ Refuse to answer

We are interested in your experiences with what some people call in-group racism, or being treated badly by other Native people. Please tell me which response best describes how much that experience or situation bothered you in the PAST 3 MONTHS.

	This never happened	This happened, but it didn't bother me	This happened and I was bothered by it	Refuse to answer
Other Natives stating that you don't look or act Indian?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A Native person telling you that his or her band or tribe was better than yours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This set of questions asks you about your connectedness with your family and friends, school, and to yourself.

Please read each statement. Mark which best describes how true that statement is for you or how much you agree with it.

	Not true at all	Not really true	Sort of true	True	Very true	Refuse to answer
Spending time with friends is not so important to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can name 5 things that others like about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family has fun together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I care what my teachers think of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will have a good future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have friends I'm really close to and trust completely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is not much that is unique or special about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important that my parents trust me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How TRUE about you is each sentence?

	Not true at all	Not really true	Sort of true	True	Very true	Refuse to answer
I do not get along with some of my teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing well in school will help me in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spending time with my friends is a big part of my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can name 3 things that other kids like about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy spending time with my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want to be respected by my teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do things outside of school to prepare for my future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends and I talk openly with each other about personal things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I really like who I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How TRUE about you is each sentence?

	Not true at all	Not really true	Sort of true	True	Very true	Refuse to answer
My parents and I disagree about many things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to get along with my teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do lots of things to prepare for my future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I spend as much time as I can with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have special hobbies, skills, or talents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents and I get along well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I always try hard to earn my teachers' trust.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think about my future often.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How TRUE about you is each sentence?

	Not true at all	Not really true	Sort of true	True	Very true	Refuse to answer
I usually like my teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends and I spend a lot of time talking about things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have unique interests or skills that make me interesting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I care about my parents very much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This last set of questions asks about the importance of values to you.

How important to you is each value below for a happy, satisfying life?

	Not at all important	Low importanc e	Slightly important	Neutral	Moderatel y important	Very important	Extremely important	Refuse to answer
Being humble; not showing off	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living by strong moral, religious, or spiritual principles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping other people in your community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not interfering with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sharing with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treating other people well, with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not getting in trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being honest, telling the truth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a strong, loving family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respecting your elders and grandparents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practicing, or living, one's culture; native ways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This is the end of the survey! By clicking "Submit" you will no longer be able to go back and change your responses. Please click "Submit" to exit the survey!