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U.S./China Cross-National Study
(2000-2002)

Measures of Psychosocial Protective Factors, Psychosocial
Risk Factors, and Behaviors

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INTRODUCTION

This guide provides documentation for the measures of psychosocial protection, psychosocial risk, and criterion behaviors reported in the following publications:

Costa, F. M., Jessor, R., Turbin, M., Dong, Q., Zhang, H., & Wang, C. (2005). Protection and risk in the social contexts of adolescent life: A cross-national study of problem behavior in China and the U.S. *Applied Developmental Science*, 9, 67-85.

Jessor, R., Turbin, M. S., & Costa, F. M., Dong, Q., Zhang, H., & Wang, C. (2003). Adolescent problem behavior in China and the United States: A cross-national study of psychosocial protective factors. *Journal of Research on Adolescence*, 13, 329-360.

Turbin, M. S., Jessor, R., & Costa, F. M., Dong, Q., Zhang, H., & Wang, C. (in press). Protective and risk factors in health-enhancing behavior among adolescents in China and the United States: Does social context matter? *Health Psychology*.

All three publications report findings from analyses of data from Wave 1 (Fall 2000) of a three-wave annual assessment of adolescents in the U.S. and the People's Republic of China. Turbin et al. (in press) also reports findings from analyses of data from Wave 2 (Fall 2001) of the study. Although the questionnaires used in each of the three data waves are very similar to one another, there are some minor differences in content, e.g., measurement of a construct using three items in an earlier wave and two items in a later wave. Persons consulting the Wave-3 (Fall 2002) *Adolescent Health and Development Questionnaire* should be aware, therefore, that some content is abbreviated from the earlier questionnaires.

Because the focus of each study differed from that of the other studies, different protection and risk constructs were measured. For ease of cross-reference with the reported findings, this guide is organized into three sections, one for each of the publications noted above.

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PARENT MODELS FOR CONVENTIONAL BEHAVIOR

DOES **EITHER** OF YOUR PARENTS
(OR THE ADULTS YOU LIVE WITH):

	<u>Yes</u>	<u>No</u>
1. Take part in community groups (like the Parent-Teacher Organization, Elks Club, Junior League, Rotary) or in church groups and activities?	0	0
2. Do volunteer work at school or in the community -- like at a hospital, homeless shelter, Scout troop, Little League team?	0	0
3. Go to church or religious services pretty regularly?	0	0
4. Belong to a sports or hobby group, like a bowling team, softball league, quilting group, ham radio club, etc.?	0	0

Scoring: No = 0; Yes = 1

PARENT MODELS FOR HEALTH BEHAVIOR

1. Do your parents (or the adults you live with) pay attention to **eating a healthy diet** themselves?
(Please answer for **each** person.)

Your Mother?	0 A Lot of Attention	0 Some Attention	0 Almost No Attention
Your Father?	0 A Lot of Attention	0 Some Attention	0 Almost No Attention

2. How about the attention they pay to **getting enough exercise**?

Your Mother?	0 A Lot	0 Some	0 Almost None
Your Father?	0 A Lot	0 Some	0 Almost None

3. How about the attention they pay to **getting enough sleep**?

Your Mother?	0 A Lot	0 Some	0 Almost None
Your Father?	0 A Lot	0 Some	0 Almost None

4. How about their attention to **using seat belts when in a car**?

Your Mother?	0 A Lot	0 Some	0 Almost None
Your Father?	0 A Lot	0 Some	0 Almost None

Scoring: 1-3, right to left

FRIENDS MODELS FOR CONVENTIONAL BEHAVIOR

HOW MANY OF YOUR FRIENDS:	<u>All of Them</u>	<u>Most of Them</u>	<u>Some of Them</u>	<u>None</u>
1. Are in school clubs or organizations other than sports?	0	0	0	0
2. Go to church or religious services pretty regularly?	0	0	0	0
3. Are in community youth groups, like Scouts, Boys Club or Girls Club, the "Y", etc.?	0	0	0	0
4. Do volunteer work in the community?	0	0	0	0
5. Spend a lot of time doing things with their families?	0	0	0	0

Scoring: 1-4, right to left

FRIENDS MODELS FOR HEALTH BEHAVIOR

HOW MANY OF YOUR FRIENDS:	<u>All of Them</u>	<u>Most of Them</u>	<u>Some of Them</u>	<u>None</u>
1. Pay attention to eating a healthy diet?	0	0	0	0
2. Make sure they get enough exercise?	0	0	0	0
3. Try to get enough sleep at night?	0	0	0	0
4. Use a seat belt when they are riding in a car?	0	0	0	0

Scoring: 1-4, right to left

ATTITUDINAL INTOLERANCE OF DEVIANCE

How wrong do you think it is to do the following things?

HOW WRONG IS IT:	<u>Not Wrong</u>	<u>A Little Wrong</u>	<u>Wrong</u>	<u>Very Wrong</u>
1. To cheat on tests or homework?	0	0	0	0
2. To shoplift from a store?	0	0	0	0
3. To damage or mark up public or private property on purpose?	0	0	0	0
4. To lie to a teacher about something you did?	0	0	0	0
5. To take something of value that doesn't belong to you?	0	0	0	0
6. To stay out all night without permission?	0	0	0	0
7. To lie to your parents about where you have been or who you were with	0	0	0	0
8. To hit another student because you didn't like what he or she did?	0	0	0	0
9. To carry a weapon, like a knife or gun, at school?	0	0	0	0
10. To make fun of or pick on other kids because they are different or not part of your group?	0	0	0	0

Scoring: 1-4, left to right

PARENT SANCTIONS

1. If your parents knew that you had been smoking cigarettes, would you get in trouble for it?

☐ Definitely Would ☐ Probably Would ☐ Probably Would Not ☐ Definitely Would Not

2. If your parents knew that you lied to them about where you had been or who you were with, would you get in trouble for it?

☐ Definitely Would ☐ Probably Would ☐ Probably Would Not ☐ Definitely Would Not

3. If your parents knew that you had shoplifted something from a store, would you get in trouble for it?

☐ Definitely Would ☐ Probably Would ☐ Probably Would Not ☐ Definitely Would Not

4. If your parents knew that you had been drinking alcohol without their permission, would you get in trouble for it?

☐ Definitely Would ☐ Probably Would ☐ Probably Would Not ☐ Definitely Would Not

Scoring: 1-4, right to left

FAMILY CONTROLS

1. IN YOUR HOME, HOW STRICT ARE THE RULES YOU HAVE TO FOLLOW:	<u>Very Strict</u>	<u>Not Too Strict</u>	<u>Not Strict at All</u>
a. About when and how much television you can watch?	0	0	0
b. About letting your family know where you're going when you go out?	0	0	0
c. About getting your homework done?	0	0	0
d. About dating and going to parties?	0	0	0
e. About being home by a certain time at night?	0	0	0
f. About what time you go to bed at night?	0	0	0
2. Do your parents make sure they know who you're spending your time with?			
0 Almost Always 0 Much of the Time 0 Once in a While 0 Almost Never			
3. Do your parents try to get to know who your friends are?			
0 Almost Always 0 Much of the Time 0 Once in a While 0 Almost Never			

Scoring: items 1a-f: 1-3, right to left

items 2-3: 1-4, right to left

PEER CONTROLS

1. If you were going to do something people think is wrong, would your friends try to stop you?

☐ Definitely Would ☐ Probably Would ☐ Probably Would Not ☐ Definitely Would Not

2. If you were making fun of or picking on other kids, would your friends criticize you or try to get you to stop?

☐ Definitely Would ☐ Probably Would ☐ Probably Would Not ☐ Definitely Would Not

3. If you were doing something that is bad for your health, would your friends try to get you to stop?

☐ Definitely Would ☐ Probably Would ☐ Probably Would Not ☐ Definitely Would Not

4. If you were going to do something that's against the law, would your friends try to talk you out of it?

☐ Definitely Would ☐ Probably Would ☐ Probably Would Not ☐ Definitely Would Not

Scoring: 1-4, right to left

FRIENDS DISAPPROVAL

1. How do most of **your friends** feel about someone your age smoking cigarettes?

☐ They Strongly Disapprove ☐ They Disapprove ☐ They Approve ☐ They Strongly Approve

2. How do most of **your friends** feel about someone your age drinking alcohol?

☐ They Strongly Disapprove ☐ They Disapprove ☐ They Approve ☐ They Strongly Approve

Scoring: 1-4, right to left

SCHOOL CONTROLS

1. In your school, how strict are the rules about student behavior in class, in the halls, and on the school grounds?

0 Very Strict

0 Pretty Strict

0 Not Too Strict

0 Not Strict At All

2. In your school, do the teachers and other staff people keep an eye on students to make sure they aren't getting in trouble or breaking school rules?

0 Almost Always

0 Much of the Time

0 Sometimes

0 Almost Never

3. In your school, if students get caught breaking school rules, would the teachers or principal do something about it?

0 Definitely Would

0 Probably Would

0 Probably Would Not

0 Definitely Would Not

Scoring: 1-4, right to left

STUDENT DISAPPROVAL

WHAT DO MOST OF THE
STUDENTS AT YOUR SCHOOL
THINK ABOUT KIDS WHO:

**They Strongly
Disapprove**

**They
Disapprove**

**They Neither
Disapprove
Nor Approve**

1. Cheat on tests or homework?

0

0

0

2. Act up and make trouble in class?

0

0

0

3. Make fun of or pick on other students
because they are different?

0

0

0

4. Damage school property?

0

0

0

Scoring: 1-3, right to left

NEIGHBORHOOD CONTROLS

1. If adults in your neighborhood saw kids doing something wrong or getting in trouble (like damaging property, or using drugs), would they talk to those kids and let them know it was wrong?

0 Most of Them Would 0 Some of Them Would 0 One or Two Would 0 None Would

2. If adults in your neighborhood saw kids doing something wrong or getting in trouble, would they tell the parents about it?

0 Most of Them Would 0 Some of Them Would 0 One or Two Would 0 None Would

3. If adults in your neighborhood saw kids doing something wrong or getting in trouble, would they call the police about it?

0 Most of Them Would 0 Some of Them Would 0 One or Two Would 0 None Would

Scoring: 1-4, right to left

NEIGHBORHOOD DISAPPROVAL

1. HOW DO YOU THINK MOST OF THE ADULTS IN YOUR NEIGHBORHOOD FEEL ABOUT:

	<u>They Strongly Disapprove</u>	<u>They Disapprove</u>	<u>They Neither Disapprove Nor Approve</u>
a. Someone your age smoking cigarettes?	0	0	0
b. Someone your age drinking alcohol?	0	0	0
c. Someone your age damaging or marking up public or private property?	0	0	0

Scoring: 1-3, right to left

FAMILY SUPPORT

1. HOW MUCH DO YOU AGREE OR DISAGREE WITH EACH STATEMENT:	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
a. It's fun when my family does things together.	0	0	0	0
b. I think of my family as very close to one another.	0	0	0	0
c. I get along well with my parents.	0	0	0	0

2. Do your parents encourage you to do what you are interested in doing and show an interest in those things themselves?

0 Almost Always 0 Much of the Time 0 Once in a While 0 Almost Never

3. Are your parents interested in what you think and how you feel?

0 Almost Always 0 Much of the Time 0 Once in a While 0 Almost Never

4. Do your parents keep an eye out for activities that you would enjoy doing, like after school or on the weekends, or in the summer?

0 Almost Always 0 Much of the Time 0 Once in a While 0 Almost Never

5. When you are having problems, can you talk them over with your parents?

0 Almost Always 0 Much of the Time 0 Once in a While 0 Almost Never

Scoring: 1-4, right to left

FRIENDS SUPPORT

1. Are your friends interested in what you think and how you feel?

0 Almost Always

0 Sometimes

0 Hardly Ever

2. When you have personal problems, do your friends try to understand and let you know they care?

0 Almost Always

0 Sometimes

0 Hardly Ever

Scoring: 1-3, right to left

TEACHER SUPPORT

1. Do teachers at your school treat students with respect?

0 Almost All
of Them Do

0 Most of
Them Do

0 Some of
Them Do

0 Almost None
of Them Do

2. Do teachers at your school show interest in their students as people?

0 Almost All
of Them Do

0 Most of
Them Do

0 Some of
Them Do

0 Almost None
of Them Do

3. Do teachers at your school try to help students when they are having problems?

0 Almost All
of Them Do

0 Most of
Them Do

0 Some of
Them Do

0 Almost None
of Them Do

4. Do the principal and the rest of the school staff try to make your school a place students like to be?

0 Almost All
of Them Do

0 Most of
Them Do

0 Some of
Them Do

0 Almost None
of Them Do

Scoring: 1-4, right to left

NEIGHBORHOOD SUPPORT

IN YOUR NEIGHBORHOOD (OR WHERE YOU LIVE):	<u>All of Them</u>	<u>Most of Them</u>	<u>Some of Them</u>	<u>Almost None of Them</u>
a. Are people friendly to each other when they meet?	0	0	0	0
b. Do people help each other out and look after each other?	0	0	0	0
c. Are people friendly to kids, and do they care about how kids are doing?	0	0	0	0

Scoring: 1-4, right to left

FAMILY MODELS FOR RISK BEHAVIOR

1. Does anyone in your close family smoke cigarettes? **(Mark all that apply.)**

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Father | <input type="checkbox"/> Sister(s) |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Brother(s) |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> None of them |
| <input type="checkbox"/> Stepmother | |

2. How many of the people in your family eat a lot of "junk food" instead of a healthy diet?

- ☐ None of Them ☐ Some of Them ☐ Most of Them ☐ Almost All of Them

Score Range: 1-10

Scoring: item 1: "None of them" = 0; otherwise, number of bubbles marked
item 2: 1-4, left to right

PEER MODELS FOR RISK BEHAVIOR

1. How many of your friends usually sit around a lot instead of getting some exercise or working out?

☐ None of Them ☐ Some of Them ☐ Most of Them ☐ Almost All of Them

2. How many of **your friends** smoke cigarettes on a pretty regular basis?

☐ None of Them ☐ Some of Them ☐ Most of Them ☐ Almost All of Them

3. Do any of your friends make fun of or pick on other kids because they are different or not part of your group?

☐ Almost All of Them Do ☐ Most of Them Do ☐ Some of Them Do ☐ None of Them Do

4. How many of your friends drink alcohol fairly regularly?

☐ None of Them ☐ Some of Them ☐ Most of Them ☐ Almost All of Them

5. How many of your friends eat a lot of "junk food" instead of a healthy diet?

☐ None of Them ☐ Some of Them ☐ Most of Them ☐ Almost All of Them

Scoring: items 1, 2, 4, 5: 1-4, left to right

item 3: 1-4, right to left

SCHOOL MODELS FOR RISK BEHAVIOR

HOW MANY OF THE STUDENTS
AT YOUR SCHOOL:

	<u>Almost None</u>	<u>A Few</u>	<u>Some</u>	<u>Most of Them</u>
1. Smoke cigarettes?	0	0	0	0
2. Act up or cause trouble in class?	0	0	0	0
3. Get into fights?	0	0	0	0
4. Drink alcohol?	0	0	0	0
5. Make fun of or pick on other students just because they are different?	0	0	0	0

Scoring: 1-4, left to right

NEIGHBORHOOD MODELS FOR RISK BEHAVIOR

1. How much cigarette smoking is there among adults in your neighborhood, as far as you know?

0 A Lot

0 A Fair Amount

0 A Little

0 None

2. How much drinking is there among adults in your neighborhood, as far as you know?

0 A Lot

0 A Fair Amount

0 A Little

0 None

Scoring: 1-4, right to left

OPPORTUNITY RISK -- AVAILABILITY

1. If you wanted some cigarettes to smoke, would you be able to get some at home?

0 Definitely Not 0 Probably Not 0 Probably Could 0 Definitely Could

2. If you wanted to get some alcohol to drink, would you be able to get some at home?

0 Definitely Not 0 Probably Not 0 Probably Could 0 Definitely Could

3. If you wanted to get some alcohol to drink, would you be able to get some in your neighborhood?

0 Definitely Not 0 Probably Not 0 Probably Could 0 Definitely Could

Scoring: 1-4, left to right

OPPORTUNITY RISK—GANGS

1. Do any of the kids in your neighborhood belong to gangs?

0 Almost All of Them 0 Most of Them 0 Some of Them 0 None of Them

2. How much gang activity is there in your neighborhood?

0 A Lot 0 A Fair Amount 0 A Little 0 None

Scoring: 1-4, right to left

FELT STRESS

1. In the **past six months**, how much stress or pressure have you felt, like not being able to meet all the demands on you or not being able to get everything done that you need to:

	<u>A Lot</u>	<u>A Fair Amount</u>	<u>Only a Little</u>	<u>None at All</u>
a. At school?	0	0	0	0
b. At home?	0	0	0	0
c. In your personal or social life?	0	0	0	0

Scoring: 1-4, right to left

DEPRESSION

1. IN THE PAST SIX MONTHS, HAVE YOU:	<u>A Lot</u>	<u>Some</u>	<u>A Little</u>	<u>Not at All</u>
a. Just felt really down about things?	0	0	0	0
b. Felt pretty hopeless about the future?	0	0	0	0
c. Just felt depressed about life in general?	0	0	0	0

Scoring: 1-4, right to left

LOW EXPECTATIONS FOR SUCCESS

Think about how you see your future.

WHAT ARE THE CHANCES THAT:

	I think the chances are:				
	<u>Very High</u>	<u>High</u>	<u>About Fifty-Fifty</u>	<u>Low</u>	<u>Very Low</u>
1. You will graduate from high school?	0	0	0	0	0
2. You will have a job that pays well?	0	0	0	0	0
3. You will be doing the kind of work that you like?	0	0	0	0	0
4. You will have a happy family life?	0	0	0	0	0
5. You will be respected by other people?	0	0	0	0	0

Scoring: 1-5, right to left

Think about how you are doing in school.

HOW SURE ARE YOU THAT YOU WILL:

	<u>Very Sure</u>	<u>Pretty Sure</u>	<u>Not Too Sure</u>	<u>Not Sure At All</u>
1. Get at least a B average this year?	0	0	0	0
2. Be considered a bright student by your teachers?	0	0	0	0
3. Come out near the top of the class on exams?	0	0	0	0
4. Have good enough grades to get into college?	0	0	0	0

Scoring: 1-4, right to left

LOW SELF-ESTEEM

The next questions are about how you see your self.

1. How well do you get along with others your age?

0 Very Well 0 Pretty Well 0 Not Too Well 0 Not Well at All

2. What about your ability to do well in school work?

0 Very Able 0 Pretty Able 0 Not Too Able 0 Not Able at All

3. How much common sense do you have for dealing with everyday problems?

0 A Great Deal 0 A Fair Amount 0 Not Too Much 0 Not Much at All

4. How well do you make decisions about important things in your life?

0 Very Well 0 Pretty Well 0 Not Too Well 0 Not Well at All

5. How do you feel about the way you look?

0 Very Satisfied 0 Pretty Satisfied 0 Not Too Satisfied 0 Not Satisfied at All

6. How well can you do in sports and other athletic activities?

0 Very Well 0 Pretty Well 0 Not Too Well 0 Not Well at All

7. On the whole, how satisfied are you with yourself?

0 Very Satisfied 0 Pretty Satisfied 0 Not Too Satisfied 0 Not Satisfied at All

Scoring: 1-4, right to left

MULTIPLE PROBLEM BEHAVIOR INDEX

The Multiple Problem Behavior Index (MPBI) assesses overall level of involvement in three different types of adolescent-reported problem behavior: delinquent behavior, cigarette smoking, and problem drinking. Measures of the three components of the index were transformed into *t* scores (mean of 50 and standard deviation of 10) and averaged. The measures of the three component behaviors of the MPBI are described on this and the following 3 pages.

DELINQUENT BEHAVIOR

DURING THE PAST SIX MONTHS,
HOW OFTEN HAVE YOU:

	<u>Never</u>	<u>Once</u>	<u>Twice</u>	<u>3-4 Times</u>	<u>5 or More Times</u>
1. Cheated on tests or homework?	0	0	0	0	0
2. Shoplifted from a store?	0	0	0	0	0
3. Damaged or marked up public or private property on purpose?	0	0	0	0	0
4. Lied to a teacher about something you did?	0	0	0	0	0
5. Taken something of value that doesn't belong to you?	0	0	0	0	0
6. Stayed out all night without permission?	0	0	0	0	0
7. Lied to your parents about where you have been or who you were with?	0	0	0	0	0
8. Hit another student because you didn't like what he or she did?	0	0	0	0	0
9. Carried a weapon, like a knife or gun, at school?	0	0	0	0	0
10. Made fun of or picked on other kids because they are different or not part of your group?	0	0	0	0	0

Scoring: 1-5, left to right

CIGARETTE SMOKING

1. Have you **ever** smoked a cigarette (not just a few puffs)?

- 0 No, never
- 0 Yes, but only once
- 0 A few times
- 0 More than a few times

**IF YOU MARKED ONE OF THESE TWO
CIRCLES, SKIP TO PAGE 9, QUESTION 8.**

2. Have you smoked cigarettes in the past 12 months?

0 No → **IF NO, SKIP TO PAGE 9, QUESTION 6.**

0 Once or Twice

0 A Few Times

0 More than a Few
Times

3. During the **past month**, how many cigarettes have you smoked on an average day?

- | | |
|------------------------------------|-------------------------------|
| 0 None at all | 0 About half a pack a day |
| 0 Less than one cigarette a day | 0 About a pack a day |
| 0 Between 1 and 3 cigarettes a day | 0 About 1½ packs a day |
| 0 Between 4 and 8 cigarettes a day | 0 About 2 packs or more a day |

Scoring: item 1: 1-4, top to bottom; scores of 1 & 2 = Never Smoker, scores of 3 & 4 = Ever Smoker

item 2: 1-4

item 3: 1-8, low to high

Measure of Smoking Involvement = mean of scores on items 2 and 3; if response to item 2 = No,

Smoking Involvement score = 1; assign score of 0 to Never Smokers

PROBLEM DRINKING

Screening Items

1. Have you **ever** had a drink of beer, wine, or liquor--**not just a sip or a taste of someone else's drink**?

☐ Yes ☐ No

2. Have you had a drink of beer, wine, or liquor **more than two or three times in your life--not just a sip or a taste of someone else's drink**?

☐ Yes ☐ No **IF YOU MARKED NO, PLEASE SKIP TO PAGE 24, QUESTION 11.**

3. During the **past six months**, how often did you drink alcohol?

☐ Not at all → **IF YOU MARKED NOT AT ALL, PLEASE SKIP TO PAGE 24, QUESTION 11 AND GO ON FROM THERE**

☐ Once or twice in the past 6 months

☐ 3-4 times in the past 6 months

☐ About once a month

☐ Two or three days a month

☐ Once a week

☐ Two or three days a week

☐ Four or five days a week

☐ Every day

Problem Drinking Items

4. Over the **past six months**, how many times did you drink **four or more drinks** of beer, wine, or liquor when you were drinking?

☐ Never

☐ Once

☐ 2-3 Times

☐ 4-5 Times

☐ Once a month

☐ 2 or 3 days a month

☐ Once a week

☐ Twice a week

☐ More than twice a week

Measures Guide

Psychosocial Protective Factors, Psychosocial Risk Factors, and Behaviors

U.S./China Cross-National Study

4. Over the **past six months**, how many times has each of the following happened **because you had been drinking**?

	<u>Never</u>	<u>Once</u>	<u>Twice</u>	<u>3-4 Times</u>	<u>5 or More Times</u>
a. You've gotten into trouble with your parents because you had been drinking.	0	0	0	0	0
b. You've had problems at school or with schoolwork because you had been drinking.	0	0	0	0	0
c. You've had problems with your friends because you had been drinking.	0	0	0	0	0
d. You've had problems with someone you were dating because you had been drinking.	0	0	0	0	0
e. You've gotten into trouble with the police because you had been drinking.	0	0	0	0	0

5. In the **past six months**, about how many times have you gotten **drunk** or "very, very high" on alcohol?

0 Never	0 2 or 3 days a month
0 Once	0 Once a week
0 2-3 Times	0 Twice a week
0 4-5 Times	0 More than twice a week

Scoring: items 1 and 2, No = 0; Yes = 1

item 3, 0-8, low to high

items 4a-4e, 0-4, left to right

item 5, 0-7, low to high

If item 1 =0 and item 2=0 OR if item 1 =1 and item 2=0, respondent is classified as Never Drinker

If item 1 =1 and item 2=1 and item 3=0, respondent is classified as Non-current Drinker

Negative Consequences of Drinking (TNC) = sum.1(item4a, item4b, item4c, item4d, item4e)

Problem Drinking = mean.2(item3, TNC, item5)

For Never Drinkers and Non-current Drinkers, Problem Drinking score = 0.

Measures Guide

Psychosocial Protective Factors, Psychosocial Risk Factors, and Behaviors
U.S./China Cross-National Study

Alpha Reliabilities of
Protective and Risk Factor Composite Measures, and Component Subscales
(Wave 1 – Year 2000)

<u>Measure (number of items)</u>	<u>U. S. Sample</u>	<u>Chinese Sample</u>
Protective factors		
<i>Models protection</i> (21)	.85	.82
Parent models for conventional behavior (4)	.57	.58
Parent models for health behavior (8)	.78	.77
Friends models for conventional behavior (5)	.74	.69
Friends models for health behavior (4)	.73	.67
<i>Controls protection</i> (41)	.91	.91
Attitudinal intolerance of deviance (10)	.92	.93
Parent sanctions (4)	.74	.53
Family controls (8)	.78	.73
Peer controls (4)	.81	.78
Friends disapproval (2)	.56	.58
School controls (3)	.64	.51
Student disapproval (4)	.82	.84
Neighborhood controls (3)	.72	.64
Neighborhood disapproval (3)	.90	.81
<i>Support protection</i> (16)	.85	.86
Family support (7)	.86	.85
Friends support (2)	.78	.62
Teacher support (4)	.83	.78
Neighborhood support (3)	.86	.85
Risk factors		
<i>Models risk</i> (14)	.76	.77
Family models for risk behavior (2)	.22	.06
Peer models for risk behavior (5)	.48	.48
School models for risk behavior (5)	.88	.79
Neighborhood models for substance use (2)	.56	.64
<i>Opportunity risk/availability</i> (3)	.54	.65
Availability of cigarettes at home (1)	--	--
Availability of alcohol at home (1)	--	--
Availability of alcohol in the neighborhood (1)	--	--
<i>Opportunity risk/gangs</i> (2)	.86	.80
<i>Vulnerability risk</i> (22)	.87	.85
Felt stress (3)	.74	.68
Depression (3)	.85	.78
Low expectations for success (9)	.88	.89
Low self-esteem (7)	.68	.68

Measures Guide

Psychosocial Protective Factors, Psychosocial Risk Factors, and Behaviors
U.S./China Cross-National Study

Multiple Problem Behavior Index	.69	.64
Delinquent behavior	.84	.82
Cigarette smoking	.79	.84
Problem drinking	.71	.58

MODELS PROTECTION/FAMILY

1. DOES EITHER OF YOUR PARENTS (OR THE ADULTS YOU LIVE WITH):

	<u>Yes</u>	<u>No</u>
a. Take part in community groups (like the Parent-Teacher Organization, Elks Club, Junior League, Rotary) or in church groups and activities?	0	0
b. Do volunteer work at school or in the community -- like at a hospital, homeless shelter, Scout troop, Little League team?	0	0
c. Belong to a sports or hobby group, like a bowling team, softball league, quilting group, ham radio club, etc.?	0	0

Scoring: No = 0; Yes = 1

MODELS PROTECTION/PEERS

HOW MANY OF YOUR FRIENDS:	<u>Them</u>	<u>Them</u>	<u>Them</u>	<u>None</u>
1. Are in school clubs or organizations other than sports?	0	0	0	0
2. Are in community youth groups, like Scouts, Boys Club or Girls Club, the "Y", etc.?	0	0	0	0
3. Do volunteer work in the community?	0	0	0	0
4. Spend a lot of time doing things with their families?	0	0	0	0

Scoring: 1-4, right to left

CONTROLS PROTECTION/FAMILY

1. If your parents knew that you had been smoking cigarettes, would you get in trouble for it?

0 Definitely Would 0 Probably Would 0 Probably Would Not 0 Definitely Would Not

2. If your parents knew that you lied to them about where you had been or who you were with, would you get in trouble for it?

0 Definitely Would 0 Probably Would 0 Probably Would Not 0 Definitely Would Not

3. If your parents knew that you had shoplifted something from a store, would you get in trouble for it?

0 Definitely Would 0 Probably Would 0 Probably Would Not 0 Definitely Would Not

4. If your parents knew that you had been drinking alcohol without their permission, would you get in trouble for it?

0 Definitely Would 0 Probably Would 0 Probably Would Not 0 Definitely Would Not

5. IN YOUR HOME, HOW STRICT ARE
THE **RULES** YOU HAVE TO FOLLOW:

	Very Strict	Not Too Strict	Not Strict at All
a. About when and how much television you can watch?	0	0	0
b. About letting your family know where you're going when you go out?	0	0	0
c. About getting your homework done?	0	0	0
d. About dating and going to parties?	0	0	0
e. About being home by a certain time at night?	0	0	0
f. About what time you go to bed at night?	0	0	0

Scoring: items 1-4: 1-4, right to left
 items 5a-5k: 1-2, right to left

CONTROLS PROTECTION/PEERS

1. If you were going to do something people think is wrong, would your friends try to stop you?

0 Definitely Would 0 Probably Would 0 Probably Would Not 0 Definitely Would Not

2. If you were making fun of or picking on other kids, would your friends criticize you or try to get you to stop?

0 Definitely Would 0 Probably Would 0 Probably Would Not 0 Definitely Would Not

3. If you were going to do something that's against the law, would your friends try to talk you out of it?

0 Definitely Would 0 Probably Would 0 Probably Would Not 0 Definitely Would Not

Scoring: 1-4, right to left

CONTROLS PROTECTION/SCHOOL

1. In your school, how strict are the rules about student behavior in class, in the halls, and on the school grounds?

0 Very Strict

0 Pretty Strict

0 Not Too Strict

0 Not Strict At All

2. In your school, do the teachers and other staff people keep an eye on students to make sure they aren't getting in trouble or breaking school rules?

0 Almost Always

0 Much of the Time

0 Sometimes

0 Almost Never

3. In your school, if students get caught breaking school rules, would the teachers or principal do something about it?

0 Definitely Would

0 Probably Would

0 Probably Would Not

0 Definitely Would Not

WHAT DO MOST OF THE
STUDENTS AT YOUR SCHOOL
THINK ABOUT KIDS WHO:

They Strongly
Disapprove

They
Disapprove

They Neither
Disapprove
Nor Approve

4. Cheat on tests or homework?

0

0

0

5. Act up and make trouble in class?

0

0

0

6. Make fun of or pick on other students
because they are different?

0

0

0

7. Damage school property?

0

0

0

Scoring: items 1-3: 1-4, right to left
items 4-7: 1-3, right to left

CONTROLS PROTECTION/NEIGHBORHOOD

1. If adults in your neighborhood saw kids doing something wrong or getting in trouble (like damaging property, or using drugs), would they talk to those kids and let them know it was wrong?

0 Most of Them Would 0 Some of Them Would 0 One or Two Would 0 None Would

2. If adults in your neighborhood saw kids doing something wrong or getting in trouble, would they tell the parents about it?

0 Most of Them Would 0 Some of Them Would 0 One or Two Would 0 None Would

3. If adults in your neighborhood saw kids doing something wrong or getting in trouble, would they call the police about it?

0 Most of Them Would 0 Some of Them Would 0 One or Two Would 0 None Would

4. HOW DO YOU THINK MOST
OF THE ADULTS IN YOUR
NEIGHBORHOOD FEEL ABOUT:

	<u>They Strongly Disapprove</u>	<u>They Disapprove</u>	<u>They Neither Disapprove Nor Approve</u>
a. Someone your age smoking cigarettes?	0	0	0
b. Someone your age drinking alcohol?	0	0	0
c. Someone your age damaging or marking up public or private property?	0	0	0

Scoring: items 1-3: 1-4, right to left

items 4a-4c: 1-3, right to left

SUPPORT PROTECTION/FAMILY

1. Do your parents encourage you to do what you are interested in doing and show an interest in those things themselves?

0 Almost Always 0 Much of the Time 0 Once in a While 0 Almost Never

2. Are your parents interested in what you think and how you feel?

0 Almost Always 0 Much of the Time 0 Once in a While 0 Almost Never

3. Do your parents keep an eye out for activities that you would enjoy doing, like after school or on the weekends, or in the summer?

0 Almost Always 0 Much of the Time 0 Once in a While 0 Almost Never

4. When you are having problems, can you talk them over with your parents?

0 Almost Always 0 Much of the Time 0 Once in a While 0 Almost Never

Scoring: 1-4, right to left

SUPPORT PROTECTION/PEERS

1. Are your friends interested in what you think and how you feel?

0 Almost Always

0 Sometimes

0 Hardly Ever

2. When you have personal problems, do your friends try to understand and let you know they care?

0 Almost Always

0 Sometimes

0 Hardly Ever

Scoring: 1-3, right to left

SUPPORT PROTECTION/SCHOOL

1. Do teachers at your school treat students with respect?

0 Almost All
of Them Do

0 Most of
Them Do

0 Some of
Them Do

0 Almost None
of Them Do

2. Do teachers at your school show interest in their students as people?

0 Almost All
of Them Do

0 Most of
Them Do

0 Some of
Them Do

0 Almost None
of Them Do

3. Do teachers at your school try to help students when they are having problems?

0 Almost All
of Them Do

0 Most of
Them Do

0 Some of
Them Do

0 Almost None
of Them Do

4. Do the principal and the rest of the school staff try to make your school a place students like to be?

0 Almost All
of Them Do

0 Most of
Them Do

0 Some of
Them Do

0 Almost None
of Them Do

Scoring: 1-4, right to left

SUPPORT PROTECTION/NEIGHBORHOOD

(IN YOUR NEIGHBORHOOD (OR WHERE YOU LIVE):	<u>All of Them</u>	<u>Most of Them</u>	<u>Some of Them</u>	<u>Almost None of Them</u>
a. Are people friendly to each other when they meet?	0	0	0	0
b. Do people help each other out and look after each other?	0	0	0	0
c. Are people friendly to kids, and do they care about how kids are doing?	0	0	0	0

Scoring: 1-4, right to left

MODELS RISK/FAMILY

1. Does anyone in your close family smoke cigarettes? **(Mark all that apply.)**

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Father | <input type="checkbox"/> Sister(s) |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Brother(s) |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> None of them |
| <input type="checkbox"/> Stepmother | |

Scoring: “None of them” = 0; each other bubble marked = 1, values summed

MODELS RISK/PEERS

1. How many of **your friends** smoke cigarettes on a pretty regular basis?

- ☐ None of Them ☐ Some of Them ☐ Most of Them ☐ Almost All of Them

2. How many of your friends drink alcohol fairly regularly?

- ☐ None of Them ☐ Some of Them ☐ Most of Them ☐ Almost All of Them

Scoring: 1-4, left to right

MODELS RISK/SCHOOL

HOW MANY OF THE STUDENTS
AT YOUR SCHOOL:

	<u>Almost None</u>	<u>A Few</u>	<u>Some</u>	<u>Most of Them</u>
1. Smoke cigarettes?	0	0	0	0
2. Use marijuana or other illegal drugs?	0	0	0	0
3. Act up or cause trouble in class?	0	0	0	0
4. Get into fights?	0	0	0	0
5. Drink alcohol?	0	0	0	0

Scoring: 1-4, left to right, all items

MODELS RISK/NEIGHBORHOOD

1. How much cigarette smoking is there among adults in your neighborhood, as far as you know?

0 A Lot

0 A Fair Amount

0 A Little

0 None

2. How much drinking is there among adults in your neighborhood, as far as you know?

0 A Lot

0 A Fair Amount

0 A Little

0 None

Scoring: 1-4, right to left

OPPORTUNITY RISK/FAMILY

1. If you wanted some cigarettes to smoke, would you be able to get some at home?

0 Definitely Not 0 Probably Not 0 Probably Could 0 Definitely Could

2. If you wanted to get some alcohol to drink, would you be able to get some at home?

0 Definitely Not 0 Probably Not 0 Probably Could 0 Definitely Could

Scoring: 1-4, left to right

OPPORTUNITY RISK/NEIGHBORHOOD

1. Do any of the kids in your neighborhood belong to gangs?

0 Almost All of Them 0 Most of Them 0 Some of Them 0 None of Them

2. How much gang activity is there in your neighborhood?

0 A Lot 0 A Fair Amount 0 A Little 0 None

Scoring: 1-4, right to left

VULNERABILITY RISK/FAMILY

1. In the **past six months**, how much stress or pressure have you felt, like not being able to meet all the demands on you or not being able to get everything done that you need to:

	<u>A Lot</u>	<u>A Fair Amount</u>	<u>Only a Little</u>	<u>None at All</u>
a. At home?	0	0	0	0

2. HOW MUCH DO YOU AGREE OR DISAGREE WITH EACH STATEMENT:

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
a. It's fun when my family does things together.	0	0	0	0
b. I think of my family as very close to one another.	0	0	0	0
c. I get along well with my parents.	0	0	0	0

3. Is there tension or stress at home in your family?

0 Very Often 0 Fairly Often 0 Once in a While 0 Almost Never

4. Do you get into serious arguments with your parents about what you do, or who your friends are, or things like that?

0 Very Often 0 Fairly Often 0 Once in a While 0 Almost Never

Scoring: items 2a-c: 1-4, left to right
items 1b, 3, and 4: 1-4, right to left,

VULNERABILITY RISK/PEERS

1. In the **past six months**, how much stress or pressure have you felt, like not being able to meet all the demands on you or not being able to get everything done that you need to:

	<u>A Lot</u>	<u>A Fair Amount</u>	<u>Only a Little</u>	<u>None at All</u>
a. In your personal or social life?	0	0	0	0

Scoring: 1-4, right to left

VULNERABILITY RISK/SCHOOL

HOW MUCH DO YOU AGREE OR DISAGREE WITH EACH OF THE FOLLOWING STATEMENTS ABOUT SCHOOL?

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
1. I feel that my school is a safe place to be.	0	0	0	0

Scoring: 1-4, left to right

INDIVIDUAL-LEVEL CONTROLS PROTECTION

How wrong do you think it is to do the following things?

HOW WRONG IS IT:	<u>Not Wrong</u>	<u>A Little Wrong</u>	<u>Wrong</u>	<u>Very Wrong</u>
1. To cheat on tests or homework?	0	0	0	0
2. To shoplift from a store?	0	0	0	0
3. To damage or mark up public or private property on purpose?	0	0	0	0
4. To lie to a teacher about something you did?	0	0	0	0
5. To take something of value that doesn't belong to you?	0	0	0	0
6. To stay out all night without permission?	0	0	0	0
7. To lie to your parents about where you have been or who you were with	0	0	0	0
8. To hit another student because you didn't like what he or she did?	0	0	0	0
9. To carry a weapon, like a knife or gun, at school?	0	0	0	0
10. To make fun of or pick on other kids because they are different or not part of your group?	0	0	0	0
11. Do you think regular smoking can have an effect on the health of young people your age?				
0 Very Serious Effect	0 Serious Effect	0 Mild Effect	0 Almost No Effect	
12. Do you think regular use of alcohol can have an effect on the health of young people your age?				
0 Very Serious Effect	0 Serious Effect	0 Mild Effect	0 Almost No Effect	
13. Do you think regular use of marijuana can have an effect on the health of young people your age?				
0 Very Serious Effect	0 Serious Effect	0 Mild Effect	0 Almost No Effect	

Scoring: items 1-10: 1-4, left to right
 items 11-13: 1-4, right to left,

INDIVIDUAL-LEVEL VULNERABILITY RISK

(Each of the 4 component scales is listed separately. Total scale sums all items, scored as indicated.)

DEPRESSION

IN THE PAST SIX MONTHS, HAVE YOU:	<u>A Lot</u>	<u>Some</u>	<u>A Little</u>	<u>Not at All</u>
1. Just felt really down about things?	0	0	0	0
2. Felt pretty hopeless about the future?	0	0	0	0
3. Just felt depressed about life in general?	0	0	0	0

Scoring: 1-4, right to left

LOW EXPECTATIONS FOR SUCCESS IN LIFE

Think about how you see your future.

WHAT ARE THE CHANCES THAT:

	I think the chances are:				
	<u>Very High</u>	<u>High</u>	<u>About Fifty-Fifty</u>	<u>Low</u>	<u>Very Low</u>
1. You will graduate from high school?	0	0	0	0	0
2. You will have a job that pays well?	0	0	0	0	0
3. You will be doing the kind of work that you like?	0	0	0	0	0
4. You will have a happy family life?	0	0	0	0	0
5. You will be respected by other people?	0	0	0	0	0

LOW EXPECTATIONS FOR SCHOOL ACHIEVEMENT

Think about how you are doing in school.

HOW SURE ARE YOU THAT YOU WILL:

	<u>Very Sure</u>	<u>Pretty Sure</u>	<u>Not Too Sure</u>	<u>Not Sure At All</u>
6. Get at least a B average this year?	0	0	0	0
7. Be considered a bright student by your teachers?	0	0	0	0
8. Come out near the top of the class on exams?	0	0	0	0
9. Have good enough grades to get into college?	0	0	0	0

Scoring: 1-4, right to left, all items

LOW SELF-ESTEEM

The next questions are about how you see your self.

1. How well do you get along with others your age?

0 Very Well 0 Pretty Well 0 Not Too Well 0 Not Well at All

2. What about your ability to do well in school work?

0 Very Able 0 Pretty Able 0 Not Too Able 0 Not Able at All

3. How much common sense do you have for dealing with everyday problems?

0 A Great Deal 0 A Fair Amount 0 Not Too Much 0 Not Much at All

4. How well do you make decisions about important things in your life?

0 Very Well 0 Pretty Well 0 Not Too Well 0 Not Well at All

5. How do you feel about the way you look?

0 Very Satisfied 0 Pretty Satisfied 0 Not Too Satisfied 0 Not Satisfied at All

6. How well can you do in sports and other athletic activities?

0 Very Well 0 Pretty Well 0 Not Too Well 0 Not Well at All

7. On the whole, how satisfied are you with yourself?

0 Very Satisfied 0 Pretty Satisfied 0 Not Too Satisfied 0 Not Satisfied at All

Scoring: 1-4, right to left

MULTIPLE PROBLEM BEHAVIOR INDEX

(see page 20)

DELINQUENT BEHAVIOR

(see page 20)

CIGARETTE SMOKING

(see page 21)

PROBLEM DRINKING

(see page 22)

Alpha Reliabilities of Protective and Risk Factor Measures
(Wave 1 – Year 2000)

<u>Measure (number of items)</u>	<u>U. S. Sample</u>	<u>Chinese Sample</u>
Social context protective factors		
<i>Models protection</i>		
Models protection/family (3)	.57	.54
Models protection/peers (4)	.69	.73
<i>Controls protection</i>		
Controls protection/family (10)	.80	.73
Controls protection/peers (3)	.75	.66
Controls protection/school (7)	.71	.73
Controls protection/neighborhood (6)	.80	.72
<i>Support protection</i>		
Support protection/family (4)	.79	.80
Support protection/peers (2)	.78	.62
Support protection/school (4)	.83	.77
Support protection/neighborhood (3)	.86	.85
Social context risk factors		
<i>Models risk</i>		
Models risk/family (1)	--	--
Models risk/peers (2)	.52	.55
Models risk/school (4)	.84	.89
Models risk/neighborhood (2)	.56	.64
<i>Opportunity risk/availability</i>		
Opportunity risk/family (2)	.34	.65
Opportunity risk/neighborhood (2)	.86	.80
<i>Vulnerability risk</i>		
Vulnerability risk/family (6)	.75	.69
Vulnerability risk/peers (1)	--	--
Vulnerability risk/school (1)	--	--
Individual-level protective factor		
Individual-level controls protection (13)	.91	.91
Individual-level risk factor		
Individual-level vulnerability risk (19)	.87	.86
Multiple Problem Behavior Index	.69	.64
Delinquent behavior	.84	.82
Cigarette smoking	.79	.84
Problem drinking	.71	.58

MODELS PROTECTION/FAMILY

5. Do your parents (or the adults you live with) pay attention to **eating a healthy diet** themselves?
(Please answer for **each** person.)

Your Mother?	0 A Lot of Attention	0 Some Attention	0 Almost No Attention
Your Father?	0 A Lot of Attention	0 Some Attention	0 Almost No Attention

6. How about the attention they pay to **getting enough exercise**?

Your Mother?	0 A Lot	0 Some	0 Almost None
Your Father?	0 A Lot	0 Some	0 Almost None

7. How about the attention they pay to **getting enough sleep**?

Your Mother?	0 A Lot	0 Some	0 Almost None
Your Father?	0 A Lot	0 Some	0 Almost None

8. How about their attention to **using seat belts when in a car**?

Your Mother?	0 A Lot	0 Some	0 Almost None
Your Father?	0 A Lot	0 Some	0 Almost None

Scoring: 1-3, right to left

MODELS PROTECTION/PEERS

HOW MANY OF YOUR FRIENDS:	<u>All of Them</u>	<u>Most of Them</u>	<u>Some of Them</u>	<u>None</u>
1. Pay attention to eating a healthy diet?	0	0	0	0
2. Make sure they get enough exercise?	0	0	0	0
3. Try to get enough sleep at night?	0	0	0	0
4. Use a seat belt when they are riding in a car?	0	0	0	0

Scoring: 1-4, right to left

CONTROLS PROTECTION/FAMILY

1. IN YOUR HOME, HOW STRICT ARE THE RULES YOU HAVE TO FOLLOW:	<u>Very Strict</u>	<u>Not Too Strict</u>	<u>Not Strict at All</u>
a. About when and how much television you can watch?	0	0	0
b. About what time you go to bed at night?	0	0	0

Scoring: 1-3, right to left

CONTROLS PROTECTION/PEERS

1. If you were doing something that is bad for your health, would your friends try to get you to stop?

0 Definitely Would 0 Probably Would 0 Probably Would Not 0 Definitely Would Not

Scoring: 1-4, right to left

SUPPORT PROTECTION/FAMILY

(see page 10)

SUPPORT PROTECTION/PEERS

(see page 11)

SUPPORT PROTECTION/SCHOOL

(see page 11)

SUPPORT PROTECTION/NEIGHBORHOOD

(see page 12)

MODELS RISK/FAMILY

(see page 13)

MODELS RISK/PEERS

1. How many of **your friends** smoke cigarettes on a pretty regular basis?

☐ None of Them ☐ Some of Them ☐ Most of Them ☐ Almost All of Them

2. How many of your friends eat a lot of "junk food" instead of a healthy diet?

☐ None of Them ☐ Some of Them ☐ Most of Them ☐ Almost All of Them

3. How many of your friends usually sit around a lot instead of getting some exercise or working out?

☐ None of Them ☐ Some of Them ☐ Most of Them ☐ Almost All of Them

Scoring: 1-4, left to right

MODELS RISK/SCHOOL

HOW MANY OF THE STUDENTS
AT YOUR SCHOOL:

	<u>Almost None</u>	<u>A Few</u>	<u>Some</u>	<u>Most of Them</u>
1. Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Scoring: 1-4, left to right

MODELS RISK/NEIGHBORHOOD

1. How much cigarette smoking is there among adults in your neighborhood, as far as you know?

☐ A Lot ☐ A Fair Amount ☐ A Little ☐ None

Scoring: 1-4, right to left

OPPORTUNITY RISK/FAMILY

1. If you wanted some cigarettes to smoke, would you be able to get some at home?

0 Definitely Not 0 Probably Not 0 Probably Could 0 Definitely Could

Scoring: 1-4, left to right

VULNERABILITY RISK/FAMILY

(see page 36)

VULNERABILITY RISK/PEERS

(see page 37)

VULNERABILITY RISK/SCHOOL

1. In the **past six months**, how much stress or pressure have you felt, like not being able to meet all the demands on you or not being able to get everything done that you need to:

	<u>A Lot</u>	<u>A Fair Amount</u>	<u>Only a Little</u>	<u>None at All</u>
a. At school?	0	0	0	0

Scoring: 1-4, right to left

CONTROLS PROTECTION/INDIVIDUAL

We'd like to begin with some questions about health. How **important** is each of the following things to **you**?

HOW IMPORTANT IS IT TO YOU:	<u>Very Important</u>	<u>Quite Important</u>	<u>Important</u>	<u>Not Too Important</u>
1. To feel like you are in good shape?	0	0	0	0
2. To feel like you have plenty of energy?	0	0	0	0
3. To keep yourself in good health all year round?	0	0	0	0
4. To keep yourself fit even if it takes some extra effort?	0	0	0	0
5. To have good health habits about eating, exercise, and sleep?	0	0	0	0
6. Do you think getting less than 8 hours of sleep each night can have an effect on the health of young people your age?				
0 Very Serious Effect	0 Serious Effect	0 Mild Effect	0 Almost No Effect	
7. Do you think being 20 pounds overweight can have an effect on the health of young people your age?				
0 Very Serious Effect	0 Serious Effect	0 Mild Effect	0 Almost No Effect	
8. Do you think not getting regular exercise can have an effect on the health of young people your age?				
0 Very Serious Effect	0 Serious Effect	0 Mild Effect	0 Almost No Effect	
9. Do you think regular smoking can have an effect on the health of young people your age?				
0 Very Serious Effect	0 Serious Effect	0 Mild Effect	0 Almost No Effect	
10. Do you think being skipping breakfast most days can have an effect on the health of young people your age?				
0 Very Serious Effect	0 Serious Effect	0 Mild Effect	0 Almost No Effect	
11. Do you think eating a lot of "junk food" can have an effect on the health of young people your age?				
0 Very Serious Effect	0 Serious Effect	0 Mild Effect	0 Almost No Effect	

Scoring: 1-4, right to left

VULNERABILITY RISK/INDIVIDUAL

(Each of the 4 component scales is listed separately. Total scale sums all items, scored as indicated.)

DEPRESSION

IN THE PAST SIX MONTHS, HAVE YOU:	<u>A Lot</u>	<u>Some</u>	<u>A Little</u>	Not at <u>All</u>
1. Just felt really down about things?	0	0	0	0
2. Felt pretty hopeless about the future?	0	0	0	0
3. Just felt depressed about life in general?	0	0	0	0

Scoring: 1-4, right to left

LOW EXPECTATIONS FOR SUCCESS IN LIFE

Think about how you see your future.

WHAT ARE THE CHANCES THAT:	I think the chances are:				
	<u>Very High</u>	<u>High</u>	<u>About Fifty-Fifty</u>	<u>Low</u>	<u>Very Low</u>
1. You will graduate from high school?	0	0	0	0	0
2. You will have a job that pays well?	0	0	0	0	0
3. You will be doing the kind of work that you like?	0	0	0	0	0
4. You will have a happy family life?	0	0	0	0	0
5. You will be respected by other people?	0	0	0	0	0

LOW EXPECTATIONS FOR SCHOOL ACHIEVEMENT

Think about how you are doing in school.

HOW SURE ARE YOU THAT YOU WILL:	<u>Very Sure</u>	<u>Pretty Sure</u>	<u>Not Too Sure</u>	<u>Not Sure At All</u>
6. Get at least a B average this year?	0	0	0	0
7. Be considered a bright student by your teachers?	0	0	0	0
8. Come out near the top of the class on exams?	0	0	0	0
9. Have good enough grades to get into college?	0	0	0	0

Scoring: 1-4, right to left, all items

LOW SELF-ESTEEM

The next questions are about how you see your self.

1. How well do you get along with others your age?

☐ Very Well ☐ Pretty Well ☐ Not Too Well ☐ Not Well at All

2. What about your ability to do well in school work?

☐ Very Able ☐ Pretty Able ☐ Not Too Able ☐ Not Able at All

3. How much common sense do you have for dealing with everyday problems?

☐ A Great Deal ☐ A Fair Amount ☐ Not Too Much ☐ Not Much at All

4. How well do you make decisions about important things in your life?

☐ Very Well ☐ Pretty Well ☐ Not Too Well ☐ Not Well at All

5. How do you feel about the way you look?

☐ Very Satisfied ☐ Pretty Satisfied ☐ Not Too Satisfied ☐ Not Satisfied at All

6. On the whole, how satisfied are you with yourself?

☐ Very Satisfied ☐ Pretty Satisfied ☐ Not Too Satisfied ☐ Not Satisfied at All

Scoring: 1-4, right to left

HEALTH-ENHANCING BEHAVIOR INDEX

The Health-Enhancing Behavior Index (HEBI) is a composite index of involvement in five health-enhancing behaviors: attention to eating a healthy diet, regular exercise, adequate sleep time, safety practices, and dental hygiene. The HEBI was calculated as the mean of the five component behavior scores, standardized (*z*-scores) to provide equal weighting in the continuous composite score. The measures of the five component behaviors of the HEBI are described on this and the following 3 pages.

ATTENTION TO HEALTHY DIET

Think about **your usual** eating habits.

DO YOU PAY ATTENTION TO:	<u>A Lot</u>	<u>Some</u>	<u>None</u>
1. Seeing that your diet is healthy?	0	0	0
2. Keeping down the amount of salt you eat?	0	0	0
3. Keeping down the amount of fat you eat?	0	0	0
4. Eating some fresh vegetables every day?	0	0	0
5. Eating in a healthy way even when you're with friends?	0	0	0
6. Eating healthy snacks like fruit instead of candy?	0	0	0
7. Eating foods that are baked or broiled rather than fried?	0	0	0

Scoring: 1-3, right to left

REGULAR EXERCISE

Think about the kinds of things you usually do **after school and on weekends**. About how many hours do you usually spend **each week**:

	<u>None</u>	<u>One Hour A Week</u>	<u>2-3 Hours A Week</u>	<u>4-5 Hours A Week</u>	<u>6-7 Hours A Week</u>	<u>8 or More Hours A Week</u>
1. Taking part in an organized sport or recreation program (like soccer or karate)?	0	0	0	0	0	0
2. Working out as part of a personal exercise program (like running or lifting weights)?	0	0	0	0	0	0
3. Practicing different physical activities (like shooting baskets, or working on	0	0	0	0	0	0

Scoring: 1-6, left to right

ADEQUATE SLEEP

1. How much sleep do you usually get **each night** during the school week?

- | | |
|-------------------------------------------------|--------------------------------------------------|
| <input type="radio"/> Less than 6 hours a night | <input type="radio"/> 8½ hours |
| <input type="radio"/> 6 hours | <input type="radio"/> 9 hours |
| <input type="radio"/> 6½ hours | <input type="radio"/> 9½ hours |
| <input type="radio"/> 7 hours | <input type="radio"/> 10 hours |
| <input type="radio"/> 7½ hours | <input type="radio"/> More than 10 hours a night |
| <input type="radio"/> 8 hours | |

2. What time do you **usually** go to sleep at night during the school week?

- | | | | | |
|-------------------------------|--------------------------------|--------------------------------|--------------------------------|----------------------------|
| <input type="radio"/> 9 pm | <input type="radio"/> 10 pm | <input type="radio"/> 11 pm | <input type="radio"/> 12 am | <input type="radio"/> 1 am |
| <input type="radio"/> 9:30 pm | <input type="radio"/> 10:30 pm | <input type="radio"/> 11:30 pm | <input type="radio"/> 12:30 am | |

3. What time do you **usually** wake up in the morning on school days?

- | | | | | | | |
|------------------------------------------|-------------------------------|----------------------------|-------------------------------|----------------------------|-------------------------------|----------------------------------------|
| <input type="radio"/> 5 am
or earlier | <input type="radio"/> 5:30 am | <input type="radio"/> 6 am | <input type="radio"/> 6:30 am | <input type="radio"/> 7 am | <input type="radio"/> 7:30 am | <input type="radio"/> 8 am
or later |
|------------------------------------------|-------------------------------|----------------------------|-------------------------------|----------------------------|-------------------------------|----------------------------------------|

Scoring: item 1: 1-11

item 2: 1-9, earliest to latest

item 3: 1-7, earliest to latest

To compute measure of adequate sleep (SLEEP):

Recode item3 (1=5)(2=5.5)(3=6)(4=6.5)(5=7)(6=7.5)(7=8) into WAKE.

Recode item2 (1=3)(2=2.5)(3=2)(4=1.5)(5=1)(6=.5)(7=0)(8 = -.5)(9 = -1) into BED.

Compute HRSLEEP=BED + WAKE.

Compute SLEEP=mean.1(HRSLEEP, item1).

SAFETY PRACTICES

1. When you're riding in a car that a **friend** is driving, do you use your seat belt?

☐ Almost Always ☐ Most of the Time ☐ Some of the Time ☐ Hardly Ever

2. When you're riding in a car that your **mother or father** is driving, do you use your seat belt?

☐ Almost Always ☐ Most of the Time ☐ Some of the Time ☐ Hardly Ever

Scoring: 1-4, left to right

DENTAL HYGIENE

1. How often do you brush your teeth?

☐ After Every Meal ☐ Twice a Day ☐ Once a Day ☐ Every Couple of Days

2. How often do you use dental floss to clean between your teeth?

☐ Once a Day or More ☐ Every Couple of Days ☐ Once or Twice a Week ☐ Almost Never

Scoring: 1-4, right to left

Alpha Reliabilities of Protective Factor, Risk Factor, and Behavior Measures
(Wave 1 – Year 2000)

<u>Measure (number of items)</u>	<u>U. S. Sample</u>	<u>Chinese Sample</u>
Social context protective factors		
<i>Models protection</i>		
Models protection/family (8)	.78	.77
Models protection/peers (4)	.73	.67
<i>Controls protection</i>	.56	.49
Controls protection/family (2)		
Controls protection/peers (1)	--	--
<i>Support protection</i>		
Support protection/family (4)	.79	.80
Support protection/peers (2)	.78	.62
Support protection/school (4)	.83	.77
Support protection/neighborhood (3)	.86	.85
Social context risk factors		
<i>Models risk</i>		
Models risk/family (2)	.22	.06
Models risk/peers (3)	.42	.29
Models risk/school (1)	--	--
Models risk/neighborhood (1)	--	--
<i>Opportunity risk/availability</i>		
Opportunity risk/family (1)	--	--
<i>Vulnerability risk</i>		
Vulnerability risk/family (6)	.75	.69
Vulnerability risk/peers (1)	--	--
Vulnerability risk/school (1)	--	--
Individual-level protective factor		
Controls protection/individual (11)	.78	.70
Individual-level risk factor		
Individual-level vulnerability risk (18)	.87	.86
Health-Enhancing Behavior Index		
Attention to healthy diet (7)	.87	.85
Regular exercise (3)	.63	.71
Adequate sleep (2)	.77	.74
Safety practices (2)	.74	.75
Dental hygiene (2, U.S.; 1, China)	.57	--