EVALUATION TOOLS

HOW OFTEN HAVE YOU DONE EACH OF THESE THINGS IN THE PAST YEAR? PLACE A CHECK IN THE COLUMN UNDER THE ANSWER YOU THINK IS MOST LIKE YOU.	NEVER	NOT OFTEN	SOME OF THE TIME	MOST OF THE TIME
1. BEEN ARRESTED				
2. HELD A JOB				
3. DRANK BEER, WINE, OR ALCOHOL				
4. SMOKED MARIJUANA				
5. SHOPLIFTED FROMA STORE				
6. HAD A BEST FRIEND				
7. BEEN IN A FIGHT WHERE YOU WERE HIT				
8. BEEN IN A FIGHT WHERE YOU HIT SOMEONE				
9. GOT ALONG WITH YOUR MOTHER				

10. BEEN A MEMBER OF A GANG			
11. ATTENDED CHURCH			
12. SMOKED CIGARETTES			
13. USED DRUGS SUCH AS CRACK, COCAINE, LSD, OR HEROIN			
14. THOUGHT ABOUT KILLING YOURSELF			
15. TRIED TO KILL YOURSELF			
16. DONE WELL IN SCHOOL			
17. HAD SEXUAL INTERCOURSE			
18. HAD SEXUAL INTERCOURSE WITHOUT A CONDOM			
19. PLAYED ON A SPORTS TEAM			
20. BEEN SUSPENDED FROM SCHOOL			