

Secondary Survey Questionnaire

May 10, 2023



Start of Block: Introduction & Screener

We are asking you to take part in this survey about issues facing students in Washington State. The questions in this survey ask for opinions about yourself, your friends, your school, and your neighborhood. Results from this survey will be used to plan programs to help youth in your school, community, county, and state.

Below are some things you should know about the survey and your participation:

- Your answers to these questions are anonymous. This means that no one will know how you answered. There are no codes or information to match a survey to a student.
- The survey is completely voluntary. If you do not want to take the survey, you can tell your teacher now and you will be given another activity. You may also skip any question you do not want to answer. You can stop the survey at any time, and it will not affect your grades.
- Some students may find some questions upsetting. Some of the questions are personal, like questions about your relationships, if you get in fights, and your experiences with body image, using drugs or alcohol, and your mental health. Content warnings are included before these questions in case you want to skip them.
- Resources will be provided. We will provide a list of numbers to call if you want to talk to someone about the survey or feelings it brings up. Other students have said this survey is interesting and they enjoyed filling it out. We hope you will too. If you have any questions about this survey, you may ask your teacher before beginning.

Please take a minute to read the instructions below before starting the survey.

INSTRUCTIONS

1. This is not a test, so there are no right or wrong answers.
2. The questions should be answered by clicking the bubble next to your answer.
3. If you don't find an answer that fits exactly, use one that comes closest. If any question does not apply to you, or you are not sure of what it means, just leave it blank.
4. Some of the questions have the following format. Select the word that best describes how you feel about that sentence.

EXAMPLE: Pepperoni pizza is one of my favorite foods. In this example, the student clicked "yes" because he or she thinks the statement is mostly true.

- NO! – means definitely not true for you
- no – means mostly not true for you
- yes – means mostly true for you
- YES! – means definitely true for you

Start of Block: Screener

Where are you taking this survey?

On school property

Not on school property

Skip To: End of Block If Where are you taking this survey? = On school property

Display This Question:

If Where are you taking this survey? = Not on school property

Are you in a place where you can respond honestly to questions related to your thoughts, feelings and habits pertaining to school and your personal life?

Yes

No

Skip To: End of Block If Are you in a place where you can respond honestly to questions related to your thoughts, feelings... = Yes

Display This Question:

If Are you in a place where you can respond honestly to questions related to your thoughts, feelings... = No

You answered that you are currently NOT in a place where you can answer questions honestly. If possible, please find a place where you can do that. Are you now able to take this survey privately?

Yes, I am now able to take this survey.

No, I am NOT able to take this survey.

Skip To: End of Survey If You answered that you are currently NOT in a place where you can answer questions honestly. If po... = No, I am NOT able to take this survey.

End of Block: Introduction & Screener

Start of Block: Grade

What grade are you in?

5th

6th

7th

8th

9th

10th

11th

12th

Ungraded or other

Skip To: End of Block If What grade are you in? = 8th

Skip To: End of Block If What grade are you in? = 9th

Skip To: End of Block If What grade are you in? = 10th

Skip To: End of Block If What grade are you in? = 11th

Skip To: End of Block If What grade are you in? = 12th

Skip To: End of Block If What grade are you in? = Ungraded or other

This version of the survey is for students in **8th grade and older**.

If you are not in 8th grade or older, please let your teacher know that this is the wrong survey for your grade.

Are you in 8th grade or older?

Yes, I'm in 8th grade or older

No, I'm in a younger grade

Display This Question:

If This survey is for students in 8th grade and older. If you are not in 8th grade or older, please I... = Yes, I'm in 8th grade or older

What grade are you in?

5th

6th

7th

8th

9th

10th

11th

12th

Ungraded or other

Skip To: End of Survey If What grade are you in? = 5th

Skip To: End of Survey If What grade are you in? = 6th

Skip To: End of Survey If What grade are you in? = 7th

End of Block: Grade

Start of Block: Core Demographics

How old are you?

12 or younger

13

14

15

16

17

18

19 or older

How do you describe yourself?

Of Hispanic/Latino/Spanish Origin

Not of Hispanic/Latino/Latina/Spanish Origin

Not sure

Display This Question:

If How do you describe yourself? = Of Hispanic/Latino/Spanish Origin

If you describe yourself as being of Hispanic, Latino or Spanish origin, which groups best describe you? **Choose all that apply.**

Argentine

Bolivian

Brazilian

Chicano (Mexican American)

Chilean

Columbian

Costa

Cuban

Dominican

Ecuadorian

Guatemalan

Guyanese

Honduran

Indigenous

Jamaican

Mexican

Mestizo

Nicaraguan

Panamanian

Paraguayan

Peruvian

Puerto Rican

Salvadoran

Spaniard

Surinamese

Uruguayan

Venezuelan

Other Hispanic, Latino, or Spanish Origin

Not of Hispanic/Latino/Latina/Spanish Origin
Not sure

How do you describe yourself? **Choose all that apply.**

American Indian or Alaskan Native
Asian or Asian American
Black or African-American
Native Hawaiian or other Pacific Islander
White
Middle Eastern and Northern African
Other

Display This Question:

If How do you describe yourself? Choose all that apply. = Asian or Asian American

If you describe yourself as being of Asian background, which groups best describe you?

Choose all that apply.

Asian Indian
Bangladeshi
Bhutanese
Burmese/Myanmar
Cambodian/Khmer
Cham
Chinese
Filipino
Hmong
Indonesian
Japanese
Korean
Lao
Malaysian
Mien
Mongolian
Nepali
Okinawan
Pakistani
Punjabi
Singaporean
Sri Lankan
Taiwanese
Thai
Tibetan
Vietnamese
Something else not listed here
Not Asian or Asian American
Not sure

Display This Question:

If How do you describe yourself? Choose all that apply. = Black or African-American

If you describe yourself as being of Black or African-American background, which groups best describe you? **Choose all that apply.**

- African American
- African Canadian
- Caribbean
- Central Africa
- East Africa
- Latin America
- South Africa
- West Africa
- Something else not listed here
- Not Black or African American
- Not sure

Display This Question:

If How you describe yourself as being of Black or African-American background, which groups best desc... = Caribbean

If you describe yourself as being Caribbean, which groups best describe you? **Choose all that apply.**

- Anguilla
- Antigua
- Bahamas
- Barbados
- British Virgin Islands
- Cayman Islands
- Cuba
- Dominica
- Dominican Republic
- Grenada
- Guadeloupe
- Jamaica
- Martinique
- Montserrat
- Netherlands Antilles
- Puerto Rico
- Saint Barthelemy
- Something else not listed here
- Not Caribbean
- Not sure

Display This Question:

If How you describe yourself as being of Black or African-American background, which groups best desc... = Central Africa

If you describe yourself as being Central African, which groups best describe you? **Choose all that apply.**

- Angola
- Cameroon

Central African Republic
Chad
Congo
Democratic Republic of the Congo
Equatorial Guinea
Gabon
Sao Tome
Principe
Something else not listed here
Not Central African
Not sure

Display This Question:

If How you describe yourself as being of Black or African-American background, which groups best desc... = East Africa

If you describe yourself as being East African, which groups best describe you? **Choose all that apply.**

Burundi
Comoros
Djibouti
Eritrea
Ethiopia
Kenya
Madagascar
Malawi
Mauritius
Mayotte
Mozambique
Reunion
Rwanda
Seychelles
Somalia
South Sudan
Sudan
Uganda
United Republic of Tanzania
Zambia
Zimbabwe
Something else not listed here
Not East African
Not sure

Display This Question:

If How you describe yourself as being of Black or African-American background, which groups best desc... = Latin America

If you describe yourself as being Latin American, which groups best describe you? **Choose all that apply.**

Argentina
Bolivia
Brazil
Chile
Colombia
Ecuador
Falkland Islands
French Guiana
Guyana
Paraguay
Peru
South Georgia and the South Sandwich Islands
Suriname
Uruguay
Venezuela
Belize
Costa Rica
El Salvador
Guatemala
Honduras
Mexico
Nicaragua
Panama
Something else not listed here
Not Latin American
Not sure

Display This Question:

If How you describe yourself as being of Black or African-American background, which groups best desc... = South Africa

If you describe yourself as being South African, which groups best describe you? **Choose all that apply.**

Botswana
Lesotho
Namibia
South Africa
Swaziland
Something else not listed here
Not South African
Not sure

Display This Question:

If How you describe yourself as being of Black or African-American background, which groups best desc... = West Africa

If you describe yourself as being West African, which groups best describe you? **Choose all that apply.**

Benin

Burkina Faso
Cabo Verde
Cote d'Ivoire
Gambia
Ghana
Guinea-Bissau
Liberia
Mali
Mauritania
Niger
Nigeria
Saint Helena
Senegal
Sierra Leone
Togo
Something else not listed here
Not West African
Not sure

Display This Question:

If How do you describe yourself? Choose all that apply. = Middle Eastern and Northern African

If you describe yourself as being of Middle Eastern or North African background, which groups best describe you? **Choose all that apply.**

Algerian
Amazigh or Berber
Arab or Arabic
Assyrian
Bahraini
Bedouin
Chaldean
Copt
Druze
Egyptian
Emirati
Iranian
Iraqi
Israeli
Jordanian
Kurdish
Kuwaiti
Lebanese
Libyan
Moroccan
Omani
Palestinian
Qatari
Saudi Arabian
Syrian
Tunisian

Yemeni
Something else not listed here
Not Middle Eastern or North African
Not sure

Display This Question:
If How do you describe yourself? Choose all that apply. = Asian or Asian American

If you describe yourself as being of Native Hawaiian or other Pacific Islander background, which groups best describe you? **Choose all that apply.**

Carolinian
Chamorro
Chuukese
Fijian
i-Kiribati / Gilbertese
Kosraean
Maori
Marshallese
Native Hawaiian
Ni-Vanuatu
Palauan
Papuan
Pohnpeian
Samoan
Solomon Islander
Tahitian
Tokelauan
Tongan
Tuvaluan
Yapese
Something else not listed here
Not Native Hawaiian or other Pacific Islander
Not sure

Display This Question:
If How do you describe yourself? Choose all that apply. = White

If you describe yourself as white, which groups best describe you? **Choose all that apply.**

Not white
Polish
Romanian
Russian
Ukrainian
Bosnian
Herzegovinian
Other white
Not sure

What language is usually spoken at home?

- English
 - Spanish
 - Russian
 - Vietnamese
 - Ukrainian
 - Arabic
 - Somali
 - Marshallese
 - Chinese
 - Korean
 - Punjabi
 - Other
-

What sex were you assigned at birth?

- Female
 - Male
-

Below is a list of terms that people may use to describe their gender identity. **Choose all that apply.**

- Boy/Man
 - Girl/Woman
 - Transgender boy/man
 - Transgender girl/woman
 - Questioning/not sure of my gender identity
 - Something else fits better
 - I do not know what this question is asking.
-

Below is a list of terms that people often use to describe their sexuality or sexual orientation.

Please choose all that apply to you.

- Heterosexual/Straight
 - Gay or lesbian
 - Bisexual
 - Questioning/Not sure of my sexual orientation
 - Something else fits better
 - I do not know what this question is asking.
-

Page
Break

The next questions ask about your life at home and at school. "Parent(s)" and "guardian(s)" means the person or people who are raising or caring for you.

Have you or your family moved in the past 3 years to another school district for **temporary or seasonal** work in agriculture, dairy, or fishing?

No

Yes

I do not know.

Who did you live with most of the time in the last 30 days?

Parent(s), step-parent(s), or legal guardian

Relatives like a grandparent, an aunt, an older brother - but NOT your parents

Foster care parent(s)

Adults who are not your parents, relatives or foster parents

Friends of yours with no adults present

On your own

Other

Where did you live most of the time in the last 30 days?

In a house or apartment that my family rents or owns

In a house or apartment that a relative rents or owns

In a house or apartment with someone who is not a relative

In a shelter

In a car or RV, park, or campground

In a motel/hotel

On the street

Moved from place to place

Other

Are your current living arrangements the result of losing your home because your family cannot afford housing?

No

Yes

Not sure

How often in the past 12 months did you or your family have to cut meal size or skip meals because there wasn't enough money for food?

Almost every month

Some months but not every month

Only 1- 2 months

Did not have to skip or cut the size of meals

During your last school year, how many times did you change schools for reasons other than moving up a grade?

I did not change schools.

Once

Twice

Three or more times

During the past 30 days, on how many days have you been absent from school **for any reason**? Include any day that you missed at least half of the school day.

0 days

1 or 2 days

3 or more days

How far did your mother(s) get in school?

Did not finish high school

Graduated from high school or GED

Had some college or technical training after high school

Graduated from a 4-year college

Earned an advanced graduate degree

Don't know

Does not apply

Do you have any of these conditions? **Check all that you have.**

Developmental or intellectual disability (down syndrome, autism, ADHD, or other things like that)

Learning disability (dyslexia, dyscalculia, or other things like that)

Mental health condition (depression, anxiety, bipolar, schizophrenia, or other things like that)

Mobility disability (use a wheelchair, walker, cane, prosthetic, or other things like that)

Sensory disability (blindness, low-vision, deaf, hard-of-hearing, DeafBlind, or other things like that)

Other health condition (HIV/AIDS, cancer, diabetes, epilepsy, or other things like that)

None

Are you limited in any activities because of a disability or long-term health condition expected to last 6 months or more?

Yes

No

Not sure

At school, do you have an Individualized Education Plan (IEP) or 504 accommodation to help you learn?

Yes

No

Not sure

End of Block: Core Demographics

Start of Block: Core Mental Health

The next questions ask about suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves. These questions may cause strong emotions. Remember, you can skip any question you want, and no one will know

How often over the last 2 weeks were you bothered by	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge?				
Not being able to stop or control worrying?				

During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?

Yes
No

During the past 12 months, did you ever **seriously** consider attempting suicide?

Yes
No

During the past 12 months, did you make a plan about how you would attempt suicide?

Yes
No

During the past 12 months, how many times did you actually attempt suicide?

0 times
1 time
2-3 times
4-5 times
6 or more times

When you feel sad or hopeless, are there adults that you can turn to for help?

I never feel sad or hopeless
Yes
No
Not sure

If you feel sad or hopeless almost every day for **two weeks or more in a row**, to whom would you most likely turn for help? **Choose all that apply.**

Sibling or cousin
Teacher, school counselor, or other adult in my school
Friend or peer

Parent/Guardian
Religious/faith leader
Coach
Other adult that's not my parent
I don't have anyone I would talk to
I have not felt sad or hopeless for two weeks or more in a row.

Last year, did you hear or see information from **your school** about the warning signs of suicide and how to get help for yourself or a friend?

Yes
No
Not sure

How often do you:

	Never	Rarely	Sometimes	Often	Very often
Experience increased social anxiety due to your Internet use.					
Feel withdrawal when away from the Internet.					
Lose motivation to do other things that need to get done because of the Internet.					

End of Block: core mental health

Start of Block: tobacco core

The next questions ask about tobacco. These questions may cause strong emotions. Remember, you can skip any question you want, and no one will know how you answered.

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

- Never have
 - 10 or younger
 - 11
 - 12
 - 13
 - 14
 - 15
 - 16
 - 17 or older
-

During the past 30 days, on how many days did you smoke cigarettes?

- 0 days
- 1 - 2 days
- 3 - 5 days
- 6 - 9 days
- 10 - 29 days
- All 30 days

Skip To: End of Block If During the past 30 days, on how many days did smoke cigarettes? = 0 days

Display This Question:

If During the past 30 days, on how many days did you smoke cigarettes? = 1 - 2 days, 3 - 5 days, 6 - 9 days, 10 - 29 days, or All 30 days

Are the cigarettes that you usually smoke menthol cigarettes?

- I do not smoke cigarettes.
- Yes
- No

End of Block: tobacco core

Start of Block: other tobacco

During the past 30 days, on how many days did you:

	0 days	1 - 2 days	3 - 5 days	6 - 9 days	10 - 29 days	All 30 days
Use smokeless tobacco or nicotine products (for example: chewing tobacco, snuff, dip, nicotine pouches, lozenges, gum, or toothpicks)?						
Smoke cigars, cigarillos, or little cigars?						
Smoke tobacco or flavored tobacco in a hookah, even just a puff?						

During the past 30 days, did you use a heated tobacco product? (Heated tobacco products are different from e-cigarettes, which heat a liquid to produce vapor. Some brands of heated tobacco products include iQOS, glo and Eclipse.)

Yes

No

I don't know what this is.

During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?

0 days

1 - 2 days

3 - 4 days

5 - 6 days

7 days

How wrong do your friends feel it would be for you to use tobacco?

Very wrong

Wrong

A little bit wrong

Not at all wrong

During the past 30 days, which of the following tobacco or marijuana products that you used were **flavored** to taste like menthol (mint), candy, fruit, or any other flavors? **Choose all that apply.**

I did not use any **flavored** tobacco or marijuana products in the past 30 days.

Cigars, little cigars, hookah, or other smoked tobacco

Chewing tobacco, dissolvables, snus or other smokeless tobacco

Joints, bongs, pipes, blunt, or other smoked marijuana products

I do not know.

End of Block: other tobacco

Start of Block: e-cigs/vapes core

The next questions ask about e-cigarettes or vaping. These questions may cause strong emotions. Remember, you can skip any question you want, and no one will know how you answered.

Some of the following questions are about vaping, electronic cigarettes or e-cigarettes, juuling, vape pens, e-hookahs, or mods. "Vapes" or "e-cigs" are battery powered devices that usually contain a liquid that is vaporized and inhaled.

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

Never have

10 or younger

11

12

13

14

15

16

17 or older

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

0 days

1 - 2 days

3 - 5 days

6 - 9 days

10 - 29 days

All 30 days

Skip To: End of Block If During the past 30 days, on how many days did you use an electronic cigarette, also called e-cigs... = 0 days

Display This Question:

If During the past 30 days, on how many days did you use an electronic cigarette, also called e-cigs... = 1 - 2 days, 3 - 5 days, 6 - 9 days, 10 - 29 days, or All 30 days

During the past 30 days, which of the following e-cig or vaping products did you use?

Choose all that apply.

I did not use any e-cig or vaping products in the past 30 days.

Liquid with nicotine in it

Liquid with THC (marijuana) in it

Liquid with nicotine and THC (marijuana) in it

Liquid with neither nicotine nor THC

Don't know

Display This Question:

*If During the past 30 days, on how many days did you use an electronic cigarette, also called e-cigs...
= 1 - 2 days, 3 - 5 days, 6 - 9 days, 10 - 29 days, or All 30 days*

During the past 30 days, which of the following e-cig or vaping products that you used were **flavored**? **Choose all that apply.**

I did not use any **flavored** e-cig or vaping products in the past 30 days

Flavored liquid with nicotine

Flavored liquid with THC (marijuana)

Flavored liquid with nicotine and THC (marijuana)

Flavored liquid with neither nicotine nor THC

Don't know

Display This Question:

*If During the past 30 days, on how many days did you use an electronic cigarette, also called e-cigs...
= 1 - 2 days, 3 - 5 days, 6 - 9 days, 10 - 29 days, or All 30 days*

During the past 30 days, if you used tobacco or e-cigarettes/vaping products, how did you get it? **Choose all that apply.**

I did not get any tobacco or e-cigarette/vaping products during the past 30 days.

I bought it in a store such as a convenience store, supermarket, discount store, gas station, or tobacco shop or vape shop.

I bought it from a vending machine.

I got them from the internet.

I gave someone else money to buy them for me.

I borrowed (or bummed) them from someone else.

A person 21 years old or older gave them to me.

I took them from a store or a family member.

I got them some other way.

End of Block: e-cigs/vape core

Start of Block: e-cigs/vapes other

How much do you think people risk harming themselves if they use electronic cigarettes, also called e-cigs, device pens, or vape pens regularly (almost daily)?

No risk

Slight risk

Moderate risk

Great risk

Not sure

During the past 12 months, did you ever try to quit using all products that contain nicotine, including cigarettes, e-cigarettes (e-cigs, vape pens, device pens), cigars, smokeless tobacco, shisha and hookah tobacco?

I did not use any products that contain nicotine during the past 12 months.

Yes

No

End of Block: e-cigs/vape other

Start of Block: marijuana core

The next questions ask about marijuana. These questions may cause strong emotions. Remember, you can skip any question you want, and no one will know how you answered.

“Marijuana” (cannabis, pot, weed, hash, kush) includes any products that have some amount of THC, the chemical that gets someone high. These include dried herbs, edibles, oils (e.g., vaped or taken by mouth), dabs, marijuana drinks, tinctures, or other products. DO NOT include CBD-only products.

How old were you the first time you used marijuana?

- Never have
- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17 or older

During the past 30 days, on how many days did you use marijuana or hashish?

- 0 days
- 1 - 2 days
- 3 - 5 days
- 6 - 9 days
- 10 - 29 days
- All 30 days

Skip To: End of Block If During the past 30 days, on how many days did you use marijuana or hashish? = 0 days

Display This Question:

*If During the past 30 days, on how many days did you use marijuana or hashish?
= 1 - 2 days, 3 - 5 days, 6 - 9 days, 10 - 29 days, or All 30 days*

During the past 30 days, if you used marijuana, how did you use it? **Choose all that apply.**

- I did not use marijuana during the past 30 days.
- Smoked it (in a joint, bong, pipe, blunt).
- Ate it (in brownies, cakes, cookies, candy).
- Drank it (tea, cola, alcohol).
- Vaporized it (e-cig, device pen, or vape pen).
- Dabbed it.
- Used it some other way.

Display This Question:

If During the past 30 days, on how many days did you use marijuana or hashish?

= 1 - 2 days, 3 - 5 days, 6 - 9 days, 10 - 29 days, or All 30 days

If you use marijuana how long do you usually stay high?

I don't use marijuana.

I usually don't get high.

1 to 2 hours

3 to 4 hours

5 to 6 hours

7 to 8 hours

9 or more hours

Display This Question:

If During the past 30 days, on how many days did you use marijuana or hashish?

= 1 - 2 days, 3 - 5 days, 6 - 9 days, 10 - 29 days, or All 30 days

During the past 30 days, if you used marijuana, how did you get it? **Choose all that apply.**

I did not get marijuana in the past 30 days.

I bought it from a store.

I stole it from a store.

I got it from friends/someone my age.

I got it at a party.

I got it from an older sibling.

I got it from someone older who I'm not related to.

Someone sold it to me.

I took it from home **without** my parents' permission.

I got it at home **with** my parents' permission.

I got it some other way.

Display This Question:

If During the past 30 days, on how many days did you use marijuana or hashish?

= 1 - 2 days, 3 - 5 days, 6 - 9 days, 10 - 29 days, or All 30 days

If you used marijuana during the past 30 days, did you ever drink alcohol at the same time?

I have not used marijuana in the past 30 days.

Yes, most of the time

Yes, some of the time

Yes, rarely

No

End of Block: marijuana core

Start of Block: marijuana other

In the past year, have your parent(s) or guardian(s) talked to you about why you should not use marijuana?

Yes, a number of times

Yes, once

No

I don't remember.

Does anyone who lives with you now use marijuana?

No

Yes

How wrong do your friends feel it would be for you to use marijuana?

Very wrong

Wrong

A little bit wrong

Not at all wrong

End of Block: marijuana other

Start of Block: alcohol core

The next questions ask about alcohol. These questions may cause strong emotions. Remember, you can skip any question you want, and no one will know how you answered.

“Alcohol” means beer, wine, and beverages like hard lemonade, hard seltzers, and liquor such as vodka and tequila.

How old were you the first time you had more than a sip or two of beer, wine, or hard liquor?

- Never have
 - 10 or younger
 - 11
 - 12
 - 13
 - 14
 - 15
 - 16
 - 17 or older
-

During the past 30 days, on how many days did you drink a glass, can or bottle of alcohol?

- 0 days
- 1 - 2 days
- 3 - 5 days
- 6 - 9 days
- 10 - 29 days
- All 30 days

Skip To: End of Block If During the past 30 days, on how many days did you drink a glass, can or bottle of alcohol? = 0 days

Display This Question:

*If During the past 30 days, on how many days did you drink a glass, can or bottle of alcohol?
= 1 - 2 days, 3 - 5 days, 6 - 9 days, 10 - 29 days, or All 30 days*

Think back over the last 2 weeks. How many times have you had five or more drinks in a row? (A drink is a glass of wine, a bottle of beer, a shot glass of liquor, or a mixed drink.)

- 0 times
 - 1 time
 - 2 times
 - 3 - 5 times
 - 6 - 9 times
 - 10 or more times
-

Display This Question:

*If During the past 30 days, on how many days did you drink a glass, can or bottle of alcohol?
= 1 - 2 days, 3 - 5 days, 6 - 9 days, 10 - 29 days, or All 30 days*

During the past 30 days, if you used alcohol, how did you get it? **Choose all that apply.**

I did not get alcohol in the past 30 days.

I bought it from a store.

I stole it from a store.

I got it from friends/someone my age.

I got it at a party.

I got it from an older sibling.

I got from someone older who I'm not related to.

Someone sold it to me.

I took it from home **without** my parents' permission.

I got it at home **with** my parents' permission.

I got it some other way.

Display This Question:

If During the past 30 days, on how many days did you drink a glass, can or bottle of alcohol?

= 1 - 2 days, 3 - 5 days, 6 - 9 days, 10 - 29 days, or All 30 days

During the past 30 days, if you used alcohol, what type of alcohol did you **usually** drink?

I did not drink alcohol during the past 30 days.

I do not have a usual type.

Beer

Flavored malt beverages, such as Smirnoff Ice, Bacardi Silver, or hard lemonade

Wine

Hard liquor (such as vodka, rum, tequila, gin, or whiskey) alone or mixed in a drink

I drank alcohol but am unsure of what type

Some other type

End of Block: alcohol core

Start of Block: alcohol other

NOT including talks on drinking and driving, in the past year have your parent(s) or guardian(s) talked to you about why you should not drink alcohol?

Yes, a number of times

Yes, once

No

I don't remember

How wrong does your parent or guardian feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?

Very wrong

Wrong

A little bit wrong

Not wrong at all

How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?

Very wrong

Wrong

A little bit wrong

Not wrong at all

How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?

Neither approve nor disapprove

Somewhat disapprove

Strongly disapprove

Don't know or can't say

How much do you think people risk harming themselves if they have 5 or more drinks of an alcoholic beverage once or twice a week?

No risk

Slight risk

Moderate risk

Great risk

Not sure

End of Block: alcohol other

Start of Block: other drugs core

The next questions ask about illegal drugs. These questions may cause strong emotions. Remember, you can skip any question you want, and no one will know how you answered.

During the past 30 days, on how many days did you:

	0 days	1 - 2 days	3 - 5 days	6 - 9 days	10 - 19 days	20 - 29 days	All 30 days
Use a pain killer TO GET HIGH, like Vicodin, OxyContin (sometimes called Oxy or OC) or Percocet (sometimes called Percs)?							
Use brexipentin?							

Have you ever, even once in your life used heroin? **Choose all that apply.**

- No, I've never used it
- Yes, within the past year
- Yes, over a year ago

Have you ever, even once in your life used methamphetamines (speed, crystal meth, ice, crank)? **Choose all that apply.**

- No, I've never used it
- Yes, within the past year
- Yes, over a year ago

During the past 30 days, on how many days did you:

	0 days	1 - 2 days	3 - 5 days	6 - 9 days	10 - 19 days	20 - 29 days	All 30 days
Use prescription drugs not prescribed to you?							
Use Fentanyl?							
During the past 30 days, on how many days did you use an illegal drug? Not counting alcohol, tobacco, or marijuana.							

During the past 30 days, which of the following have you used for **non-medical reasons**?
Choose all that apply.

I did not take any of these for non-medical reasons.

I used a stimulant, like Adderall or Ritalin.

I used a painkiller, like Vicodin, OxyContin, or Percocet.

I used a tranquilizer, like Valium or Xanax.

I used another kind of prescription drug.

I used an over-the-counter drug, like cough syrup or cold medicine.

I took something, but I don't know what it was.

How many times in the past year (12 months) have you been drunk or high **while participating in school**?

Never

1 - 2 times

3 - 5 times

6 - 9 times

10 or more times

During the past year in school, how many times did you get information in classes about reasons not to use alcohol or drugs?

Never

1 time

2 - 3 times

4 or more times

How wrong does your parent or guardian feel it would be for **you** to use prescription drugs not prescribed to you?

Very wrong

Wrong

A little bit wrong

Not at all wrong

How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?

Very wrong

Wrong

A little bit wrong

Not at all wrong

How much do you think people risk harming themselves if they use prescription drugs that are not prescribed to them?

- No risk
- Slight risk
- Moderate risk
- Great risk
- Not sure

End of Block: other drugs core

Start of Block: Core Hope Scale

The next questions contain statements you might make about yourself.

How often do the following statements apply to you?

	None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time
I can think of many ways to get the things in life that are most important to me.						
I am doing just as well as other kids my age.						
When I have a problem, I can come up with lots of ways to solve it.						
I think the things I have done in the past will help me in the future.						

End of Block: Core Hope Scale

Start of Block: Core Bullying

The next question asks about bullying. This question may cause strong emotions. Remember, you can skip any question you want, and no one will know how you answered.

“Bullying” is when one or more students threaten, spread rumors about, hit, shove, or otherwise hurt another student over and over again. It is not bullying when two students of about the same strength or power argue or fight or tease each other in a friendly way.

In the last 30 days, how often have you been bullied?

I have not been bullied.

Once

2 - 3 times

About once a week

Several times a week

End of Block: Core Bullying

Start of Block: Core Risky Driving

The next questions ask about substance use and driving. These questions may cause strong emotions. Remember, you can skip any question you want, and no one will know how you answered.

During the past 30 days, how many times did you text or email **while driving** a car or other vehicle?

I did not drive a car or other vehicle during the past 30 days.

0 times

1 time

2 - 3 times

4 - 5 times

6 or more times

Skip To: End of Block If During the past 30 days, how many times did you text or email while driving a car or other vehicle? = I did not drive a car or other vehicle during the past 30 days.

During the past 30 days, how many times did you:

	I did not drive a car or other vehicle during the past 30 days.	0 times	1 time	2-3 times	4-5 times	6 or more times
Drive a car or other vehicle when you had been drinking alcohol?						
Drive a car or other vehicle within three hours after using marijuana?						
Drive a car or other vehicle when you had been drinking alcohol and using marijuana at the same time?						

End of Block: Core Risky Driving

Start of Block: Core Violence, Gangs, & Substance Use at School

The next questions ask about fighting and other issues related to safety. These questions may cause strong emotions. Remember, you can skip any question you want, and no one will know how you answered.

During the past 12 months, how many times were you in a physical fight?

- 0 times
 - 1 time
 - 2 - 3 times
 - 4 - 5 times
 - 6 or more times
-

During the past 30 days, on how many days did you carry a weapon **on school property** (such as a gun, knife, or other weapon)?

- 0 days
 - 1 - 5 days
 - 6 or more days
 - I have not been on school property in the past 30 days.
-

The next questions ask about gangs. A “gang” is a group of people with a leader who act together often for violent or illegal activities.

During the past 12 months, have you been a member of a gang?

- No
 - Yes
-

Are there gangs at your school?

- No
 - Yes
 - Don't know
-

During the past 30 days, which of the following did you use **on school property**? **Choose all that apply.**

- I have not been on school property in the past 30 days.
 - I didn't use any of these on school property.
 - Tobacco (cigarettes, cigars, or chew/dip)
 - Electronic cigarette, also called e-cigs, device pens, or vape pens
 - Marijuana
 - Alcohol (at least one drink)
-

End of Block: Core Violence, Gangs, & Substance Use at School

Start of Block: Core School & Activities

The next questions ask about your experiences with school.

Think back over the past year in school. How often did you enjoy school?

- Never
 - Seldom
 - Sometimes
 - Often
 - Almost always
-

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

- Mostly As
 - Mostly Bs
 - Mostly Cs
 - Mostly Ds
 - Mostly Fs
-

I feel safe during school.

- NO!
 - no
 - yes
 - YES!
-

During the average week, on how many days do you participate in supervised after-school activities either at school or away from school? Include activities such as sports, art, music, dance, drama, or community service, religious, cultural, or club activities.

- 0 days
- 1 - 2 days
- 3 or more days

End of Block: Core School & Activities

Start of Block: Gambling

The next questions are about gambling. "Gambling" means betting money or possessions either in person or online, including video poker, phone apps, e-sports, etc.

In the past 12 months, has YOUR gambling ever caused you problems at home, school or with your friends?

No, I have not gambled.

No, I have gambled but it has not caused problems.

Yes, I have gambled and it has caused problems.

End of Block: Gambling

Start of Block: Other Demographics bank

Do you receive free or reduced price lunches at school?

No

Yes

Not sure

Has your parent(s) or guardian(s) served in the military (Army, Navy, Air Force, Marines, Coast Guard, National Guard, or Reserves)?

No, not serving now

No, have never served

Yes, currently serving

I don't know.

End of Block: Other Demographics bank

Start of Block: Perceived Availability of Handguns

The next question asks for your opinion.

If you wanted to get a handgun, how easy would it be for you to get one?

Very hard

Sort of hard

Sort of easy

Very easy

End of Block: Perceived Availability of Handguns

Start of Block: Academic Failure

The next questions ask about your experiences with school.

Are your school grades better than the grades of most students in your class?

NO!

no

yes

YES!

End of Block: Academic Failure

Start of Block: Asthma

The next questions ask about asthma.

Has a doctor or nurse ever told you that you have asthma?

Yes

No

Not sure

Skip To: End of Block If Has a doctor or nurse ever told you that you have asthma? = No

Do you still have asthma?

I have never had asthma.

Yes

No

Not sure

End of Block: Asthma

Start of Block: Height & Weight

The next questions ask for your height and weight. These questions may cause strong emotions. Remember, you can skip any question you want, and no one will know how you answered.

How tall are you without your shoes on?

Feet _____

Inches _____

How much do you weigh without your shoes on?

Pounds _____

End of Block: Height & Weight

Start of Block: Sexual Violence

Skip To: End of Block school exemption for sexual violence questions= 1

The next questions ask about sexual violence. These include situations where someone was forced to have sexual contact when they did not want to. These questions may cause strong emotions. Remember, you can skip any question you want, and no one will know how you answered.

Have you **ever** been in a situation where someone made you engage in kissing, sexual touch or have sex when you did not want to?

Yes

No

Have you **ever** seen someone about your age pressure someone else to kiss, touch, or have sex when they did not want to?

Yes

No

This next question asks about being forced to do things you don't want to do to get things that you need. This question may cause strong emotions and can also be hard to talk about. Remember, you can skip any question you want, and no one will know how you answered.

End of Block: Sexual Violence

Start of Block: Hemp-derived Products

How much do you think people risk harming themselves if they use Hemp-derived products, like Delta-8, Delta-10, Moon Rocks, or THCO regularly (at least once or twice a week).

- No risk
 - Slight risk
 - Moderate risk
 - Great risk
 - Not sure
-

During the past 30 days, which of the following have you used to get high? **Choose all that apply.**

- None of these
- Hemp-derived products, like Delta-8, Delta-10, Moon Rocks, or THCO
- Synthetic products, also known as K2, spice, Mr. Happy, Kronik, etc.
- Kratom
- Bath salts, also known as Bliss, Blue Silk, Purple Wave, Lunar Wave, Vanilla Sky, etc.
- Psilocybin, also known as magic mushrooms

Skip To: End of Block If During the past 30 days, which of the following have you used to get high? Choose all that apply. = None of these

During the past 30 days, if you used hemp-derived products, synthetic products, kratom, bath salts, or psilocybin to get high, how did you get it? **Choose all that apply.**

I did not get hemp-derived products, synthetic products, kratom, bath salts, or psilocybin in the past 30 days.

- I bought it from a store.
- I stole it from a store.
- I got it from friends/someone my age.
- I got it at a party.
- I got it from an older sibling.
- I got it from someone older who I'm not related to.
- Someone sold it to me.
- I took it from home **without** my parents' permission.
- I got it a home **with** my parents' permission.
- I got it some other way.

End of Block: Hemp-derived Products

Start of Block: Counselor

The next questions ask about your school.

Does your school provide a staff member (such as a nurse, counselor, intervention specialist) for students to discuss problems with alcohol, tobacco, or other drugs?

Yes

No

Not sure

In the last year, did you have any contact with a school support personnel (such as a school counselor, nurse, social worker, intervention specialist, mental health counselor, therapist)?

Yes

No, I was referred to someone but did not meet with them.

No, we don't have anyone in that role at my school.

No, I did not want/need to contact someone in this role.

There are people from my school who will help me if I need it.

Yes

No

Not sure

End of Block: Counselor

Start of Block: Taught STD/Pregnancy

The next questions ask about your school.

Last year in school, were you taught:

	Yes	No	Not sure
About abstinence (not having sex) to prevent sexually transmitted infections (STIs) and pregnancy?			
About ways other than abstinence to prevent sexually transmitted infections (STIs) and pregnancy?			
About affirmative consent and healthy relationships?			

End of Block: Taught STD/Pregnancy

Start of Block: Low Neighborhood Attachment

The next questions ask about the neighborhood and community where you live.

Do you agree or disagree with the following statements?

	NO!	no	yes	YES!
I'd like to get out of my neighborhood or community.				
If I had to move, I would miss the neighborhood or community I now live in.				
I like my neighborhood or community.				

End of Block: Low Neighborhood Attachment

Start of Block: Parental Attitudes Favorable Towards Drug Use

The next questions ask about your family. When answering these questions, please think about the people you consider to be your family – parent(s), step-parent(s), grandparent(s), aunt(s), uncle(s), etc.

How wrong does your parent or guardian feel it would be for you to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
Drink beer, wine, or hard liquor regularly (at least once or twice a month)?				
Smoke cigarettes?				
Use marijuana?				

End of Block: Parental Attitudes Favorable Towards Drug Use

Start of Block: Family Opportunities for Prosocial Involvement

The next questions ask about your family. When answering these questions, please think about the people you consider to be your family – parent(s), step-parent(s), grandparent(s), aunt(s), uncle(s), etc.

Do you agree or disagree with the following statements?

	NO!	no	yes	YES!
If I had a personal problem, I could ask my parent or guardian for help.				
My parent or guardian gives me lots of chances to do fun things with them.				
My parent or guardian asks me what I think before most family decisions affecting me are made.				

End of Block: Family Opportunities for Prosocial Involvement

Start of Block: School Rewards for Prosocial Involvement

The next questions ask about your experiences with school.

Do you agree or disagree with the following statements?

	NO!	no	yes	YES!
My teacher(s) notices when I am doing a good job and lets me know about it.				
The school lets my parent(s)/guardian(s) know when I have done something well.				
My teachers praise me when I work hard in school.				

End of Block: School Rewards for Prosocial Involvement

Start of Block: Community Rewards Prosocial Involvement

The next questions ask about the neighborhood and community where you live.

Do you agree or disagree with the following statements?

	NO!	no	yes	YES!
My neighbors notice when I am doing a good job and let me know.				
There are people in my neighborhood or community who encourage me to do my best.				
There are people in my neighborhood or community who are proud of me when I do something well.				

End of Block: Community Rewards Prosocial Involvement

Start of Block: Safety & Swim

Have you ever had a bump, hit, or jolt to the head that made it difficult to study or complete school work?

Yes

No

How good a swimmer do you think you are?

Good

So-so

Not good

Can't swim

Have you ever taken formal swimming lessons?

Yes

No

Not sure

End of Block: Safety & Swim

Start of Block: Ride Under Influence

The next questions ask about substance use and driving. These questions may cause strong emotions. Remember, you can skip any question you want, and no one will know how you answered.

During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?

- 0 times
 - 1 time
 - 2 - 3 times
 - 4 - 5 times
 - 6 or more times
-

Display This Question:

If During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol? = 1 time, 2 - 3 times, 4 - 5 times, 6 or more times

Who was driving?

I did not ride in a car/vehicle with someone who had been drinking alcohol in the past 30 days.

- My parent/guardian
 - My sibling
 - Other family member
 - Friend/acquaintance
 - Coworker
 - Other
-

During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been using marijuana**?

- 0 times
 - 1 time
 - 2 - 3 times
 - 4 - 5 times
 - 6 or more times
-

Display This Question:

If During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been using marijuana? = 1 time, 2 - 3 times, 4 - 5 times, 6 or more times

Who was driving?

I did not ride in a car/vehicle with someone who had been using marijuana in the past 30 days.

My parent/guardian

My sibling

Other family member

Friend/acquaintance

Coworker

Other

End of Block: Ride Under Influence

Start of Block: Sexual Behavior

Skip To: End of Block school exemption for sexual behavior questions = 1

The next questions ask about sexual behavior where each person gave consent and wanted to participate. This does not include situations where someone was forced to have sexual contact when they did not want to. These questions may cause strong emotions. Remember, you can skip any question you want, and no one will know how you answered.

How old were you when you had sex for the first time?

I have never had sex.

11 years old or younger

12 years old

13 years old

14 years old

15 years old

16 years old

17 years old or older

Skip To: End of Block If How old were you when you had sex for the first time? = I have never had sex.

With how many people have you ever had sex?

I have never had sex.

1 person

2 people

3 people

4 people

5 people

6 or more people

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

I have never had sexual contact.

Females

Males

Other

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

I have never had sex.

No method was used

Birth control pills

Condoms

Dental dam

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

Some other method

Not sure

End of Block: Sexual Behavior

Start of Block: Health & Healthcare

The next questions ask about your health and health care.

When was the last time you saw a doctor or health care provider for a check-up or physical exam when you were not sick or injured?

During the past 12 months

Between 12 and 24 months ago

More than 24 months ago

Never

Not sure

When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?

During the past 12 months

Between 12 and 24 months ago

More than 24 months ago

Never

Not sure

During the past 12 months, how many days did you miss some school because of a toothache? (Do not include toothache due to braces or injury.)

0 days

1 - 4 days

5 days or more

Not sure

On an average school night how many hours do you sleep?

5 hours or less

About 6 hours

About 7 hours

About 8 hours

9 hours or more

End of Block: Health & Healthcare

Start of Block: Social & Emotional

The next questions contain statements you might make about yourself.

Do you agree or disagree with the following statements?

	Strongly agree	Agree	Disagree	Strongly disagree
I know how to disagree without starting a fight or argument.				
When I have problems at school, I am good at finding ways to solve them.				
Before I make a decision, I think about the outcome and who it might affect.				
I try to understand how other people feel and think.				

End of Block: Social & Emotional

Start of Block: Perceived Availability of Drugs

The next questions ask for your opinions.

If you wanted to get:

	Very hard	Sort of hard	Sort of easy	Very easy
Some beer, wine, or hard liquor, how easy would it be for you to get some?				
Some cigarettes, how easy would it be for you to get some?				
Some marijuana, how easy would it be for you to get some?				
A drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?				

End of Block: Perceived Availability of Drugs

Start of Block: Community Opportunities for Prosocial Involvement

The next questions ask about the neighborhood and community where you live.

Which of the following activities for people your age are available in your neighborhood or community?

	Yes	No
Sports teams and recreation		
Scouts, Camp Fire, 4-H Clubs, cultural activities, or other service clubs		
Boys and Girls Club, YMCA, or other activity clubs		

There are adults in my neighborhood or community I could talk to about something important.

NO!

no

yes

YES!

End of Block: Community Opportunities for Prosocial Involvement

Start of Block: Perceived Risk of Drug Use

The next questions ask for your opinions.

How much do you think people risk harming themselves if they:

	No risk	Slight risk	Moderate risk	Great risk	Not sure
Smoke one or more packs of cigarettes per day?					
Try marijuana once or twice?					
Use marijuana regularly (at least once or twice a week)?					
Take one or two drinks of an alcoholic beverage nearly every day?					

End of Block: Perceived Risk of Drug Use

Start of Block: Favorable Attitudes Towards Drug Use

The next questions ask for your opinions.

How wrong do YOU think it is for someone your age to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
Drink beer, wine, or hard liquor regularly?				
Smoke cigarettes?				
Use marijuana?				
Use LSD, cocaine, amphetamines, or another illegal drug?				

End of Block: Favorable Attitudes Towards Drug Use

Start of Block: Friends' Use of Drugs

The next questions are about your friends.

Think of your four closest friends. In the past year (12 months), how many of your close friends have:

	None of my friends	1 of my friends	2 of my friends	3 of my friends	4 of my friends
Smoked cigarettes?					
Tried beer, wine, or hard liquor when their parent(s) didn't know about it?					
Used marijuana?					
Used LSD, cocaine, amphetamines, or other illegal drugs?					

End of Block: Friends' Use of Drugs

Start of Block: COVID

The next questions ask about COVID.

Beginning in early 2020, the coronavirus disease (COVID) pandemic began affecting countries around the world, including the United States. Your experience with the pandemic might still be going on now, or your or your daily life might be somewhat back to normal. The next questions ask about your experiences related to COVID.

There are things we can all do to stop the spread of certain illnesses like the flu, colds, and COVID. Please rate how often you usually:

	Never	Only some of the time	About half of the time	Most of the time	All the time
Wash your hands or use hand sanitizer between activities.					
Wear a mask when you are near people you don't live with.					
Stay home if you feel sick.					

How much are you worried right now about the following things as a result of the COVID pandemic?

	Not at all worried	A little worried	Pretty worried	Extremely worried
Your parents or guardians losing their job(s)?				
Your family being unable to afford rent or housing?				
Not having enough food to eat?				

End of Block: COVID

Start of Block: Low Commitment to School

The next questions ask about your experiences with school.

Think back over the past year in school. How often did you:

	Never	Seldom	Sometimes	Often	Almost always
Dislike school?					
Try to do your best work in school?					

How often do you feel the schoolwork you are assigned is meaningful and important?

- Almost always
- Often
- Sometimes
- Seldom
- Never

How interesting are most of your courses to you?

- Very interesting and stimulating
- Quite interesting
- Fairly interesting
- Slightly dull
- Very dull

How important do you think the things you are learning in school are going to be for you later in life?

- Very important
- Quite important
- Fairly important
- Slightly important
- Not at all important

During the LAST 4 WEEKS, how many whole days of school have you missed because you skipped or "cut"?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 - 5 days
- 6 - 10 days
- 11 or more days

End of Block: Low Commitment to School

Start of Block: School Opportunities for Prosocial Involvement

The next questions ask about your experiences with school.

Do you agree or disagree with the following statements?	NO!	no	yes	YES!
In my school, students have lots of chances to help decide things like class activities and rules.				
There are lots of chances for students in my school to talk with a teacher one-on-one.				
Teachers ask me to work on special class projects.				
There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.				
I have lots of chances to be part of class discussions or activities.				

End of Block: School Opportunities for Prosocial Involvement

Start of Block: Laws and Norms Favorable to Drug Use

The next questions ask for your opinions.

How wrong would most adults in your neighborhood or community think it was for kids your age:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
To use marijuana?				
To drink alcohol?				
To smoke cigarettes?				

Would a kid in your neighborhood or community be caught by the police, if they:

	NO!	no	yes	YES!
Drank some beer, wine, or hard liquor?				
Carried a handgun?				
Used marijuana?				

End of Block: Laws and Norms Favorable to Drug Use

Start of Block: Physical & Sedentary Activity

The next questions ask about physical activity. These questions may cause strong emotions based on experiences with food, exercise, and body image. Remember, you can skip any

In the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increases your heart rate or makes you breathe hard some of the time.)

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

On how many of the past 7 days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?

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

On average, how many days a week do you:

	In an average week, I don't normally travel to school.	Never	1 - 2 days	3 - 4 days	Every day
Walk to or from school?					
Ride a bicycle to or from school?					

On an average school day, how many hours do you spend in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the

Internet, or using social media (also called "screen time")? (Do not count time spent doing schoolwork.)

0 hours per day

Less than 1 hour per day

1 hour per day

2 hours per day

3 hours per day

4 hours per day

5 or more hours per day

The next question asks about social media, such as Instagram, TikTok, Snapchat, and Twitter. How often do you use social media?

I do not use social media

A few times a month

About once a week

A few times a week

About once a day

Several times a day

About once an hour

More than once an hour

End of Block: Physical & Sedentary Activity

Start of Block: Abuse & Dating Violence

The next questions ask about things that an adult or someone you are dating may do that can hurt you physically or hurt your feelings. These questions may cause strong emotions. Remember, you can skip any question you want, and no one will know how you answered.

Not counting TV, movies, video games, and sporting events, have you seen an adult hit, slap, punch, shove, kick, or otherwise physically hurt another adult more than one time?

No

Yes

Has an adult ever physically hurt you on purpose (like pushed, slapped, hit, kicked or punched you), leaving a mark, bruise or injury?

No

Yes

How often does a parent or adult **in your home** swear at you, insult you, put you down or humiliate you?

Never or almost never

Sometimes

Often

Very often

During the past 12 months, did someone you were dating or going out with ever limit your activities, threaten you, or make you feel unsafe in any other way?

I did not date or go out with anyone during the past 12 months.

No

Yes

Display this Question:

If During the past 12 months, did someone you were dating or going out with ever limit your activities, threaten you, or make you feel unsafe in any other way? = No or Yes

In the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)

I did not date or go out with anyone during the past 12 months.

0 times

1 time

2 or 3 times

4 or 5 times

6 or more times

This next question asks about being forced to do things you don't want to do to get things that you need. This question may cause strong emotions and can also be hard to talk about. Remember, you can skip any question you want, and no one will know how you answered.

Sometimes kids are in a position where they really need money for food or a place to stay. Have you ever traded sex for money, drugs, a place to stay, a cell phone, or something else that you needed?

Yes

No

Unsure

I don't know what this question is asking.

End of Block: Abuse & Dating Violence

Start of Block: Dangerous Dieting

The next set of questions asks about eating, physical activity, and body image. These questions may cause strong emotions based on experiences with food, exercise, and body image. Remember, you can skip any question you want, and no one will know how you answered.

During the past year, did you:

	Yes	No
Exercise to lose weight or to keep from gaining weight?		
Eat less food, fewer calories or foods low in fat or carbohydrates to lose weight or to keep from gaining weight?		
Intentionally go without eating for 12 hours or more (also called fasting) to lose weight or to keep from gaining weight?		
Take any diet pills, powders, teas, juice cleanses or other liquids without a doctor's advice to lose weight or to keep from gaining weight?		
Vomit, use laxatives, or eat certain foods or liquids intentionally (such as foods that cause stomach pain or nausea) to lose weight or to keep from gaining weight?		
Eat so much food in a short period of time that you would be embarrassed if others saw you?		

How often do family, friends, peers or others do or say things about your body or the food you eat that make you feel bad?

- Never
- Less than once a year
- A few times a year
- A few times a month
- A few times a week

End of Block: Dangerous Dieting

Start of Block: Eating

The next questions ask about your eating habits. These questions may cause strong emotions based on experiences with food, exercise, and body image. Remember, you can skip any question you want, and no one will know how you answered.

How often do you eat dinner with your family?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

Did you eat breakfast today?

- Yes
- No

During the past 7 days, how many times did you:

	I did not eat or drink it in the past 7 days	1 - 3 times during the past 7 days	4 - 6 times during the past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
Drink 100% fruit juice such as orange juice, apple juice or grape juice? (Do not count punch, Kool-Aid, sports drinks, and other fruit-flavored drinks.)							
Eat fruit ? (Do not count fruit juice.)							
Eat green salad ?							
Eat potatoes ? (Do not count french fries, fried potatoes, or potato chips.)							
Eat carrots ?							
Eat other vegetables ? (Do not count green salad, potatoes, or carrots.)							

During the past 7 days, how many times did you drink sugar-sweetened drinks like soda, sports drinks, energy drinks, coffee drinks, tea drinks, or other flavored sugar-sweetened drinks? Do not include diet, sugar-free or drinks with artificial sweetener.

0 times

1 – 3times

4 – 6 times

1 time per day

2 times per day

3 times per day

4 or more times per day

End of Block: Eating

Start of Block: Bullying & Harassment

The next questions ask about bullying. These questions may cause strong emotions. Remember, you can skip any question you want, and no one will know how you answered.

In the past 30 days, how often were you bullied, harassed, or intimidated:

	0 times	1 time	2 - 3 times	About once a week	Several times a week or more
Because of your race, ethnicity, or national origin or what someone thought it was?					
Because someone thought you were LGBTQ+ (whether you are or are not)?					

During school, how often have you felt that you were treated badly or unfairly because of your race or ethnicity?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

During the past 30 days, on how many days did you not go to school because you felt you would be unsafe on your way to and from school?

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days
- I did not travel to school in the past 30 days.

During the past 30 days, on how many days did you not participate in school activities because you felt unsafe?

- 0 days
 - 1 day
 - 2 or 3 days
 - 4 or 5 days
 - 6 or more days
-

In the past 30 days, how often have you been bullied by someone using social media, a phone, or video games?

I have not been bullied.

Once

2 - 3 times

About once a week

Several times a week

During the past 30 days, have you received messages, images, photos, or videos via text, app, or social media that are sexual?

Yes

No

When a student is being bullied, how often do teachers or other adults from school try to put a stop to it?

Almost always

Often

Sometimes

Once in a while

Almost never

If you see bullying or have been bullied during school, do you know how to report it?

Yes

No

Not sure

End of Block: Bullying & Harassment

Start of Block: Poor Family Management

The next questions ask about your family. When answering these questions, please think about the people you consider to be your family – parent(s), step-parent(s), grandparent(s), aunt(s), uncle(s), etc.

Do you agree or disagree with the following statements?	NO!	no	yes	YES!
My parent or guardian asks if I've gotten my homework done.				
Would your parent or guardian know if you did not come home on time?				
When I am not at home, one of my parents or guardians knows where I am and who I am with.				
The rules in my family are clear.				
My family has clear rules about alcohol and drug use.				

Do you agree or disagree with the following statements?	NO!	no	yes	YES!
If you drank some beer, wine, or liquor without your parent's or guardian's permission would you be caught by them?				
If you carried a handgun without your parent's or guardian's permission, would you be caught by them?				
If you skipped school, would you be caught by your parent(s)/guardian(s)?				

End of Block: Poor Family Management

Start of Block: Honesty

How honest were you in filling out this survey?

I was very honest.

I was honest most of the time.

I was honest some of the time.

I was honest once in a while.

I was not honest at all.

End of Block: Honesty
