



PREVENTION NEEDS ASSESSMENT SURVEY Form A, 6th

1. Thank you for agreeing to participate in this survey. The purpose of this survey is to learn how students in our schools feel about their community, family, peers, and school. The survey also asks about health behaviors.
2. The survey is completely voluntary and anonymous. **DO NOT** put your name on the questionnaire.
3. This is not a test, so there are no right or wrong answers. We would like you to work quickly so you can finish.
4. All of the questions should be answered by completely filling in one of the answer spaces. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank. You can skip any question that you do not wish to answer.
5. Please mark each question by completely filling in the circle or circles. **ONLY USE A #2 PENCIL.**

Please fill in the following information with the help of your teacher/survey assistant.

School District: <table border="1" style="display: inline-table; text-align: center;"> <tr><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td></tr> </table>	0	0	0	1	1	1	2	2	2	3	3	3	4	4	4	5	5	5	6	6	6	7	7	7	8	8	8	9	9	9	Charter School Letter: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K	School Number: <table border="1" style="display: inline-table; text-align: center;"> <tr><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td></tr> </table>	0	0	0	1	1	1	2	2	2	3	3	3	4	4	4	5	5	5	6	6	6	7	7	7	8	8	8	9	9	9	What is the ZIP code where you live? <table border="1" style="display: inline-table; text-align: center;"> <tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table>	0	0	0	0	0	1	1	1	1	1	2	2	2	2	2	3	3	3	3	3	4	4	4	4	4	5	5	5	5	5	6	6	6	6	6	7	7	7	7	7	8	8	8	8	8	9	9	9	9	9
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1. How old are you?
 10 or younger 12 14 16 18
 11 13 15 17 19 or older
2. What grade are you in?
 6th 7th 8th 9th 10th 11th 12th
3. What is your race? (Select one or more)
 American Indian or Alaska Native
 Asian
 Black or African American
 Hispanic or Latino
 Native Hawaiian or Other Pacific Islander
 White
4. Are you:
 Male
 Female
5. Think of where you live most of the time. Which of the following people live there with you? (Mark ALL that apply.)

<input type="radio"/> Mother	<input type="radio"/> Uncle
<input type="radio"/> Stepmother	<input type="radio"/> Other Adult(s)
<input type="radio"/> Father	<input type="radio"/> Brother(s)
<input type="radio"/> Stepfather	<input type="radio"/> Stepbrother(s)
<input type="radio"/> Foster Parent(s)	<input type="radio"/> Sister(s)
<input type="radio"/> Grandparent(s)	<input type="radio"/> Stepsister(s)
<input type="radio"/> Aunt	<input type="radio"/> Other Children

6. Think of the adults you live with. What is the highest level of schooling any of them completed?
 Completed grade school or less Completed college
 Some high school Graduate or professional school after college
 Completed high school Don't know
 Some college Does not apply
7. Putting them all together, what were your grades like last year?
 Mostly F's Mostly B's
 Mostly D's Mostly A's
 Mostly C's
8. How important do you think the things you are learning in school are going to be for your later life?
 Very important Slightly important
 Quite important Not at all important
 Fairly important
9. How interesting are most of your courses to you?
 Very interesting and stimulating
 Quite interesting Slightly interesting
 Fairly interesting Not at all interesting

PLEASE DO NOT WRITE IN THIS AREA

SERIAL

	Definitely No	Somewhat No	Somewhat Yes	Definitely Yes
76	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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64	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Seldom	Sometimes	Often	Almost always
40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. During the past 12 months, how often (if at all) have you been threatened or harassed over the internet, by email, or by someone using a cell phone?

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

23. During the past 12 months, how often (if at all) have you been picked on or bullied by a student ON SCHOOL PROPERTY?

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

24. During the LAST FOUR WEEKS, how many (if any) whole days of school have you missed because you skipped or "cut"?

None 4-5 days
 1 day 6-10 days
 2 days 11 or more days
 3 days

7
6
5

25. During the past 30 days, on how many days (if any) did you NOT go to school because you felt you would be unsafe at school or on your way to or from school?

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

26. How safe do you feel in each of the following areas at your school (before and after school)?

	Very unsafe	Somewhat unsafe	Somewhat safe	Very safe
a. Playgrounds or fields	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Lunchroom/Cafeteria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Classrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Bathrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Parking lots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Stairs and hallways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. On the school bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. How worried, if at all, are you about the possibility of each of the following things happening at your school?

	Not at all worried	Not too worried	Somewhat worried	Very worried
a. Getting bullied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Gun violence or active shooter situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Suicide by a student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Gang activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Students using alcohol or drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Earthquake/Fire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. How much do you think people risk harming themselves (physically or in other ways) if they:

	No risk	Slight risk	Moderate risk	Great risk
a. smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. have five or more drinks of an alcoholic beverage once or twice each weekend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. have five or more drinks of an alcoholic beverage once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. smoke 1-5 cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. use vape products such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



29. If ever, how old were you when you first:

	Never	10 or younger	11	12	13	14	15	16	17 or older
a. used marijuana (grass, pot, cannabis, weed) or hashish (hash, hash oil)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. smoked a cigarette, even just a puff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. used a vape product (e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or tequila)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. got suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. got arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. carried a handgun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. attacked someone with the idea of seriously hurting them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. used LSD (acid) or other hallucinogens (like PCP, mescaline, "shrooms" or psilocybin)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. used cocaine (like cocaine powder) or "crack" (cocaine in chunk or rock form)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. used phenoxydine (pox, px, breeze)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. used methamphetamines (meth, speed, crank, crystal meth)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) without a doctor telling you to take them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. used heroin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Think back over the last two weeks. If any, how many times have you had five or more alcoholic drinks in a row?

- None
- Once
- Twice
- 3-5 times
- 6-9 times
- 10 or more times

	Definitely No	Somewhat No	Somewhat Yes	Definitely Yes
31. My parents expect me to eat dinner at home with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. People in my family often insult or yell at each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. We argue about the same things in my family over and over.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. People in my family have serious arguments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. My parents have set clear rules and expectations with me about NOT drinking ANY alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Sometimes, I think that life is not worth it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. At times, I think I am no good at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. All in all, I am inclined to think that I am a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. If ever, how many times in the past year (12 months) have you:

	Never	1 to 2 times	3 to 5 times	6 to 9 times	10 to 19 times	20 to 29 times	30 to 39 times	40+ times
a. been suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. carried a handgun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. sold illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. participated in clubs, organizations or activities at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. been arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. done extra work on your own for school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. attacked someone with the idea of seriously hurting them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. been drunk or high at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. volunteered to do community service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. taken a handgun to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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OCCASIONS

On how many occasions (if any) have you:

	0	1-2	3-5	6-9	10-19	20-39	40+
77 41. had alcoholic beverages (beer, wine, or hard liquor) to drink in your lifetime -- more than just a few sips?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75 42. had beer, wine, or hard liquor to drink during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73 43. used marijuana (grass, pot, cannabis, weed) or hashish (hash, hash oil) during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70 44. used LSD (acid) or other hallucinogens (like PCP, mescaline, "shrooms" or psilocybin) during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67 45. used cocaine (like cocaine powder) or "crack" (cocaine in chunk or rock form) during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64 46. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61 47. used phenoxydine (pox, px, breeze) during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59 48. used methamphetamines (meth, speed, crank, crystal meth) in the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57 49. used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53 50. used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50 51. used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46 52. used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43 53. used heroin during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41 54. used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38							

Answer questions 59 to 64 for both alcohol and drugs.

	Alcohol			Drugs		
	Don't use	Yes	No	Don't use	Yes	No
31 29 27 25 24 21 20 16 15 14 13 12 11 10 9 6 5 4	In the past 12 months :					
55. have you spent more time using alcohol or drugs than you intended?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. have you neglected some of your usual responsibilities because of using alcohol or drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. have you wanted to cut down on your alcohol or drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. has anyone objected to your alcohol or drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. did you frequently find yourself thinking about using alcohol or drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. did you use alcohol or drugs to relieve feelings such as sadness, anger, or boredom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

61. Have you ever tried:

	No	Yes
a. cigarettes, even just one puff?	<input type="radio"/>	<input type="radio"/>
b. cigars, cigarillos, or little cigars, even a puff?	<input type="radio"/>	<input type="radio"/>
c. tobacco in a hookah or waterpipe?	<input type="radio"/>	<input type="radio"/>
d. vape products such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars?	<input type="radio"/>	<input type="radio"/>
e. chewing tobacco, snuff, dip, or snus (moist smokeless tobacco usually sold in small pouches)?	<input type="radio"/>	<input type="radio"/>
f. nicotine pouches like Zyn, On, and Velo?	<input type="radio"/>	<input type="radio"/>

62. How frequently (if ever) have you smoked cigarettes during the past 30 days?

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

63. Have you ever belonged to a gang?

- No
- No, but would like to
- Yes, in the past
- Yes, belong now
- Yes, but would like to get out



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

	0 days	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20 to 29 days	All 30 days
a. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke cigars, cigarillos, or little cigars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke tobacco in a hookah or waterpipe?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. use vape products such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. use chewing tobacco, snuff, dip, or snus (moist smokeless tobacco usually sold in small pouches)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. use nicotine pouches like Zyn, On, and Velo?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

65. How wrong do you think it is for someone your age to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. take a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. steal anything worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. attack someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. stay away from school all day when their parents think they are at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. drink beer, wine, or hard liquor (for example, vodka, whiskey, or tequila) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. use LSD, cocaine, amphetamines, or another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

66. How wrong do your friends feel it would be for YOU to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

67. During a typical week, how many days do all or most of your family eat at least one meal together?
Number of Days:

0 1 2 3 4 5 6 7

68. How wrong do your parents feel it would be for YOU to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. drink beer, wine, or hard liquor (for example, vodka, whiskey, or tequila) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. steal something worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. use vape products such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

69. Has anyone in your family ever had severe alcohol or drug problems?

No Yes

70. If you used alcohol the past year (12 months), how did you get it? (Mark all that apply.)

I did not use alcohol in the past year

I bought it myself from a store.

I got it at a party.

I gave someone else money to buy it for me.

I got it from someone I know age 21 or older.

I got it from someone I know under age 21.

I got it from a family member or relative other than my parents.

I got it from home with my parents' permission.

I got it from home without my parents' permission.

I got it in another way. _____

71. How wrong would most adults (over 21) in your neighborhood think it is for kids your age:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. to use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. to drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. to smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. to use e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

72. In the past seven days, I have felt:

	Never	Rarely	Sometimes	Often	Always
a. left out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. that people barely know me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. isolated from others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. that people are around me but not with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



73. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many (if any) of your best friends have:

Number of friends

0 1 2 3 4

76	a. participated in clubs, organizations, or activities at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74	b. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71	c. tried beer, wine, or hard liquor (for example, vodka, whiskey, or tequila) when their parents didn't know about it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70						
68	d. made a commitment to stay drug-free?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66	e. used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65						
63	f. tried to do well in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61	g. used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60						
58	h. been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56	i. liked school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55						
54	j. carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52	k. sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50	l. regularly attended religious services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48	m. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47						
45	n. been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43	o. dropped out of school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

74. Have any of your brothers or sisters ever:

		I don't have any brothers or sisters			
			Yes	No	
37					
33	a. drunk beer, wine, or hard liquor (for example, vodka, whiskey, or tequila)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31	b. smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29	c. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27	d. taken a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	e. been suspended or expelled from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

75. Now think about all the students in your grade at your school. How many of them do you think:

		Almost all (91-100%)	Most (71-90%)	Half to most (51-70%)	Some to half (31-50%)	Some (11-30%)	Few (1-10%)	None (0%)
21								
16	a. smoke one or more cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13								
10	b. drank alcohol sometime in the past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	c. used marijuana sometime in the past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6								
4	d. used an illegal drug in the past month (not including marijuana)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Definitely Yes
Somewhat Yes
Somewhat No
Definitely No

76	If I had to move, I would miss the neighborhood I now live in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77	My neighbors notice when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78	I like my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79	I'd like to get out of my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80	There are people in my neighborhood who are proud of me when I do something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81	There are people in my neighborhood who encourage me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82	Do you feel very close to your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83	Do you share your thoughts and feelings with your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84	Do you enjoy spending time with your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85	Do you feel very close to your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86	Do you share your thoughts and feelings with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87	Do you enjoy spending time with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88	My parents ask me what I think before most family decisions affecting me are made.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89	If I had a personal problem, I could ask my mom or dad for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90	My parents give me lots of chances to do fun things with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

91. How often do your parents tell you they're proud of you for something you've done?

- Never or almost never
- Sometimes
- Often
- All the time

Very easy
Sort of easy
Sort of hard
Very hard

92	If you wanted to get some cigarettes, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93	If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey, or tequila), how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94	If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95	If you wanted to get a handgun, how easy would it be for you to get one?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96	If you wanted to get some marijuana, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97	If you wanted to get vape products such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



98. If you used a vape product such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars in the past 12 months, what did you put in it? (Mark ALL that apply.)

- I did not use a vape product in the past 12 months
- E-juice with zero nicotine
- E-juice with nicotine
- Marijuana
- Other
- Not sure

99. During the past 30 days, how often did you:

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. feel nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. feel hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. feel restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. feel so depressed that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. feel that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. feel worthless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

100. How often in the last 30 days (if at all) did you talk to an adult (parent, doctor, counselor, teacher, etc.) about feeling very sad, hopeless, or suicidal?

- I have not felt this way in the past 30 days
- 0 times
- 1 time
- 2 to 4 times
- 5 or more times

101. Do you think it's OK to seek help and talk to a professional counselor, therapist, or doctor if you've been feeling very sad, hopeless, or suicidal?

- Yes
- No
- I think it's OK for other people to seek help, but not for me to seek help

102. On an average school night, how many hours of sleep do you get?

- 4 hours or less
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours
- I don't know

103. I do the opposite of what people tell me, just to get them mad.

- Very false
- Somewhat false
- Somewhat true
- Very true

104. I like to see how much I can get away with.

- Very false
- Somewhat false
- Somewhat true
- Very true

105. I ignore rules that get in my way.

- Very false
- Somewhat false
- Somewhat true
- Very true

106. 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?

- No
- Yes

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

- No
- Yes

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

- No
- Yes

109. During the past 12 months, how many times (if any) did you actually attempt suicide?

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

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

- Never or almost never
- Sometimes
- Often
- All the time

111. If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?

112. If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or tequila) in your neighborhood, would he or she be caught by the police?

113. If a kid carried a handgun in your neighborhood, would he or she be caught by the police?

114. I feel safe in my neighborhood.

115. My parents ask if I've gotten my homework done.

116. Would your parents know if you did not come home on time?

117. The rules in my family are clear.

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

119. I think sometimes it's okay to cheat at school.

120. I think it is okay to take something without asking if you can get away with it.

121. It is alright to beat up people if they start the fight.

122. It is important to be honest with your parents even if they become upset or you get punished.

123. If you drank some beer, wine, or liquor (for example, vodka, whiskey, or tequila) without your parents' permission, would you be caught by your parents?

124. My family has clear rules about alcohol and drug use.

125. If you carried a handgun without your parents' permission, would you be caught by your parents?

126. If you skipped school, would you be caught by your parents?

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127. What are the chances you would be seen as cool if you:

	No or very little chance	Little chance	Some chance	Pretty good chance	Very good chance
a. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. worked hard at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. defended someone who was being verbally abused at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. regularly volunteered to do community service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

128. About how many adults (over 21), if any, have you known personally who in the past year have:

	0 adults	1 adult	2 adults	3-4 adults	5 or more adults
a. used marijuana, crack, cocaine, or other drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. sold or dealt drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging, or assaulting others, etc?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. gotten drunk or high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

129. Which is your religious preference? (Choose the ONE religion with which you identify the most.)

Catholic Protestant (such as Baptists, Presbyterians, or Lutherans)
 Jewish Another religion
 LDS (Mormon) No religious preference

130. This past year, many youth and families in Utah were affected by the Coronavirus (also known as COVID-19). Did you experience any of the following due to the coronavirus or coronavirus symptoms? (Select one or more responses).

I was sick with the coronavirus or coronavirus symptoms
 One or more people living in my home lost their job
 I had to move or change homes
 Skipped one or more meals because my family didn't have enough money to buy food
 I felt anxious, sad, or hopeless
 People in my home were fighting a lot.
 I had difficulty keeping up with school work because I didn't have access to a reliable computer or internet service
 None of these

131. How much do you agree or disagree with the following statement: "My learning improved when my classes were taught online due to COVID-19?"

Strongly agree Disagree
 Agree Strongly disagree
 Neutral I have not participated in online learning

132. If you have felt very sad, hopeless, or suicidal in the past 30 days, whom did you talk to about it? (Mark all that apply.)

I have not felt this way in the past 30 days
 I felt this way but did not talk to anyone about it
 Parent School Counselor
 Friend//Peer School Nurse
 Teacher Therapist
 Doctor Other adult
 Clergy (e.g. Bishop, Priest or Nun, Minister, Pastor)

133. During the past 12 months, how many times (if any) 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 2 or 3 times
 0 times 4 or 5 times
 1 time 6 or more times

134. In the past 12 months, have you ever done something to purposefully hurt yourself without wanting to die, such as cutting or burning yourself on purpose? If so, how many times did you do so?

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

135. On an average school day, how many hours do you use an electronic device for something that is not school work? (Count time spent on things such as Xbox, PlayStation, texting, YouTube, Instagram, Facebook, or other social media.)

Less than 1 hour per day
 1 hour per day 4 hours per day
 2 hours per day 5 or more hours per day
 3 hours per day

136. 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.

Responses

	a	b	c	d	e	f	g	h	i
201.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
202.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
203.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
204.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
205.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
206.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
207.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
208.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
209.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
210.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
211.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
212.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
213.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
214.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
215.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
216.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
217.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
218.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
219.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
220.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Extra Questions Start with 201

Thank you for completing the survey

Bach Harrison, L.L.C.
bach-harrison.com



PREVENTION NEEDS ASSESSMENT SURVEY Form B, 6th

- 1. Thank you for agreeing to participate in this survey. The purpose of this survey is to learn how students in our schools feel about their community, family, peers, and school. The survey also asks about health behaviors.
- 2. The survey is completely voluntary and anonymous. DO NOT put your name on the questionnaire.
- 3. This is not a test, so there are no right or wrong answers. We would like you to work quickly so you can finish.
- 4. All of the questions should be answered by completely filling in one of the answer spaces. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank. You can skip any question that you do not wish to answer.
- 5. Please mark each question by completely filling in the circle or circles. **ONLY USE A #2 PENCIL.**

Please fill in the following information with the help of your teacher/survey assistant.

<p>School District:</p> <table border="1"> <tr><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td></tr> </table>	0	0	0	1	1	1	2	2	2	3	3	3	4	4	4	5	5	5	6	6	6	7	7	7	8	8	8	9	9	9	<p>Charter School Letter:</p> <ul style="list-style-type: none"> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K 	<p>School Number:</p> <table border="1"> <tr><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td></tr> </table>	0	0	0	1	1	1	2	2	2	3	3	3	4	4	4	5	5	5	6	6	6	7	7	7	8	8	8	9	9	9	<p>What is the ZIP code where you live?</p> <table border="1"> <tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table>	0	0	0	0	0	1	1	1	1	1	2	2	2	2	2	3	3	3	3	3	4	4	4	4	4	5	5	5	5	5	6	6	6	6	6	7	7	7	7	7	8	8	8	8	8	9	9	9	9	9
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1. How old are you?
 - 10 or younger
 - 11
 - 12
 - 13
 - 14
 - 15
 - 16
 - 17
 - 18
 - 19 or older
2. What grade are you in?
 - 6th
 - 7th
 - 8th
 - 9th
 - 10th
 - 11th
 - 12th
3. What is your race? (Select one or more)
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - Native Hawaiian or Other Pacific Islander
 - White
4. Are you:
 - Male
 - Female
5. Think of where you live most of the time. Which of the following people live there with you? (Mark ALL that apply.)

<ul style="list-style-type: none"> <input type="radio"/> Mother <input type="radio"/> Stepmother <input type="radio"/> Father <input type="radio"/> Stepfather <input type="radio"/> Foster Parent(s) <input type="radio"/> Grandparent(s) <input type="radio"/> Aunt 	<ul style="list-style-type: none"> <input type="radio"/> Uncle <input type="radio"/> Other Adult(s) <input type="radio"/> Brother(s) <input type="radio"/> Stepbrother(s) <input type="radio"/> Sister(s) <input type="radio"/> Stepsister(s) <input type="radio"/> Other Children
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6. Think of the adults you live with. What is the highest level of schooling any of them completed?

<input type="radio"/> Completed grade school or less	<input type="radio"/> Completed college
<input type="radio"/> Some high school	<input type="radio"/> Graduate or professional school after college
<input type="radio"/> Completed high school	<input type="radio"/> Don't know
<input type="radio"/> Some college	<input type="radio"/> Does not apply
7. Putting them all together, what were your grades like last year?

<input type="radio"/> Mostly F's	<input type="radio"/> Mostly B's
<input type="radio"/> Mostly D's	<input type="radio"/> Mostly A's
<input type="radio"/> Mostly C's	
8. How important do you think the things you are learning in school are going to be for your later life?

<input type="radio"/> Very important	<input type="radio"/> Slightly important
<input type="radio"/> Quite important	<input type="radio"/> Not at all important
<input type="radio"/> Fairly important	
9. How interesting are most of your courses to you?

<input type="radio"/> Very interesting and stimulating	<input type="radio"/> Slightly interesting
<input type="radio"/> Quite interesting	<input type="radio"/> Not at all interesting
<input type="radio"/> Fairly interesting	



PLEASE DO NOT WRITE IN THIS AREA

SERIAL

	Definitely No	Somewhat No	Somewhat Yes	Definitely Yes
76	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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60	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Seldom	Sometimes	Often	Almost always
40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. During the past 12 months, how often (if at all) have you been threatened or harassed over the internet, by email, or by someone using a cell phone?

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

23. During the past 12 months, how often (if at all) have you been picked on or bullied by a student ON SCHOOL PROPERTY?

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

24. During the LAST FOUR WEEKS, how many (if any) whole days of school have you missed because you skipped or "cut"?

None 4-5 days
 1 day 6-10 days
 2 days 11 or more days
 3 days

7
6
5

25. During the past 30 days, on how many days (if any) did you NOT go to school because you felt you would be unsafe at school or on your way to or from school?

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

26. How safe do you feel in each of the following areas at your school (before and after school)?

	Very unsafe	Somewhat unsafe	Somewhat safe	Very safe
a. Playgrounds or fields	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Lunchroom/Cafeteria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Classrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Bathrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Parking lots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Stairs and hallways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. On the school bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. How worried, if at all, are you about the possibility of each of the following things happening at your school?

	Not at all worried	Not too worried	Somewhat worried	Very worried
a. Getting bullied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Gun violence or active shooter situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Suicide by a student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Gang activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Students using alcohol or drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Earthquake/Fire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. How much do you think people risk harming themselves (physically or in other ways) if they:

	No risk	Slight risk	Moderate risk	Great risk
a. smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. have five or more drinks of an alcoholic beverage once or twice each weekend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. have five or more drinks of an alcoholic beverage once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. smoke 1-5 cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. use vape products such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



29. If ever, how old were you when you first:

	Never	10 or younger	11	12	13	14	15	16	17 or older
a. used marijuana (grass, pot, cannabis, weed) or hashish (hash, hash oil)?									
b. smoked a cigarette, even just a puff?									
c. used a vape product (e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars)?									
d. had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or tequila)?									
e. began drinking alcoholic beverages regularly, that is, at least once or twice a month?									
f. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?									
g. got suspended from school?									
h. got arrested?									
i. carried a handgun?									
j. attacked someone with the idea of seriously hurting them?									
k. used LSD (acid) or other hallucinogens (like PCP, mescaline, "shrooms" or psilocybin)?									
l. used cocaine (like cocaine powder) or "crack" (cocaine in chunk or rock form)?									
m. used phenoxydine (pox, px, breeze)?									
n. used methamphetamines (meth, speed, crank, crystal meth)?									
o. used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them?									
p. used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) without a doctor telling you to take them?									
q. used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them?									
r. used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them?									
s. used heroin?									

30. Think back over the last two weeks. If any, how many times have you had five or more alcoholic drinks in a row?

- None
- Once
- Twice
- 3-5 times
- 6-9 times
- 10 or more times

	Definitely No	Somewhat No	Somewhat Yes	Definitely Yes
31. My parents expect me to eat dinner at home with my family.				
32. People in my family often insult or yell at each other.				
33. We argue about the same things in my family over and over.				
34. People in my family have serious arguments.				
35. My parents have set clear rules and expectations with me about NOT drinking ANY alcohol.				
36. Sometimes, I think that life is not worth it.				
37. At times, I think I am no good at all.				
38. All in all, I am inclined to think that I am a failure.				
39. In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?				

40. If ever, how many times in the past year (12 months) have you:

	Never	1 to 2 times	3 to 5 times	6 to 9 times	10 to 19 times	20 to 29 times	30 to 39 times	40+ times
a. been suspended from school?								
b. carried a handgun?								
c. sold illegal drugs?								
d. stolen or tried to steal a motor vehicle such as a car or motorcycle?								
e. participated in clubs, organizations or activities at school?								
f. been arrested?								
g. done extra work on your own for school?								
h. attacked someone with the idea of seriously hurting them?								
i. been drunk or high at school?								
j. volunteered to do community service?								
k. taken a handgun to school?								

OCCASIONS

On how many occasions (if any) have you:

	0	1-2	3-5	6-9	10-19	20-39	40+
77 41. had alcoholic beverages (beer, wine, or hard liquor) to drink in your lifetime -- more than just a few sips?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75 42. had beer, wine, or hard liquor to drink during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73 43. used marijuana (grass, pot, cannabis, weed) or hashish (hash, hash oil) during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70 44. used LSD (acid) or other hallucinogens (like PCP, mescaline, "shrooms" or psilocybin) during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67 45. used cocaine (like cocaine powder) or "crack" (cocaine in chunk or rock form) during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64 46. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61 47. used phenoxydine (pox, px, breeze) during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59 48. used methamphetamines (meth, speed, crank, crystal meth) in the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57 49. used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53 50. used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50 51. used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46 52. used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43 53. used heroin during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41 54. used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38							

Answer questions 59 to 64 for both alcohol and drugs.

	Alcohol			Drugs		
	No	Yes	Don't use	No	Yes	Don't use
31 29 27 25 24 21 20 16 15 14 13 12 11 10 9 6 5 4	In the past 12 months :					
55. have you spent more time using alcohol or drugs than you intended?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. have you neglected some of your usual responsibilities because of using alcohol or drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. have you wanted to cut down on your alcohol or drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. has anyone objected to your alcohol or drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. did you frequently find yourself thinking about using alcohol or drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. did you use alcohol or drugs to relieve feelings such as sadness, anger, or boredom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

61. Have you ever tried:

	No	Yes
a. cigarettes, even just one puff?	<input type="radio"/>	<input type="radio"/>
b. cigars, cigarillos, or little cigars, even a puff?	<input type="radio"/>	<input type="radio"/>
c. tobacco in a hookah or waterpipe?	<input type="radio"/>	<input type="radio"/>
d. vape products such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars?	<input type="radio"/>	<input type="radio"/>
e. chewing tobacco, snuff, dip, or snus (moist smokeless tobacco usually sold in small pouches)?	<input type="radio"/>	<input type="radio"/>
f. nicotine pouches like Zyn, On, and Velo?	<input type="radio"/>	<input type="radio"/>

62. How frequently (if ever) have you smoked cigarettes during the past 30 days?

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

63. Have you ever belonged to a gang?

- No
- No, but would like to
- Yes, in the past
- Yes, belong now
- Yes, but would like to get out



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

	0 days	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20 to 29 days	All 30 days
a. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke cigars, cigarillos, or little cigars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke tobacco in a hookah or waterpipe?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. use vape products such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. use chewing tobacco, snuff, dip, or snus (moist smokeless tobacco usually sold in small pouches)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. use nicotine pouches like Zyn, On, and Velo?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

65. How wrong do you think it is for someone your age to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. take a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. steal anything worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. attack someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. stay away from school all day when their parents think they are at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. drink beer, wine, or hard liquor (for example, vodka, whiskey, or tequila) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. use LSD, cocaine, amphetamines, or another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

66. How wrong do your friends feel it would be for YOU to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

67. During a typical week, how many days do all or most of your family eat at least one meal together?
Number of Days:

0 1 2 3 4 5 6 7

68. How wrong do your parents feel it would be for YOU to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. drink beer, wine, or hard liquor (for example, vodka, whiskey, or tequila) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. steal something worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. use vape products such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

69. Has anyone in your family ever had severe alcohol or drug problems?

No Yes

70. If you used alcohol the past year (12 months), how did you get it? (Mark all that apply.)

I did not use alcohol in the past year

I bought it myself from a store.

I got it at a party.

I gave someone else money to buy it for me.

I got it from someone I know age 21 or older.

I got it from someone I know under age 21.

I got it from a family member or relative other than my parents.

I got it from home with my parents' permission.

I got it from home without my parents' permission.

I got it in another way. _____

71. How wrong would most adults (over 21) in your neighborhood think it is for kids your age:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. to use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. to drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. to smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. to use e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

72. In the past seven days, I have felt:

	Never	Rarely	Sometimes	Often	Always
a. left out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. that people barely know me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. isolated from others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. that people are around me but not with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



73. If you have ever tried a tobacco product, which one did you try first?

- I have never tried any tobacco product
- Cigarettes
- Cigars, cigarillos, or little cigars
- Tobacco in a hookah or waterpipe
- Vape products such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars
- Chewing tobacco, snuff, or dip
- Nicotine pouches like Zyn, On, or Velo
- Other

74. If you smoked cigarettes or used vape products in the past 30 days, how did you usually get your own cigarettes or vape products? (CHOOSE ONLY ONE ANSWER FOR EACH TOBACCO TYPE.)

	Regular cigarettes	Vape products
I did not use cigarettes or vape products (e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars) in the past 30 days.	<input type="radio"/>	<input type="radio"/>
I bought them in a convenience store, supermarket, discount store, or gas station.	<input type="radio"/>	<input type="radio"/>
I bought them at a smoke or vape shop.	<input type="radio"/>	<input type="radio"/>
I bought them on the Internet or social media (such as Facebook, Instagram, or SnapChat).	<input type="radio"/>	<input type="radio"/>
I gave someone else money to buy them for me.	<input type="radio"/>	<input type="radio"/>
I borrowed (or bummed) them from somebody else.	<input type="radio"/>	<input type="radio"/>
A person 18 years old or older gave them to me.	<input type="radio"/>	<input type="radio"/>
I took them from a store or family member.	<input type="radio"/>	<input type="radio"/>
I got them some other way.	<input type="radio"/>	<input type="radio"/>

75. During this school year, were you taught in any of your classes about the dangers of tobacco use?

- No
- Yes
- Not sure

76. Do you think that you will try a cigarette soon?

- I have already tried smoking cigarettes.
- No
- Yes

77. If you ever used vape products, such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars, what flavor have you used most often?

- I have never used a vape product.
- Tobacco flavor
- Mint flavor
- Menthol flavor
- Sweet, alcohol, or other flavor

78. If you smoked during the past 12 months, did you ever stop smoking for one day or longer because you were trying to quit smoking?

- I have not smoked in the past 12 months.
- Yes
- No

79. Do you usually vape with nicotine, without nicotine, or both?

- I have never vaped
- With nicotine
- Without nicotine
- Both with and without nicotine
- Not sure

80. How much do you want to stop vaping?

- I do not vape now
- Not at all
- A little
- Somewhat
- A lot

81. If you used a vape product (e-cigarettes, vape pens, or mods, or pod vapes like JUUL or Puff Bars) in the past 30 days, where did you use it? (Mark ALL that apply.)

- I did not use a vape product in the past 30 days
- On school grounds
- Inside my house
- Outside my house
- At work
- Inside restaurants, vapor lounges, or stores
- At parties or social situations
- In the car
- At parks or other outdoor recreational areas
- Other

	Definitely Yes	Somewhat Yes	Somewhat No	Definitely No
82. Do you think you will smoke a cigarette at any time during the next year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. If one of your best friends offered you a cigarette, would you smoke it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. Do you think people can get addicted to using tobacco just like they can get addicted to using cocaine or heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. Do you think young people who smoke cigarettes have more friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Do you think the smoke from other people's cigarettes is harmful to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. Do you think that people can get addicted to vape products (e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. Do you think you will use a vape product such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars at any time during the next year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. If one of your best friends offered you a vape product such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars, would you use it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. If a kid smoked marijuana in your neighborhood would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or tequila) in your neighborhood, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. If a kid carried a handgun in your neighborhood would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

93. Which is your religious preference? (Choose the ONE religion with which you identify the most.)

- Catholic
- Jewish
- LDS (Mormon)
- Protestant (such as Baptists, Presbyterians, or Lutherans)
- Another religion
- No religious preference



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

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

95. During the past 7 days, on how many days did you ride in a car with someone who was smoking cigarettes?

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

96. Does anyone who lives with you now: (Mark ALL that apply.)

- Smoke cigarettes
 Use vape products (e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars)
 Use other tobacco products
 No one lives with me now who uses any form of tobacco

97. In the past 30 days, how often have you seen or heard any advertising or campaigns against smoking?

- Never Often
 Rarely Very often
 Sometimes

98. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? (Mark ALL that apply.)

- No Yes, alcohol use
 Yes, tobacco use Yes, drug use

99. During the past year (12 months), how often have you talked with at least one of your parents about the rules and expectations of NO alcohol use?

- At least once a month
 Every 2 to 3 months
 Every 4 to 6 months
 A few times in the past year
 Talked, but not in the past year
 Never

100. In a typical week, how many days do you walk, ride your bike or scooter (non-motorized), or skateboard to and from school?

- No days 1 2 3 4 5

101. During 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 increased your heart rate and made you breathe hard some of the time.)

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

102. 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?

- No Yes

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

- No Yes

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

- No Yes

105. During the past 12 months, how many times (if any) did you actually attempt suicide?

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

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

No	Yes
<input type="radio"/>	<input type="radio"/>

107. Do you still have asthma?

<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------

108. During the past 12 months, did you have an episode of asthma or an asthma attack?

<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------

109. Do you have diabetes?

<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------

110. An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor or other health professional EVER given you a written asthma action plan?

- I do not have asthma No
 Yes Not sure

111. Has a doctor or other health professional EVER given you a written diabetes care plan to help manage your diabetes in school?

- I do not have diabetes No
 Yes Not Sure

112. During the past 12 months, about how many days of school did you miss because of your asthma?

- I do not have asthma 4 to 9 days
 0 days 10 to 12 days
 1 to 3 days 13 or more days

113. During the past 12 months, about how many days of school did you miss because of your diabetes?

- I do not have diabetes 4 to 9 days
 0 days 10 to 12 days
 1 to 3 days 13 or more days

114. How are guns and bullets stored in your home?

- We don't have any guns or bullets
 Unlocked and in plain sight
 Locked or hidden, but I know how to access them
 Locked or hidden, and I DON'T know how to access them
 Don't know

115. How often do you wear a seat belt when riding in a car driven by someone else?

- Never Most of the time
 Rarely Always
 Sometimes



For questions 118 and 119, write your height and weight in the blank boxes and fill in the matching circle below each number.

116. How tall are you without your shoes on?

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

feet	inches
③	①
④	①
⑤	②
⑥	③
⑦	④
	⑤
	⑥
	⑦
	⑧
	⑨
	⑩
	⑪

pounds
①
①
②
③
④
⑤
⑥
⑦
⑧
⑨

118. During the past 30 days, how often (if at all) did you:

	None of the time				
	A little of the time				
	Some of the time				
	Most of the time				
	All of the time				
a. feel nervous?					
b. feel hopeless?					
c. feel restless or fidgety?					
d. feel so depressed that nothing could cheer you up?					
e. feel that everything was an effort?					
f. feel worthless?					

119. On an average school day, how many hours do you use an electronic device for something that is not school work? (Count time spent on things such as Xbox, PlayStation, texting, YouTube, Instagram, Facebook, or other social media.)

- 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

120. During the past 12 months, did you do something to purposefully hurt yourself without wanting to die, such as cutting or burning yourself on purpose? If so, how many times?

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

121. This past year, many youth and families in Utah were affected by the Coronavirus (also known as COVID-19). Did you experience any of the following due to the coronavirus or coronavirus symptoms? (Select one or more responses).

- I was sick with the coronavirus or coronavirus symptoms
- One or more people living in my home lost their job
- I had to move or change homes
- Skipped one or more meals because my family didn't have enough money to buy food
- I felt anxious, sad, or hopeless
- People in my home were fighting a lot.
- I had difficulty keeping up with school work because I didn't have access to a reliable computer or internet service
- None of these

I have not participated in online learning					
Strongly disagree					
Disagree					
Neutral					
Agree					
Strongly agree					
122. How much do you agree or disagree with the following statements about LEARNING ONLINE:					
a. I miss spending time at school, learning with other students in person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I miss spending time at school, learning with my teachers in person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. When I am learning online I understand my teacher's instructions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I stay focused when doing online school work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. My learning improved when my classes were taught online due to COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I have access to a computer or the internet to complete my online school work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I have a quiet space that I am able to use when doing online school work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. It is easy to use the online learning platform my school has chosen (e.g. Canvas, Google Classroom, or other online learning website).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

123. 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.

Responses

	a	b	c	d	e	f	g	h	i
201.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
202.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
203.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
204.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
205.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
206.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
207.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
208.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
209.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
210.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
211.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
212.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
213.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
214.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
215.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
216.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
217.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
218.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
219.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
220.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Extra Questions Start with 201

Thank you for completing the survey

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