

		Definitely No	Somewhat No	Somewhat Yes	Definitely Yes
77 76 75	11. In my school, students have lots of chances to help decide things like class activities and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73	12. Teachers ask me to work on special classroom projects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70	13. My teachers 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"/>
67 66 65	14. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63	15. There are lots of chances for students in my school to talk with a teacher one-on-one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61 60 59 58 57	16. I feel safe at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55	17. The school lets my parents know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52	18. My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49	19. Are your school grades better than the grades of most students in your class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47	20. I have lots of chances to be part of class discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		Never	Seldom	Sometimes	Often	Almost always
45 43 41 40 39 38 37 36	21. Now thinking back over the past year in school, how often did you:					
	a. enjoy being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	b. hate being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	c. try to do your best work in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32	22. How often do you feel that the school work you are assigned is meaningful and important?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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28 26 24 23 22 21	23. 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?	<input type="radio"/> 0 times	<input type="radio"/> 1 time	<input type="radio"/> 2 or 3 times	<input type="radio"/> 4 or 5 times	<input type="radio"/> 6 or more times
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18 16 15 14	24. During the past 12 months, how often (if at all) have you been picked on or bullied by a student ON SCHOOL PROPERTY?	<input type="radio"/> 0 days	<input type="radio"/> 1 day	<input type="radio"/> 2 or 3 days	<input type="radio"/> 4 or 5 days	<input type="radio"/> 6 or more days
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12 10 8 7 6 5	25. During the LAST FOUR WEEKS, how many (if any) whole days of school have you missed because you skipped or "cut"?	<input type="radio"/> None	<input type="radio"/> 1 day	<input type="radio"/> 2 days	<input type="radio"/> 3 days	<input type="radio"/> 4-5 days	<input type="radio"/> 6-10 days	<input type="radio"/> 11 or more days
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26. 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

		Very unsafe	Somewhat unsafe	Somewhat safe	Very safe
	27. How safe do you feel in each of the following areas at your school (before and after school)?				
	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"/>

		Not at all worried	Not too worried	Somewhat worried	Very worried
	28. How worried, if at all, are you about the possibility of each of the following things happening at your school?				
	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"/>

		No risk	Slight risk	Moderate risk	Great risk
	29. How much do you think people risk harming themselves (physically or in other ways) if they:				
	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"/>



30. 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"/>

31. 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
32. My parents expect me to eat dinner at home with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. People in my family often insult or yell at each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. We argue about the same things in my family over and over.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. People in my family have serious arguments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. 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"/>
37. Sometimes, I think that life is not worth it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. At times, I think I am no good at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. 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"/>
40. 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"/>

41. 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"/>

OCCASIONS

On how many occasions (if any) have you:

	0	1-2	3-5	6-9	10-19	20-39	40+
77 42. 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 43. 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 44. 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 45. 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 46. 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 47. 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 48. 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 49. 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 50. 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 51. 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 52. 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 53. 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 54. 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 55. 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"/>

Answer questions 56 to 61 for both alcohol and drugs.

	Alcohol			Drugs		
	No	Yes	Don't use	No	Yes	Don't use
34 In the past 12 months :						
32 56. 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"/>
27 57. 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"/>
25 58. 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"/>
23 59. 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"/>
21 60. 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"/>
20 61. 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"/>

62. 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

63. 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 containing nicotine (such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars)?	<input type="radio"/>	<input type="radio"/>
e. vape products containing marijuana?	<input type="radio"/>	<input type="radio"/>
f. chewing tobacco, snuff, dip, or snus (moist smokeless tobacco usually sold in small pouches)?	<input type="radio"/>	<input type="radio"/>
g. nicotine pouches like Zyn, On, and Velo?	<input type="radio"/>	<input type="radio"/>
h. nicotine lozenges (small hard or soft tablets containing nicotine that slowly dissolve in the mouth such as Velo or Rogue)?	<input type="radio"/>	<input type="radio"/>

64. 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



65. 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 containing nicotine (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 vape products containing marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. 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"/>
g. 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"/>
h. use nicotine lozenges (small hard or soft tablets containing nicotine that slowly dissolve in the mouth such as Velo or Rogue)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

66. 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"/>

67. 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"/>

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. During the past year, did you drink alcohol at any of the following places? (Mark the number of times for each.)

	0 times	1 or 2 times	3 to 5 times	6 or more times
a. At my home or someone else's home without any parent permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. At my home with my parents' permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. At someone else's home with their parents' permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. In a car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. At or near school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Somewhere outside of town (for example, on public lands, in the desert, in a campground, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. In another place _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

70. 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"/>

71. 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"/>

72. 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

79	a. participated in clubs, organizations, or activities at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78	b. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77	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"/>
76	d. made a commitment to stay drug-free?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75	e. used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74	f. tried to do well in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72	g. used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71	h. been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70	i. liked school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69	j. carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68	k. sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67	l. regularly attended religious services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66	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"/>
65	n. been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64	o. dropped out of school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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41						

73. Have any of your brothers or sisters ever:

I don't have any brothers or sisters

Yes

No

36	a. drunk beer, wine, or hard liquor (for example, vodka, whiskey, or tequila)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	b. smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32	c. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31	d. taken a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29	e. been suspended or expelled from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	f. used a vape product (e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24				
23				
22				
21				
20				

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

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

15
14
13

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

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

8
7
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5
4

76. I ignore rules that get in my way.

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

Definitely Yes
Somewhat Yes
Somewhat No
Definitely No

77. 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"/>
78. 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"/>
79. I like my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. I'd like to get out of my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. 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"/>
82. 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"/>
83. Do you feel very close to your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. Do you share your thoughts and feelings with your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. Do you enjoy spending time with your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Do you feel very close to your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. Do you share your thoughts and feelings with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. Do you enjoy spending time with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. 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"/>
90. 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"/>
91. 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"/>

92. 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

93. 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"/>
94. 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"/>
95. 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"/>
96. 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"/>
97. 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"/>
98. 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"/>



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

	None (0%)	Few (1-10%)	Some (11-30%)	Some to half (31-50%)	Half to most (51-70%)	Most (71-90%)	Almost all (91-100%)
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"/>
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"/>
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"/>
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"/>
e. used a vape product (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"/>

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

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

101. 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

102. 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

103. 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

104. 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

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

- No
- Yes

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

- No
- Yes

107. 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

108. 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

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

110. 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?

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

112. I feel safe in my neighborhood.

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

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

115. The rules in my family are clear.

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

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

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

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

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

121. 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?

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

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

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

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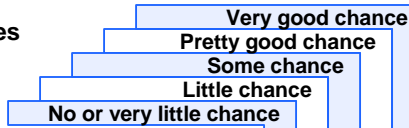
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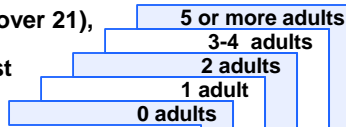


125. What are the chances you would be seen as cool if you:



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"/>

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



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"/>

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

No Yes

128. 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

129. This past year, did you experience any of the following? (Mark ALL that apply.)

One or more people living in my home lost their job
 I had to move or change homes in the past year
 Skipped one or more meals because my family didn't have enough money to buy food
 I had difficulty keeping up with schoolwork because I didn't have access to a reliable computer or internet service
 I did not have a quiet place at home to study
 None of these

130. 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)

131. 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

132. 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

133. 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

134. 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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