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:**
- 0123456
- 7 8 9

**Charter School Letter:**
- A B C D E F G H I J
- K

**School Number:**
- 0123456
- 7 8 9

**What is the ZIP code where you live?**
- 0123456
- 7 8 9

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? (Mark ALL that apply.)
- 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. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?
- No, I am not transgender
- Yes, I am transgender
- I am not sure if I am transgender
- I do not know what this question is asking

6. Which of the following best describe you?
- Heterosexual (straight)
- Bisexual
- Gay or lesbian
- Not sure/Other

7. 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

8. Think of where you live most of the time. Which of the following people live there with you? (Mark ALL that apply.)
- Mother
- Stepmother
- Father
- Stepmother
- Grandparent(s)
- Aunt
- Uncle
- Stepfather
- Other Adult(s)
- Foster Parent(s)
- Other
- Brother(s)
- Other

9. Think of the adults you live with. What is the highest level of schooling any of them completed?
- Completed grade school or less
- Some high school
- Completed high school
- Some college
- College
- Does not apply

10. Putting them all together, what were your grades like last year?
- Mostly F’s
- Mostly D’s
- Mostly C’s
- Mostly B’s
- Mostly A’s

11. How important do you think the things you are learning in school are going to be for your later life?
- Very important
- Quite important
- Fairly important
- Slightly important
- Not at all important

12. How interesting are most of your courses to you?
- Very interesting and stimulating
- Quite interesting
- Fairly interesting
- Slightly interesting
- Not at all interesting
13. In my school, students have lots of chances to help decide things like class activities and rules.

14. Teachers ask me to work on special classroom projects.

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

16. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.

17. There are lots of chances for students in my school to talk with a teacher one-on-one.

18. I feel safe at my school.

19. The school lets my parents know when I have done something well.

20. My teachers praise me when I work hard in school.

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

22. I have lots of chances to be part of class discussions or activities.

23. Now thinking back over the past year in school, how often did you:

a. enjoy being in school?

b. hate being in school?

c. try to do your best work in school?

24. How often do you feel that the school work you are assigned is meaningful and important?

25. 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?

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

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

28. 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?

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

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

31. 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?

   b. try marijuana once or twice?

   c. smoke marijuana regularly?

   d. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?

   e. have five or more drinks of an alcoholic beverage once or twice each weekend?

   f. have five or more drinks of an alcoholic beverage once or twice a week?

   g. smoke marijuana once or twice a week?

   h. use prescription drugs that are not prescribed to them?

   i. smoke 1-5 cigarettes per day?

   j. use vape products such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars?
32. If ever, how old were you when you first:

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 of wine, 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 spices, 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 methamphetamine (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?

33. 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

34. My parents expect me to eat dinner at home with my family.

- Definitely No
- Somewhat No
- Somewhat Yes
- Definitely Yes

35. People in my family often insult or yell at each other.

36. We argue about the same things in my family over and over.

37. People in my family have serious arguments.

38. My parents have set clear rules and expectations with me about NOT drinking ANY alcohol.

39. Sometimes, I think that life is not worth it.

40. At times, I think I am no good at all.

41. All in all, I am inclined to think that I am a failure.

42. In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?

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

- been suspended from school?
- carried a handgun?
- sold illegal drugs?
- stolen or tried to steal a motor vehicle such as a car or motorcycle?
- participated in clubs, organizations or activities at school?
- been arrested?
- done extra work on your own for school?
- attacked someone with the idea of seriously hurting them?
- been drunk or high at school?
- volunteered to do community service?
- taken a handgun to school?
On how many occasions (if any) have you:

44. had alcoholic beverages (beer, wine, or hard liquor) to drink in your lifetime -- more than just a few sips?  
45. had beer, wine, or hard liquor to drink during the past 30 days?  
46. used marijuana (grass, pot, cannabis, weed) or hashish (hash, hash oil) during the past 30 days?  
47. used LSD (acid) or other hallucinogens (like PCP, mescaline, "shrooms" or psilocybin) during the past 30 days?  
48. used cocaine (like cocaine powder) or "crack" (cocaine in chunk or rock form) during the past 30 days?  
49. 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?  
50. used phenoxydine (pox, px, breeze) during the past 30 days?  
51. used methamphetamine (meth, speed, crank, crystal meth) during the past 30 days?  
52. used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them, during the past 30 days?  
53. 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?  
54. 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?  
55. 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?  
56. used heroin during the past 30 days?  
57. used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in the past 30 days?

Answer questions 58 to 63 for both alcohol and drugs.

In the past 12 months:

58. have you spent more time using alcohol or drugs than you intended?
59. have you neglected some of your usual responsibilities because of using alcohol or drugs?
60. have you wanted to cut down on your alcohol or drug use?
61. has anyone objected to your alcohol or drug use?
62. did you frequently find yourself thinking about using alcohol or drugs?
63. did you use alcohol or drugs to relieve feelings such as sadness, anger, or boredom?

64. 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

65. Have you ever tried:
   a. cigarettes, even just one puff?
   b. cigars, cigarillos, or little cigars, even a puff?
   c. tobacco in a hookah or waterpipe?
   d. vape products containing nicotine (such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars)?
   e. vape products containing marijuana?
   f. chewing tobacco, snuff, dip, or snus (moist smokeless tobacco usually sold in small pouches)?
   g. nicotine pouches like Zyn, On, and Velo?
   h. nicotine lozenges (small hard or soft tablets containing nicotine that slowly dissolve in the mouth such as Velo or Roque)?

66. 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
67. During the past 30 days, on how many days did you:

<table>
<thead>
<tr>
<th>Days</th>
<th>a. smoke cigarettes?</th>
<th>b. smoke cigars, cigarillos, or little cigars?</th>
<th>c. smoke tobacco in a hookah or waterpipe?</th>
<th>d. use vape products containing nicotine (such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars)?</th>
<th>e. use vape products containing marijuana?</th>
<th>f. use chewing tobacco, snuff, dip, or snus (moist smokeless tobacco usually sold in small pouches)?</th>
<th>g. use nicotine pouches like Zyn, On, and Velo?</th>
<th>h. use nicotine lozenges (small hard or soft tablets containing nicotine that slowly dissolve in the mouth such as Velo or Rogue)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>All 30 days</td>
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<td>20 to 29 days</td>
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<td>10 to 19 days</td>
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<td>6 to 9 days</td>
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<td>3 to 5 days</td>
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<td>1 or 2 days</td>
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</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not wrong at all</th>
<th>A little bit wrong</th>
<th>Wrong</th>
<th>Very wrong</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. have one or two drinks of an alcoholic beverage nearly every day?</td>
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<tr>
<td>b. smoke tobacco?</td>
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<td></td>
<td></td>
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<tr>
<td>c. smoke marijuana?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. use prescription drugs not prescribed to you?</td>
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</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Place</th>
<th>3 to 5 times</th>
<th>1 or 2 times</th>
<th>0 times</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. At my home or someone else's home without any parent permission</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. At my home with my parents' permission</td>
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<tr>
<td>c. At someone else’s home with their parents’ permission</td>
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<tr>
<td>d. In a car</td>
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<tr>
<td>e. At or near school</td>
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<tr>
<td>f. Someplace outside of town (for example, on public lands, in the desert, in a campground, etc.)</td>
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<tr>
<td>g. In another place</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not wrong at all</th>
<th>A little bit wrong</th>
<th>Wrong</th>
<th>Very wrong</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. to use marijuana?</td>
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<tr>
<td>b. to drink alcohol?</td>
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<td></td>
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<tr>
<td>c. to smoke cigarettes?</td>
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<tr>
<td>d. to use e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars?</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. left out.</td>
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<tr>
<td>b. that people barely know me.</td>
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<tr>
<td>c. isolated from others.</td>
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<tr>
<td>d. that people are around me but not with me.</td>
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</tbody>
</table>
74. 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

75. 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.)
- 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.
- I bought them in a convenience store, supermarket, discount store, or gas station.
- I bought them at a smoke or vape shop.
- I bought them on the Internet or social media (such as Facebook, Instagram, or Snapchat).
- I gave someone else money to buy them for me.
- I borrowed (or bummed) them from somebody else.
- A person 18 years old or older gave them to me.
- I took them from a store or family member.
- I got them some other way.

76. During this school year, were you taught in any of your classes about the dangers of tobacco use?
- No
- Yes
- Not sure

77. Do you think that you will try a cigarette soon?
- I have already tried smoking cigarettes.
- No
- Yes

78. If you used vape products in the past 30 days, such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars, what flavor did you use most often?
- I have never used a vape product.
- Tobacco flavor
- Mint flavor
- Menthol flavor
- Sweet, alcohol, or other flavor

79. 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

80. 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

81. How much do you want to stop vaping?
- I do not vape now
- Somewhat
- Not at all
- A lot

82. Do you think you will smoke a cigarette at any time during the next year?
- Definitely Yes
- Somewhat Yes
- Somewhat No
- Definitely No

83. If one of your best friends offered you a cigarette, would you smoke it?
- Yes
- No

84. Do you think people can get addicted to nicotine just like they can get addicted to using cocaine or heroin?
- Yes
- No

85. Do you think the smoke from other people’s cigarettes is harmful to you?
- Yes
- No

86. Do you think that people can get addicted to vape products (e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars)?
- Yes
- No

87. 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?
- Yes
- No

88. 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?
- Yes
- No

89. I have never used a vape product.

90. If a kid smoked marijuana in your neighborhood would he or she be caught by the police?
- Yes
- No

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?
- Yes
- No

92. During the past 30 days, how did you use marijuana? (Mark ALL that apply.)
- I did not use marijuana during the past 30 days
- I smoked it
- I ate it (in an edible, candy, tincture or other food)
- I used a vaporizer
- I dabbed it
- I used it in some other way

93. Has anyone in your family ever had severe alcohol or drug problems?
- No
- Yes

94. 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
95. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?
   ○ 0 days
   ○ 1 or 2 days
   ○ 3 or 4 days
   ○ 5 or 6 days
   ○ 7 days

96. During the past 7 days, on how many days did you ride in a car with someone who was smoking cigarettes?
   ○ 0 days
   ○ 1 or 2 days
   ○ 3 or 4 days
   ○ 5 or 6 days
   ○ 7 days

97. 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

98. In the past 30 days, have you seen or heard any advertising or campaigns against smoking?
   ○ Never
   ○ Rarely
   ○ Sometimes
   ○ Often
   ○ Very often

99. 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

100. 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

101. 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 day
   ○ 2 days
   ○ 3 days
   ○ 4 days
   ○ 5 days

102. 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
   ○ 1 day
   ○ 2 days
   ○ 3 days
   ○ 4 days
   ○ 5 days
   ○ 6 days
   ○ 7 days

103. 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

104. During the past 12 months, did you ever seriously consider attempting suicide?
   ○ No
   ○ Yes

105. During the past 12 months, did you make a plan about how you would attempt suicide?
   ○ No
   ○ Yes

106. 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

107. Has a doctor or nurse ever told you that you have asthma?
   ○ No
   ○ Yes

108. Do you still have asthma?
   ○ No
   ○ Yes

109. During the past 12 months, did you have an episode of asthma or an asthma attack?
   ○ No
   ○ Yes

110. Do you have diabetes?
   ○ No
   ○ Yes

111. 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
   ○ Yes
   ○ No
   ○ Not sure

112. 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
   ○ Yes
   ○ No
   ○ Not sure

113. During the past 12 months, about how many days of school did you miss because of your asthma?
   ○ 0 days
   ○ 1 to 3 days
   ○ 4 to 9 days
   ○ 10 to 12 days
   ○ 13 or more days

114. During the past 12 months, about how many days of school did you miss because of your diabetes?
   ○ 0 days
   ○ 1 to 3 days
   ○ 4 to 9 days
   ○ 10 to 12 days
   ○ 13 or more days

115. How are guns and bullets stored in your home?
   ○ We don't have any guns or bullets
   ○ 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
   ○ Unlocked and in plain sight

116. How often do you wear a seat belt when riding in a car driven by someone else?
   ○ Never
   ○ Rarely
   ○ Sometimes
   ○ Most of the time
   ○ Always

117. During the past 30 days, did you drive a car or other vehicle when you were talking on a cell phone? If so, on how many days?
   ○ I did not drive a car or other vehicle during the past 30 days
   ○ 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
118. During the past 30 days, did you drive a car or other vehicle when you had been drinking alcohol? If so, how many times?
- I do not drive.
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

119. During the past 30 days, did you text or e-mail while driving a car or other vehicle? If so, on how many days?
- I did not drive a car or other vehicle during the past 30 days
- 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

For questions 120 and 121, write your height and weight in the blank boxes and fill in the matching circle below each number.

120. How tall are you without your shoes on?

<table>
<thead>
<tr>
<th>feet</th>
<th>inches</th>
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<tbody>
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<td>0</td>
<td>1</td>
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<td>2</td>
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<td>4</td>
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<td>8</td>
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121. How much do you weigh without your shoes on?

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<th>pounds</th>
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122. During the past 30 days, how often (if at all) did you:

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<tr>
<th>a. feel nervous?</th>
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<tr>
<td>None of the time</td>
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<td>A little of the time</td>
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<td>Some of the time</td>
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<th>b. feel hopeless?</th>
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<td>None of the time</td>
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<th>c. feel restless or fidgety?</th>
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<td>All of the time</td>
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<th>d. feel so depressed that nothing could cheer you up?</th>
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<td>None of the time</td>
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<td>A little of the time</td>
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<th>e. feel that everything was an effort?</th>
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<th>f. feel worthless?</th>
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123. 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

124. 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

125. 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

126. If you wanted to get some cigarettes, how easy would it be for you to get some?

127. 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?

128. If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?

129. If you wanted to get some marijuana, how easy would it be for you to get some?

130. 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.

Thank you for completing the survey

Responses

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