2019 FAIRFAX COUNTY
Youth Survey of 8th, 10th, and 12th Grade Students

Thank you for agreeing to participate in this study. These questions ask your opinion about a number of things concerning you, your friends, your family, your neighborhood, and your community.

DO NOT write your name on this survey. Your individual answers to the survey are anonymous, which means that no one will know how you answered. Student answers will be summarized in a report that will not include anyone’s name. This survey is completely voluntary. You can skip any questions that you do not want to answer.

Be sure to read the instructions below before you begin. Thank you very much.

INSTRUCTIONS

1. This is not a test, so there are no right or wrong answers.

2. All of the questions should be answered by marking one of the answer spaces unless otherwise noted. 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.

3. For questions that have the following answers: NO!! no yes YES!!

Mark the big YES!! if you think the statement is DEFINITELY TRUE for you.
Mark the little yes if you think the statement is MOSTLY TRUE for you.
Mark the little no if you think the statement is MOSTLY NOT TRUE for you.
Mark the big NO!! if you think the statement is DEFINITELY NOT TRUE for you.

Example: Chocolate is the best ice cream flavor.

Mark: NO!! no yes YES!!

4. Your answers will be read automatically by a scanner and computer. Please follow these instructions carefully.

MARKING INSTRUCTIONS

a. Use a No. 2 pencil or a blue or black pen only.

b. Do not use pens with ink that soaks through the paper.

c. Make solid marks that fill the response completely.

d. Make no stray marks on this form.

This kind of mark will work:

These kinds of marks will NOT work:
These questions ask for some general information about the people completing the survey.

Please mark the response that best describes you.

1. How old are you?
   - 10
   - 11
   - 12
   - 13
   - 14
   - 15
   - 16
   - 17
   - 18
   - 19 or older

2. What grade are you in?
   - 8th
   - 9th
   - 10th
   - 11th
   - 12th
   - 13th
   - 14th
   - 15th
   - 16th
   - 17th
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   - 19th
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   - 90th
   - 91st
   - 92nd
   - 93rd
   - 94th
   - 95th
   - 96th
   - 97th
   - 98th
   - 99th
   - 100th

3. Are you:
   - Female
   - Male
   - Other

4. What do you consider yourself to be? Select ONE.
   - Hispanic or Latino
   - Not Hispanic nor Latino

5. What do you consider yourself to be? Select ONE OR MORE.
   - American Indian or Alaskan native
   - Asian
   - Black or African American
   - Native Hawaiian or other Pacific Islander
   - White
   - Other

6. Think of where you live most of the time. Which of the following people live there with you? Choose ALL that apply.
   - Mother
   - Father
   - Stepfather
   - Grandfather(s)
   - Foster parent
   - Other children
   - Other adults
   - Brother(s)
   - Stepbrother(s)
   - Sister(s)
   - Stepsister(s)
   - Other siblings

7. What language do you use most often at home?
   - English
   - Spanish
   - French
   - Other

8. Has your parent or guardian ever served in the military (Army, Navy, Air Force, Marines, Coast Guard, National Guard, and Reserves)?
   - Yes
   - No
   - Not Sure

9. Do you have someone in your family (like a parent, brother, sister) who is currently in the military (Army, Navy, Air Force, Marines, Coast Guard, National Guard, and Reserves)?
   - Yes
   - No
   - Not Sure

The next section asks about your experiences at school.

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

11. During the last four weeks, how many days of school have you missed because you skipped or “cut”?
    - None
    - 1 day
    - 2-4 days
    - 5-7 days
    - 8-10 days
    - 11 or more days

12. I think sometimes it is okay to cheat at school.
    - Strongly Agree
    - Agree
    - Not Sure
    - Disagree
    - Strongly Disagree

13. I can do well in school if I want to.
    - Strongly Agree
    - Agree
    - Not Sure
    - Disagree
    - Strongly Disagree

The next section asks about your experiences related to civic engagement.

During the last 12 months, how many times have you:

158. … been a leader in a group or organization?
    - Never
    - Once
    - Twice
    - Three or more times

159. … helped make sure that all people are treated fairly?
    - Never
    - Once
    - Twice
    - Three or more times

The next section asks about your experiences related to sexual harassment and sexual discrimination.

Sexual harassment is NOT behaviors that a person likes or wants or is agreed to between two people (for example, kissing, touching, flirting that you both agree to). Sexual discrimination is a verbal, electronic or physical action that denigrates or shows hostility towards an individual because of his or her sex, sexual orientation, or gender identity. Both sexual harassment and sexual discrimination may create an intimidating, hostile, or offensive learning environment for the victim and/or bystanders.

160. … stood up for what you believed, even when it was unpopular to do so?
    - Never
    - Once
    - Twice
    - Three or more times

The next section asks about sexual harassment to school faculty or staff.

If I observed or was a victim of sexual harassment or sexual violence, I would know who to report that information to.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I would feel comfortable reporting sexual discrimination or sexual harassment or assault to school faculty or staff.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

If you would not feel comfortable reporting an act of sexual discrimination or sexual harassment to school faculty or staff, please indicate why:

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

How many times in the past year:

161. … has another student sexually harassed 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 or more times

162. … have you sexually harassed another student?
    - 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 or more times

163. … were you aware of sexual rumors being spread at school or at a school-sponsored activity, either verbally or through electronic means such as texting or social media?
    - 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 or more times

164. If I observed or was a victim of sexual discrimination, including sexual harassment or sexual violence, I would know who to report that information to.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Please continue to next page
147. Drink a can, bottle, or glass of a sports drink, such as Gatorade or Powerade? (Do not count low-calorie sports drinks such as Propel or G2.)
   - I did not drink sports drinks during the past 7 days
   - 1 to 3 times during the past 7 days
   - 4 to 6 times during the past 7 days
   - 1 time per day
   - 2 times per day
   - 3 times per day
   - 4 or more times per day

148. ...go without eating for 24 hours or more during the past 7 days? (Count time spent playing games, watching videos, texting, or using social media on your smartphone, computer, Xbox, PlayStation, iPad, or other tablet.)
   - No
   - Yes

149. ...take any diet pills, powders, or liquids without a doctor’s advice to lose weight or to keep from gaining weight? Do not include meal replacement products (such as Slim Fast).
   - Yes
   - No

150. ...vomit or take laxatives to lose weight or to keep from gaining weight?
   - Yes
   - No

**The next section asks about physical activity.**

151. 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 spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.
   - 0 days
   - 1 day
   - 2 days
   - 3 days
   - 4 days
   - 5 days
   - 6 days
   - 7 days

152. On an average school night, how many hours of sleep do you get?
   - 4 or less hours
   - 5 hours
   - 6 hours
   - 7 hours
   - 8 hours

153. Giving up when things get hard for me is...
   - Not at all like me
   - A little like me
   - Somewhat like me
   - Quite like me
   - Very much like me

154. Knowing how to say “no” when someone wants me to do things I know are wrong or dangerous is...
   - Not at all like me
   - A little like me
   - Somewhat like me
   - Quite like me
   - Very much like me

155. Thinking through the possible good and bad results of different choices before I make decisions is...
   - Not at all like me
   - A little like me
   - Somewhat like me
   - Quite like me
   - Very much like me

156. I get along well with students who are different from me.
   - Strongly Agree
   - Agree
   - Not Sure
   - Disagree
   - Strongly Disagree

157. I know how to disagree without starting an argument or fight.
   - Strongly Agree
   - Agree
   - Not Sure
   - Disagree
   - Strongly Disagree

158. The school lets my parents know when I have done something well.
   - No
   - Yes

159. My teachers praise me when I have done well in school.
   - No
   - Yes

160. How much do you agree or disagree with the following statements?:

   **On an average school day, how many hours do you spend:***

   - ...watch TV?
     - Not at all
     - 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

   - ...volunteered to do community service?
     - Never
     - I’ve done it, but not in the past year
     - Less than once a month
     - About once a month
     - Two or three times a month
     - Once a week or more

   - ...play video or computer games or use a computer for something that is not school work?
     - Not at all
     - 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

   - ...participated in school or non-school-based activities after the regular school day ended (e.g., sports, clubs, art or music groups, student government, scouting, etc.)?
     - Never
     - I’ve done it, but not in the past year
     - Less than once a month
     - About once a month
     - Two or three times a month
     - Once a week or more

   - ...done homework outside of school?
     - None
     - Half hour or less
     - Between a half hour and an hour
     - 1 hour
     - 2 hours
     - 3 hours or more

   - ...went to bed during the past 7 days?
     - Any time after school.

   - ...kept from gaining weight?
     - Yes
     - No

   - ...keep from gaining weight?
     - Yes
     - No

   - ...participated in school or non-school-based activities after the regular school day ended (e.g., sports, clubs, art or music groups, student government, scouting, etc.)?
     - Never
     - I’ve done it, but not in the past year
     - Less than once a month
     - About once a month
     - Two or three times a month
     - Once a week or more

   - ...kept from gaining weight?
     - Yes
     - No

   - ...participated in school or non-school-based activities after the regular school day ended (e.g., sports, clubs, art or music groups, student government, scouting, etc.)?
     - Never
     - I’ve done it, but not in the past year
     - Less than once a month
     - About once a month
     - Two or three times a month
     - Once a week or more

   - ...kept from gaining weight?
     - Yes
     - No

   - ...participated in school or non-school-based activities after the regular school day ended (e.g., sports, clubs, art or music groups, student government, scouting, etc.)?
     - Never
     - I’ve done it, but not in the past year
     - Less than once a month
     - About once a month
     - Two or three times a month
     - Once a week or more

   - ...kept from gaining weight?
     - Yes
     - No

   - ...participated in school or non-school-based activities after the regular school day ended (e.g., sports, clubs, art or music groups, student government, scouting, etc.)?
     - Never
     - I’ve done it, but not in the past year
     - Less than once a month
     - About once a month
     - Two or three times a month
     - Once a week or more

   - ...kept from gaining weight?
     - Yes
     - No

   - ...participated in school or non-school-based activities after the regular school day ended (e.g., sports, clubs, art or music groups, student government, scouting, etc.)?
     - Never
     - I’ve done it, but not in the past year
     - Less than once a month
     - About once a month
     - Two or three times a month
     - Once a week or more

   - ...kept from gaining weight?
     - Yes
     - No
26. ...going to work?  
○ None  
○ Half hour or less  
○ Between a half hour and an hour  
○ 1 hour  
○ 2 hours  
○ 3 hours or more
27. ...staying after school to participate in a team, club, program, etc.?  
○ None  
○ Half hour or less  
○ Between a half hour and an hour  
○ 1 hour  
○ 2 hours  
○ 3 hours or more
28. ...participating in a team, club, program, etc. somewhere other than at school?  
○ None  
○ Half hour or less  
○ Between a half hour and an hour  
○ 1 hour  
○ 2 hours  
○ 3 hours or more
29. How often do you attend religious services or activities?  
○ Never  
○ Rarely  
○ 1-2 times a month  
○ About once a week or more
The next section asks about your feelings and experiences in other parts of your life. Remember, your answers are confidential.
30. I ignore rules that get in my way.  
○ Very false  
○ Somewhat false  
○ Somewhat true  
○ Very true
31. There are lots of adults in my neighborhood I could talk to about something important.  
○ NO!!  
○ no  
○ yes  
○ YES!!
32. My neighbors notice when I am doing a good job and let me know about it.  
○ NO!!  
○ no  
○ yes  
○ YES!!
How important is each of the following to you in your life?  
33. ... Accepting responsibility for my actions when I make a mistake or get in trouble.  
○ Extremely Important  
○ Quite Important  
○ Not Sure  
○ Somewhat Important  
○ Not Important
34. ... Doing my best even when I have to do a job I don't like.  
○ Extremely Important  
○ Quite Important  
○ Not Sure  
○ Somewhat Important  
○ Not Important
How much do you agree or disagree with the following?  
35. ...When things don't go well for me, I am good at finding a way to make things better.  
○ Strongly Agree  
○ Agree  
○ Not Sure  
○ Disagree  
○ Strongly Disagree
36. ...I feel as if I can solve most problems in my life.  
○ Strongly Agree  
○ Agree  
○ Not Sure  
○ Disagree  
○ Strongly Disagree
37. ...I have much in life to be thankful for.  
○ Strongly Agree  
○ Agree  
○ Not Sure  
○ Disagree  
○ Strongly Disagree
How much do you do the following when you have a problem of any kind?  
38. I try to find different solutions to the problem.  
○ A lot  
○ Sometimes  
○ A little  
○ Never
The next section asks about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.
During the past 7 days, how many times did you:  
138. ...drink 100% fruit juices such as orange juice, apple juice, or grape juice?  
○ I did not drink 100% fruit juice during the past 7 days  
○ 1 to 3 times during the past 7 days  
○ 4 to 6 times during the past 7 days  
○ 1 time per day  
○ 2 times per day  
○ 3 times per day  
○ 4 or more times per day
139. ...eat fruit? (Do not count fruit-flavored drinks.)  
○ I did not eat fruit during the past 7 days  
○ 1 to 3 times during the past 7 days  
○ 4 to 6 times during the past 7 days  
○ 1 time per day  
○ 2 times per day  
○ 3 times per day  
○ 4 or more times per day
140. ...eat green salad?  
○ I did not eat green salad during the past 7 days  
○ 1 to 3 times during the past 7 days  
○ 4 to 6 times during the past 7 days  
○ 1 time per day  
○ 2 times per day  
○ 3 times per day  
○ 4 or more times per day
141. ...eat potatoes? (Do not count french fries, fried potatoes, or potato chips.)  
○ I did not eat potatoes during the past 7 days  
○ 1 to 3 times during the past 7 days  
○ 4 to 6 times during the past 7 days  
○ 1 time per day  
○ 2 times per day  
○ 3 times per day  
○ 4 or more times per day
142. ...eat carrots?  
○ I did not eat carrots during the past 7 days  
○ 1 to 3 times during the past 7 days  
○ 4 to 6 times during the past 7 days  
○ 1 time per day  
○ 2 times per day  
○ 3 times per day  
○ 4 or more times per day
143. ...eat other vegetables? (Do not count green salad, potatoes, or carrots.)  
○ I did not eat other vegetables during the past 7 days  
○ 1 to 3 times during the past 7 days  
○ 4 to 6 times during the past 7 days  
○ 1 time per day  
○ 2 times per day  
○ 3 times per day  
○ 4 or more times per day
144. ...drink a can, bottle, or glass of soda or pop (such as Coke, Pepsi, or Sprite)? Do not include diet soda or diet pop.  
○ I did not drink soda or pop during the past 7 days  
○ 1 to 3 times during the past 7 days  
○ 4 to 6 times during the past 7 days  
○ 1 time per day  
○ 2 times per day  
○ 3 times per day  
○ 4 or more times per day
145. ...drink a can, bottle, or glass of a sugar-sweetened beverage such as lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do not count soda or pop, sports drinks, energy drinks, or 100% fruit juice.)  
○ I did not drink sugar-sweetened beverages during the past 7 days  
○ 1 to 3 times during the past 7 days  
○ 4 to 6 times during the past 7 days  
○ 1 time per day  
○ 2 times per day  
○ 3 times per day  
○ 4 or more times per day
146. ...did you drink a can, bottle, or glass of an energy drink, such as Red Bull or Jolt? (Do not count diet energy drinks or sports drinks such as Gatorade or PowerAde.)  
○ I did not drink energy drinks during the past 7 days  
○ 1 to 3 times during the past 7 days  
○ 4 to 6 times during the past 7 days  
○ 1 time per day  
○ 2 times per day  
○ 3 times per day  
○ 4 or more times per day
128. How did you get the prescription pain reliever? If you got it in more than one way, please choose ONE of these ways as your best answer.
   - I did not take a prescription pain reliever without a doctor’s order
   - I got a prescription from just one doctor
   - I got prescriptions from more than one doctor
   - I stole it from a doctor’s office, clinic, hospital, or pharmacy
   - I got it from a friend or relative for free
   - I took it from a friend or relative
   - I took it from a friend or relative without asking
   - I bought it from a friend or relative
   - I bought it from a drug dealer or other stranger
   - I got it in some other way

129. Have you ever had sexual intercourse?
   - Yes
   - No

130. How old were you when you had sexual intercourse for the first time?
   - I have never had sexual intercourse
   - 11 years old or younger
   - 12 years old
   - 13 years old
   - 14 years old
   - 15 years old
   - 16 years old
   - 17 years old or older

131. During your life, with how many people have you had sexual intercourse?
   - I have never had sexual intercourse
   - 1 person
   - 2 people
   - 3 people
   - 4 people
   - 5 people
   - 6 or more people

132. During the past 3 months, with how many people have you had sexual intercourse?
   - I have never had sexual intercourse
   - 1 person
   - 2 people
   - 3 people
   - 4 people
   - 5 people
   - 6 or more people

133. Did you drink alcohol or use drugs before you had sexual intercourse the last time?
   - I have never had sexual intercourse
   - Yes
   - No

134. The last time you had sexual intercourse, did you or your partner use a condom?
   - I have never had sexual intercourse
   - Yes
   - No

135. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? Select only ONE response.
   - I have never had sexual intercourse
   - No method was used to prevent pregnancy
   - Birth control pills
   - Condoms
   - An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
   - A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
   - Withdrawal or some other method
   - Not sure

136. Have you ever had oral sex?
   - Yes
   - No

137. Which of the following best describes you?
   - Heterosexual (straight)
   - Gay or lesbian
   - Bisexual
   - Not sure

The next section asks about your family. When answering these questions, please think about the people you consider to be your family; for example, parents, stepparents, grandparents, aunts, uncles, etc.

43. During the past 30 days, how often did you go hungry because there was not enough food in your home?
   - Never
   - Rarely
   - Sometimes
   - Most of the time
   - Always

45. When I am not at home, one of my parents knows where I am and who I am with.
   - NO!!
   - no
   - yes
   - YES!!

46. My family has clear rules about alcohol and drug use.
   - NO!!
   - no
   - yes
   - YES!!

47. People in my family often insult or yell at each other.
   - NO!!
   - no
   - yes
   - YES!!

48. My parent(s) has/have had his/her body hurt from actions (such as punching, kicking, choking, shoving, and pulling of hair) by a stranger, partner.
   - NO!!
   - no
   - yes
   - YES!!

49. If I had a personal problem, I could ask my mom or dad for help.
   - NO!!
   - no
   - yes
   - YES!!

50. My parents ask me what I think before most family decisions affecting me are made.
   - NO!!
   - no
   - yes
   - YES!!

51. During the past 12 months, have you ever bullied someone else on school property?
   - Yes
   - No

52. During the past 12 months, have you ever bullied someone else away from school property?
   - Yes
   - No
During the past 12 months, have you ever:

53. ...been bullied on school property?
- Yes
- No

54. ...been bullied away from school property?
- Yes
- No

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

55. ...carry a weapon such as a gun, knife, or club?
- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

56. ...carry a weapon such as a gun, knife, or club on school property?
- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

57. During the past 12 months, on how many days did you carry a gun (or more than one day) for hunting or for a sport, such as target shooting?
- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

How many times in the past year has anyone done any of the following TO YOU?

60. ...said something bad about your race or culture?
- 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 or more times

61. ...sexually harassed 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 or more times

62. How many times in the past year has a parent or adult in your household bullied, taunted, ridiculed, or teased 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 or more times

63. Have you ever been physically forced to have sexual intercourse when you did not want to?
- Yes
- No

64. During the past 30 days, how many times have you driven a car or other vehicle when you had been drinking alcohol?
- I did not drive a car or other vehicle during the past 30 days
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

How many times in the past year has anyone done any of the following TO YOU?

65. During the past 30 days, on how many days did you text or e-mail while driving a car or other vehicle?
- I did not drive a car or other vehicle during the past 30 days
- 0 days
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

How easy or hard would it be for you to get:

118. ...some beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
- Very easy
- Sort of easy
- Somewhat easy
- Not very easy
- Very hard
- Sort of hard
- Somewhat hard
- Not very hard

199. ...some cigarettes?
- Very easy
- Sort of easy
- Somewhat easy
- Not very easy
- Very hard
- Sort of hard
- Somewhat hard
- Not very hard

120. ...drugs like cocaine, LSD, or amphetamines?
- Very easy
- Sort of easy
- Somewhat easy
- Not very easy
- Very hard
- Sort of hard
- Somewhat hard
- Not very hard

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

122. ...drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?
- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

123. ...smoke cigarettes?
- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

124. ...smoke marijuana?
- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

125. ...use LSD, cocaine, amphetamines, or another illegal drug?
- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

126. How wrong would most adults in your neighborhood, or the area around where you live, think it is for kids your age to use marijuana?
- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

The next section asks about prescription pain relievers that you have used without a doctor’s order in your lifetime. Examples of prescription pain relievers include Oxycontin, Vicodin, Percocet, Codeine, Methadone, and Fentanyl.

127. What were the reasons you took a prescription pain reliever without a doctor’s order the last time? Choose ALL that apply.
- I did not take a prescription pain reliever without a doctor’s order.
- To relieve physical pain
- To relax or relieve tension
- To experiment or to see what it’s like
- To feel good or get high
- To help with my sleep
- To help me with my feelings and emotions
- To increase or decrease the effect(s) of some other drug
- Because I am “hooked” or I have to have it
- I used it for some other reason
103. How many of your friends are in a gang?

<table>
<thead>
<tr>
<th>Options</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>A few</td>
<td>12</td>
</tr>
<tr>
<td>Some</td>
<td>13</td>
</tr>
<tr>
<td>Many</td>
<td>14</td>
</tr>
<tr>
<td>A lot</td>
<td>15</td>
</tr>
</tbody>
</table>

104. How old were you when you first belonged to a gang?

<table>
<thead>
<tr>
<th>Options</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>16</td>
</tr>
<tr>
<td>1 or 2</td>
<td>17 or older</td>
</tr>
<tr>
<td>3 or 5</td>
<td>18</td>
</tr>
<tr>
<td>6 or more</td>
<td>19</td>
</tr>
</tbody>
</table>

105. Have you ever been cyberbullied by a student who attends your school?

<table>
<thead>
<tr>
<th>Options</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>20</td>
</tr>
<tr>
<td>No</td>
<td>21</td>
</tr>
</tbody>
</table>

106. During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)

<table>
<thead>
<tr>
<th>Options</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>22</td>
</tr>
<tr>
<td>No</td>
<td>23</td>
</tr>
</tbody>
</table>

107. How many times in the past year have you felt pressured to have sex (going all the way) when you didn’t want to?

<table>
<thead>
<tr>
<th>Options</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>24</td>
</tr>
<tr>
<td>1 to 2</td>
<td>25</td>
</tr>
<tr>
<td>3 to 5</td>
<td>26</td>
</tr>
<tr>
<td>6 or more</td>
<td>27</td>
</tr>
</tbody>
</table>

108. During the past 12 months, how many times did someone you were dating or going out with:

<table>
<thead>
<tr>
<th>Options</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>28</td>
</tr>
<tr>
<td>1 to 2</td>
<td>29</td>
</tr>
<tr>
<td>3 to 5</td>
<td>30</td>
</tr>
<tr>
<td>6 or more</td>
<td>31</td>
</tr>
</tbody>
</table>

109. How old were you when you first belonged to a gang?

<table>
<thead>
<tr>
<th>Options</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>32</td>
</tr>
<tr>
<td>1 or 2</td>
<td>33</td>
</tr>
<tr>
<td>3 or 5</td>
<td>34</td>
</tr>
<tr>
<td>6 or more</td>
<td>35</td>
</tr>
</tbody>
</table>

110. How many of your friends are in a gang?

<table>
<thead>
<tr>
<th>Options</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>36</td>
</tr>
<tr>
<td>No</td>
<td>37</td>
</tr>
</tbody>
</table>

111. Have you ever belonged to a gang?

<table>
<thead>
<tr>
<th>Options</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>38</td>
</tr>
<tr>
<td>No</td>
<td>39</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Options</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>40</td>
</tr>
<tr>
<td>No</td>
<td>41</td>
</tr>
</tbody>
</table>

113. How many of your friends are in a gang?

<table>
<thead>
<tr>
<th>Options</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>42</td>
</tr>
<tr>
<td>No</td>
<td>43</td>
</tr>
</tbody>
</table>

114. How many times did someone you were dating or going out with:

<table>
<thead>
<tr>
<th>Options</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>44</td>
</tr>
<tr>
<td>1 to 2</td>
<td>45</td>
</tr>
<tr>
<td>3 to 5</td>
<td>46</td>
</tr>
<tr>
<td>6 or more</td>
<td>47</td>
</tr>
</tbody>
</table>

115. Have you ever been cyberbullied by a student who attends your school?

<table>
<thead>
<tr>
<th>Options</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>48</td>
</tr>
<tr>
<td>No</td>
<td>49</td>
</tr>
</tbody>
</table>

116. How many of your friends are in a gang?

<table>
<thead>
<tr>
<th>Options</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>50</td>
</tr>
<tr>
<td>No</td>
<td>51</td>
</tr>
</tbody>
</table>

117. Have you ever belonged to a gang?

<table>
<thead>
<tr>
<th>Options</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>52</td>
</tr>
<tr>
<td>No</td>
<td>53</td>
</tr>
</tbody>
</table>

118. How many times did someone you were dating or going out with:

<table>
<thead>
<tr>
<th>Options</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>54</td>
</tr>
<tr>
<td>1 to 2</td>
<td>55</td>
</tr>
<tr>
<td>3 to 5</td>
<td>56</td>
</tr>
<tr>
<td>6 or more</td>
<td>57</td>
</tr>
</tbody>
</table>
### During the past 12 months, did you ever:

#### 84. ...smoke marijuana regularly?
- No risk
- Slight risk
- Moderate risk
- Great risk

#### 85. ...take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?
- No risk
- Slight risk
- Moderate risk
- Great risk

#### 86. How frequently have you used smokeless tobacco (snuff, plug, dipping tobacco, snus, dissolvable tobacco) during the past 30 days?
- Never
- Once or twice
- Once in a while but not regularly
- About once a day
- More than once a day

#### 87. Have you ever smoked cigarettes in your lifetime?
- Never
- Once or twice
- Once in a while but not regularly
- Regularly in the past
- Regularly now

#### 88. How often 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 or more packs per day

### On how many occasions (if any) have you:

#### 90. ...vaped nicotine during the past 30 days?
- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

#### 91. ...vaped marijuana during the past 30 days?
- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

#### 92. ...vaped flavoring, without any nicotine or marijuana in it during the past 30 days?
- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

#### 93. ...used electronic cigarettes (e-cigarettes)?
- None
- 1-2
- 3-5
- 6-9
- 10 or more

#### 94. ...taken “synthetic marijuana” (“K2”, “Spice”) to get high?
- None
- 1-2
- 3-5
- 6-9
- 10 or more

#### 95. ...had beer, wine, or hard liquor in your lifetime (more than just a few sips)?
- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

#### 96. ...had beer, wine, or hard liquor during the past 30 days?
- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

#### 97. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?
- None
- 1-2 times
- 3-5 times
- 6-9 times
- Twice
- 10 or more times

#### 98. During the past 30 days, how did you usually get the alcohol you drank?
- I did not drink alcohol during the past 30 days
- I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
- I bought it at a restaurant, bar, or a club
- I bought it at a public event such as a concert or sporting event
- I gave someone else money to buy it for me
- Someone gave it to me
- I took it from a store or family member
- I got it some other way

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

#### 99. ...used marijuana in your lifetime?
- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10 or more

#### 100. ...used marijuana during the past 30 days?
- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

#### 101. ...sniffed glue, breathed (huffed) the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in your lifetime?
- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

#### 102. ...sniffed glue, breathed (huffed) the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in the past 30 days?
- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

### How soon do you think people risk harming themselves (physically or in other ways) if they:

#### 103. ...try marijuana once or twice?
- No risk
- Slight risk
- Moderate risk
- Great risk

#### 104. ...smoke one or more packs of cigarettes per day?
- No risk
- Slight risk
- Moderate risk
- Great risk

#### 105. ...sniffed glue, breathed (huffed) the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in the past 30 days?
- Yes
- No

#### 106. How soon do you think people risk harming themselves (physically or in other ways) if they:

### On how many occasions (if any) have you:

#### 107. ...vaped nicotine during the past 30 days?
- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

#### 108. ...vaped marijuana during the past 30 days?
- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

#### 109. ...vaped flavoring, without any nicotine or marijuana in it during the past 30 days?
- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

#### 110. ...vaped flavoring, without any nicotine or marijuana in it during the past 30 days?
- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions
The next section asks about your feelings during the past 12 months. Remember, your answers are confidential.

**During the past 12 months, did you ever:**

78. ...feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?
   - Yes
   - No

79. ...seriously consider attempting suicide?
   - Yes
   - No

80. During the past 12 months, how many times did you usually attempt suicide?
   - 0 times
   - 1 time
   - 2 or 3 times
   - 4 or 5 times
   - 6 or more times

81. On a scale of 1 to 10 where 1 means you have “little or no stress” and 10 means you have “a great deal of stress,” how would you rate your average level of stress during the past month?
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10

The next section asks about your thoughts about and experiences with tobacco, alcohol, and other drugs.

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

82. ...smoke one or more packs of cigarettes per day?
   - No risk
   - Slight risk
   - Moderate risk
   - Great risk

83. ...try marijuana once or twice?
   - No risk
   - Slight risk
   - Moderate risk
   - Great risk

84. ...smoke marijuana regularly?
   - No risk
   - Slight risk
   - Moderate risk
   - Great risk

85. ...take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?
   - No risk
   - Slight risk
   - Moderate risk
   - Great risk

86. How frequently have you used smokeless tobacco (snuff, plug, dipping tobacco, chewing tobacco, snus, dissolvable tobacco) during the past 30 days?
   - Never
   - Once or twice
   - Once in a while but not regularly
   - About once a day
   - More than once a day

87. Have you ever smoked cigarettes in your lifetime?
   - Never
   - Once or twice
   - Once in a while but not regularly
   - Regularly in the past
   - Regularly now

88. How often 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 or more packs per day

89. To “vape” is to use a device such as a vape-pen, an e-cigarette, an e-hookah, or e-vaporizer to inhale a mist or vapor into the lungs. Have you ever vaped?
   - Yes
   - No

90. ...vaped nicotine during the past 30 days?
   - 0 occasions
   - 1-2 occasions
   - 3-5 occasions
   - 6-9 occasions
   - 10-19 occasions
   - 20-39 occasions
   - 40 or more occasions

91. ...vaped marijuana during the past 30 days?
   - 0 occasions
   - 1-2 occasions
   - 3-5 occasions
   - 6-9 occasions
   - 10-19 occasions
   - 20-39 occasions
   - 40 or more occasions

92. ...vaped flavoring, without any nicotine or marijuana in it during the past 30 days?
   - 0 occasions
   - 1-2 occasions
   - 3-5 occasions
   - 6-9 occasions
   - 10-19 occasions
   - 20-39 occasions
   - 40 or more occasions

During the last 30 days, on how many days (if any) have you:

93. ...used electronic cigarettes (e-cigarettes)?
   - None
   - 1-2
   - 3-5
   - 6-9
   - 10-19
   - 20-39
   - 40 or more

94. ...taken “synthetic marijuana” (“K2”, “Spice”) to get high?
   - None
   - 1-2
   - 3-5
   - 6-9
   - 10-19
   - 20-39
   - 40 or more

95. ...had beer, wine, or hard liquor in your alcoholic drinks in a row?
   - Once
   - 1-2 occasions
   - 3-5 occasions
   - 6-9 occasions
   - 10-19 occasions
   - 20-39 occasions
   - 40 or more occasions

96. ...had beer, wine, or hard liquor during the past 30 days?
   - 0 occasions
   - 1-2 occasions
   - 3-5 occasions
   - 6-9 occasions
   - 10-19 occasions
   - 20-39 occasions
   - 40 or more occasions

97. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?
   - None
   - 1-2
   - 3-5
   - 6-9
   - 10 or more

98. During the past 30 days, how did you usually get the alcohol you drank?
   - I did not drink alcohol during the past 30 days
   - I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
   - I bought it at a restaurant, bar, or a club
   - I bought it at a public event such as a concert or sporting event
   - I gave someone else money to buy it for me
   - Someone gave it to me
   - I took it from a store or family member
   - I got it some other way

99. ...used marijuana in your lifetime?
   - 0 occasions
   - 1-2 occasions
   - 3-5 occasions
   - 6-9 occasions
   - 10-19 occasions
   - 20-39 occasions
   - 40 or more occasions

100. ...used marijuana during the past 30 days?
    - 0 occasions
    - 1-2 occasions
    - 3-5 occasions
    - 6-9 occasions
    - 10-19 occasions
    - 20-39 occasions
    - 40 or more occasions

On how many occasions (if any) have you:

101. ...inhaled other gases or sprays in order to get high?
    - None
    - 1-2 occasions
    - 3-5 occasions
    - 6-9 occasions
    - 10-19 occasions
    - 20-39 occasions
    - 40 or more occasions

102. ...inhaled other gases or sprays in order to get high during the past 30 days?
    - None
    - 1-2 occasions
    - 3-5 occasions
    - 6-9 occasions
    - 10-19 occasions
    - 20-39 occasions
    - 40 or more occasions
## Questionnaire

### Questions about Personal Habits

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever belonged to a gang?</td>
<td>Yes</td>
</tr>
<tr>
<td>How old were you when you first belonged to a gang?</td>
<td>Never have</td>
</tr>
<tr>
<td>How many of your friends are in a gang?</td>
<td>A lot</td>
</tr>
<tr>
<td>Have you ever had a partner in a dating or serious relationship who:</td>
<td>Yes</td>
</tr>
<tr>
<td>...always wanted to know your whereabouts?</td>
<td>Yes</td>
</tr>
<tr>
<td>...called you names or put you down verbally?</td>
<td>Yes</td>
</tr>
<tr>
<td>...pressed you into having sex (going all the way) when you didn't want to?</td>
<td>Yes</td>
</tr>
<tr>
<td>During the past 12 months, how many times did someone you were dating or going out with:</td>
<td>Never</td>
</tr>
</tbody>
</table>

### Questions about Drug Use

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>List any depressants (such as Oxycontin, Vicodin, Percocet, Codeine, and Opium) without a doctor's order in the past 30 days?</td>
<td>0 occasions</td>
</tr>
<tr>
<td>List any hallucinogens (acid, angel dust, special k, shrooms) in the past 30 days?</td>
<td>0 occasions</td>
</tr>
<tr>
<td>List any stimulants (such as Xanax) without a doctor's order in the past 30 days?</td>
<td>0 occasions</td>
</tr>
<tr>
<td>List any narcotics (methadone, heroin, or other) without a doctor's order in the past 30 days?</td>
<td>0 occasions</td>
</tr>
<tr>
<td>List any other substances you have taken in the past 30 days?</td>
<td>0 occasions</td>
</tr>
</tbody>
</table>

### Questions about Physical Bullying

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever been physically hurt?</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>How many times in the past year have you been physically bullied by someone you were dating or going out with?</td>
<td>Never</td>
</tr>
</tbody>
</table>

### Questions about Cyberbullying

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever been electronically bullied? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)</td>
<td>I did not date or go out with anyone during the past 12 months</td>
</tr>
<tr>
<td>The next section asks about electronic bullying, also known as cyberbullying. Electronic bullying is bullying through e-mail, chat rooms, texting, Instagram, Facebook, or other social media.</td>
<td>Yes</td>
</tr>
<tr>
<td>How many times in the past year have you been cyberbullied by a student who attends your school?</td>
<td>Never</td>
</tr>
<tr>
<td>How many times in the past year have you cyberbullied a student attending your school?</td>
<td>Never</td>
</tr>
</tbody>
</table>

### Questions about Bullying through Social Media

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have the right to say anything I want online, even if what I say hurts someone or violates someone's privacy.</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>
During the past 12 months, have you ever:

53. ...been bullied on school property?
   ○ Yes  ○ No

54. ...been bullied away from school property?
   ○ Yes  ○ No

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

55. ...carry a weapon such as a gun, knife, or club?
   ○ 0 days  ○ 1 day  ○ 2 or 3 days  ○ 4 or 5 days  ○ 6 or more days

56. ...carry a weapon such as a gun, knife, or club on school property?
   ○ 0 days  ○ 1 day  ○ 2 or 3 days  ○ 4 or 5 days  ○ 6 or more days

57. During the past 12 months, on how many days did you carry a gun? (Do not count the days when you carried a gun only for hunting or for a sport, such as target shooting.)
   ○ 0 days  ○ 1 day  ○ 2 or 3 days  ○ 4 or 5 days  ○ 6 or more days

How many times in the past year have you:

58. ...said something bad about someone’s race or culture?
   ○ 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 or more times

59. ...been suspended from school?
   ○ 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 or more times

How many times in the past year has anyone done any of the following TO YOU:

60. ...said something bad about your race or culture?
   ○ 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 or more times

61. ...sexually harassed 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 or more times

62. How many times in the past year has a parent or adult in your household bullied, taunted, ridiculed, or teased 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 or more times

63. Have you ever been physically forced to have sexual intercourse when you did not want to?
   ○ Yes  ○ No

64. During the past 30 days, how many times have you driven a car or other vehicle when you had been drinking alcohol?
   ○ 0 times  ○ 1 time  ○ 2 or 3 times  ○ 4 or 5 times  ○ 6 or more times

65. During the past 30 days, on how many days did you text or e-mail while driving a car or other vehicle?
   ○ 0 days  ○ 1 day  ○ 2 or 3 days  ○ 4 or 5 days  ○ 6 or more days

117. ...smoked marijuana?
   ○ Never have  ○ 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 or more times

118. ...some beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
   ○ Very hard  ○ Sort of hard  ○ Sort of easy  ○ Very easy

119. ...some cigarettes?
   ○ Very hard  ○ Sort of hard  ○ Sort of easy  ○ Very easy

120. ...drugs like cocaine, LSD, or amphetamines?
   ○ Very hard  ○ Sort of hard  ○ Sort of easy  ○ Very easy

121. ...some marijuana?
   ○ Very hard  ○ Sort of hard  ○ Sort of easy  ○ Very easy

122. ...drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?
   ○ Very wrong  ○ Wrong  ○ A little bit wrong  ○ Not wrong at all

123. ...smoke cigarettes?
   ○ Very wrong  ○ Wrong  ○ A little bit wrong  ○ Not wrong at all

124. ...smoke marijuana?
   ○ Very wrong  ○ Wrong  ○ A little bit wrong  ○ Not wrong at all

125. ...use LSD, cocaine, amphetamines, or another illegal drug?
   ○ Very wrong  ○ Wrong  ○ A little bit wrong  ○ Not wrong at all

126. How wrong would most adults in your neighborhood, or the area around where you live, think it is for kids your age to use marijuana?
   ○ Very wrong  ○ Wrong  ○ A little bit wrong  ○ Not wrong at all

The next section asks about prescription pain relievers that you have used without a doctor’s order in your lifetime. Examples of prescription pain relievers include Oxycontin, Vicodin, Percocet, Codeine, Methadone, and Fentanyl.

127. What were the reasons you took a prescription pain reliever without a doctor’s order the last time? Choose ALL that apply.
   ○ I did not take a prescription pain reliever without a doctor’s order  ○ To relieve physical pain  ○ To relax or relieve tension  ○ To experiment or to see what it’s like  ○ To feel good or get high  ○ To help with my sleep  ○ To help me with my feelings or emotions  ○ To increase or decrease the effect(s) of some other drug  ○ Because I am “hooked” or I have to have it  ○ I used it for some other reason

128. ...I took a prescription pain reliever without a doctor’s order in your lifetime?
During your life, with how many people have you had sexual intercourse?
- 6 or more people
- 5 people
- 4 people
- 3 people
- 2 people
- 1 person
- I have never had sexual intercourse

Have you ever had sexual intercourse?
- Yes
- No

The last time you had sexual intercourse, did you or your partner use a condom?
- Yes
- No

The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? Select only ONE response.
- Birth control pills
- An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
- A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
- Withdrawal or some other method
- Not sure

During the past 30 days, how often did you go hungry because there was not enough food in your home?
- Never
- Rarely
- Sometimes
- Most of the time
- Always

The next section asks about your family. When answering these questions, please think about the people you consider to be your family; for example, parents, stepparents, grandparents, aunts, uncles, etc.

How do your parents feel it would be for you to:
- …drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?
  - Very wrong
  - Wrong
  - A little bit wrong
  - Not wrong at all

- …smoke cigarettes?
  - Very wrong
  - Wrong
  - A little bit wrong
  - Not wrong at all

- …smoke marijuana?
  - Very wrong
  - Wrong
  - A little bit wrong
  - Not wrong at all

- …’s got prescriptions from more than one doctor
- I got a prescription from just one doctor
- I stole it from a doctor’s office, clinic, hospital, or pharmacy
- I got it from a friend or relative without asking
- I bought it from a drug dealer or other stranger
- I got it in some other way

The next section asks about things you might have done, or that might have happened to you. Some of the questions are about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. Bullying is any aggressive and unwanted behavior that is intended to harm, intimidate, or humiliate the victim; involves a real or perceived power imbalance between the aggressor or aggressors and victim; and is repeated over time or causes severe emotional trauma. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other. “Bullying” does not include ordinary teasing, horseplay, argument, or peer conflict.

Remember, your answers are confidential.
26. …going to work?  
- None  
- Half hour or less  
- Between a half hour and an hour  
- 1 hour  
- 2 hours  
- 3 hours or more

27. …staying after school to participate in a team, club, program, etc.?  
- None  
- Half hour or less  
- Between a half hour and an hour  
- 1 hour  
- 2 hours  
- 3 hours or more

28. …participating in a team, club, program, etc. somewhere other than at school?  
- None  
- Half hour or less  
- Between a half hour and an hour  
- 1 hour  
- 2 hours  
- 3 hours or more

29. How often do you attend religious services or activities?  
- Never  
- Rarely  
- 1–2 times a month  
- About once a week or more

The next section asks about your feelings and experiences in other parts of your life. Remember, your answers are confidential.

30. I ignore rules that get in my way.  
- Very false  
- Somewhat false  
- Somewhat true  
- Very true

31. There are lots of adults in my neighborhood I could talk to about something important.  
- NO!!  
- no  
- yes  
- YES!!

32. My neighbors notice when I am doing a good job and let me know about it.  
- NO!!  
- no  
- yes  
- YES!!

33. … Accepting responsibility for my actions when I make a mistake or get in trouble.  
- Extremely Important  
- Quite Important  
- Not Important  
- Somewhat Important  
- Not Important

34. … Doing my best even when I have to do a job I don’t like.  
- Extremely Important  
- Quite Important  
- Not Important  
- Somewhat Important  
- Not Important

35. … When things don’t go well for me, I am good at finding a way to make things better.  
- Strongly Agree  
- Agree  
- Not Sure  
- Disagree  
- Strongly Disagree

36. … I feel as if I can solve most problems in my life.  
- Strongly Agree  
- Agree  
- Not Sure  
- Disagree  
- Strongly Disagree

37. …I have much in life to be thankful for.  
- Strongly Agree  
- Agree  
- Not Sure  
- Disagree  
- Strongly Disagree

38. I try to find different solutions to the problem.  
- A lot  
- Sometimes  
- A little  
- Never

39. How important is each of the following to you in your life?  

<table>
<thead>
<tr>
<th>Item</th>
<th>Importance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>My neighbors notice when I am doing a good job and let me know about it.</td>
<td>None</td>
</tr>
<tr>
<td>There are lots of adults in my neighborhood I could talk to about something important.</td>
<td>None</td>
</tr>
<tr>
<td>Do you try to find different solutions to the problem.</td>
<td>None</td>
</tr>
</tbody>
</table>

40. How much do you agree or disagree with the following?  

<table>
<thead>
<tr>
<th>Item</th>
<th>Agreement Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>My neighbors notice when I am doing a good job and let me know about it.</td>
<td>None</td>
</tr>
<tr>
<td>There are lots of adults in my neighborhood I could talk to about something important.</td>
<td>None</td>
</tr>
<tr>
<td>Do you try to find different solutions to the problem.</td>
<td>None</td>
</tr>
</tbody>
</table>

41. The next section asks about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

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

### Food Items

- **Drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)**
  - I did not drink 100% fruit juice during the past 7 days  
  - 1 to 3 times during the past 7 days  
  - 4 to 6 times during the past 7 days  
  - 1 time per day  
  - 2 times per day  
  - 3 times per day  
  - 4 or more times per day

### Nutritional Choices

- **Do you drink energy drinks such as Red Bull or Jolt?** (Do not count diet soda or diet pop.)  
  - I did not drink energy drinks during the past 7 days  
  - 1 to 3 times during the past 7 days  
  - 4 to 6 times during the past 7 days  
  - 1 time per day  
  - 2 times per day  
  - 3 times per day  
  - 4 or more times per day

- **Do you drink sugar-sweetened beverages such as lemonade, sweetened tea, or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do not count soda or pop, sports drinks, energy drinks, or 100% fruit juice.)**  
  - I did not drink sugar-sweetened beverages during the past 7 days  
  - 1 to 3 times during the past 7 days  
  - 4 to 6 times during the past 7 days  
  - 1 time per day  
  - 2 times per day  
  - 3 times per day  
  - 4 or more times per day

- **What did you drink?**
  - I did not drink energy drinks during the past 7 days  
  - 1 to 3 times during the past 7 days  
  - 4 to 6 times during the past 7 days  
  - 1 time per day  
  - 2 times per day  
  - 3 times per day  
  - 4 or more times per day
14. Do you agree or disagree that harassment and bullying by other students is a problem at your school?
   - Strongly Agree
   - Agree
   - Neutral
   - Disagree
   - Strongly Disagree

15. My teacher notices when I am doing a good job and lets me know about it.
   - NO!!  no  yes  YES!!

16. I feel safe at my school.
   - NO!!  no  yes  YES!!

17. There are lots of chances for students at my school to talk with a teacher one-on-one.
   - NO!!  no  yes  YES!!

18. The school lets my parents know when I have done something well.
   - NO!!  no  yes  YES!!

19. My teachers praise me when I have done well in school.
   - NO!!  no  yes  YES!!

The next section asks about how you spend your time after school.

On an average school day, how many hours do you spend:

20. ...watch TV?
   - Not at all
   - 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

21. ...play video or computer games or use a computer for something that is not school work? (Count time spent playing games, watching videos, texting, or using social media on your smartphone, computer, Xbox, PlayStation, iPod, or other tablet.)
   - Not at all
   - 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

22. Are there sports teams or other after-school activities for people your age available in your community?
   - NO!!  no  yes  YES!!

How many times have you:

23. ...participated in school or non-school-based activities after the regular school day ended (e.g., sports, clubs, art or music groups, student government, scouting, etc.)?
   - Never
   - I've done it, but not in the past year
   - Less than once a month
   - About once a month
   - Two or three times a month
   - Once a week or more

24. ...volunteered to do community service?
   - Never
   - I've done it, but not in the past year
   - Less than once a month
   - About once a month
   - Two or three times a month
   - Once a week or more

On an average school day, how many hours do you spend:

25. ...doing homework outside of school?
   - None
   - Half hour or less
   - Between a half hour and an hour
   - 1 hour
   - 2 hours
   - 3 hours or more

The next section asks about physical activity.

147. ...drink a can, bottle, or glass of a sports drink, such as Gatorade or PowerADE? (Do not count low-calorie sports drinks such as Propel or G2.)
   - 1 did not drink sports drinks during the past 7 days
   - 1 to 3 times during the past 7 days
   - 4 to 6 times during the past 7 days
   - 1 time per day
   - 2 times per day
   - 3 times per day
   - 4 or more times per day

During the past 30 days, did you:

148. ...go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?
   - Yes
   - No

149. ...take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? Do not include meal replacement products (such as Slim Fast).
   - Yes
   - No

150. ...vomit or take laxatives to lose weight or to keep from gaining weight?
   - Yes
   - No

How much do you agree or disagree with the following statements?

151. 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 spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.
   - 0 days
   - 1 day
   - 2 days
   - 3 days
   - 4 days
   - 5 days
   - 6 days
   - 7 days

152. On an average school night, how many hours do you get?
   - 4 or less hours
   - 5 hours
   - 6 hours
   - 7 hours
   - 8 hours
   - 9 hours
   - 10 or more hours

153. Giving up when things get hard for me is...
   - Not at all like me
   - A little like me
   - Somewhat like me
   - Quite like me
   - Very much like me

154. Knowing how to say ‘no’ when someone wants me to do things I know are wrong or dangerous is...
   - Not at all like me
   - A little like me
   - Somewhat like me
   - Quite like me
   - Very much like me

155. Thinking through the possible good and bad results of different choices before I make decisions is...
   - Not at all like me
   - A little like me
   - Somewhat like me
   - Quite like me
   - Very much like me

Thinks about the people who know you well. How do you think they would rate you on each of these?

156. I get along well with students who are different from me.
   - Strongly Agree
   - Agree
   - Not Sure
   - Disagree
   - Strongly Disagree

157. I know how to disagree without starting an argument or fight.
   - Strongly Agree
   - Agree
   - Not Sure
   - Disagree
   - Strongly Disagree
These questions ask for some general information about the people completing the survey. Please mark the response that best describes you.

1. How old are you?
   - 10
   - 11
   - 12
   - 13
   - 14
   - 15
   - 16
   - 17
   - 18
   - 19 or older

2. What grade are you in?
   - 8th
   - 9th
   - 10th
   - 11th
   - 12th

3. Are you:
   - Female
   - Male

4. What do you consider yourself to be?
   Select ONE only
   - Hispanic or Latino
   - Not Hispanic nor Latino

5. What do you consider yourself to be?
   Select ONE OR MORE
   - American Indian or Alaskan native
   - Asian
   - Black or African-American
   - Native Hawaiian or other Pacific Islander
   - White

6. Think of where you live most of the time. Which of the following people live there with you? Choose ALL that apply.
   - Mother
   - Father
   - Stepfather
   - Grandmother(s)
   - Grandfather(s)
   - Foster parent
   - Other adults
   - Sister(s)
   - Brother(s)
   - Stepbrother(s)
   - Stepsister(s)
   - Other children

7. What language do you use most often at home?
   - English
   - Spanish
   - Another Language

8. Has your parent or guardian ever served in the military (Army, Navy, Air Force, Marines, Coast Guard, National Guard, and Reserves)?
   - Yes
   - No
   - Not Sure

9. Do you have someone in your family (like a parent, brother, sister) who is currently in the military (Army, Navy, Air Force, Marines, Coast Guard, National Guard, and Reserves)?
   - Yes
   - No
   - Not Sure

The next section asks about experiences at school.

10. Putting them all together, what were your grades like last year?
    - Mostly Fs
    - Mostly Ds
    - Mostly Cs
    - Mostly Bs
    - Mostly As

11. During the last four weeks, how many days of school have you missed because you skipped or "cut?"
    - None
    - 1 day
    - 2 days
    - 3 days
    - 4-5 days
    - 6-10 days
    - 11 or more days

12. I think sometimes it is okay to cheat at school.
    - NO!
    - no
    - yes
    - YES!!

How much do you agree or disagree with the following?

13. I can do well in school if I want to.
    - Strongly Agree
    - Agree
    - Not Sure
    - Disagree
    - Strongly Disagree

The next section asks about your experiences related to civic engagement.

During the last 12 months, how many times have you:

158. …been a leader in a group or organization?
    - Never
    - Once
    - Twice
    - 3-4 times
    - 5 or more times

159. …helped make sure that all people are treated fairly?
    - Never
    - Once
    - Twice
    - 3-4 times
    - 5 or more times

160. …stood up for what you believed, even when it was unpopular to do so?
    - Never
    - Once
    - Twice
    - 3-4 times
    - 5 or more times

The next section asks about sexual harassment and sexual discrimination. Sexual harassment is unwanted and unwelcome sexual behavior that interferes with someone’s life at school or any school-sponsored activity (like hand, sports, field trips, bus rides, or school activities/clubs). Sexual harassment includes unwanted sexual advances, regardless of sexual orientation; requests for sexual favors; spreading sexual rumors; and other inappropriate verbal, electronic, or physical conduct of a sexual nature. Sexual harassment is NOT behaviors that a person likes or wants or is agreed to between two people (for example, kissing, touching, flirting that you both agree to). Sexual discrimination is a verbal, electronic, or physical action that denigrates or shows hostility towards an individual because of his or her sex, sexual orientation, or gender identification. Both sexual harassment and sexual discrimination may create an intimidating, hostile, or offensive learning environment for the victim and/or bystanders.

How many times in the past year:

161. …has another student sexually harassed you?
    - Never
    - 1 to 2 times
    - 3 to 5 times
    - 6 to 9 times

162. …have you sexually harassed another student?
    - Never
    - 1 to 2 times
    - 3 to 5 times
    - 6 to 9 times

163. …were you aware of sexual rumors being spread at school or at a school-sponsored activity, either verbally or through electronic means such as texting or social media?
    - Never
    - 1 to 2 times
    - 3 to 5 times
    - 6 to 9 times

164. If I observed or was a victim of sexual discrimination, including sexual harassment or sexual violence, I would know who to report that information to.
    - Strongly Agree
    - Agree
    - Neutral
    - Disagree
    - Strongly Disagree

165. I would feel comfortable reporting sexual discrimination or sexual harassment or assault to school faculty or staff.
    - Strongly Agree
    - Agree
    - Neutral
    - Disagree
    - Strongly Disagree

166. If you would not feel comfortable reporting an act of sexual discrimination or sexual harassment to school faculty or staff, please indicate why: (Choose ALL that apply)
    - I would be afraid of retaliation or continued harassment
    - I would be more comfortable handling the situation myself
    - I do not know a trusted adult to tell
    - I would be afraid of retaliation or continued harassment
    - I would be too embarrassed to talk about it to an adult
    - I would be afraid people would think it was my fault
    - I would be afraid I would get in trouble
    - I do not think my report would be taken seriously
    - I do not think my report would be taken seriously
    - I would be afraid I would get in trouble

Please continue to next page
Thank you for agreeing to participate in this study. These questions ask your opinion about a number of things concerning you, your friends, your family, your neighborhood, and your community.

DO NOT write your name on this survey. Your individual answers to the survey are anonymous, which means that no one will know how you answered. Student answers will be summarized in a report that will not include anyone’s name. This survey is completely voluntary. You can skip any questions that you do not want to answer.

Be sure to read the instructions below before you begin. Thank you very much.

**INSTRUCTIONS**

1. This is not a test, so there are no right or wrong answers.

2. All of the questions should be answered by marking one of the answer spaces unless otherwise noted. 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.

3. For questions that have the following answers: NO!! no yes YES!!

Mark the big YES!! if you think the statement is DEFINITELY TRUE for you.
Mark the little yes if you think the statement is MOSTLY TRUE for you.
Mark the little no if you think the statement is MOSTLY NOT TRUE for you.
Mark the big NO!! if you think the statement is DEFINITELY NOT TRUE for you.

**Example:** Chocolate is the best ice cream flavor.

- NO!!
- no
- yes
- YES!!

4. Your answers will be read automatically by a scanner and computer. Please follow these instructions carefully.

**MARKING INSTRUCTIONS**

a. Use a No. 2 pencil or a blue or black pen only.

b. Do not use pens with ink that soaks through the paper.

c. Make solid marks that fill the response completely.

d. Make no stray marks on this form.