B E SURE TO READ THE INSTRUCTIONS BELOW BEFORE YOU BEGIN. THANK YOU VERY MUCH.

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 THE DIRECTIONS TELL YOU THAT YOU MAY CHOOSE MORE THAN ONE. 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!!

   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.
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 or younger
   - 11
   - 12
   - 13
   - 14 or older

2. What grade are you in?
   - 5th
   - 6th
   - 7th

3. Are you:
   - Female
   - Male

4. What do you consider yourself to be?
   Select one only.
   - Hispanic or Latino
   - Not Hispanic or 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
   - Grandfather(s)
   - Foster parent
   - Other adults
   - 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

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

How much do you agree or disagree with the following?

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

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

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

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

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

   - beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
     - Very hard
     - Sort of hard
     - Sort of easy
     - Very easy

   - some cigarettes?
     - Very hard
     - Sort of hard
     - Sort of easy
     - Very easy

The next section asks about your experiences at school.

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

   - eat fruit? Do not count fruit juice.
     - 1 to 3 times during the past 7 days
     - 4 to 6 times during the past 7 days
     - 7 or more times during the past 7 days
     - 1 time per day
     - 2 times per day
     - 3 times per day
     - 4 or more times per day

   - eat vegetables?
     - 1 to 3 times during the past 7 days
     - 4 to 6 times during the past 7 days
     - 7 or more times during the past 7 days
     - 1 time per day
     - 2 times per day
     - 3 times per day
     - 4 or more times per day

   - drink 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 diet 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

   - 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

18. 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.

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

   - milk, Snapple, or Sunny Delight? (Do not count diet energy drinks or sports drinks such as Gatorade or PowerAde.)
     - I did not drink milk, Snapple, or Sunny Delight 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

   - soda (such as Coke, Pepsi, or Sprite)? Do not count diet soda or diet pop.
     - I did not drink soda 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

   - 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

   - diet soda or diet pop. (Do not count diet energy drinks or sports drinks such as Gatorade or PowerAde.)
     - I did not drink diet sodas or diet pops 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

The next few questions ask 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.

19. How many times have you changed homes since kindergarten?
    - None
    - 1-2 times
    - 3-4 times
    - 5-6 times
    - 7 or more times

20. My parents ask me what I think before most family decisions affecting me are made.
    - NO!
    - no
    - yes
    - YES!!
50. …smoke marijuana regularly?
   ○ No risk
   ○ Slight risk
   ○ Moderate risk
   ○ Great risk

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

52. Have you ever smoked cigarettes?
   ○ Never
   ○ Once or twice
   ○ Once in a while but not regularly
   ○ Regularly in the past
   ○ Regularly now

53. 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
   ○ More than one pack per day

54. Have you ever, even once in your lifetime, had more than a sip or two of beer, wine, or hard liquor?
   ○ Yes
   ○ No

55. During the past 30 days, on how many days did you drink beer, wine, or hard liquor?
   ○ None
   ○ 1-2 days
   ○ 3-5 days
   ○ 6-9 days
   ○ 10 or more days

56. Have you ever, even once in your lifetime, smoked marijuana?
   ○ Yes
   ○ No

57. During the past 30 days, on how many days did you use marijuana?
   ○ None
   ○ 1-2 days
   ○ 3-5 days
   ○ 6-9 days
   ○ 10 or more days

58. Have you ever, even once in your lifetime, snorted glue, breathed (huffed) the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high?
   ○ Yes
   ○ No

59. During the past 30 days, on how many days did you sniff glue, breathe (huff) the contents of an aerosol spray can, or inhale other gases or sprays in order to get high?
   ○ None
   ○ 1-2 days
   ○ 3-5 days
   ○ 6-9 days
   ○ 10 or more days

60. Have you ever, even once in your lifetime, used cabeniferol (“cabbies”)?
   ○ Yes
   ○ No

61. During the past 30 days, on how many days did you use cabeniferol (“cabbies”)?
   ○ None
   ○ 1-2 days
   ○ 3-5 days
   ○ 6-9 days
   ○ 10 or more days

62. Have you ever, even once in your lifetime, used other illegal drugs (not counting alcohol, tobacco, or marijuana)?
   ○ Yes
   ○ No

63. During the past 30 days, on how many days did you use other illegal drugs (not counting alcohol, tobacco, or marijuana)?
   ○ None
   ○ 1-2 days
   ○ 3-5 days
   ○ 6-9 days
   ○ 10 or more days

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

16. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?
   ○ Yes
   ○ No

17. 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

18. I ignore rules that get in my way.
   ○ Very false
   ○ Somewhat false
   ○ Somewhat true
   ○ Very true

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

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

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

21. …carry a weapon such as a gun, knife, or club?
   ○ 0 days
   ○ 1 day
   ○ 2 or 3 days

22. …carry a weapon such as a gun, knife, or club on school property?
   ○ 0 days
   ○ 1 day
   ○ 2 or 3 days

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

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

24. …Doing my best even when I don’t like.
   ○ Extremely Important
   ○ Quite Important
   ○ Not Sure
   ○ Somewhat Important
   ○ Not Important

How much do you agree or disagree with the following?

25. …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

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

27. …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?

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

How many times have you:

29. …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

30. …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:

31. …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

32. …going to work?
   - None
   - Half hour or less
   - Between a half hour and an hour
   - 1 hour
   - 2 hours
   - 3 hours or more

33. …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
   - Not at all
   - Less than 1 hour per day
   - 1 hour per day
   - 2 hours per day
   - 3 or more hours per day

34. …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

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

35. …watch TV?
   - Not at all
   - Less than 1 hour per day
   - 1 hour per day
   - 2 hours per day
   - 3 or more hours per day

36. …play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook or other social media.)
   - Not at all
   - Less than 1 hour per day
   - 1 hour per day
   - 2 hours per day
   - 3 or more hours per day

37. 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

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 in a friendly way. “Bullying” does not include ordinary teasing, horseplay, argument, or peer conflict.

Remember, your answers are confidential.

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

39. 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:

40. …been bullied on school property?
   - Yes
   - No

41. …been bullied away from school property?
   - Yes
   - No

42. How many times in the past year have you 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

43. …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

44. 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

Cyberbullying is electronic bullying, such as through e-mail, chat rooms, texting, Instagram, Facebook, or other social media.

45. How many times in the past year have you cyberbullied a student attending your 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

46. How many times in the past year have you cyberbullied a student attending your 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

47. 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

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

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

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

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

...
### How much do you do the following when you have a problem of any kind?

#### 28. How many times have you:

- **33. …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

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

#### 35. …watch TV?

- Not at all
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours or more per day

#### 36. …play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook or other social media.)

- 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

### 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 and 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 in a friendly way. “Bullying” does not include ordinary teasing, horseplay, argument, or peer conflict.

#### 38. During the past 12 months, have you ever bullied someone else on school property?

- Yes
- No

#### 39. During the past 12 months, have you ever bullied someone else away from school property?

- Yes
- No

#### 40. During the past 12 months, have you ever been bullied on school property?

#### 41. During the past 12 months, have you ever been bullied away from school property?

#### 42. How many times in the past year have you 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

### Cyberbullying is electronic bullying, such as through e-mail, chat rooms, texting, Instagram, Facebook, or other social media.

#### 45. How many times in the past year have you ever cyberbullied a student attending your 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

#### 46. How many times in the past year have you ever been cyberbullied by a student who attends your 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

#### 47. 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

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

#### 48. How many times in the past year has anyone done any of the following TO 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

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

- No risk
- Slight risk
- Moderate risk
- Great risk

- 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
50. …smoke marijuana regularly?
   ○ No risk
   ○ Slight risk
   ○ Moderate risk
   ○ Great risk

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

52. Have you ever smoked cigarettes?
   ○ Never
   ○ Once or twice
   ○ Once in a while but not regularly
   ○ Regularly in the past
   ○ Regularly now

53. 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
   ○ More than one pack per day

54. Have you ever, even once in your lifetime, had more than a sip or two of beer, wine, or hard liquor?
   ○ Yes  ○ No

55. During the past 30 days, on how many days did you drink beer, wine, or hard liquor?
   ○ None
   ○ 1-2 days
   ○ 3-5 days
   ○ 6-9 days
   ○ 10 or more days

56. Have you ever, even once in your lifetime, smoked marijuana?
   ○ Yes  ○ No

57. During the past 30 days, on how many days did you use marijuana?
   ○ None
   ○ 1-2 days
   ○ 3-5 days
   ○ 6-9 days
   ○ 10 or more days

58. Have you ever, even once in your lifetime, sniffed glue, breathed (huffed) the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high?
   ○ Yes  ○ No

59. During the past 30 days, on how many days did you sniff glue, breathe (huff) the contents of an aerosol spray can, or inhale other gases or sprays in order to get high?
   ○ None
   ○ 1-2 days
   ○ 3-5 days
   ○ 6-9 days
   ○ 10 or more days

60. Have you ever, even once in your lifetime, used cabenferol (“cabbies”)?
   ○ Yes  ○ No

61. During the past 30 days, on how many days did you use cabenferol (“cabbies”)?
   ○ None
   ○ 1-2 days
   ○ 3-5 days
   ○ 6-9 days
   ○ 10 or more days

62. Have you ever, even once in your lifetime, used other illegal drugs (not counting alcohol, tobacco, or marijuana)?
   ○ Yes  ○ No

63. During the past 30 days, on how many days did you use other illegal drugs (not counting alcohol, tobacco, or marijuana)?
   ○ None
   ○ 1-2 days
   ○ 3-5 days
   ○ 6-9 days
   ○ 10 or more days

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

16. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?
   ○ Yes  ○ No

17. 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

18. I ignore rules that get in my way.
   ○ Very false
   ○ Somewhat false
   ○ Somewhat true
   ○ Very true

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

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

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

21. …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

22. …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

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

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

24. …Doing my best even when I don’t like.
   ○ Extremely Important
   ○ Quite Important
   ○ Not Sure
   ○ Somewhat Important
   ○ Not Important

How much do you agree or disagree with the following?

25. …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

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

27. …I have much in life to be thankful for.
   ○ 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 or younger
   - 11
   - 12
   - 13
   - 14 or older

2. What grade are you in?
   - 5th
   - 6th
   - 7th

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

How much do you agree or disagree with the following?

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

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

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

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

16. How easy or hard would it be for you to get:
    - beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
    - Very hard
    - Sort of hard
    - Sort of easy
    - Very easy

17. …some cigarettes?
    - Very hard
    - Sort of hard
    - Sort of easy
    - Very easy

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:

66. …eat fruit? Do not count fruit juice.
    - 1 or 2 times during the past 7 days
    - 2 times per day
    - 3 times per day
    - 4 or more times per day

67. …eat vegetables?
    - 1 or 2 times during the past 7 days
    - 2 times per day
    - 3 times per day
    - 4 or more times per day

68. …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 diet soda or pop, sports drinks, energy drinks, or 100% fruit juice.)
    - Yes
    - No
    - Not Sure

69. …drinks 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 diet soda or pop, sports drinks, energy drinks, or 100% fruit juice.)
    - Yes
    - No
    - Not Sure

70. …drinks 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.)
    - Yes
    - No
    - Not Sure

71. …drinks 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.)
    - Yes
    - No
    - Not Sure

The next few questions ask 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.

72. How many times have you changed homes since kindergarten?
    - None
    - 1-2 times
    - 3-4 times
    - 5-6 times
    - 7 or more times

73. My parents ask me what I think before most family decisions affecting me are made.
    - No
    - Yes
    - YES!!
80. 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

81. 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

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

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

84. How honest were you in filling out this survey?
   ○ I was very honest
   ○ I was honest pretty much of the time
   ○ I was honest some of the time
   ○ I was honest once in a while
   ○ I was not honest at all

This is the end of the survey. Thank you for participating.

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 the directions tell you that you may choose more than one. 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.