

In-School Core Survey

Middle School Questionnaire

2023-2024

This survey asks about your behavior, experiences, and attitudes related to your school, health, and well-being. The survey also includes questions about use of alcohol, tobacco, and other drugs, and bullying and violence.

The survey is **anonymous** and **confidential**. No one will ever be able to connect you with your answers. Your answers are private.

You do not have to answer these questions, but your answers will be very helpful in improving school and health programs. **You will be able to answer** whether or not you have done or experienced any of these things.

This survey asks about things you may have done during different periods of time, such as during your **lifetime** (you ever did something), or the past **12 months**, or **30 days**. Each provides different information. Please pay careful attention to these time periods.

Thank you for taking this survey!

In-School Core Survey

Your School Schedule

- Which of the following best describes your school schedule during the past 30 days?
 - I went to school in person at my school building for the entire day, Monday through Friday. [**In-School Model**]
 - I participated in school from home for the entire day on most or all weekdays and did not go to school in person. [**Remote Learning Model**]

Next, we would like some background information about you.

- What grade are you in?
 - 6th grade
 - 7th grade
 - 8th grade
 - 9th grade
 - 10th grade
 - 11th grade
 - 12th grade
 - Other grade
 - Ungraded
- What is your gender?
 - Male
 - Female
 - Nonbinary
 - Something else
- Some people describe themselves as transgender when how they think or feel about their gender is different from the sex they were assigned at birth. Are you transgender?
 - No, I am not transgender
 - Yes, I am transgender
 - I am not sure if I am transgender
 - Decline to respond
- Which of the following best describes you?
 - Straight (not gay)
 - Lesbian or Gay
 - Bisexual
 - Something else
 - Not sure
 - Decline to respond

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6. What is your race or ethnicity? *(Mark All That Apply.)*
- | | |
|-------------------------------------|--|
| A) American Indian or Alaska Native | E) Native Hawaiian or Pacific Islander |
| B) Asian or Asian American | F) White |
| C) Black or African American | G) Something else |
| D) Hispanic or Latinx | |
7. If you are Asian or Pacific Islander, which groups best describe you? *(Mark All That Apply.)*
If you are **not** of Asian or Pacific Islander background, mark “A) Does not apply.”
- | | |
|---|--|
| A) Does not apply; I am not Asian or Pacific Islander | G) Japanese |
| B) Asian Indian | H) Korean |
| C) Cambodian | I) Laotian |
| D) Chinese | J) Vietnamese |
| E) Filipino | K) Native Hawaiian, Guamanian, Samoan, Tahitian, or other Pacific Islander |
| F) Hmong | L) Other Asian |
8. If you are Hispanic or Latinx, which groups best describe you? *(Mark All That Apply.)*
If you are **not** of Hispanic or Latinx background, mark “A) Does not apply.”
- A) Does not apply; I am not Hispanic or Latinx
 - B) Colombian
 - C) Cuban
 - D) Dominican
 - E) Guatemalan
 - F) Honduran
 - G) Mexican
 - H) Puerto Rican
 - I) Salvadoran
 - J) Other Hispanic or Latinx
9. What best describes where you live? A home includes a house, apartment, trailer, or mobile home.
- | | |
|---|---|
| A) A home with one or more parent or guardian | E) Foster home, group care, or waiting placement |
| B) Other relative’s home | F) Hotel or motel |
| C) A home with more than one family | G) Shelter, car, campground, or other transitional or temporary housing |
| D) Friend’s home | H) Other living arrangement |

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10. What is the highest level of education your parents or guardians completed? *(Mark the educational level of the parent or guardian who went the furthest in school.)*
- A) Did not finish high school
 - B) Graduated from high school
 - C) Attended college but did not complete four-year degree
 - D) Graduated from college
 - E) Don't know
11. Is your father, mother, or guardian currently in the military (Army, Navy, Marines, Air Force, National Guard, or Reserves)?
- A) No
 - B) Yes
 - C) Don't know
12. What language is spoken most of the time in your home?
- A) English
 - B) Spanish
 - C) Mandarin
 - D) Cantonese
 - E) Taiwanese
 - F) Tagalog
 - G) Vietnamese
 - H) Korean
 - I) Arabic
 - J) Other

APPLICABLE FOR NON-ENGLISH LANGUAGE AT HOME. [IF Q12 = B-J]

How well do you understand, speak, read, and write English?

	Very Well	Well	Not Well	Not At All
12A. Understand English	A	B	C	D
12B. Speak English	A	B	C	D
12C. Read English	A	B	C	D
12D. Write English	A	B	C	D

13. What time did you go to bed last night?
- A) Before 7:00 pm
 - B) 7:00–7:59 pm
 - C) 8:00–8:59 pm
 - D) 9:00–9:59 pm
 - E) 10:00–10:59 pm
 - F) 11:00–11:59 pm
 - G) 12:00–12:59 am
 - H) After 1:00 am

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14. Did you eat breakfast today?
- A) No
 - B) Yes
15. In the past **30 days**, how often did you miss an entire day of school for any reason?
- A) I did not miss any days of school in the past 30 days
 - B) 1 day
 - C) 2 days
 - D) 3 or more days
16. How many days a week do you usually go to your school's afterschool program?
- A) I do not attend my school's afterschool program
 - B) 1 day
 - C) 2 days
 - D) 3 days
 - E) 4 days
 - F) 5 days

The next questions ask about your experiences with school in general.

17. During the past **12 months**, how would you describe the grades you mostly received in school?
- A) Mostly A's
 - B) A's and B's
 - C) Mostly B's
 - D) B's and C's
 - E) Mostly C's
 - F) C's and D's
 - G) Mostly D's
 - H) Mostly F's
18. In the past **30 days**, did you miss a day of school for any of the following reasons? (*Mark All That Apply.*)
- A) Does not apply; I didn't miss any school
 - B) Illness (feeling physically sick), including problems with breathing or your teeth
 - C) Were being bullied or mistreated at school
 - D) Felt very sad, hopeless, anxious, stressed, or angry
 - E) Didn't get enough sleep
 - F) Didn't feel safe at school or going to and from school
 - G) Had to take care of or help a family member or friend
 - H) Wanted to spend time with friends
 - I) Used alcohol or drugs
 - J) Were behind in schoolwork or weren't prepared for a test or class assignment
 - K) Were bored or uninterested in school
 - L) Had no transportation to school
 - M) Other reason

In-School Core Survey

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

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
19. I feel close to people at this school.	A	B	C	D	E
20. I am happy to be at this school.	A	B	C	D	E
21. I feel like I am part of this school.	A	B	C	D	E
22. The teachers at this school treat students fairly.	A	B	C	D	E
23. I feel safe in my school.	A	B	C	D	E
24. My school is usually clean and tidy.	A	B	C	D	E
25. Teachers at this school communicate with parents about what students are expected to learn in class.	A	B	C	D	E
26. Parents feel welcome to participate at this school.	A	B	C	D	E
27. School staff take parent concerns seriously.	A	B	C	D	E
28. It is hard for me to stay focused when doing my schoolwork.	A	B	C	D	E
29. I try hard to make sure that I am good at my schoolwork.	A	B	C	D	E
30. I try hard on my schoolwork because I am interested in it.	A	B	C	D	E
31. I work hard to try to understand new things when doing my schoolwork.	A	B	C	D	E
32. I am always trying to do better in my schoolwork.	A	B	C	D	E

In-School Core Survey

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

		Strongly Disagree										Strongly Agree
		0	1	2	3	4	5	6	7	8	9	10
33.	School is really boring.	A	B	C	D	E	F	G	H	I	J	K
34.	School is worthless and a waste of time.	A	B	C	D	E	F	G	H	I	J	K

Please mark on your answer sheet how TRUE you feel each of the following statements is about your SCHOOL.

There is a teacher or some other adult from my school...

		Not At All True	A Little True	Pretty Much True	Very Much True
35.	who really cares about me.	A	B	C	D
36.	who tells me when I do a good job.	A	B	C	D
37.	who notices when I'm not there.	A	B	C	D
38.	who always wants me to do my best.	A	B	C	D
39.	who checks on how I am feeling.	A	B	C	D
40.	who listens to me when I have something to say.	A	B	C	D
41.	who believes that I will be a success.	A	B	C	D

At school,...

		Not At All True	A Little True	Pretty Much True	Very Much True
42.	I do interesting activities.	A	B	C	D
43.	I help decide things like class activities or rules.	A	B	C	D
44.	I do things that make a difference.	A	B	C	D
45.	I have a say in how things work.	A	B	C	D
46.	I help decide school activities or rules.	A	B	C	D

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The next questions ask about the use of alcohol, tobacco, marijuana, and other drugs, including pills or medications, to get “high” or for reasons other than medical, as ordered or prescribed by a doctor.

Keep the following definitions in mind:

- **One drink of ALCOHOL**, or alcoholic drink (beverage), means one regular size can/bottle of beer or hard seltzer, one glass of wine, one mixed drink, or one shot glass of liquor.
- Questions about alcohol do **not** include drinking a few sips of wine for religious purposes.
- **DRUG** means any substance other than alcohol or tobacco, including pills and medications, used to get “high” (“loaded,” “stoned,” or “wasted”) or for purposes other than prescribed by a doctor.
- **VAPES or VAPE PRODUCTS**: Electronic devices like vape pens, e-cigarettes, e-hookah, hookah pens, e-vaporizers, tanks, pods, or mods used to inhale a vapor. Can be used to vape many things, including nicotine or just flavoring. Popular brands are JUUL, Suorin, SMOK, Zodiac Constellation, and Stiiizy.

In-School Core Survey

During your **life**, how many times have you used the following?

	<u>Number of Times</u>					
	<u>0 Times</u>	<u>1 Time</u>	<u>2 Times</u>	<u>3 Times</u>	<u>4-6 Times</u>	<u>7 or More Times</u>
47. A cigarette, even one or two puffs	A	B	C	D	E	F
48. A whole cigarette	A	B	C	D	E	F
49. Smokeless tobacco (dip, chew, or snuff)	A	B	C	D	E	F
50. Vape products	A	B	C	D	E	F

[ASKED IF Q50 = B, C, D, E, or F]

50.A Vaped tobacco or nicotine	A	B	C	D	E	F
50.B Vaped marijuana or THC	A	B	C	D	E	F
50.C Vaped other product	A	B	C	D	E	F
51. One full drink of alcohol (such as a can of beer, glass of wine, hard seltzer, or shot of liquor)	A	B	C	D	E	F
52. Marijuana (smoke, vape, eat, or drink)	A	B	C	D	E	F
53. Inhalants (things you sniff, huff, or breathe to get “high” such as glue, paint, aerosol sprays, gasoline, poppers, gases)	A	B	C	D	E	F
54. Relevan	A	B	C	D	E	F
55. Any other drug, pill, or medicine to get “high” or for reasons other than medical	A	B	C	D	E	F

During your **life**, how many times have you been...

	<u>Number of Times</u>					
	<u>0 Times</u>	<u>1 Time</u>	<u>2 Times</u>	<u>3 Times</u>	<u>4-6 Times</u>	<u>7 or More Times</u>
56. very drunk or sick after drinking alcohol ?	A	B	C	D	E	F
57. “high” (loaded, stoned, or wasted) from using drugs ?	A	B	C	D	E	F
58. drunk on alcohol or “high” on drugs on school property ?	A	B	C	D	E	F

In-School Core Survey

[APPLICABLE FOR LIFETIME MARIJUANA USERS ONLY – Ask of students who reported ever using marijuana [IF Q52 = B, C, D, E, or F]

During your **life**, how many times have you used marijuana in any of the following ways:

	Number of Times					
	0 Times	1 Time	2 Times	3 Times	4-6 Times	7 or More Times
59. Smoke it?	A	B	C	D	E	F
60. In a vaping device (vape pens, mods, or portable vaporizers)?	A	B	C	D	E	F
61. Eat or drink it in products made with marijuana ?	A	B	C	D	E	F

During the past **30 days**, on how many **days** did you use...

	0 Days	1 Day	2 Days	3-9 Days	10-19 Days	20-30 Days
	62. cigarettes?	A	B	C	D	E
63. smokeless tobacco (dip, chew, or snuff)?	A	B	C	D	E	F
64. vape products?	A	B	C	D	E	F
[ASKED IF Q64 = B, C, D, E, or F]						
64.A Vaped tobacco or nicotine	A	B	C	D	E	F
64.B Vaped marijuana or THC	A	B	C	D	E	F
64.C Vaped other product	A	B	C	D	E	F
65. one or more drinks of alcohol?	A	B	C	D	E	F
66. five or more drinks of alcohol in a row, that is, within a couple of hours?	A	B	C	D	E	F
67. marijuana (smoke, vape, eat, or drink)?	A	B	C	D	E	F
68. inhalants (things you sniff, huff, or breathe to get “high”)?	A	B	C	D	E	F

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During the past **30 days**, on how many **days** did you use...

	0 Days	1 Day	2 Days	3-9 Days	10-19 Days	20-30 Days
69. any other drug, pill, or medicine to get “high” or for reasons other than medical?	A	B	C	D	E	F

During the past **30 days**, on how many **days on school property** did you...

	0 Days	1 Day	2 Days	3-9 Days	10-19 Days	20-30 Days
70. smoke cigarettes?	A	B	C	D	E	F
71. use smokeless tobacco (dip, chew, or snuff)?	A	B	C	D	E	F
72. vape?	A	B	C	D	E	F
73. have at least one drink of alcohol?	A	B	C	D	E	F
74. use marijuana (smoke, vape, eat, or drink)?	A	B	C	D	E	F
75. use any other drug, pill, or medicine to get “high” or for reasons other than medical?	A	B	C	D	E	F
76. breathe the smoke or vapor from someone who was using cigarettes or e-cigarettes?	A	B	C	D	E	F

How much do people risk harming themselves physically and in other ways when they do the following?

	How Much Risk or Harm			
	Great	Moderate	Slight	None
77. Smoke cigarettes occasionally	A	B	C	D
78. Smoke 1 or more packs of cigarettes each day	A	B	C	D
79. Vape tobacco or nicotine occasionally	A	B	C	D
80. Vape tobacco or nicotine several times a day (100 puffs or more)	A	B	C	D
81. Drink alcohol (beer, wine, liquor) occasionally	A	B	C	D
82. Have five or more drinks of alcohol once or twice a week	A	B	C	D

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		How Much Risk or Harm			
		Great	Moderate	Slight	None
83.	Use marijuana occasionally (smoke, vape, eat, or drink)	A	B	C	D
84.	Use marijuana daily	A	B	C	D

How difficult is it for students in your grade to get any of the following if they really want them?

		Very Difficult	Fairly Difficult	Fairly Easy	Very Easy	Don't Know
85.	Cigarettes	A	B	C	D	E
86.	Vape products	A	B	C	D	E
87.	Alcohol	A	B	C	D	E
88.	Marijuana	A	B	C	D	E
89.	Prescription drugs to get “high” or for reasons other than prescribed	A	B	C	D	E
90.	Does your school ban tobacco use and vaping on school property and at school sponsored events?					
	A) No					
	B) Yes					
	C) Don't know					
91.	In a normal week, how many days are you home after school for at least one hour without an adult there?					
	A) Never					
	B) 1 day					
	C) 2 days					
	D) 3 days					
	E) 4 days					
	F) 5 days					

In-School Core Survey

Next are questions about violence, safety, harassment, & bullying on school property.

92. How safe do you feel when you are at school?
- A) Very safe
 - B) Safe
 - C) Neither safe nor unsafe
 - D) Unsafe
 - E) Very unsafe

During the past **12 months**, how many times **on school property** have you...

	Happened on School Property			
	0 Times	1 Time	2 to 3 Times	4 or More Times
93. been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	B	C	D
94. been afraid of being beaten up?	A	B	C	D
95. been in a physical fight?	A	B	C	D
96. had mean rumors or lies spread about you?	A	B	C	D
97. had sexual jokes, comments, or gestures made to you?	A	B	C	D
98. been made fun of because of your looks or the way you talk?	A	B	C	D
99. had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
100. been offered, sold, or given an illegal drug?	A	B	C	D
101. damaged school property on purpose?	A	B	C	D
102. carried a gun?	A	B	C	D
103. carried any other weapon (such as a knife or club)?	A	B	C	D
104. been threatened or injured with a weapon (gun, knife, club, etc.)?	A	B	C	D
105. seen someone carrying a gun, knife, or other weapon?	A	B	C	D
106. been threatened with harm or injury?	A	B	C	D
107. been made fun of, insulted, or called names?	A	B	C	D

In-School Core Survey

During the past **12 months**, how many times **on school property** were you harassed or bullied for any of the following reasons? [You were **bullied** if you were shoved, hit, threatened, called mean names, teased, or had other unpleasant physical or verbal things done to you repeatedly or in a severe way. It is **not bullying** when two students of about the same strength or power quarrel or fight.]

	Happened on School Property			
	0 Times	1 Time	2 to 3 Times	4 or More Times
108. Your race, ethnicity, or national origin	A	B	C	D
109. Your religion	A	B	C	D
110. Your gender	A	B	C	D
111. Because you are gay, lesbian, or bisexual or someone thought you were	A	B	C	D
112. A physical or mental disability	A	B	C	D
113. You are an immigrant or someone thought you were	A	B	C	D
114. Any other reason	A	B	C	D
115. During the past 12 months , how many times did other students spread mean rumors or lies, or hurtful pictures, about you online, on social media, or on a cell phone?				
	A) 0 times (never)	B) 1 time	C) 2–3 times	D) 4 or more times
116. Do you consider yourself a member of a gang?				
	A) No	B) Yes		
117. During the past 12 months , did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities?				
	A) No	B) Yes		
118. During the past 12 months , did you ever seriously consider attempting suicide?				
	A) No	B) Yes		

In-School Core Survey

Over the past **30 days**, how true do you feel these statements are about you?

	Not At All True	A Little True	Pretty Much True	Very Much True
119. I had a hard time relaxing.	A	B	C	D
120. I felt sad and down.	A	B	C	D
121. I was easily irritated.	A	B	C	D
122. It was hard for me to cope and I thought I would panic.	A	B	C	D
123. It was hard for me to get excited about anything.	A	B	C	D

Please tell us how true each statement is of you.

	Not At All True	A Little True	Pretty Much True	Very Much True
124. Each day I look forward to having a lot of fun.	A	B	C	D
125. I usually expect to have a good day.	A	B	C	D
126. Overall, I expect more good things to happen to me than bad things.	A	B	C	D

Please describe your level of satisfaction below

I would describe my satisfaction with...

	Very Dissatisfied	Dissatisfied	A Little Dissatisfied	A Little Satisfied	Satisfied	Very Satisfied
127. my family life as...	A	B	C	D	E	F
128. my friendships as...	A	B	C	D	E	F
129. my school experience as...	A	B	C	D	E	F
130. myself as...	A	B	C	D	E	F
131. where I live as...	A	B	C	D	E	F

In-School Core Survey

132. How many questions in this survey did you answer honestly?
- A) All of them
 - B) Most of them
 - C) Only some of them
 - D) Hardly any

FOR REFERENCE ONLY

Behavioral Health Module

Form B

The first set of questions asks about your family, friends, and neighborhood.

How true do you feel these statements are about your family?

<i>In my home, there is a parent or some other adult who...</i>	Not at all True	A Little True	Pretty Much True	Very Much True
X1. talks with me about my problems.	A	B	C	D
X2. helps me when I am upset.	A	B	C	D
X3. makes me feel good about myself.	A	B	C	D

How true do you feel these statements are about your friends?

<i>I have a friend my age who...</i>	Not at all True	A Little True	Pretty Much True	Very Much True
X4. talks with me about my problems.	A	B	C	D
X5. helps me when I am upset.	A	B	C	D
X6. makes me feel good about myself.	A	B	C	D

*How true do you feel these statements are about a **teacher or other adult at school**?*

<i>At my school, there is a teacher or other adult who...</i>	Not at all True	A Little True	Pretty Much True	Very Much True
X7. would understand my problems if I shared them.	A	B	C	D
X8. would be helpful to me if I came to school upset.	A	B	C	D
X9. makes me feel good about myself.	A	B	C	D

*How true do you feel these statements are about your **feelings at school**?*

<i>At my school,...</i>	Not at all True	A Little True	Pretty Much True	Very Much True
X10. I feel socially accepted.	A	B	C	D
X11. I feel that I matter to others.	A	B	C	D

Behavioral Health Module

Form B

The following questions ask about how safe you feel in your neighborhood and at home where you live.

	Very Safe	Safe	Neither Safe nor Unsafe	Unsafe	Very Unsafe
X12. How safe do you feel at home or the place where you live?	A	B	C	D	E
X13. How safe do you feel in the neighborhood where you live?	A	B	C	D	E

These questions ask about how you felt or what you did in the past 30 days.

	Never	1-3 Times a Month	1-2 Times a Week	2-3 Times a Week	Almost Every Day
X14. I got upset easily or got into arguments or physical fights.	A	B	C	D	E
X15. I had trouble concentrating or paying attention.	A	B	C	D	E
X16. I had trouble feeling happiness or love.	A	B	C	D	E
X17. I felt alone even when I was around other people.	A	B	C	D	E
X18. I had trouble going to sleep, woke up often, or had trouble getting back to sleep.	A	B	C	D	E

The next questions ask about your feelings.

	Never	Rarely	Sometimes	Often
X19. How often do you feel lonely?	A	B	C	D
X20. How often do you feel that you are no longer close to anyone?	A	B	C	D

Behavioral Health Module

Form B

- X21. When everybody around you gets angry, how relaxed can you stay?
- A) Not relaxed at all
 - B) Slightly relaxed
 - C) Somewhat relaxed
 - D) Quite relaxed
 - E) Extremely relaxed
- X22. How often are you able to control your emotions when you need to?
- A) Almost never
 - B) Once in a while
 - C) Sometimes
 - D) Frequently
 - E) Almost always
- X23. When things go wrong for you, how calm are you able to remain?
- A) Not calm at all
 - B) Slightly calm
 - C) Somewhat calm
 - D) Quite calm
 - E) Extremely calm

The next questions ask about your feelings about your weight and body shape, dieting, and self-harm behavior.

- X24. Over the past 30 days, how satisfied have you been with your **weight** and **shape**?
- A) Very Dissatisfied
 - B) Dissatisfied
 - C) Neither Dissatisfied nor Satisfied
 - D) Satisfied
 - E) Very Satisfied
- X25. Which of the following are you trying to do about your weight?
- A) Lose weight
 - B) Gain weight
 - C) Stay the same weight
 - D) I am not trying to do anything about my weight

IF X25 = A OR X25 = C, GO TO X25A; ELSE GO TO X26

Behavioral Health Module

Form B

During the past 30 days, please indicate which of the following things you did to lose weight or keep from gaining weight:

	No	Yes
X25a. Exercise	A	B
X25b. Eat less food, fewer calories, or foods low in fat	A	B
X25c. Go without eating for 12 hours or more (also called fasting)	A	B
X25d. Take diet pills, powders, or liquids without a doctor's advice (do not include meal replacement products such as Ensure, Muscle Milk, or SlimFast)	A	B
X25e. Vomit or take laxatives	A	B
X26. During the past 12 months, how many times did you do something to purposely hurt yourself, such as cutting, scratching, or burning yourself?		
A) 0 times		
B) 1 time		
C) 2 or 3 times		
D) 4 or 5 times		
E) 6 or more times		

Below is a list of symptoms that students sometimes have.

In the last 2 weeks, how much were you **bothered** by the following physical problems?

	Not at All	A Little	Some	A Lot	A Whole Lot
X27. Stomachaches	A	B	C	D	E
X28. Headaches	A	B	C	D	E
X29. Pains in your lower back	A	B	C	D	E
X30. Feeling faint or dizzy	A	B	C	D	E
X31. Heart beating too fast (even when you are not exercising)	A	B	C	D	E

Behavioral Health Module

Form B

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

	Strongly Disagree	Disagree	Agree	Strongly Agree
X32. I know where to go or who to contact at school for help when I am very sad, stressed, lonely, or depressed.	A	B	C	D
X33. People at my school talk openly about mental health.	A	B	C	D
X34. My school encourages students to take care of their mental health.	A	B	C	D

The next questions ask about when someone you know was having a hard time and feeling very sad, stressed, lonely, or depressed.

If someone my age felt very sad, stressed, lonely, or depressed,...

	Strongly Disagree	Disagree	Agree	Strongly Agree
X35. talking to an adult could help them feel better.	A	B	C	D
X36. kids at my school would be nice to them.	A	B	C	D
X37. If you were feeling very sad, stressed, lonely, or depressed, would you... (Mark All That Apply.)				
A) talk to a teacher or another adult from your school?				
B) talk to your parents or someone else in your family?				
C) get help from a counselor or therapist?				
D) talk to your friends?				
E) be afraid to get help?				
F) not know what to do?				

The next questions ask about talking to a counselor or therapist when feeling very sad, stressed, lonely, or depressed.

- X38. In the past year, did you want to talk to a counselor or therapist about feeling very sad, stressed, lonely, or depressed?
- A) No
 - B) Yes
 - C) I don't know

Behavioral Health Module

Form B

X39. In the past year, did you get help from a counselor or therapist when you needed it?

- A) Does not apply, I didn't need help.
- B) No, I didn't get help when I needed it.
- C) Yes, I got help when I needed it.

IF X39 = C, GO TO X40; ELSE GO TO X41

X40. In the past year, where did you get help from a counselor or therapist? (*Mark All That Apply.*)

- A) Nowhere
- B) At school (in person, by phone, or online)
- C) From a counselor or therapist not from my school (in person, by phone, or online)
- D) Somewhere else
- E) I don't know

X41. In the past year, did an adult at school refer or connect you to a counselor or therapist outside of school to get help?

- A) No
- B) Yes
- C) I don't know

X42. If you were very sad, stressed, lonely, or depressed, would any of these things stop you from talking to a counselor or therapist? (*Mark All That Apply.*)

- A) I would not know where to go for help
- B) There isn't anyone I can talk to
- C) They wouldn't understand
- D) People would think there is something wrong with me
- E) My parents might find out
- F) Other students might find out
- G) I wouldn't have a way to pay for it
- H) I wouldn't want to talk to a counselor or therapist
- I) Other reasons
- J) Does not apply, none of these things would stop me from talking to a counselor or therapist.

Alcohol & Other Drugs Module

Form A

These questions ask about the use of alcohol, tobacco, marijuana, and other drugs, including pills or medications, to get “high” or for reasons other than medical, as ordered or prescribed by a doctor.

About how old were you the first time you tried any of these things?

		<u>Years of Age</u>									
		<u>Never</u>	<u>10 or Under</u>	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18 or Over</u>
X1.	A drink of an alcoholic beverage (other than a sip or two)	A	B	C	D	E	F	G	H	I	J
X2.	Part or all of a cigarette	A	B	C	D	E	F	G	H	I	J
X3.	A vape product such as an e-cigarette (JUUL), vape pen, or mod	A	B	C	D	E	F	G	H	I	J
X4.	Marijuana (smoke, vape, eat, or drink)	A	B	C	D	E	F	G	H	I	J
X5.	Any other illegal drug or pill to get “high”	A	B	C	D	E	F	G	H	I	J
X6.	If you drink alcohol, how much do you usually drink?										
	A) I don’t drink alcohol										
	B) Just enough to feel it a little										
	C) Enough to feel it moderately										
	D) Until I feel it a lot or get really drunk										
X7.	Have you used <u>alcoholic beverages</u>, <u>marijuana</u>, or <u>other drugs</u> in the <u>past 12 months</u> for any of the following reasons? (Mark All That Apply.)										
	A) Does not apply, I haven’t used alcohol, marijuana, or other drugs in the past 12 months.										
	B) To experiment (try using)										
	C) To get high										
	D) To have a good time with friends										
	E) To fit in with a group you like										
	F) Because of boredom										
	G) To relax										
	H) To get away from problems										
	I) Because of anger or frustration										
	J) To get through the day										
	K) Because it made you feel better										
	L) To seek deeper insights and understanding										
	M) None of the above										

Alcohol & Other Drugs Module

Form A

X8. How do *most* students at your school who drink alcohol usually get it? (Mark All That Apply.)

- A) At school
- B) At parties
- C) At concerts or other social events
- D) At their own home
- E) From adults at friends' homes
- F) From friends or another teenager
- G) Get adults to buy it for them
- H) Buy it themselves from a store
- I) At bars, clubs, or gambling casinos
- J) Other
- K) Don't know

X9. How do *most* kids at your school who use marijuana usually get it? (Mark All That Apply.)

- A) At school
- B) At parties
- C) At concerts or other social events
- D) At their own home
- E) From an adult acquaintance
- F) From friends or another teenager
- G) Buy it at a marijuana dispensary
- H) At bars or clubs
- I) Other
- J) Don't know

How do you feel about someone your age doing the following?

	Neither Approve Nor Disapprove	Somewhat Disapprove	Strongly Disapprove
X10. Having one or two drinks of any alcoholic beverage nearly every day	A	B	C
X11. Trying marijuana once or twice	A	B	C
X12. Using marijuana <u>once a month or more regularly</u>	A	B	C
X13. During the past <u>12 months</u>, have you talked with at least one of your parents or guardians about the dangers of alcohol or drug use?			
A) No			
B) Yes			
X14. During the past <u>12 months</u>, have you heard, read, or watched any messages about not using alcohol or drugs?			
A) No			
B) Yes			

Alcohol & Other Drugs Module

Form A

How wrong do your parents or guardians feel it would be for you to do the following?

	Very Wrong	Wrong	A Little Wrong	Not at All Wrong
X15. Take one or two drinks of alcohol nearly every day	A	B	C	D
X16. Smoke tobacco	A	B	C	D
X17. Use vape products such as e-cigarettes (JUUL), vape pens, or mods	A	B	C	D
X18. Use marijuana (smoke, vape, eat, or drink)	A	B	C	D
X19. Use prescription drugs to get high or for reasons other than prescribed	A	B	C	D

How wrong would your close friends feel it would be if you did the following?

	Very Wrong	Wrong	A Little Wrong	Not at All Wrong
X20. Take one or two drinks of alcohol nearly every day	A	B	C	D
X21. Smoke tobacco	A	B	C	D
X22. Use vape products such as e-cigarettes (JUUL), vape pens, or mods	A	B	C	D
X23. Use marijuana (smoke, vape, eat, or drink)	A	B	C	D
X24. Use prescription drugs to get high or for reasons other than prescribed	A	B	C	D

X25. During your life, how many times have you ridden in a car driven by someone who had been using alcohol or drug?

- A) Never
- B) 1 time
- C) 2 times
- D) 3 to 6 times
- E) 7 or more times