

Survey Question (grades 6-12)	FY20 GSHS
I like school.	Question #1
Most days I look forward to going to school.	Question #2
I feel like I fit in at my school.	Question #3
I feel successful at school.	Question #4
I feel connected to others at school.	Question #5
I get along with other students at school.	Question #6
I know a student at my school that I can talk to if I need help (e.g. homework, class assignments, projects).	Question #7
Students in my school are welcoming to new students.	Question #8
Teachers treat me with respect.	Question #9
Adults in this school treat all students with respect.	Question #10
All students are treated fairly by the adults in my school.	Question #11
Teachers treat all students fairly.	Question #12
Students at my school treat each other with respect.	Question #13
Students treat one another fairly.	Question #14
Students show respect to other students regardless of their academic ability.	Question #15
Students at this school are treated fairly by other students regardless of race, ethnicity, or culture.	Question #16
All students in my school are treated fairly regardless of their appearance.	Question #17
I treat other students fairly.	Question #18
Doing the right thing is important to me.	Question #19
I am open towards different opinions and perspectives.	Question #20
I believe in helping others.	Question #21
Honesty is an important trait to me.	Question #22
I show courtesy to other students.	Question #23
My school building is well maintained.	Question #24
My instructional materials are up to date and in good condition.	Question #25
Teachers in my school keep their classrooms clean and organized.	Question #26
Students in my school take pride in keeping our school building (e.g. bathrooms, classrooms, lockers) in good condition.	Question #27
I have felt unsafe at school or on my way to or from school.	Question #28
I have worried about other students hurting me.	Question #29
I have been concerned about my physical safety at school.	Question #30
Students at my school fight a lot.	Question #31
In the past 30 days I have been picked on or teased at school.	Question #32
In the past 30 days I have been bullied or threatened by other students.	Question #33
I feel safe in my school (last 30 days).	Question #34

In the past 30 days I have received threatening or harassing text messages from other students (IM).	Question #35
In the past 30 days I have been mocked or harassed on a social networking site (e.g. Facebook, Twitter, Snapchat, Instagram) by other students.	Question #36
In the past 30 days someone has bullied me by pushing, hitting, or kicking me.	Question #37
In the past 30 days someone has bullied me by making fun of me or spreading rumors about me.	Question #38
During the past 30 days, on how many days did you have at least one drink of alcohol?	Question #39
During the past 30 days, on how many days did you smoke cigarettes?	Question #40
During the past 30 days, on how many days did you use any other tobacco products?	Question #41
During the past 30 days, on how many days did you smoke an electronic vapor product (such as Juul, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, or hookah pens)?	Question #42
During the past 30 days, on how many days did you use marijuana (also called pot, weed) or hashish?	Question #43
During the past 30 days, on how many days did you use methamphetamines (also called speed, crystal/crystal meth, crank, ice, or uppers)?	Question #44
During the past 30 days, on how many days did you use heroin (also called dope, smack, junk, or snow)?	Question #45
During the past 30 days, on how many days did you use a prescription drug painkiller (such as Hydrocodone/Hydros, Oxycodone/Oxy, Gabapentin/Gabbies or Tramadol/Trammies) that was not prescribed to you?	Question #46
During the past 30 days, on how many days did you use a prescription drug tranquilizer or sedative (such as Benzos, Xanax/Xans, Klonopin, or Ativan) that was not prescribed to you?	Question #47
During the past 30 days, on how many days did you drink 5 or more drinks of alcohol in a row, that is, within a couple of hours?	Question #48
During the past 30 days, on how many days did you use a prescription drug stimulant (such as Ritalin or Adderall) that was not prescribed to you?	Question #49
*During the past 30 days, on how many days did you use any other type of prescription drug that was not prescribed to you?	Question #50
If you used a prescription drug that was not prescribed to you, please indicate why:	Question #51
In the past 7 days, how many days were you physically active for at least 60 minutes at school or home?	Question #52

In the past 30 days, I have driven a car or other vehicle while I was drinking alcohol.	Question #53
Where do you or your friends usually use alcohol, tobacco, or drugs?	Question #54
During the past 12 months, on how many occasions have you brought a weapon to school?	Question #55
During the past 12 months, on how many occasions have you been offered, sold, or given illegal drugs on school property?	Question #56
During the past 12 months, on how many occasions have you been in a physical fight on school property?	Question #57
During the past 12 months, on how many occasions have you seriously considered harming yourself on purpose?	Question #58
During the past 12 months, if you have seriously considering harming yourself on purpose, what was the most likely reason?	Question #59
During the past 12 months, on how many occasions have you harmed yourself on purpose?	Question #60
During the past 12 months, if you have harmed yourself on purpose, what was the most likely reason?	Question #61
During the past 12 months, on how many occasions have you seriously considered attempting suicide?	Question #62
During the past 12 months, if you have seriously considered attempting suicide, what was the most likely reason?	Question #63
During the past 12 months, on how many occasions have you attempted suicide?	Question #64
During the past 12 months, if you have attempted suicide, what was the most likely reason?	Question #65
I feel my school has high standards for achievement.	Question #66
My school sets clear rules for behavior.	Question #67
The behaviors in my classroom allow the teacher to teach so I can learn.	Question #68
Students are frequently recognized for good behavior.	Question #69
I know an adult at school that I can talk with if I need help.	Question #70
I know what to do if there is an emergency at my school.	Question #71
How old were you when you had your first drink of alcohol other than a few sips?	Question #72
How old were you the first time you smoked part, or all, of a cigarette?	Question #73
How old were you the first time you used any other tobacco products?	Question #74
How old were you the first time you used marijuana (weed) or hashish?	Question #75
How old were you the first time you used methamphetamines (e.g. speed, crystal, crank, or ice)?	Question #76

How old were you the first time you used other illegal drugs?	Question #77
How old were you the first time you used prescription drugs that were not prescribed to you?	Question #78
How much do you think people risk harming themselves, physically and in other ways, if they have five or more drinks of an alcoholic beverage once or twice a week?	Question #79
How much do you think people risk harming themselves, physically and in other ways, if they take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	Question #80
How much do you think people risk harming themselves, physically and in other ways, if they use one or more packs of cigarettes a day?	Question #81
How much do you think people risk harming themselves, physically and in other ways, if they smoke marijuana once or twice a week?	Question #82
How much do you think people risk harming themselves, physically and in other ways, when they use prescription drugs that was not prescribed to you?	Question #83
In the past 30 days, on how many days have you felt depressed, sad or withdrawn?	Question #84
In the past 30 days, on how many days have you felt suddenly overwhelmed with fear for no reason, sometimes including a racing heart or fast breathing?	Question #85
In the past 30 days, on how many days have you experienced severely out-of-control behavior that could hurt yourself or others?	Question #86
In the past 30 days, on how many days have you avoided food, thrown up, or used laxatives to make yourself lose weight?	Question #87
In the past 30 days, on how many days have you experienced intense anxiety, worries or fears that get in the way of your daily activities?	Question #88
In the past 30 days, on how many days have you experienced extreme difficulty concentrating or staying still, which has put you in physical danger and/or caused school failure?	Question #89
In the past 30 days, on how many days have you experienced severe mood swings that have caused problems in relationships?	Question #90
In the past 30 days, on how many days have you experienced drastic changes in your behavior and/or personality?	Question #91
How often do you feel stressed?	N/A
What causes you stress?	N/A

FY21 Student Wellness Survey	FY22 GSHS
N/A	N/A
N/A	Question #1
N/A	Question #2
N/A	Question #3
N/A	Question #4
N/A	Question #5
Question #1	Question #6
N/A	Question #7
N/A	Question #8
N/A	Question #9
N/A	N/A
N/A	Question #10
N/A	Question #11
N/A	N/A
N/A	Question #12
N/A	Question #13
N/A	N/A
N/A	Question #14
N/A	N/A
N/A	Question #15
N/A	N/A
N/A	Question #16
N/A	N/A
N/A	N/A
N/A	Question #17
N/A	Question #18
N/A	Question #19
N/A	Question #20
N/A	Question #21
N/A	N/A
N/A	Question #22
N/A	Question #23
Question #3	Question #24
N/A	Question #25

Question #4	Question #26
Question #5	Question #27
N/A	Question #28
Question #6	Question #29
Question #25	Question #30
Question #27	Question #31
Question #28	Question #32
Question #29	Question #33
Question #30	Question #34
Question #31	Question #35
Question #32	Question #36
N/A	Question #37
N/A	Question #38
Question #26	Question #39
N/A	Question #40
Question #33	Question #41
N/A	N/A
N/A	Question #42

N/A	Question #43
N/A	Question #44
N/A	Question #45
N/A	Question #46
N/A	N/A
Question #17	Question #49
Question #18	Question #50
Question #19	Question #51
Question #20	Question #52
Question #21	Question #53
Question #22	Question #54
Question #23	Question #55
Question #24	Question #56
N/A	Question #57
N/A	N/A
N/A	Question #58
N/A	Question #59
Question #2	Question #60
N/A	Question #61
N/A	Question #62
N/A	Question #63
N/A	Question #64
N/A	Question #65
N/A	Question #66

N/A	Question #67
N/A	Question #68
N/A	Question #69
N/A	Question #70
N/A	Question #71
N/A	Question #72
N/A	Question #73
Question #9	Question #74
Question #10	Question #75
Question #11	Question #76
Question #12	Question #77
Question #13	Question #78
Question #14	Question #79
Question #15	Question #80
Question #16	Question #81
Question #7	Question #47
Question #8	Question #48