

Georgia Student Health Survey 2.0

(Grades 6-12)

Demographic Questions	
Grade	<input type="radio"/> 6 th <input type="radio"/> 7 th <input type="radio"/> 8 th <input type="radio"/> 9 th <input type="radio"/> 10 th <input type="radio"/> 11 th <input type="radio"/> 12 th
Gender	<input type="radio"/> Female <input type="radio"/> Male
Ethnicity	<input type="radio"/> Black or African American <input type="radio"/> Hispanic or Latino <input type="radio"/> White or Caucasian <input type="radio"/> Asian or Pacific Islander <input type="radio"/> Native American <input type="radio"/> Mixed Race <input type="radio"/> I prefer not to answer
Disability Status	Do you have an individualized education plan (IEP)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I do not know <input type="radio"/> I prefer not to answer
Disability Category	If you have an IEP, in what category is your disability? Check all that apply: <input type="checkbox"/> Learning disability <input type="checkbox"/> Emotional behavior disorder <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder <input type="checkbox"/> Physical Disability <input type="checkbox"/> Other <input type="checkbox"/> I prefer not to answer
Enrichment Programs	Are you enrolled in any of the following programs or classes? Check all that apply: <input type="checkbox"/> Gifted Placement <input type="checkbox"/> Advanced Placement/Honors Courses <input type="checkbox"/> Dual Enrollment

Section A: School Climate**School Connectedness**

1. *I like school.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

2. Most days I look forward to going to school.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

3. I feel like I fit in at my school.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

4. *I feel successful at school.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

5. I feel connected to others at school.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

Peer Social Support

6. I get along with other students at school.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

7. I know a student at my school that I can talk to if I need help (e.g. homework, class assignments, projects).

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

8. Students in my school are welcoming to new students.	<input type="radio"/> Strongly Disagree <input type="radio"/> Somewhat Disagree <input type="radio"/> Somewhat Agree <input type="radio"/> Strongly Agree
Adult Social Support	
9. *Teachers treat me with respect.	<input type="radio"/> Strongly Disagree <input type="radio"/> Somewhat Disagree <input type="radio"/> Somewhat Agree <input type="radio"/> Strongly Agree
10. Adults in this school treat all students with respect.	<input type="radio"/> Strongly Disagree <input type="radio"/> Somewhat Disagree <input type="radio"/> Somewhat Agree <input type="radio"/> Strongly Agree
11. All students are treated fairly by the adults in my school.	<input type="radio"/> Strongly Disagree <input type="radio"/> Somewhat Disagree <input type="radio"/> Somewhat Agree <input type="radio"/> Strongly Agree
12. Teachers treat all students fairly.	<input type="radio"/> Strongly Disagree <input type="radio"/> Somewhat Disagree <input type="radio"/> Somewhat Agree <input type="radio"/> Strongly Agree
Cultural Acceptance	
13. Students at my school treat each other with respect.	<input type="radio"/> Strongly Disagree <input type="radio"/> Somewhat Disagree <input type="radio"/> Somewhat Agree <input type="radio"/> Strongly Agree
14. Students treat one another fairly.	<input type="radio"/> Strongly Disagree <input type="radio"/> Somewhat Disagree <input type="radio"/> Somewhat Agree <input type="radio"/> Strongly Agree

<p>15. Students show respect to other students regardless of their academic ability.</p>	<ul style="list-style-type: none"> <input type="radio"/> Strongly Disagree <input type="radio"/> Somewhat Disagree <input type="radio"/> Somewhat Agree <input type="radio"/> Strongly Agree
<p>16. Students at this school are treated fairly by other students regardless of race, ethnicity, or culture.</p>	<ul style="list-style-type: none"> <input type="radio"/> Strongly Disagree <input type="radio"/> Somewhat Disagree <input type="radio"/> Somewhat Agree <input type="radio"/> Strongly Agree
<p>17. All students in my school are treated fairly regardless of their appearance.</p>	<ul style="list-style-type: none"> <input type="radio"/> Strongly Disagree <input type="radio"/> Somewhat Disagree <input type="radio"/> Somewhat Agree <input type="radio"/> Strongly Agree
Social/Civic Learning	
<p>18. I treat other students fairly.</p>	<ul style="list-style-type: none"> <input type="radio"/> Strongly Disagree <input type="radio"/> Somewhat Disagree <input type="radio"/> Somewhat Agree <input type="radio"/> Strongly Agree
<p>19. Doing the right thing is important to me.</p>	<ul style="list-style-type: none"> <input type="radio"/> Strongly Disagree <input type="radio"/> Somewhat Disagree <input type="radio"/> Somewhat Agree <input type="radio"/> Strongly Agree
<p>20. I am open towards different opinions and perspectives.</p>	<ul style="list-style-type: none"> <input type="radio"/> Strongly Disagree <input type="radio"/> Somewhat Disagree <input type="radio"/> Somewhat Agree <input type="radio"/> Strongly Agree
<p>21. I believe in helping others.</p>	<ul style="list-style-type: none"> <input type="radio"/> Strongly Disagree <input type="radio"/> Somewhat Disagree <input type="radio"/> Somewhat Agree <input type="radio"/> Strongly Agree

22. Honesty is an important trait to me.	<input type="radio"/> Strongly Disagree <input type="radio"/> Somewhat Disagree <input type="radio"/> Somewhat Agree <input type="radio"/> Strongly Agree
23. I show courtesy to other students.	<input type="radio"/> Strongly Disagree <input type="radio"/> Somewhat Disagree <input type="radio"/> Somewhat Agree <input type="radio"/> Strongly Agree
Physical Environment	
24. My school building is well maintained.	<input type="radio"/> Strongly Disagree <input type="radio"/> Somewhat Disagree <input type="radio"/> Somewhat Agree <input type="radio"/> Strongly Agree
25. My instructional materials are up to date and in good condition.	<input type="radio"/> Strongly Disagree <input type="radio"/> Somewhat Disagree <input type="radio"/> Somewhat Agree <input type="radio"/> Strongly Agree
26. Teachers in my school keep their classrooms clean and organized.	<input type="radio"/> Strongly Disagree <input type="radio"/> Somewhat Disagree <input type="radio"/> Somewhat Agree <input type="radio"/> Strongly Agree
27. Students in my school take pride in keeping our school building (e.g. bathrooms, classrooms, lockers) in good condition.	<input type="radio"/> Strongly Disagree <input type="radio"/> Somewhat Disagree <input type="radio"/> Somewhat Agree <input type="radio"/> Strongly Agree

School Safety

28. I have felt unsafe at school or on my way to or from school.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

29. I have worried about other students hurting me.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

30. I have been concerned about my physical safety at school.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

31. Students at my school fight a lot.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

Peer Victimization

How often in the last 30 days have you experienced the following?

32. I have been picked on or teased at school.

- Never
- Once or twice
- A few times
- Many times
- Every day

33. I have been bullied or threatened by other students.

- Never
- Once or twice
- A few times
- Many times
- Every day

<p>34. I feel safe in my school.</p>	<ul style="list-style-type: none"> <input type="radio"/> Never <input type="radio"/> Once or twice <input type="radio"/> A few times <input type="radio"/> Many times <input type="radio"/> Every day
<p>35. I have received threatening or harassing text messages from other students (IM).</p>	<ul style="list-style-type: none"> <input type="radio"/> Never <input type="radio"/> Once or twice <input type="radio"/> A few times <input type="radio"/> Many times <input type="radio"/> Every day
<p>36. I have been mocked or harassed on a social networking site (e.g. Facebook, Twitter, Snapchat, Instagram) by other students.</p>	<ul style="list-style-type: none"> <input type="radio"/> Never <input type="radio"/> Once or twice <input type="radio"/> A few times <input type="radio"/> Many times <input type="radio"/> Every day
<p>37. Someone has bullied me by pushing, hitting, or kicking me.</p>	<ul style="list-style-type: none"> <input type="radio"/> Never <input type="radio"/> Once or twice <input type="radio"/> A few times <input type="radio"/> Many times <input type="radio"/> Every day
<p>38. Someone has bullied me by making fun of me or spreading rumors about me.</p>	<ul style="list-style-type: none"> <input type="radio"/> Never <input type="radio"/> Once or twice <input type="radio"/> A few times <input type="radio"/> Many times <input type="radio"/> Every day
<p>Section B: Drug and Alcohol Use</p>	
<p>39. During the past 30 days, on how many days did you have at least one drink of alcohol?</p>	<ul style="list-style-type: none"> <input type="radio"/> 0 days <input type="radio"/> 1-5 days <input type="radio"/> 6-10 days <input type="radio"/> 11-20 days <input type="radio"/> More than 20 days

40. During the past 30 days, on how many days did you smoke cigarettes?	<input type="radio"/> 0 days <input type="radio"/> 1-5 days <input type="radio"/> 6-10 days <input type="radio"/> 11-20 days <input type="radio"/> More than 20 days
41. During the past 30 days, on how many days did you use any other tobacco products?	<input type="radio"/> 0 days <input type="radio"/> 1-5 days <input type="radio"/> 6-10 days <input type="radio"/> 11-20 days <input type="radio"/> More than 20 days
42. 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)?	<input type="radio"/> 0 days <input type="radio"/> 1-5 days <input type="radio"/> 6-10 days <input type="radio"/> 11-20 days <input type="radio"/> More than 20 days
43. During the past 30 days, on how many days did you use marijuana (also called pot, weed) or hashish?	<input type="radio"/> 0 days <input type="radio"/> 1-5 days <input type="radio"/> 6-10 days <input type="radio"/> 11-20 days <input type="radio"/> More than 20 days
44. During the past 30 days, on how many days did you use methamphetamines (also called speed, crystal/crystal meth, crank, ice, or uppers)?	<input type="radio"/> 0 days <input type="radio"/> 1-5 days <input type="radio"/> 6-10 days <input type="radio"/> 11-20 days <input type="radio"/> More than 20 days
45. During the past 30 days, on how many days did you use heroin (also called dope, crack, smack, junk, or snow)?	<input type="radio"/> 0 days <input type="radio"/> 1-5 days <input type="radio"/> 6-10 days <input type="radio"/> 11-20 days <input type="radio"/> More than 20 days

46. During the past 30 days, on how many days did you use a prescription drug painkiller/ benzodiazepines (such as Hydrocodone, Oxycodone, Vicodin, Benzos, Klonopin, or Valium) that was not prescribed to you?

- 0 days
- 1-5 days
- 6-10 days
- 11-20 days
- More than 20 days

47. During the past 30 days, on how many days did you use a prescription drug tranquilizer or sedative (such as Xanax, Gabapentin, or Ativan) that was not prescribed to you?

- 0 days
- 1-5 days
- 6-10 days
- 11-20 days
- More than 20 days

48. 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?

- 0 days
- 1-5 days
- 6-10 days
- 11-20 days
- More than 20 days

49. 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?

- 0 days
- 1-5 days
- 6-10 days
- 11-20 days
- More than 20 days

50. During the past 30 days, on how many days did you use any other type of prescription drug that was not prescribed to you?

- 0 days
- 1-5 days
- 6-10 days
- 11-20 days
- More than 20 days

51. If you used a prescription drug that was not prescribed to you, please indicate why:

- Medical reasons
- To feel more alert
- To relax or quiet my nerves
- To enjoy myself
- To get high
- Does not apply

Section C: Student Information

52. In the past 7 days, how many days were you physically active for at least 60 minutes at school or home?

- Not at all
- One day per week
- 2-3 days per week
- 4-5 days per week

53. In the past 30 days, I have driven a car or other vehicle while I was drinking alcohol:

- Not at all
- On 1-2 occasions
- On 3-5 occasions
- On more than 5 occasions

54. Where do you or your friends usually use alcohol, tobacco, or drugs? **Check all that apply:**

- Do Not Use
- At Home
- At School
- In a Car
- Friend's House

55. During the past 12 months, on how many occasions have you brought a weapon to school?

- Not at all
- On 1-2 occasions
- On 3-5 occasions
- On more than 5 occasions

56. During the past 12 months, on how many occasions have you been offered, sold, or given illegal drugs on school property?

- Not at all
- On 1-2 occasions
- On 3-5 occasions
- On more than 5 occasions

<p>57. During the past 12 months, on how many occasions have you been in a physical fight on school property?</p>	<ul style="list-style-type: none"> <input type="radio"/> Not at all <input type="radio"/> On 1-2 occasions <input type="radio"/> On 3-5 occasions <input type="radio"/> On more than 5 occasions
<p>58. During the past 12 months, on how many occasions have you seriously considered harming yourself on purpose?</p>	<ul style="list-style-type: none"> <input type="radio"/> I have not seriously considered harming myself on purpose <input type="radio"/> On 1-2 occasions <input type="radio"/> On 3-5 occasions <input type="radio"/> On more than 5 occasions
<p>59. During the past 12 months, if you have seriously considering harming yourself on purpose, what was the most likely reason? Check all that apply:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> I have not seriously considered harming myself on purpose <input type="checkbox"/> Demands of school work <input type="checkbox"/> Problems with peers or friends <input type="checkbox"/> Social Media <input type="checkbox"/> Family reasons <input type="checkbox"/> Being bullied <input type="checkbox"/> School grades or performance <input type="checkbox"/> School discipline or punishment <input type="checkbox"/> Argument or breakup with a partner/girlfriend/boyfriend <input type="checkbox"/> Dating violence <input type="checkbox"/> Drugs or alcohol <input type="checkbox"/> Other
<p>60. During the past 12 months, on how many occasions have you harmed yourself on purpose?</p>	<ul style="list-style-type: none"> <input type="radio"/> I have not harmed myself on purpose <input type="radio"/> On 1-2 occasions <input type="radio"/> On 3-5 occasions <input type="radio"/> On more than 5 occasions

61. During the past 12 months, if you have harmed yourself on purpose, what was the most likely reason? **Check all that apply:**

- I have not harmed myself on purpose
- Demands and school work
- Problems with peers or friends
- Social Media
- Family reasons
- Being bullied
- School grades or performance
- School discipline or punishment
- Argument or breakup with a partner/girlfriend/boyfriend
- Dating violence
- Drugs or alcohol
- Other

62. During the past 12 months, on how many occasions have you seriously considered attempting suicide?

- I have not seriously considered attempting suicide
- On 1-2 occasions
- On 3-5 occasions
- On more than 5 occasions

63. During the past 12 months, if you have seriously considered attempting suicide, what was the most likely reason? **Check all that apply:**

- I have not seriously considered attempting suicide
- Demands and school work
- Problems with peers or friends
- Social Media
- Family reasons
- Being bullied
- School grades or performance
- School discipline or punishment
- Argument or breakup with a partner/boyfriend/girlfriend
- Dating violence
- Drugs or alcohol
- Other

64. During the past 12 months, on how many occasions have you attempted suicide?

- I have not attempted suicide
- On 1-2 occasions
- On 3-5 occasions
- On more than 5 occasions

65. During the past 12 months, if you have attempted suicide, what was the most likely reason?

Check all that apply:

- I have not attempted suicide
- Demands and school work
- Problems with peers or friends
- Social Media
- Family reasons
- Being bullied
- School grades or performance
- School discipline or punishment
- Argument or breakup with a partner/girlfriend/boyfriend
- Dating violence
- Drugs or alcohol
- Other

Section D: School Climate

66. I feel my school has high standards for achievement.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

67. My school sets clear rules for behavior.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

68. The behaviors in my classroom allow the teacher to teach so I can learn.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

69. Students are frequently recognized for good behavior.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

70. I know an adult at school that I can talk with if I need help.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

71. I know what to do if there is an emergency at my school.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

Section E: Age of Onset

72. How old were you when you had your first drink of alcohol other than a few sips?

- Never used
- 8 years or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old

73. How old were you the first time you smoked part, or all, of a cigarette?

- Never used
- 8 years or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old

74. How old were you the first time you used any other tobacco products?

- Never used
- 8 years or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old

75. How old were you the first time you used marijuana (weed) or hashish?

- Never used
- 8 years or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old

76. How old were you the first time you used methamphetamines (e.g. speed, crystal, crank, or ice)?

- Never used
- 8 years or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old

77. How old were you the first time you used other illegal drugs?

- Never used
- 8 years or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old

78. How old were you the first time you used prescription drugs that were not prescribed to you?

- Never used
- 8 years or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old

Section F: Perceptions of Risk/Harm

79. 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?

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

80. 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?

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

81. 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?

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

82. How much do you think people risk harming themselves, physically and in other ways, if they smoke marijuana once or twice a week?

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

83. 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?

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

Section G: Mental Health

84. In the past 30 days, on how many days have you felt depressed, sad or withdrawn?

- None
- 1 or 2 days
- 3-5 days
- 6-9 days
- 10-19 days
- 20-29 days
- All 30 days

85. 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?

- None
- 1 or 2 days
- 3-5 days
- 6-9 days
- 10-19 days
- 20-29 days
- All 30 days

86. In the past 30 days, on how many days have you experienced severely out-of-control behavior that could hurt yourself or others?

- None
- 1 or 2 days
- 3-5 days
- 6-9 days
- 10-19 days
- 20-29 days
- All 30 days

87. In the past 30 days, on how many days have you avoided food, thrown up, or used laxatives to make yourself lose weight?

- None
- 1 or 2 days
- 3-5 days
- 6-9 days
- 10-19 days
- 20-29 days
- All 30 days

88. 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?

- None
- 1 or 2 days
- 3-5 days
- 6-9 days
- 10-19 days
- 20-29 days
- All 30 days

89. 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?

- None
- 1 or 2 days
- 3-5 days
- 6-9 days
- 10-19 days
- 20-29 days
- All 30 days

90. In the past 30 days, on how many days have you experienced severe mood swings that have caused problems in relationships?

- None
- 1 or 2 days
- 3-5 days
- 6-9 days
- 10-19 days
- 20-29 days
- All 30 days

91. In the past 30 days, on how many days have you experienced drastic changes in your behavior and/or personality?

- None
- 1 or 2 days
- 3-5 days
- 6-9 days
- 10-19 days
- 20-29 days
- All 30 days