

Georgia Student Health Survey 2.0

(Grades 6-12)

<i>Demographic Questions</i>	
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"/> Other
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="radio"/> Learning disability <input type="radio"/> Emotional behavior disorder <input type="radio"/> Attention Deficit/Hyperactivity Disorder <input type="radio"/> Physical Disability <input type="radio"/> Other <input type="radio"/> I prefer not to answer
Enrichment Programs	Are you enrolled in any of the following programs or classes (check all that apply)? <input type="radio"/> Gifted Placement <input type="radio"/> Advanced Placement/Honors Courses <input type="radio"/> 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. I know a student at my school that I can talk to if I am feeling sad or down.

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

9. I have a group of friends at school that I have fun with and are nice to me.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
10. Students in my school are welcoming to new students.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
Adult Social Support	
11. *Teachers treat me with respect.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
12. Adults in this school treat all students with respect.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
13. All students are treated fairly by the adults in my school.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
14. Teachers treat all students fairly.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
Cultural Acceptance	
15. Students at my school treat each other with respect.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
16. Students treat one another fairly.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree

17. Students show respect to other students regardless of their academic ability.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
18. Students at this school are treated fairly by other students regardless of race, ethnicity, or culture.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
19. All students in my school are treated fairly regardless of their appearance.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
<i>Social/Civic Learning</i>	
20. I treat other students fairly.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
21. Doing the right thing is important to me.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
22. Patience is an important trait to me.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
23. I am open towards different opinions and perspectives.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
24. I believe in helping others.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree

25. Honesty is an important trait to me.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
26. I show courtesy to other students.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
27. I complete a task despite the challenges.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
Physical Environment	
28. My school building is well maintained.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
29. My textbooks are up to date and in good condition.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
30. Teachers in my school keep their classrooms clean and organized.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
31. Students in my school take pride in keeping our school building (e.g. bathrooms, classrooms, lockers) in good condition.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
School Safety	
32. I have felt unsafe at school or on my way to or from school.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree

33. I have worried about other students hurting me.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
34. I feel safe in my school.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
35. I have been concerned about my physical safety at school.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
36. Students at my school fight a lot.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
37. I have been involved in a fight at school.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
38. I have observed a fight at school.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
<i>Peer Victimization</i>	
How often in the last 30 days have you experienced the following?	
39. I have been bullied or threatened by other students.	<input type="checkbox"/> Never <input type="checkbox"/> Once or twice <input type="checkbox"/> A few times <input type="checkbox"/> Many times <input type="checkbox"/> Every day

40. I have been picked on or teased at school	<input type="checkbox"/> Never <input type="checkbox"/> Once or twice <input type="checkbox"/> A few times <input type="checkbox"/> Many times <input type="checkbox"/> Every day
41. I have received a threatening or harassing e-mail from other students.	<input type="checkbox"/> Never <input type="checkbox"/> Once or twice <input type="checkbox"/> A few times <input type="checkbox"/> Many times <input type="checkbox"/> Every day
42. I have received threatening or harassing text messages from other students (SMS).	<input type="checkbox"/> Never <input type="checkbox"/> Once or twice <input type="checkbox"/> A few times <input type="checkbox"/> Many times <input type="checkbox"/> Every day
43. I have been mocked, tormented, or harassed on a social networking site (e.g., Facebook, Twitter) by other students.	<input type="checkbox"/> Never <input type="checkbox"/> Once or twice <input type="checkbox"/> A few times <input type="checkbox"/> Many times <input type="checkbox"/> Every day
44. Someone has bullied or picked on me by pushing, hitting, or kicking me.	<input type="checkbox"/> Never <input type="checkbox"/> Once or twice <input type="checkbox"/> A few times <input type="checkbox"/> Many times <input type="checkbox"/> Every day
45. Someone has bullied or picked on me by making fun of me, yelling at me, or saying something mean to me.	<input type="checkbox"/> Never <input type="checkbox"/> Once or twice <input type="checkbox"/> A few times <input type="checkbox"/> Many times <input type="checkbox"/> Every day

Section B: Parent Involvement

46. My parents, or other adults at my home, think that education is important.

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

47. My parents, or other adults at my home, are able to help me with my homework when I ask them.

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

48. My parents, or other adults in my home, ask me about my grades on a regular basis.

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

49. My parents, or other adults at my home, think that it is important for me to graduate from high school.

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

Section C: Drug and Alcohol Use

50. During the past 30 days, on how many days did you have at least one drink of alcohol?

- | | | | | |
|------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 7 days | <input type="radio"/> 14 days | <input type="radio"/> 21 days | <input type="radio"/> 28 days |
| <input type="radio"/> 1 day | <input type="radio"/> 8 days | <input type="radio"/> 15 days | <input type="radio"/> 22 days | <input type="radio"/> 29 days |
| <input type="radio"/> 2 days | <input type="radio"/> 9 days | <input type="radio"/> 16 days | <input type="radio"/> 23 days | <input type="radio"/> 30 days |
| <input type="radio"/> 3 days | <input type="radio"/> 10 days | <input type="radio"/> 17 days | <input type="radio"/> 24 days | |
| <input type="radio"/> 4 days | <input type="radio"/> 11 days | <input type="radio"/> 18 days | <input type="radio"/> 25 days | |
| <input type="radio"/> 5 days | <input type="radio"/> 12 days | <input type="radio"/> 19 days | <input type="radio"/> 26 days | |
| <input type="radio"/> 6 days | <input type="radio"/> 13 days | <input type="radio"/> 20 days | <input type="radio"/> 27 days | |

51. During the past 30 days, on how many days did you smoke cigarettes?

- | | | | | |
|------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 7 days | <input type="radio"/> 14 days | <input type="radio"/> 21 days | <input type="radio"/> 28 days |
| <input type="radio"/> 1 day | <input type="radio"/> 8 days | <input type="radio"/> 15 days | <input type="radio"/> 22 days | <input type="radio"/> 29 days |
| <input type="radio"/> 2 days | <input type="radio"/> 9 days | <input type="radio"/> 16 days | <input type="radio"/> 23 days | <input type="radio"/> 30 days |
| <input type="radio"/> 3 days | <input type="radio"/> 10 days | <input type="radio"/> 17 days | <input type="radio"/> 24 days | |
| <input type="radio"/> 4 days | <input type="radio"/> 11 days | <input type="radio"/> 18 days | <input type="radio"/> 25 days | |
| <input type="radio"/> 5 days | <input type="radio"/> 12 days | <input type="radio"/> 19 days | <input type="radio"/> 26 days | |
| <input type="radio"/> 6 days | <input type="radio"/> 13 days | <input type="radio"/> 20 days | <input type="radio"/> 27 days | |

52. During the past 30 days, on how many days did you use any other tobacco products?				
<input type="radio"/> 0 days	<input type="radio"/> 7 days	<input type="radio"/> 14 days	<input type="radio"/> 21 days	<input type="radio"/> 28 days
<input type="radio"/> 1 day	<input type="radio"/> 8 days	<input type="radio"/> 15 days	<input type="radio"/> 22 days	<input type="radio"/> 29 days
<input type="radio"/> 2 days	<input type="radio"/> 9 days	<input type="radio"/> 16 days	<input type="radio"/> 23 days	<input type="radio"/> 30 days
<input type="radio"/> 3 days	<input type="radio"/> 10 days	<input type="radio"/> 17 days	<input type="radio"/> 24 days	
<input type="radio"/> 4 days	<input type="radio"/> 11 days	<input type="radio"/> 18 days	<input type="radio"/> 25 days	
<input type="radio"/> 5 days	<input type="radio"/> 12 days	<input type="radio"/> 19 days	<input type="radio"/> 26 days	
<input type="radio"/> 6 days	<input type="radio"/> 13 days	<input type="radio"/> 20 days	<input type="radio"/> 27 days	
53. During the past 30 days, on how many days did you smoke an electronic vapor product (such as e-cigarettes, e-pipes, vape pipes, vaping pens, e-hookahs, or hookah pens)?				
<input type="radio"/> 0 days	<input type="radio"/> 7 days	<input type="radio"/> 14 days	<input type="radio"/> 21 days	<input type="radio"/> 28 days
<input type="radio"/> 1 day	<input type="radio"/> 8 days	<input type="radio"/> 15 days	<input type="radio"/> 22 days	<input type="radio"/> 29 days
<input type="radio"/> 2 days	<input type="radio"/> 9 days	<input type="radio"/> 16 days	<input type="radio"/> 23 days	<input type="radio"/> 30 days
<input type="radio"/> 3 days	<input type="radio"/> 10 days	<input type="radio"/> 17 days	<input type="radio"/> 24 days	
<input type="radio"/> 4 days	<input type="radio"/> 11 days	<input type="radio"/> 18 days	<input type="radio"/> 25 days	
<input type="radio"/> 5 days	<input type="radio"/> 12 days	<input type="radio"/> 19 days	<input type="radio"/> 26 days	
<input type="radio"/> 6 days	<input type="radio"/> 13 days	<input type="radio"/> 20 days	<input type="radio"/> 27 days	
54. During the past 30 days, on how many days did you use marijuana (also called grass, pot) or hashish?				
<input type="radio"/> 0 days	<input type="radio"/> 7 days	<input type="radio"/> 14 days	<input type="radio"/> 21 days	<input type="radio"/> 28 days
<input type="radio"/> 1 day	<input type="radio"/> 8 days	<input type="radio"/> 15 days	<input type="radio"/> 22 days	<input type="radio"/> 29 days
<input type="radio"/> 2 days	<input type="radio"/> 9 days	<input type="radio"/> 16 days	<input type="radio"/> 23 days	<input type="radio"/> 30 days
<input type="radio"/> 3 days	<input type="radio"/> 10 days	<input type="radio"/> 17 days	<input type="radio"/> 24 days	
<input type="radio"/> 4 days	<input type="radio"/> 11 days	<input type="radio"/> 18 days	<input type="radio"/> 25 days	
<input type="radio"/> 5 days	<input type="radio"/> 12 days	<input type="radio"/> 19 days	<input type="radio"/> 26 days	
<input type="radio"/> 6 days	<input type="radio"/> 13 days	<input type="radio"/> 20 days	<input type="radio"/> 27 days	
55. 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?				
<input type="radio"/> 0 days	<input type="radio"/> 7 days	<input type="radio"/> 14 days	<input type="radio"/> 21 days	<input type="radio"/> 28 days
<input type="radio"/> 1 day	<input type="radio"/> 8 days	<input type="radio"/> 15 days	<input type="radio"/> 22 days	<input type="radio"/> 29 days
<input type="radio"/> 2 days	<input type="radio"/> 9 days	<input type="radio"/> 16 days	<input type="radio"/> 23 days	<input type="radio"/> 30 days
<input type="radio"/> 3 days	<input type="radio"/> 10 days	<input type="radio"/> 17 days	<input type="radio"/> 24 days	
<input type="radio"/> 4 days	<input type="radio"/> 11 days	<input type="radio"/> 18 days	<input type="radio"/> 25 days	
<input type="radio"/> 5 days	<input type="radio"/> 12 days	<input type="radio"/> 19 days	<input type="radio"/> 26 days	
<input type="radio"/> 6 days	<input type="radio"/> 13 days	<input type="radio"/> 20 days	<input type="radio"/> 27 days	

56. During the past 30 days, on how many days did you use methamphetamines (also called speed, crystal, crank, or ice)?				
<input type="radio"/> 0 days	<input type="radio"/> 7 days	<input type="radio"/> 14 days	<input type="radio"/> 21 days	<input type="radio"/> 28 days
<input type="radio"/> 1 day	<input type="radio"/> 8 days	<input type="radio"/> 15 days	<input type="radio"/> 22 days	<input type="radio"/> 29 days
<input type="radio"/> 2 days	<input type="radio"/> 9 days	<input type="radio"/> 16 days	<input type="radio"/> 23 days	<input type="radio"/> 30 days
<input type="radio"/> 3 days	<input type="radio"/> 10 days	<input type="radio"/> 17 days	<input type="radio"/> 24 days	
<input type="radio"/> 4 days	<input type="radio"/> 11 days	<input type="radio"/> 18 days	<input type="radio"/> 25 days	
<input type="radio"/> 5 days	<input type="radio"/> 12 days	<input type="radio"/> 19 days	<input type="radio"/> 26 days	
<input type="radio"/> 6 days	<input type="radio"/> 13 days	<input type="radio"/> 20 days	<input type="radio"/> 27 days	
57. During the past 30 days, on how many days did you use zenabrilatol (street name ZB)?				
<input type="radio"/> 0 days	<input type="radio"/> 7 days	<input type="radio"/> 14 days	<input type="radio"/> 21 days	<input type="radio"/> 28 days
<input type="radio"/> 1 day	<input type="radio"/> 8 days	<input type="radio"/> 15 days	<input type="radio"/> 22 days	<input type="radio"/> 29 days
<input type="radio"/> 2 days	<input type="radio"/> 9 days	<input type="radio"/> 16 days	<input type="radio"/> 23 days	<input type="radio"/> 30 days
<input type="radio"/> 3 days	<input type="radio"/> 10 days	<input type="radio"/> 17 days	<input type="radio"/> 24 days	
<input type="radio"/> 4 days	<input type="radio"/> 11 days	<input type="radio"/> 18 days	<input type="radio"/> 25 days	
<input type="radio"/> 5 days	<input type="radio"/> 12 days	<input type="radio"/> 19 days	<input type="radio"/> 26 days	
<input type="radio"/> 6 days	<input type="radio"/> 13 days	<input type="radio"/> 20 days	<input type="radio"/> 27 days	
58. During the past 30 days, on how many days did you use a prescription drug painkiller (such as Oxycontin or Vicodin) <u>without</u> a doctor's prescription?				
<input type="radio"/> 0 days	<input type="radio"/> 7 days	<input type="radio"/> 14 days	<input type="radio"/> 21 days	<input type="radio"/> 28 days
<input type="radio"/> 1 day	<input type="radio"/> 8 days	<input type="radio"/> 15 days	<input type="radio"/> 22 days	<input type="radio"/> 29 days
<input type="radio"/> 2 days	<input type="radio"/> 9 days	<input type="radio"/> 16 days	<input type="radio"/> 23 days	<input type="radio"/> 30 days
<input type="radio"/> 3 days	<input type="radio"/> 10 days	<input type="radio"/> 17 days	<input type="radio"/> 24 days	
<input type="radio"/> 4 days	<input type="radio"/> 11 days	<input type="radio"/> 18 days	<input type="radio"/> 25 days	
<input type="radio"/> 5 days	<input type="radio"/> 12 days	<input type="radio"/> 19 days	<input type="radio"/> 26 days	
<input type="radio"/> 6 days	<input type="radio"/> 13 days	<input type="radio"/> 20 days	<input type="radio"/> 27 days	
59. During the past 30 days, on how many days did you use a prescription drug tranquilizer or sedative (such as Xanax or Ativan) <u>without</u> a doctor's prescription?				
<input type="radio"/> 0 days	<input type="radio"/> 7 days	<input type="radio"/> 14 days	<input type="radio"/> 21 days	<input type="radio"/> 28 days
<input type="radio"/> 1 day	<input type="radio"/> 8 days	<input type="radio"/> 15 days	<input type="radio"/> 22 days	<input type="radio"/> 29 days
<input type="radio"/> 2 days	<input type="radio"/> 9 days	<input type="radio"/> 16 days	<input type="radio"/> 23 days	<input type="radio"/> 30 days
<input type="radio"/> 3 days	<input type="radio"/> 10 days	<input type="radio"/> 17 days	<input type="radio"/> 24 days	
<input type="radio"/> 4 days	<input type="radio"/> 11 days	<input type="radio"/> 18 days	<input type="radio"/> 25 days	
<input type="radio"/> 5 days	<input type="radio"/> 12 days	<input type="radio"/> 19 days	<input type="radio"/> 26 days	
<input type="radio"/> 6 days	<input type="radio"/> 13 days	<input type="radio"/> 20 days	<input type="radio"/> 27 days	

60. During the past 30 days, on how many days did you use a prescription drug stimulant (such as Ritalin or Adderall) without a doctor's prescription?

- | | | | | |
|------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 7 days | <input type="radio"/> 14 days | <input type="radio"/> 21 days | <input type="radio"/> 28 days |
| <input type="radio"/> 1 day | <input type="radio"/> 8 days | <input type="radio"/> 15 days | <input type="radio"/> 22 days | <input type="radio"/> 29 days |
| <input type="radio"/> 2 days | <input type="radio"/> 9 days | <input type="radio"/> 16 days | <input type="radio"/> 23 days | <input type="radio"/> 30 days |
| <input type="radio"/> 3 days | <input type="radio"/> 10 days | <input type="radio"/> 17 days | <input type="radio"/> 24 days | |
| <input type="radio"/> 4 days | <input type="radio"/> 11 days | <input type="radio"/> 18 days | <input type="radio"/> 25 days | |
| <input type="radio"/> 5 days | <input type="radio"/> 12 days | <input type="radio"/> 19 days | <input type="radio"/> 26 days | |
| <input type="radio"/> 6 days | <input type="radio"/> 13 days | <input type="radio"/> 20 days | <input type="radio"/> 27 days | |

61. During the past 30 days, on how many days did you use any other type of prescription drug without a doctor's prescription?

- | | | | | |
|------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 7 days | <input type="radio"/> 14 days | <input type="radio"/> 21 days | <input type="radio"/> 28 days |
| <input type="radio"/> 1 day | <input type="radio"/> 8 days | <input type="radio"/> 15 days | <input type="radio"/> 22 days | <input type="radio"/> 29 days |
| <input type="radio"/> 2 days | <input type="radio"/> 9 days | <input type="radio"/> 16 days | <input type="radio"/> 23 days | <input type="radio"/> 30 days |
| <input type="radio"/> 3 days | <input type="radio"/> 10 days | <input type="radio"/> 17 days | <input type="radio"/> 24 days | |
| <input type="radio"/> 4 days | <input type="radio"/> 11 days | <input type="radio"/> 18 days | <input type="radio"/> 25 days | |
| <input type="radio"/> 5 days | <input type="radio"/> 12 days | <input type="radio"/> 19 days | <input type="radio"/> 26 days | |
| <input type="radio"/> 6 days | <input type="radio"/> 13 days | <input type="radio"/> 20 days | <input type="radio"/> 27 days | |

62. If you used a prescription drug without a doctor's prescription 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 D: Student Information

63. In the past 7 days, how many days did you eat school lunch?

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

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

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

<p>65. On the average school day, how many hours do you play video or computer games, use a computer for something other than schoolwork, or watch television?</p> <p style="text-align: right;"> <input type="checkbox"/> Not at all <input type="checkbox"/> 1 hour per day <input type="checkbox"/> 2-3 hours per day <input type="checkbox"/> 4-5 hours per day </p>
<p>66. I have been taught about alcohol, tobacco, and other drugs within the last year at school.</p> <p style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>67. I have been taught about AIDS or HIV infection within the last year at school.</p> <p style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>68. I have been taught about character education within the last year at school.</p> <p style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>69. During the past 12 months, on how many occasions have you thought about dropping out of school?</p> <p style="text-align: right;"> <input type="checkbox"/> Not at all <input type="checkbox"/> On 1-2 occasions <input type="checkbox"/> On 3-5 occasions <input type="checkbox"/> On more than 5 occasions </p>
<p>70. If you were going to drop out of school, what would most likely be the reason?</p> <p style="text-align: right;"> <input type="checkbox"/> I have not thought about dropping out of school <input type="checkbox"/> School work <input type="checkbox"/> Family reasons <input type="checkbox"/> Being bullied <input type="checkbox"/> Other </p>
<p>71. In the past 30 days, I have driven a car or other vehicle while I was drinking alcohol:</p> <p style="text-align: right;"> <input type="checkbox"/> Not at all <input type="checkbox"/> On 1-2 occasions <input type="checkbox"/> On 3-5 occasions <input type="checkbox"/> On more than 5 occasions </p>

<p>72. In the past 30 days, I have ridden in a car or other vehicle with someone that was drinking alcohol.</p>	<p><input type="checkbox"/> Not at all <input type="checkbox"/> On 1-2 occasions <input type="checkbox"/> On 3-5 occasions <input type="checkbox"/> On more than 5 occasions</p>
<p>73. Where do your friends usually use alcohol or tobacco?</p>	<p><input type="checkbox"/> Do Not Use <input type="checkbox"/> At Home <input type="checkbox"/> At School <input type="checkbox"/> In a Car <input type="checkbox"/> Friend's House</p>
<p>74. During the past 12 months, on how many occasions have you brought a weapon to school?</p>	<p><input type="checkbox"/> Not at all <input type="checkbox"/> On 1-2 occasions <input type="checkbox"/> On 3-5 occasions <input type="checkbox"/> On more than 5 occasions</p>
<p>75. During the past 12 months, on how many occasions have you participated in illegal gang activities?</p>	<p><input type="checkbox"/> Not at all <input type="checkbox"/> On 1-2 occasions <input type="checkbox"/> On 3-5 occasions <input type="checkbox"/> On more than 5 occasions</p>
<p>76. During the past 12 months, on how many occasions have you had friends that participated in illegal gang activities?</p>	<p><input type="checkbox"/> Not at all <input type="checkbox"/> On 1-2 occasions <input type="checkbox"/> On 3-5 occasions <input type="checkbox"/> On more than 5 occasions</p>
<p>77. During the past 12 months, on how many occasions have you been offered, sold, or given illegal drugs on school property?</p>	<p><input type="checkbox"/> Not at all <input type="checkbox"/> On 1-2 occasions <input type="checkbox"/> On 3-5 occasions <input type="checkbox"/> On more than 5 occasions</p>
<p>78. During the past 12 months, on how many occasions have you been in a physical fight on school property?</p>	<p><input type="checkbox"/> Not at all <input type="checkbox"/> On 1-2 occasions <input type="checkbox"/> On 3-5 occasions <input type="checkbox"/> On more than 5 occasions</p>

<p>79. During the past 12 months, on how many occasions have you seriously considered harming yourself on purpose?</p>	<p><input type="checkbox"/> I have not seriously considered harming myself on purpose</p> <p><input type="checkbox"/> On 1-2 occasions</p> <p><input type="checkbox"/> On 3-5 occasions</p> <p><input type="checkbox"/> On more than 5 occasions</p>
<p>80. During the past 12 months, if you have seriously considering harming yourself on purpose, what was the most likely reason?</p>	<p><input type="checkbox"/> I have not seriously considered harming myself on purpose</p> <p><input type="checkbox"/> Because of the demands of school work</p> <p><input type="checkbox"/> Problems with peers or friends</p> <p><input type="checkbox"/> I do not feel safe at school</p> <p><input type="checkbox"/> Family reasons</p> <p><input type="checkbox"/> Being bullied</p> <p><input type="checkbox"/> Other</p>
<p>81. During the past 12 months, on how many occasions have you harmed yourself on purpose?</p>	<p><input type="checkbox"/> I have not harmed myself on purpose</p> <p><input type="checkbox"/> On 1-2 occasions</p> <p><input type="checkbox"/> On 3-5 occasions</p> <p><input type="checkbox"/> On more than 5 occasions</p>
<p>82. During the past 12 months, if you have harmed yourself on purpose, what was the most likely reason?</p>	<p><input type="checkbox"/> I have not harmed myself on purpose</p> <p><input type="checkbox"/> Because of the demands of school work</p> <p><input type="checkbox"/> Problems with peers or friends</p> <p><input type="checkbox"/> I do not feel safe at school</p> <p><input type="checkbox"/> Family reasons</p> <p><input type="checkbox"/> Being bullied</p> <p><input type="checkbox"/> Other</p>
<p>83. During the past 12 months, on how many occasions have you seriously considered attempting suicide?</p>	<p><input type="checkbox"/> I have not seriously considered attempting suicide</p> <p><input type="checkbox"/> On 1-2 occasions</p> <p><input type="checkbox"/> On 3-5 occasions</p> <p><input type="checkbox"/> On more than 5 occasions</p>

84. During the past 12 months, if you have seriously considered attempting suicide, what was the most likely reason?

- I have not seriously considered attempting suicide
- Because of the demands of school work
- Problems with peers or friends
- I do not feel safe at school
- Family reasons
- Being bullied
- Other

85. 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

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

- I have not attempted suicide
- Because of the demands of school work
- Problems with peers or friends
- I do not feel safe at school
- Family reasons
- Being bullied
- Other

Section A: School Climate

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

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

88. My school sets clear rules for behavior.

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

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

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

90. Students are frequently recognized for good behavior.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
91. I know an adult at school that I can talk with if I need help.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
92. I know what to do if there is an emergency at my school.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
93. I would help someone who was being bullied.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree

Section B: Age of Onset

94. How old were you when you had your first drink of alcohol other than a few sips?	<input type="checkbox"/> Never used <input type="checkbox"/> 8 years or younger <input type="checkbox"/> 9 years old <input type="checkbox"/> 10 years old <input type="checkbox"/> 11 years old <input type="checkbox"/> 12 years old	<input type="checkbox"/> 3 years old <input type="checkbox"/> 4 years old <input type="checkbox"/> 5 years old <input type="checkbox"/> 6 years old <input type="checkbox"/> 7 years old <input type="checkbox"/> 8 years or older
95. How old were you the first time you smoked part, or all, of a cigarette?	<input type="checkbox"/> Never used <input type="checkbox"/> 8 years or younger <input type="checkbox"/> 9 years old <input type="checkbox"/> 10 years old <input type="checkbox"/> 11 years old <input type="checkbox"/> 12 years old	<input type="checkbox"/> 3 years old <input type="checkbox"/> 4 years old <input type="checkbox"/> 5 years old <input type="checkbox"/> 6 years old <input type="checkbox"/> 7 years old <input type="checkbox"/> 8 years or older
96. How old were you the first time you used any other tobacco products?	<input type="checkbox"/> Never used <input type="checkbox"/> 8 years or younger <input type="checkbox"/> 9 years old <input type="checkbox"/> 10 years old <input type="checkbox"/> 11 years old <input type="checkbox"/> 12 years old	<input type="checkbox"/> 3 years old <input type="checkbox"/> 4 years old <input type="checkbox"/> 5 years old <input type="checkbox"/> 6 years old <input type="checkbox"/> 7 years old <input type="checkbox"/> 8 years or older

97. How old were you the first time you used marijuana or hashish?

<input type="checkbox"/> Never used	<input type="checkbox"/> 3 years old
<input type="checkbox"/> 8 years or younger	<input type="checkbox"/> 4 years old
<input type="checkbox"/> 9 years old	<input type="checkbox"/> 5 years old
<input type="checkbox"/> 10 years old	<input type="checkbox"/> 6 years old
<input type="checkbox"/> 11 years old	<input type="checkbox"/> 7 years old
<input type="checkbox"/> 12 years old	<input type="checkbox"/> 8 years or older

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

<input type="checkbox"/> Never used	<input type="checkbox"/> 3 years old
<input type="checkbox"/> 8 years or younger	<input type="checkbox"/> 4 years old
<input type="checkbox"/> 9 years old	<input type="checkbox"/> 5 years old
<input type="checkbox"/> 10 years old	<input type="checkbox"/> 6 years old
<input type="checkbox"/> 11 years old	<input type="checkbox"/> 7 years old
<input type="checkbox"/> 12 years old	<input type="checkbox"/> 8 years or older

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

<input type="checkbox"/> Never used	<input type="checkbox"/> 3 years old
<input type="checkbox"/> 8 years or younger	<input type="checkbox"/> 4 years old
<input type="checkbox"/> 9 years old	<input type="checkbox"/> 5 years old
<input type="checkbox"/> 10 years old	<input type="checkbox"/> 6 years old
<input type="checkbox"/> 11 years old	<input type="checkbox"/> 7 years old
<input type="checkbox"/> 12 years old	<input type="checkbox"/> 8 years or older

100. How old were you the first time you used prescription drugs without a doctor's prescription?

<input type="checkbox"/> Never used	<input type="checkbox"/> 3 years old
<input type="checkbox"/> 8 years or younger	<input type="checkbox"/> 4 years old
<input type="checkbox"/> 9 years old	<input type="checkbox"/> 5 years old
<input type="checkbox"/> 10 years old	<input type="checkbox"/> 6 years old
<input type="checkbox"/> 11 years old	<input type="checkbox"/> 7 years old
<input type="checkbox"/> 12 years old	<input type="checkbox"/> 8 years or older

Section C: Perceptions of Risk/Harm

101. 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?

<input type="checkbox"/> No Risk
<input type="checkbox"/> Slight Risk
<input type="checkbox"/> Moderate Risk
<input type="checkbox"/> Great Risk

102. 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?

<input type="checkbox"/> No Risk
<input type="checkbox"/> Slight Risk
<input type="checkbox"/> Moderate Risk
<input type="checkbox"/> Great Risk

<p>103. 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?</p>	<p><input type="checkbox"/> No Risk <input type="checkbox"/> Slight Risk <input type="checkbox"/> Moderate Risk <input type="checkbox"/> Great Risk</p>
<p>104. How much do you think people risk harming themselves, physically and in other ways, if they smoke marijuana once or twice a week?</p>	<p><input type="checkbox"/> No Risk <input type="checkbox"/> Slight Risk <input type="checkbox"/> Moderate Risk <input type="checkbox"/> Great Risk</p>
<p>105. How much do you think people risk harming themselves, physically and in other ways, when they use prescription drugs without a doctor's prescription?</p>	<p><input type="checkbox"/> No Risk <input type="checkbox"/> Slight Risk <input type="checkbox"/> Moderate Risk <input type="checkbox"/> Great Risk</p>
<p>Section D: Peer/Adult Disapproval</p>	
<p>106. How wrong do your parents feel it would be for you to have one or two drinks of alcohol nearly every day?</p>	<p><input type="checkbox"/> Not at all wrong <input type="checkbox"/> A little bit wrong <input type="checkbox"/> Wrong <input type="checkbox"/> Very wrong</p>
<p>107. How wrong do your parents feel it would be for you to smoke tobacco?</p>	<p><input type="checkbox"/> Not at all wrong <input type="checkbox"/> A little bit wrong <input type="checkbox"/> Wrong <input type="checkbox"/> Very wrong</p>
<p>108. How wrong do your parents feel it would be for you to smoke marijuana?</p>	<p><input type="checkbox"/> Not at all wrong <input type="checkbox"/> A little bit wrong <input type="checkbox"/> Wrong <input type="checkbox"/> Very wrong</p>
<p>109. How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?</p>	<p><input type="checkbox"/> Not at all wrong <input type="checkbox"/> A little bit wrong <input type="checkbox"/> Wrong <input type="checkbox"/> Very wrong</p>

<p>110. How wrong do your friends feel it would be for you to have one or two drinks of alcohol nearly every day?</p>	<p><input type="checkbox"/> Not at all wrong <input type="checkbox"/> A little bit wrong <input type="checkbox"/> Wrong <input type="checkbox"/> Very wrong</p>
<p>111. How wrong do your friends feel it would be for you to smoke tobacco?</p>	<p><input type="checkbox"/> Not at all wrong <input type="checkbox"/> A little bit wrong <input type="checkbox"/> Wrong <input type="checkbox"/> Very wrong</p>
<p>112. How wrong do your friends feel it would be for you to smoke marijuana?</p>	<p><input type="checkbox"/> Not at all wrong <input type="checkbox"/> A little bit wrong <input type="checkbox"/> Wrong <input type="checkbox"/> Very wrong</p>
<p>113. How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?</p>	<p><input type="checkbox"/> Not at all wrong <input type="checkbox"/> A little bit wrong <input type="checkbox"/> Wrong <input type="checkbox"/> Very wrong</p>
<p>Section E: Mental Health</p>	
<p>114. In the past 30 days, on how many days have you felt sad or withdrawn?</p>	<p><input type="checkbox"/> None <input type="checkbox"/> 1 or 2 days <input type="checkbox"/> 3-5 days <input type="checkbox"/> 6-9 days <input type="checkbox"/> 10-19 days <input type="checkbox"/> 20-29 days <input type="checkbox"/> All 30 days</p>
<p>115. 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?</p>	<p><input type="checkbox"/> None <input type="checkbox"/> 1 or 2 days <input type="checkbox"/> 3-5 days <input type="checkbox"/> 6-9 days <input type="checkbox"/> 10-19 days <input type="checkbox"/> 20-29 days <input type="checkbox"/> All 30 days</p>

116. 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

117. 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

118. In the past 30 days, on how many days have you experienced intense 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

119. 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

120. 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

121. 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