

## Core Module

## High School Questionnaire

2014-2015

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

**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.

**Please do not write your name on this form or the answer sheet. Do not identify yourself in any other way.**

Please mark all of your answers on the answer sheet. Fill in the bubbles neatly with a **#2 pencil**. Do not write on the questionnaire. Mark only one answer unless told to *“Mark All That Apply.”*

This survey asks about things you may have done during different periods of time, such as during your **lifetime** (for example, did you ever do 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!**

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**Begin by writing your school's name at the top of the answer sheet.**

1. Fill in the bubble for the letter "B."
2. Fill in the bubble for the letter "H."

**Next, we would like some background information about you.**

3. How old are you?

A) 10 years old or younger	F) 15 years old
B) 11 years old	G) 16 years old
C) 12 years old	H) 17 years old
D) 13 years old	I) 18 years old or older
E) 14 years old	
4. What is your sex?

A) Male	
B) Female	
5. What grade are you in?

A) 6th grade	F) 11th grade
B) 7th grade	G) 12th grade
C) 8th grade	H) Other grade
D) 9th grade	I) Ungraded
E) 10th grade	
6. Are you of Hispanic or Latino origin?

A) No	
B) Yes	
7. What is your race?

A) American Indian or Alaska Native	D) Native Hawaiian or Pacific Islander
B) Asian	E) White
C) Black or African American	F) Mixed (two or more) races

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8. If you are Asian or Pacific Islander, which groups best describe you? (*Mark All That Apply.*)  
If you are **not** of Asian/Pacific Islander background, mark "A. Does not apply."
- |   |  |
|---|--|
| A) Does not apply; I am not Asian or Pacific Islander | H) Korean  |
| B) Asian Indian                                       | I) Laotian   |
| C) Cambodian  | J) Vietnamese  |
| D) Chinese  | K) Native Hawaiian, Guamanian, Samoan, Tahitian, or other Pacific Islander |
| E) Filipino   | L) Other Asian   |
| F) Hmong  |  |
| G) Japanese   |  |
9. What best describes where you live? A home includes a house, apartment, trailer, or mobile home.
- |  |   |
|--|---|
| A) A home with one or more parents 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   |
10. What is the highest level of education your parents completed? (*Mark The Educational Level Of The Parent Who Went The Furthest In School.*)
- |   |                           |
|---|---------------------------|
| A) Did not finish high school                             | D) Graduated from college |
| B) Graduated from high school                             | E) Don't know             |
| C) Attended college but did not complete four-year degree |                           |
11. During the past 12 months, how would you describe the grades you mostly received in school?
- |                |                |
|----------------|----------------|
| A) Mostly A's  | E) Mostly C's  |
| B) A's and B's | F) C's and D's |
| C) Mostly B's  | G) Mostly D's  |
| D) B's and C's | H) Mostly F's  |
12. During the past 12 months, about how many times did you skip school or cut classes?
- |                |                          |
|----------------|--------------------------|
| A) 0 times     | D) Once a month          |
| B) 1–2 times   | E) Once a week           |
| C) A few times | F) More than once a week |

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13. In the past 30 days, did you miss 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) Felt very sad, hopeless, anxious, stressed, or angry
- D) Didn't get enough sleep
- E) Didn't feel safe at school
- F) Had to work
- G) Had to take care of or help a family member or friend
- H) Wanted to spend time with friends who don't go to your school
- I) Wanted to use alcohol or drugs
- J) Were behind in schoolwork or weren't prepared for a test or class assignment
- K) Were bored with or uninterested in school
- L) Were suspended
- M) Other reason

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

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neither Disagree Nor Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>
14. I feel close to people at this school.	A	B	C	D	E
15. I am happy to be at this school.	A	B	C	D	E
16. I feel like I am part of this school.	A	B	C	D	E
17. The teachers at this school treat students fairly.	A	B	C	D	E
18. I feel safe in my school.	A	B	C	D	E
19. I try hard to make sure that I am good at my schoolwork.	A	B	C	D	E
20. I try hard at school because I am interested in my work.	A	B	C	D	E
21. I work hard to try to understand new things at school.	A	B	C	D	E
22. I am always trying to do better in my schoolwork.	A	B	C	D	E

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Please mark on your answer sheet how TRUE you feel each of the following statements is about your SCHOOL and things you might do there.

*At my school, there is a teacher or some other adult ...*

	Not At All True	A Little True	Pretty Much True	Very Much True
23. who really cares about me.	A	B	C	D
24. who tells me when I do a good job.	A	B	C	D
25. who notices when I'm not there.	A	B	C	D
26. who always wants me to do my best.	A	B	C	D
27. who listens to me when I have something to say.	A	B	C	D
28. 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
29. I do interesting activities.	A	B	C	D
30. I help decide things like class activities or rules.	A	B	C	D
31. I do things that make a difference.	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 (*without a doctor’s order*).

Keep the following definitions in mind.

- **One drink of ALCOHOL**, or alcoholic drink (beverage), means one regular size can/bottle of beer or wine cooler, 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 they were prescribed by a doctor.

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

		<u>Number of Times</u>					
		<u>0</u> <u>Times</u>	<u>1</u> <u>Time</u>	<u>2</u> <u>Times</u>	<u>3</u> <u>Times</u>	<u>4–6</u> <u>Times</u>	<u>7 or</u> <u>More</u> <u>Times</u>
32.	A whole cigarette	A	B	C	D	E	F
33.	Smokeless tobacco (dip, chew, or snuff such as Redman™, Skoal™, or Bechnut™)	A	B	C	D	E	F
34.	Electronic cigarettes, e-cigarettes or other vaping device such as e-hookah, hookah pens or vape pens?	A	B	C	D	E	F
35.	One full drink of alcohol (such as a can of beer, glass of wine, wine cooler, or shot of liquor)	A	B	C	D	E	F
36.	Marijuana (pot, weed, grass, hash, bud)	A	B	C	D	E	F
37.	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
38.	Cocaine, Methamphetamine, or any amphetamines (meth, speed, crystal, crank, ice)	A	B	C	D	E	F
39.	Derbisol (DB, derbs, dirt)	A	B	C	D	E	F
40.	Ecstasy, LSD, or other psychedelics (acid, mescaline, peyote, mushrooms)	A	B	C	D	E	F
41.	Prescription pain killers (Vicodin™, OxyContin™, Percodan™, Lortab™), tranquilizers, or sedatives (Xanax™, Ativan™)	A	B	C	D	E	F
42.	Diet Pills (Didrex, Dexedrine, Zinadrine, Skittles, M&M’s)	A	B	C	D	E	F
43.	Ritalin™ or Adderall™ (JIF, R-ball, Skippy) or other prescription stimulant	A	B	C	D	E	F

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

		<u>Number of Times</u>					
		<u>0</u> <u>Times</u>	<u>1</u> <u>Time</u>	<u>2</u> <u>Times</u>	<u>3</u> <u>Times</u>	<u>4-6</u> <u>Times</u>	<u>7 or</u> <u>More</u> <u>Times</u>
44.	<b>Cold/Cough Medicines (Triple-C's, Coricidin Cough, Sudafed, TheraFlu, Tylenol Cough) or other over-the-counter medicines</b>	A	B	C	D	E	F
45.	<b>Any other drug, or pill, or medicine to get "high" or for other than medical reasons</b>	A	B	C	D	E	F

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

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

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

		<u>Years of Age</u>									
		<u>Never</u>	<u>10 or</u> <u>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</u> <u>Over</u>
49.	<b>Had a drink of an alcoholic beverage (other than a sip or two)</b>	A	B	C	D	E	F	G	H	I	J
50.	<b>Smoked part or all of a cigarette</b>	A	B	C	D	E	F	G	H	I	J
51.	<b>Used smokeless tobacco or other tobacco products</b>	A	B	C	D	E	F	G	H	I	J
52.	<b>Used marijuana or hashish</b>	A	B	C	D	E	F	G	H	I	J
53.	<b>Used any other illegal drug or pill to get "high"</b>	A	B	C	D	E	F	G	H	I	J

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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
54. cigarettes?	A	B	C	D	E	F
55. smokeless tobacco (dip, chew or snuff)?	A	B	C	D	E	F
56. electronic cigarettes, e-cigarettes or other vaping device such as e-hookah, hookah pens or vape pens?	A	B	C	D	E	F
57. at least one drink of alcohol?	A	B	C	D	E	F
58. five or more drinks of alcohol in a row, that is, within a couple of hours?	A	B	C	D	E	F
59. marijuana (pot, weed, grass, hash, bud)?	A	B	C	D	E	F
60. inhalants (things you sniff, huff, or breathe to get “high”)?	A	B	C	D	E	F
61. prescription pain medications to get “high” or for reasons other than prescribed (such as Vicodin™, OxyContin™, Percodan™, Ritalin™, Adderall™, Xanax™)?	A	B	C	D	E	F
62. any other drug, pill, or medicine to get “high” or for other than medical reasons?	A	B	C	D	E	F
63. two or more drugs at the same time (for example, alcohol with marijuana, ecstasy with mushrooms)?	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
64. smoke cigarettes?	A	B	C	D	E	F
65. use smokeless tobacco?	A	B	C	D	E	F
66. use electronic cigarettes, e-cigarettes or other vaping device such as e-hookah, hookah pens or vape pens?	A	B	C	D	E	F
67. have at least one drink of alcohol?	A	B	C	D	E	F
68. smoke marijuana?	A	B	C	D	E	F
69. use any other illegal drug or pill to get “high”?	A	B	C	D	E	F

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

	Great	How Much Risk or Harm		None
		Moderate	Slight	
70. Smoke cigarettes occasionally	A	B	C	D
71. Smoke 1–2 packs of cigarettes each day	A	B	C	D
72. Drink alcohol occasionally	A	B	C	D
73. Have five or more drinks of an alcoholic beverage once or twice a week	A	B	C	D
74. Smoke marijuana occasionally	A	B	C	D
75. Smoke marijuana once or twice a week	A	B	C	D



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

	Very Difficult	Fairly Difficult	Fairly Easy	Very Easy	Don't Know
76. Cigarettes	A	B	C	D	E
77. Alcohol	A	B	C	D	E
78. Marijuana	A	B	C	D	E
79. How do you feel about someone your age smoking one or more packs of cigarettes a day?					
A) Neither approve nor disapprove					
B) Somewhat disapprove					
C) Strongly disapprove					

*How many times have you tried to quit or stop using ...*

	Does Not Apply, Don't Use	0 Times	1 Time	2-3 Times	4 or More Times
80. cigarettes?	A	B	C	D	E
81. alcohol?	A	B	C	D	E
82. marijuana?	A	B	C	D	E
83. During your <u>life</u> , how many times have you ever driven a car when you had been drinking alcohol, or been in a car driven by a friend when he or she had been drinking?					
A) Never					
B) 1 time					
C) 2 times					
D) 3 to 6 times					
E) 7 or more times					

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

84. 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					

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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
85.	been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	B	C	D
86.	been afraid of being beaten up?	A	B	C	D
87.	been in a physical fight?	A	B	C	D
88.	had mean rumors or lies spread about you?	A	B	C	D
89.	had sexual jokes, comments, or gestures made to you?	A	B	C	D
90.	been made fun of because of your looks or the way you talk?	A	B	C	D
91.	had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
92.	been offered, sold, or given an illegal drug?	A	B	C	D
93.	damaged school property on purpose?	A	B	C	D
94.	carried a gun?	A	B	C	D
95.	carried any other weapon (such as a knife or club)?	A	B	C	D
96.	been threatened or injured with a weapon (gun, knife, club, etc.)?	A	B	C	D
97.	seen someone carrying a gun, knife, or other weapon?	A	B	C	D
98.	been threatened with harm or injury?	A	B	C	D
99.	been made fun of, insulted, or called names?	A	B	C	D

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 quarrel or fight.]

		0 Times	1 Time	2 to 3 Times	4 or More Times
100.	Your race, ethnicity, or national origin	A	B	C	D
101.	Your religion	A	B	C	D
102.	Your gender (being male or female)	A	B	C	D
103.	Because you are gay or lesbian or someone thought you were	A	B	C	D
104.	A physical or mental disability	A	B	C	D
105.	Any other reason	A	B	C	D

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106. During the past **12 months**, how many times did other students spread mean rumors or lies about you on the internet (i.e., Facebook™, MySpace™, email, instant message)?
- A) 0 times (never)
  - B) 1 time
  - C) 2–3 times
  - D) 4 or more times
107. Do you consider yourself a member of a gang?
- A) No
  - B) Yes
108. During the past **12 months**, did you ever feel so sad or hopeless almost everyday for two weeks or more that you stopped doing some usual activities?
- A) No
  - B) Yes
109. During the past **12 months**, did you ever seriously consider attempting suicide?
- A) No
  - B) Yes
110. Did you eat breakfast today?
- A) No
  - B) Yes
111. 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
112. Is your father, mother, or caretaker currently in the military (Army, Navy, Marines, Air Force, National Guard, or Reserves)?
- A) No
  - B) Yes
  - C) Don't know
113. Which of the following best describes you? (*Mark All That Apply.*)
- A) Heterosexual (straight)
  - B) Gay or Lesbian or Bisexual
  - C) Transgender
  - D) Not sure
  - E) Decline to respond