

## 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!**

## Core Module

**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           |

## Core Module

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 |

Core Module

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                     |

Core Module

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              |

Core Module

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><br><u>Times</u> | <u>1</u><br><u>Time</u> | <u>2</u><br><u>Times</u> | <u>3</u><br><u>Times</u> | <u>4–6</u><br><u>Times</u> | <u>7 or</u><br><u>More</u><br><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  |

Core Module

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

|     |   | <u>Number of Times</u>   |                         |                          |                          |                            |  |
|-----|---|--------------------------|-------------------------|--------------------------|--------------------------|----------------------------|--|
|     |   | <u>0</u><br><u>Times</u> | <u>1</u><br><u>Time</u> | <u>2</u><br><u>Times</u> | <u>3</u><br><u>Times</u> | <u>4-6</u><br><u>Times</u> | <u>7 or</u><br><u>More</u><br><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><br><u>Times</u> | <u>1</u><br><u>Time</u> | <u>2</u><br><u>Times</u> | <u>3</u><br><u>Times</u> | <u>4-6</u><br><u>Times</u> | <u>7 or</u><br><u>More</u><br><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><br><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><br><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                           |

Core Module

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

|  | 0<br>Days | 1<br>Day | 2<br>Days | 3 – 9<br>Days | 10 – 19<br>Days | 20 – 30<br>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<br>Days | 1<br>Day | 2<br>Days | 3 – 9<br>Days | 10 – 19<br>Days | 20 – 30<br>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    |



Core Module

*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                                   |  |  |  |  |  |

Core Module

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               |

## Core Module

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