



14. During the LAST FOUR WEEKS how many whole days of school have you missed because you skipped or "cut"?

- None
- 1 day
- 2 days
- 3 days
- 4 to 5 days
- 6 to 10 days
- 11 days or more

15. How do you like school?

- I like school very much
- I like school
- I neither like nor dislike school
- I dislike school
- I dislike school very much

16. How important do you think the things you are learning in school are going to be for your later life?

- Very important
- Quite important
- Fairly important
- Slightly important
- Not at all important

17. How often do you feel that the schoolwork you are assigned is meaningful and important?

	Almost always	Sometimes Often	Seldom	Never
18. Thinking back over the past school year, how often did you try to do your best work in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree with the following statements about school?

19. I have lots of chances to be part of class discussions or activities.

20. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.

21. I respect most of my teachers.

22. My teachers notice when I am doing a good job and let me know about it.

23. I can talk to my teachers openly and freely about my concerns.

24. In my school, teachers treat students with respect.

25. Most students at my school help each other when they are hurt or upset.

26. In my school, students that work hard to get good grades are picked on by other students.

	Strongly agree	Somewhat agree	Strongly disagree	Somewhat disagree
19. I have lots of chances to be part of class discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I respect most of my teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. My teachers notice when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I can talk to my teachers openly and freely about my concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. In my school, teachers treat students with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Most students at my school help each other when they are hurt or upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. In my school, students that work hard to get good grades are picked on by other students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

27. not go to school because you felt you would be unsafe at school or on your way to or from school?

28. carry a gun as a weapon on school property?

29. carry a weapon (other than a gun) such as a knife or club on school property?

	0 days	1 day	2 or 3 days	4 or 5 days	6 or more days
27. not go to school because you felt you would be unsafe at school or on your way to or from school?	<input type="radio"/>				
28. carry a gun as a weapon <u>on school property</u> ?	<input type="radio"/>				
29. carry a weapon (other than a gun) such as a knife or club <u>on school property</u> ?	<input type="radio"/>				

During the past 12 months, how many times...

30. were you in a physical fight?

31. were you in a physical fight on school property?

32. did you bully someone (such as hitting, kicking, pushing, saying mean things, spreading rumors, or making sexual comments that bothered them)?

33. have you been suspended from school?

34. has someone threatened you with a weapon such as a gun, knife, or club on school property?

35. have you been drunk or high at school?

	0 times	1 time	2 or 3 times	4 or 5 times	6 or 7 times	8 or 9 times	10 or 11 times	12 or more times
30. were you in a physical fight?	<input type="radio"/>							
31. were you in a physical fight <u>on school property</u> ?	<input type="radio"/>							
32. did you bully someone (such as hitting, kicking, pushing, saying mean things, spreading rumors, or making sexual comments that bothered them)?	<input type="radio"/>							
33. have you been suspended from school?	<input type="radio"/>							
34. has someone threatened you with a weapon such as a gun, knife, or club <u>on school property</u> ?	<input type="radio"/>							
35. have you been drunk or high at school?	<input type="radio"/>							

36. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?

- Yes
- No

Harassment can include threatening, bullying, name-calling or obscenities, offensive notes or graffiti, unwanted touching, and being pushed around or hit.

In the last 30 days, how many times have you been harassed at school, on a school bus, or going to and from school...

37. because of your race or ethnic origin.

38. because someone said you were gay, lesbian, bisexual, or transgender.

39. because of who your friends are.

40. because of how you look (weight, clothes, acne, or other physical characteristics).

41. because you received unwanted sexual comments or attention.

42. for other reasons.

43. through email, social media sites (Facebook, Twitter, YouTube, etc.), chat rooms, instant messaging, web sites, texting, or phone?

	0 times	1 time	2 or 3 times	4 or 5 times	6 or more times
37. because of your race or ethnic origin.	<input type="radio"/>				
38. because someone said you were gay, lesbian, bisexual, or transgender.	<input type="radio"/>				
39. because of who your friends are.	<input type="radio"/>				
40. because of how you look (weight, clothes, acne, or other physical characteristics).	<input type="radio"/>				
41. because you received unwanted sexual comments or attention.	<input type="radio"/>				
42. for other reasons.	<input type="radio"/>				
43. through email, social media sites (Facebook, Twitter, YouTube, etc.), chat rooms, instant messaging, web sites, texting, or phone?	<input type="radio"/>				





The next questions ask about drinking alcohol. This includes drinking beer, wine/wine coolers, flavored beverages such as Mike's Hard Lemonade and liquor "shots" such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

63. During your life, on how many days have you had at least one drink of alcohol?

- 0 days
- 1 or 2 days
- 3 to 9 days
- 10 to 19 days
- 20 to 39 days
- 40 to 99 days
- 100 or more days

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

	0 days	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20 to 29 days	All 30 days
64. have at least one drink of alcohol?	<input type="radio"/>						
65. have 5 or more drinks of alcohol in a row, that is, within a couple of hours?	<input type="radio"/>						

68. Think of your four best friends (the friends you feel closest to). In the past 12 months, how many of your best friends have tried beer, wine, or hard liquor (for example, vodka, whiskey or gin)?

- None of my friends
- 1 of my friends
- 2 of my friends
- 3 of my friends
- 4 of my friends

69. During the past 30 days, what type of alcohol did you usually drink? Select only one response.

- I did not drink alcohol during the past 30 days
- I do not have a usual type
- Beer
- Flavored beverages (such as Smirnoff, Bacardi Silver, Hard Lemonade, Joose and Sparks)
- Wine coolers (such as Bartles & Jaymes or Seagrams)
- Wine
- Liquor (such as vodka, rum, scotch, bourbon or whiskey)
- Some other type

70. During the past 30 days, from which of the following sources did you get the alcohol you drank? Please mark all that apply.

- I did not drink alcohol during the past 30 days
- At a party
- Friends under 21
- Friends 21 or older
- A brother or sister
- A parent
- A store or gas station
- Liquor store
- Bar, night club, or restaurant
- Took it from home without permission
- By asking a stranger to buy it for me
- I got it some other way

71. In the last 12 months, which of the following have you experienced? Please mark all that apply.

- I did not drink alcohol in the last 12 months
- Missed school or class because of drinking alcohol
- Gotten sick to my stomach because of drinking alcohol
- Not been able to remember what happened while I was drinking alcohol
- Later regretted something I did while drinking alcohol
- Worried that I drank alcohol too much or too often

During the past 30 days, how many times did you...

	0 times	1 time	2 or 3 times	4 or 5 times	6 or more times
72. ride in a vehicle driven by a parent or other adult who had been drinking alcohol?	<input type="radio"/>				
73. ride in a vehicle driven by a teenager who had been drinking alcohol?	<input type="radio"/>				
74. drive a car or other vehicle when you had been drinking alcohol?	<input type="radio"/>				

During the past 30 days, how many times did most students in your school...

75. ride in a vehicle driven by a parent or other adult who had been drinking alcohol?	<input type="radio"/>				
76. ride in a vehicle driven by a teenager who had been drinking alcohol?	<input type="radio"/>				
77. drive a car or other vehicle when they had been drinking alcohol?	<input type="radio"/>				





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

	0 times	1 or 2 times	3 to 9 times	10 to 19 times	20 to 39 times	40 or more times
106. used marijuana?	<input type="radio"/>					
107. sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?	<input type="radio"/>					
108. taken steroid pills or shots without a doctor's prescription?	<input type="radio"/>					
109. taken a prescription drug not prescribed to you?	<input type="radio"/>					
110. used any form of cocaine, including powder, crack, or freebase?	<input type="radio"/>					
111. used ecstasy (also called MDMA)?	<input type="radio"/>					
112. used heroin (also called smack, junk, or China White)?	<input type="radio"/>					
113. used methamphetamines (also called speed, crystal, crank or ice)?	<input type="radio"/>					

**114. During your life, how many times have you used a needle to inject any illegal drug into your body?**

- 0 times
- 1 time
- 2 or more times

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

	0 days	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20 to 29 days	All 30 days
115. sniff glue, breathe the contents of aerosol spray cans, or inhale any paints or sprays to get high?	<input type="radio"/>						
116. use synthetic marijuana, example: K2, Spice etc?	<input type="radio"/>						
117. use a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's orders?	<input type="radio"/>						

**118. Which of the following illicit drugs did you use during the past 30 days? Please mark all that apply.**

- I did not use illicit drugs during the past 30 days
- Marijuana
- Any form of cocaine including powder, crack or freebase
- Ecstasy (also called MDMA)
- Heroin or other opiates or narcotics
- LSD or other hallucinogens or psychedelics
- Methamphetamines (also called speed, crystal, crank or ice)
- Steroid pills or shots without a doctor's prescription

**During the past 12 months...**

	Yes	No	Don't know or can't say
119. do you recall hearing, reading, or watching an advertisement about prevention of substance abuse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. have you had a special class about drugs or alcohol in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
121. have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents we mean your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**122. Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis?**

- More likely
- Less likely
- Would make no difference
- Don't know or can't say

**How do you feel about someone your age...**

	Neither Approve nor Disapprove	Somewhat Disapprove	Strongly Disapprove	Don't know/Can't say
123. having one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. smoking one or more packs of cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. trying marijuana or hashish once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. using prescription drugs not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127. using synthetic marijuana, example: K2, Spice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
128. smoking e-cigarettes, vape-pens, or e-hookahs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How wrong do your friends feel it would be for you to...**

	Not wrong at all	A little bit wrong	Wrong	Very wrong
129. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
130. smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
131. use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
132. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
133. use synthetic marijuana, example: K2, Spice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
134. smoke e-cigarettes, vape-pens, or e-hookahs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How wrong do you think your parents feel it would be for you to...**

	Not wrong at all	A little bit wrong	Wrong	Very wrong
135. have one or two drinks of an alcoholic beverage nearly everyday?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
136. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
138. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
139. use synthetic marijuana, example: K2, Spice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
140. smoke e-cigarettes, vape-pens, or e-hookahs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

