

13. 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

14. 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

15. 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

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

17. Thinking back over the past school year, how often did you try to do your best work in school?

	Almost always	Sometimes Often	Seldom	Never
16. How often do you feel that the schoolwork you are assigned is meaningful and important?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. 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?

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

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

20. I respect most of my teachers.

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

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

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

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

25. 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
18. 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"/>
19. 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"/>
20. I respect most of my teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. 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"/>
22. I can talk to my teachers openly and freely about my concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. In my school, teachers treat students with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. 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"/>
25. 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...

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

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

28. 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
26. not go to school because you felt you would be unsafe at school or on your way to or from school?	<input type="radio"/>				
27. carry a gun as a weapon <u>on school property</u> ?	<input type="radio"/>				
28. 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...

29. were you in a physical fight?

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

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

32. have you been suspended from school?

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

	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
29. were you in a physical fight?	<input type="radio"/>							
30. were you in a physical fight <u>on school property</u> ?	<input type="radio"/>							
31. did you bully someone (such as hitting, kicking, pushing, saying mean things, spreading rumors, or making sexual comments that bothered them)?	<input type="radio"/>							
32. have you been suspended from school?	<input type="radio"/>							
33. has someone threatened you with a weapon such as a gun, knife, or club <u>on school property</u> ?	<input type="radio"/>							

34. 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...

35. because of your race or ethnic origin.

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

37. because of who your friends are.

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

39. because you received unwanted sexual comments or attention.

40. for other reasons.

41. 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
35. because of your race or ethnic origin.	<input type="radio"/>				
36. because someone said you were gay, lesbian, bisexual, or transgender.	<input type="radio"/>				
37. because of who your friends are.	<input type="radio"/>				
38. because of how you look (weight, clothes, acne, or other physical characteristics).	<input type="radio"/>				
39. because you received unwanted sexual comments or attention.	<input type="radio"/>				
40. for other reasons.	<input type="radio"/>				
41. 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.

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
60. have at least one drink of alcohol?	<input type="radio"/>						
61. have 5 or more drinks of alcohol in a row, that is, within a couple of hours?	<input type="radio"/>						

During the past 30 days, on how many days do you think most students in your school...

	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
62. had at least one drink of alcohol? (your best estimate)	<input type="radio"/>						
63. had 5 or more drinks of alcohol in a row, that is, within a couple of hours? (your best estimate)	<input type="radio"/>						

64. During the past 30 days, how many times did you ride in a vehicle driven by a parent or other adult who had been drinking alcohol?

	0 times	1 time	2 or 3 times	4 or 5 times	6 or more times
65. During the past 30 days, how many times did <u>most students in your school</u> ride in a vehicle driven by a parent or other adult who had been drinking alcohol?	<input type="radio"/>				

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
66. smoke cigarettes?	<input type="radio"/>						
67. use other tobacco products such as snuf, dip or chewing tobacco (Redman, Copenhagen, Marlboro Snus etc)	<input type="radio"/>						

68. During the past 30 days, how many times did you use marijuana?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

If you wanted to get some, how easy would it be for you to...

	Very hard	Sort of hard	Very easy
69. get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. get some cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. get some marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. get some synthetic marijuana, example: K2, Spice etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. get a drug like cocaine, LSD, or amphetamines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. get prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How old were you...

	Never have	8 years old or younger	9 years old	10 years old	11 years old	12 years old	13 years old	14 years old	15 years old
75. when you had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin) for the first time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. when you first began drinking alcoholic beverages regularly, that is at least once or twice a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. when you smoked a whole cigarette for the first time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. the first time you used tobacco products other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. when you tried marijuana for the first time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. when you tried synthetic marijuana (also called K2, Spice, etc.) for the first time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you think people risk harming themselves (physically or in other ways)...

	No risk	Slight risk	Moderate risk	Great risk
81. if they have one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. when they have five or more drinks of an alcoholic beverage once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. if they smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. if they try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. if they smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. if they use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
87. sniff glue, breathe the contents of aerosol spray cans, or inhale any paints or sprays to get high?	<input type="radio"/>						
88. use synthetic marijuana, example: K2, Spice etc?	<input type="radio"/>						
89. use a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's orders?	<input type="radio"/>						



