

10. Would you say that in general your emotional and mental health is...

- poor good excellent
 fair very good

11. Would you say that in general your physical health is...

- poor good excellent
 fair very good

12. Have you changed schools (including changing from elementary to middle and middle to high school) in the past year?

- Yes No

13. How many times have you changed homes since kindergarten?

- Never 5 or 6 times
 1 or 2 times 7 or more times
 3 or 4 times

14. Putting them all together, what were your grades like last year?

- Mostly A's Mostly C's Mostly F's
 Mostly B's Mostly D's

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

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

16. 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

17. 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

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

19. 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
<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 agree with the following statements about school?

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

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

22. I respect most of my teachers.

23. My teachers notice when I'm doing a good job and let me know about it.

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

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

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

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

Strongly disagree	Somewhat disagree	Strongly agree
<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"/>
<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"/>
<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"/>

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

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

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

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

6 or more days	4 or 5 days	2 or 3 days	1 day	0 days
<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"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

31. were you in a physical fight?

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

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

34. have you been suspended from school?

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

36. have you been drunk or high at school?

12 or more times	10 or 11 times	8 or 9 times	6 or 7 times	4 or 5 times	2 or 3 times	1 time	0 times
<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"/>	<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"/>	<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

59. During the last 12 months, have you ever felt that you would like to stop betting money but didn't think you could?

- Yes
- No
- I don't bet for money

	Yes	No
60. Have you ever lied to anyone about betting/gambling?	<input type="radio"/>	<input type="radio"/>
61. Have you ever bet/gambled more than you wanted to?	<input type="radio"/>	<input type="radio"/>
62. Have your parents ever talked to you about the risks of betting/gambling?	<input type="radio"/>	<input type="radio"/>
63. Have your teachers ever talked to you about the risks of betting/gambling?	<input type="radio"/>	<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.

64. 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 30 days	30 days
65. have at least one drink of alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. had 5 or more drinks of alcohol in a row, that is, within a couple of hours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	0 times	1 time	2 or 3 times	4 or 5 times	6 or more times
67. had at least one drink of alcohol? (your best estimate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. had 5 or more drinks of alcohol in a row, that is, within a couple of hours? (your best estimate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

69. 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

70. 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

71. 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

72. 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
73. ride in a vehicle driven by a parent or other adult who had been drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. ride in a vehicle driven by a teenager who had been drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. drive a car or other vehicle when you had been drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	0 times	1 time	2 or 3 times	4 or 5 times	6 or more times
76. ride in a vehicle driven by a parent or other adult who had been drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. ride in a vehicle driven by a teenager who had been drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. drive a car or other vehicle when they had been drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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
107. used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109. taken steroid pills or shots without a doctor's prescription?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. taken a prescription drug not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. used any form of cocaine, including powder, crack, or freebase?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. used ecstasy (also called MDMA)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. used heroin (also called smack, junk, or China White)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. used methamphetamines (also called speed, crystal, crank or ice)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

115. 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
116. sniff glue, breathe the contents of aerosol spray cans, or inhale any paints or sprays to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. use synthetic marijuana, example: K2, Spice etc?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. use a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's orders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

119. 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
120. do you recall hearing, reading, or watching an advertisement about prevention of substance abuse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
121. have you had a special class about drugs or alcohol in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. 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"/>

123. 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...

	Strongly Disapprove	Somewhat Disapprove	Neither Approve nor Disapprove	Don't know/Can't say
124. having one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. smoking one or more packs of cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. using marijuana or hashish once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127. using prescription drugs not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
128. using synthetic marijuana, example: K2, Spice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
129. 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
130. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
131. smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
132. use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
133. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
134. use synthetic marijuana, example: K2, Spice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
135. 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
136. have one or two drinks of an alcoholic beverage nearly everyday?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
138. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
139. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
140. use synthetic marijuana, example: K2, Spice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
141. smoke e-cigarettes, vape-pens, or e-hookahs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask about certain experiences you may have or had in your life, which might have made you feel uncomfortable or sad in your surroundings.

	Yes	No
142. Were your parents ever separated or divorced after you were born?	<input type="radio"/>	<input type="radio"/>
143. Have you ever lived with a household member who is/was depressed or mentally ill?	<input type="radio"/>	<input type="radio"/>
Have you ever lived with someone who:		
144. is/was a problem drinker or alcoholic?	<input type="radio"/>	<input type="radio"/>
145. uses/used street drugs?	<input type="radio"/>	<input type="radio"/>
Have you ever felt that:		
146. you did not have enough to eat?	<input type="radio"/>	<input type="radio"/>
147. you had to wear dirty clothes?	<input type="radio"/>	<input type="radio"/>
148. you had no one to protect you?	<input type="radio"/>	<input type="radio"/>

How true are the following statements?

	Very much true	A little true	Not at all true
149. I can do most things if I try.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
150. I can work out my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
151. I volunteer to help others in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
152. There is at least one teacher or other adult in my school that really cares about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
153. My parents ask if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
154. My parents would catch me if I skipped school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
155. When I am not at home, one of my parents knows where I am and whom I am with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
156. My family has clear rules about alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
157. How would most students in your school respond to this statement: "My family has clear rules about alcohol and drug use."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

158. How tall are you without your shoes on?
 Directions: Write your weight in the shaded blank boxes. Fill in the matching circle below each number.

Height		Height	
Feet	Inches	Feet	Inches
4	10		
③	⑩	③	⑩
●	①	④	①
⑤	②	⑤	②
⑥	③	⑥	③
⑦	④	⑦	④
	⑤		⑤
	⑥		⑥
	⑦		⑦
	⑧		⑧
	⑨		⑨
	●		⑩
	⑪		⑪

159. How much do you weigh without your shoes on?
 Directions: Write your weight in the shaded blank boxes. Fill in the matching circle below each number.

Weight Pounds			Weight Pounds		
0	9	5			
●	⑩	⑤	⑩	⑩	⑩
①	①	①	①	①	①
②	②	②	②	②	②
③	③	③	③	③	③
④	④	④	④	④	④
⑤	⑤	●	⑤	⑤	⑤
⑥	⑥	⑥	⑥	⑥	⑥
⑦	⑦	⑦	⑦	⑦	⑦
⑧	⑧	⑧	⑧	⑧	⑧
⑨	●	⑨	⑨	⑨	⑨

160. How do you describe your weight?

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

161. Which of the following are you trying to do about your weight?

- Lose weight
- Gain weight
- Stay the same weight
- I am not trying to do anything about my weight

During the past 30 days, did you...

	Yes	No
162. Go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?	<input type="radio"/>	<input type="radio"/>
163. Take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not include meal replacement products such as Slim Fast.)	<input type="radio"/>	<input type="radio"/>
164. Vomit or take laxatives to lose weight or to keep from gaining weight?	<input type="radio"/>	<input type="radio"/>

Thank you for your participation!