

# Minnesota Student Survey

## LEVEL 2 (Grade 8)

You can help your community and school learn more about the lives and feelings of young people like you. The questions on this survey cover many areas. Some questions might make you feel uncomfortable. You do not have to answer any question you don't want to. You can choose not to complete the survey.

Do NOT write your name on this survey. No one will know how you answered these questions. Your answers will be kept private. Thank you for filling out this survey honestly and carefully.

### BACKGROUND

#### 1. Are you:

- Male
- Female

#### 2. What is your grade in school right now?

- 7th grade
- 8th grade
- 9th grade
- 10th grade

#### 3. How old are you?

- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19-20 years old
- 21 years old or older

#### 4. Are you...

##### 4a. Hispanic or Latino/a

- Yes
- No

##### 4b. Somali

- Yes
- No

##### 4c. Hmong

- Yes
- No

#### 5. In addition, what is your race? (If more than one describes you, mark ALL that apply)

- American Indian or Alaskan Native
- Asian
- Black, African or African American
- Native Hawaiian or Other Pacific Islander
- White

#### 6. Which adults do you live with? (Mark ALL that apply)

- Biological mother (the woman who gave birth to me)
- Biological father
- Adoptive mother
- Adoptive father
- Sometimes mother, sometimes father
- Stepmother
- Stepfather
- Parent's girlfriend/partner
- Parent's boyfriend/partner
- Grandparent(s) or other adult relative(s)
- Foster parent(s)
- Other adult(s) I am not related to
- None

#### 7. Can you talk to your father about problems you are having?

- Yes, most of the time
- Yes, some of the time
- No, not very often
- No, not at all
- My father is not around

#### 8. Can you talk to your mother about problems you are having?

- Yes, most of the time
- Yes, some of the time
- No, not very often
- No, not at all
- My mother is not around

### SCHOOL

#### 9. What is the MAIN thing you plan to do RIGHT AFTER high school? (Mark only ONE answer)

- I don't plan to graduate from high school
- Get my GED
- Go to a two-year community or technical college
- Go to a four-year college or university
- Get a license or certificate in a career field
- Attend an apprenticeship program
- Join the military
- Work at a job
- Other

**10. Do you have an IEP or get special education services?**

- Yes
- No

**11. Do you currently get free or reduced-price lunch at school?**

- Yes
- No

**12. Since the beginning of the school year, how many times have you changed schools?**

- 0 times
- 1 time
- 2 times
- 3 or more times

**13. How would you describe your grades this school year?**

- Mostly As
- Mostly Bs
- Mostly Cs
- Mostly Ds
- Mostly Fs
- Mostly Incompletes
- None of these letter grades

**14. During the last 30 days, how many times have you skipped school or cut classes, but NOT a full day of school, without being excused?**

- None
- Once or twice
- 3 to 5 times
- 6 to 9 times
- 10 or more times

**15. During the last 30 days, how many times have you skipped or cut a FULL day of school or classes, without being excused?**

- None
- Once or twice
- 3 to 5 times
- 6 to 9 times
- 10 or more times

**16. During the last 30 days, how many times have you...**

16a. Gone to the nurse's office?

- None
- Once or twice
- 3 to 5 times
- 6 to 9 times
- 10 or more times

16b. Stayed home because you were sick?

- None
- Once or twice
- 3 to 5 times
- 6 to 9 times
- 10 or more times

16c. Been sent to the office for discipline?

- None
- Once or twice
- 3 to 5 times
- 6 to 9 times
- 10 or more times

16d. Had an in-school suspension (ISS)?

- None
- Once or twice
- 3 to 5 times
- 6 to 9 times
- 10 or more times

16e. Been suspended from school (out-of-school suspension/OSS)?

- None
- Once or twice
- 3 to 5 times
- 6 to 9 times
- 10 or more times

**17. How often do you...**

17a. Care about doing well in school?

- All of the time
- Most of the time
- Some of the time
- None of the time

17b. Pay attention in class?

- All of the time
- Most of the time
- Some of the time
- None of the time

17c. Go to class unprepared?

- All of the time
- Most of the time
- Some of the time
- None of the time

**18. How much do you agree or disagree with each of the following statements?**

18a. If something interests me, I try to learn more about it.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

18b. I think things I learn at school are useful.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

18c. Being a student is one of the most important parts of who I am.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

18d. Overall, adults at my school treat students fairly.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

18e. Adults at my school listen to the students.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

18f. The school rules are fair.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

18g. At my school, teachers care about students.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

18h. Most teachers at my school are interested in me as a person.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**19. How much do you agree or disagree with each of the following statements?**

19a. I feel safe going to and from school.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

19b. I feel safe at school.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

19c. I feel safe in my neighborhood

- Strongly agree
- Agree
- Disagree
- Strongly disagree

19d. I feel safe at home.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**20. Is there a police officer or School Resource Officer (SRO) at your school?**

- Yes
- No --> SKIP TO QUESTION 22
- I don't know --> SKIP TO QUESTION 22

**21A. If I knew about something unsafe or illegal at my school, I would tell the SRO or police officer.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**21B. I would feel comfortable going to my school's police officer/SRO if I was having problems or needed help.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**21C. I think it is a good idea to have an SRO or police officer at our school.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**22. During the last 30 days, how often have other students harassed or bullied you for any of the following reasons?**

22a. Your race, ethnicity or national origin

- Never
- Once or twice
- About once a week
- Several times a week
- Every day

22b. Your religion

- Never
- Once or twice
- About once a week
- Several times a week
- Every day

22c. Your gender (being male or female)

- Never
- Once or twice
- About once a week
- Several times a week
- Every day

22d. Because you are gay, lesbian, or bisexual or because someone thought you were

- Never
- Once or twice
- About once a week
- Several times a week
- Every day

22e. A physical or mental disability

- Never
- Once or twice
- About once a week
- Several times a week
- Every day

22f. Your size or weight

- Never
- Once or twice
- About once a week
- Several times a week
- Every day

22g. Your physical appearance

- Never
- Once or twice
- About once a week
- Several times a week
- Every day

**23. During the last 30 days, how often have you been bullied through e-mail, chat rooms, instant messaging, websites or texting?**

- Never
- Once or twice
- About once a week
- Several times a week
- Every day

**24. During the last 30 days, how often have other students at school...**

24a. Pushed, shoved, slapped, hit or kicked you when they weren't kidding around?

- Never
- Once or twice
- About once a week
- Several times a week
- Every day

24b. Threatened to beat you up?

- Never
- Once or twice
- About once a week
- Several times a week
- Every day

24c. Spread mean rumors or lies about you?

- Never
- Once or twice
- About once a week
- Several times a week
- Every day

24d. Made sexual jokes, comments or gestures towards you?

- Never
- Once or twice
- About once a week
- Several times a week
- Every day

24e. Excluded you from friends, other students or activities?

- Never
- Once or twice
- About once a week
- Several times a week
- Every day

**25. During the last 30 days, how many times at school have YOU...**

25a. Pushed, shoved, slapped, hit or kicked someone when you weren't kidding around?

- Never
- Once or twice
- About once a week
- Several times a week
- Every day

25b. Threatened to beat someone up?

- Never
- Once or twice
- About once a week
- Several times a week
- Every day

25c. Spread mean rumors or lies about someone else?

- Never
- Once or twice
- About once a week
- Several times a week
- Every day

25d. Made sexual jokes, comments or gestures towards someone else?

- Never
- Once or twice
- About once a week
- Several times a week
- Every day

25e. Excluded someone from friends, other students or activities?

- Never
- Once or twice
- About once a week
- Several times a week
- Every day

**ACTIVITIES**

**26. During a typical week, how often do you go to the following places after school?**

26a. I stay at my school or go to another school

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

26b. My home or another home such as a friend's, relative's or neighbor's

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

26c. A rec, community or other youth center

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

26d. A park or other outdoor space

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

26e. A library

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

26f. A church, synagogue, mosque, or other spiritual/religious place

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

**27. Does your school or community offer a variety of programs for people your age to participate in outside of the regular school day?**

- Yes
- No
- I don't know what programs are available in my community.

**28. During a typical week, how often do you participate in each of the following activities outside of the regular school day?**

28a. Sports teams, such as park and rec teams, school teams, in-house teams or traveling teams

- 0 days
- 1 day
- 2 days
- 3 to 4 days
- 5 or more days

28b. School sponsored activities or clubs that are not sports, such as drama, music, chess or science club

- 0 days
- 1 day
- 2 days
- 3 to 4 days
- 5 or more days

28c. Tutoring, homework help or academic programs

- 0 days
- 1 day
- 2 days
- 3 to 4 days
- 5 or more days

28d. Leadership activities such as student government, youth councils or committees

- 0 days
- 1 day
- 2 days
- 3 to 4 days
- 5 or more days

28e. Artistic lessons, such as music or dance

- 0 days
- 1 day
- 2 days
- 3 to 4 days
- 5 or more days

28f. Physical activity lessons, such as tennis or karate

- 0 days
- 1 day
- 2 days
- 3 to 4 days
- 5 or more days

28g. Other community clubs and programs such as 4-H, Scouts, Y-clubs or Community Ed

- 0 days
- 1 day
- 2 days
- 3 to 4 days
- 5 or more days

28h. Religious activities such as religious services, education or youth group

- 0 days
- 1 day
- 2 days
- 3 to 4 days
- 5 or more days

**29. When you spend time doing activities outside of the regular school day, how often do you...**

29a. Feel safe?

- Rarely or never
- Sometimes
- Often
- Very often

29b. Learn skills like teamwork or leadership?

- Rarely or never
- Sometimes
- Often
- Very often

29c. Develop trusting relationships with peers your age?

- Rarely or never
- Sometimes
- Often
- Very often

29d. Develop trusting relationships with adults?

- Rarely or never
- Sometimes
- Often
- Very often

29e. Help make decisions?

- Rarely or never
- Sometimes
- Often
- Very often

29f. Do something that gives you joy and energy?

- Rarely or never
- Sometimes
- Often
- Very often

29g. Learn skills that you can use in a future job?

- Rarely or never
- Sometimes
- Often
- Very often

### HEALTH

**30. How would you describe your health in general?**

- Excellent
- Very good
- Good
- Fair
- Poor

**31. When was the last time you saw a doctor or nurse for a check-up or physical exam when you were not sick or injured?**

- During the last year
- Between 1 and 2 years ago
- More than 2 years ago
- Never

**32. When was the last time you saw a dentist or dental hygienist for a regular check-up, exam or teeth cleaning or other dental work?**

- During the last year
- Between 1 and 2 years ago
- More than 2 years ago
- Never

**33. How tall are you? (Write in whole numbers; no fractions or decimals)**

Feet  
Inches

**34. About how much do you weigh? (Write in whole numbers; no fractions or decimals)**

Pounds

**35. Do you have any physical disabilities, or long-term health problems (such as asthma, cancer, diabetes, epilepsy or something else)? Long-term means lasting 6 months or more.**

- Yes
- No

**36. Do you have any long-term mental health, behavioral or emotional problems? Long-term means lasting 6 months or more.**

- Yes
- No

**37. Have you ever been treated for a mental health, emotional or behavioral problem? (Mark ALL that apply)**

- No
- Yes, during the last year
- Yes, more than a year ago

**38. Have you ever been treated for an alcohol or drug problem? (Mark ALL that apply)**

- No
- Yes, during the last year
- Yes, more than a year ago

**39. During the last 7 days, on how many days were you physically active for a total of AT LEAST 60 MINUTES PER DAY? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time)**

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

**40. During a typical school week, on how many days do you go to physical education (PE or GYM) classes?**

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

**41. During the last 30 days, have you had to skip meals because your family did not have enough money to buy food?**

- Yes
- No

**42. During a typical school week, where do you usually get your lunch? (Mark ALL that apply)**

- I usually don't eat lunch.
- Regular school lunch from the cafeteria
- The a la carte line (buy individual items)
- School store or vending machine
- Fast food restaurant, gas station or somewhere else outside of school
- I bring lunch from home.

**43. During the last 7 days, how many times did you...**

43a. Drink 100% fruit juices such as orange, apple or grape juice? (Do not count punch, Kool-Aid, sports drinks or other fruit-flavored drinks)

- I did NOT eat or drink this
- 1 to 3 times in the last 7 days
- 4 to 6 times in the last 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

43b. Eat fruit? (Do not count fruit juice)

- I did NOT eat or drink this
- 1 to 3 times in the last 7 days
- 4 to 6 times in the last 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

43c. Eat green salad, potatoes, carrots or other vegetables? (Do not count French fries, fried potatoes, or potato chips)

- I did NOT eat or drink this
- 1 to 3 times in the last 7 days
- 4 to 6 times in the last 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

43d. Eat from a fast food restaurant, including carry-out or delivery?

- I did NOT eat or drink this
- 1 to 3 times in the last 7 days
- 4 to 6 times in the last 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

**44. How many cans, bottles or glasses of each of the following did you drink yesterday?**

44a. Milk

- 0
- 1 or 2
- 3 or 4
- 5 or 6
- 7 or more

44b. Pop or soda

- 0
- 1 or 2
- 3 or 4
- 5 or 6
- 7 or more

44c. Sports drinks, such as Gatorade or Powerade

- 0
- 1 or 2
- 3 or 4
- 5 or 6
- 7 or more

44d. Energy drinks, such as Red Bull or Jolt

- 0
- 1 or 2
- 3 or 4
- 5 or 6
- 7 or more

44e. Other sugar-sweetened drinks, such as sweet tea, lemonade, coffee drinks or juice drinks

- 0
- 1 or 2
- 3 or 4
- 5 or 6
- 7 or more

44f. Water

- 0
- 1 or 2
- 3 or 4
- 5 or 6
- 7 or more

**45. Has a doctor or nurse ever told you that you have...**

45a. Asthma

- Yes
- No

45b. An allergy that requires you to carry an epi-pen

- Yes
- No

**46. How often do you wear a seat belt when you ride in the FRONT seat of a car?**

- I don't ride in the front seat
- Always
- Often
- Sometimes
- I never wear a seat belt



**47. How often do you wear a seat belt when you ride in the BACK seat of a car?**

- I don't ride in the back seat
- Always
- Often
- Sometimes
- I never wear a seat belt

**48. During a typical school night, how many hours of sleep do you get?**

- 4 hours or less
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours

**49. During the last 12 months, how many times did you use an indoor tanning device, such as a sunlamp, sunbed or tanning booth? (Do not include getting a spray-on tan)**

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

**50. How much do you feel...**

50a. Your parents care about you?

- Not at all
- A little
- Some
- Quite a bit
- Very much

50b. Other adult relatives care about you?

- Not at all
- A little
- Some
- Quite a bit
- Very much

50c. Friends care about you?

- Not at all
- A little
- Some
- Quite a bit
- Very much

50d. Teachers/other adults at school care about you?

- Not at all
- A little
- Some
- Quite a bit

- Very much

50e. Adults in your community care about you?

- Not at all
- A little
- Some
- Quite a bit
- Very much

**51. In general, how does each of the following statements describe you?**

51a. I feel in control of my life and future.

- Not at all or rarely
- Somewhat or sometimes
- Very or often
- Extremely or almost always

51b. I feel good about myself.

- Not at all or rarely
- Somewhat or sometimes
- Very or often
- Extremely or almost always

51c. I say no to things that are dangerous or unhealthy.

- Not at all or rarely
- Somewhat or sometimes
- Very or often
- Extremely or almost always

51d. I build friendships with other people.

- Not at all or rarely
- Somewhat or sometimes
- Very or often
- Extremely or almost always

51e. I express my feelings in proper ways.

- Not at all or rarely
- Somewhat or sometimes
- Very or often
- Extremely or almost always

51f. I feel good about my future.

- Not at all or rarely
- Somewhat or sometimes
- Very or often
- Extremely or almost always

51g. I deal with disappointment without getting too upset.

- Not at all or rarely
- Somewhat or sometimes
- Very or often
- Extremely or almost always

51h. I find good ways to deal with things that are hard in my life.

- Not at all or rarely
- Somewhat or sometimes
- Very or often
- Extremely or almost always

51i. I plan ahead and make good choices.

- Not at all or rarely
- Somewhat or sometimes
- Very or often
- Extremely or almost always

51j. I stay away from bad influences.

- Not at all or rarely
- Somewhat or sometimes
- Very or often
- Extremely or almost always

51k. I resolve conflicts without anyone getting hurt.

- Not at all or rarely
- Somewhat or sometimes
- Very or often
- Extremely or almost always

51l. I feel valued and appreciated by others.

- Not at all or rarely
- Somewhat or sometimes
- Very or often
- Extremely or almost always

51m. I accept people who are different from me.

- Not at all or rarely
- Somewhat or sometimes
- Very or often
- Extremely or almost always

51n. I am thinking about what my purpose is in life.

- Not at all or rarely
- Somewhat or sometimes
- Very or often
- Extremely or almost always

51o. I am included in family tasks and decisions.

- Not at all or rarely
- Somewhat or sometimes
- Very or often
- Extremely or almost always

51p. I am given useful roles and responsibilities.

- Not at all or rarely
- Somewhat or sometimes
- Very or often
- Extremely or almost always

51q. I am sensitive to the needs and feelings of others.

- Not at all or rarely
- Somewhat or sometimes
- Very or often
- Extremely or almost always

**52. Over the last 2 weeks, how often have you been bothered by...**

52a. Little interest or pleasure in doing things

- Not at all
- Several days
- More than half the days
- Nearly every day

52b. Feeling down, depressed or hopeless

- Not at all
- Several days
- More than half the days
- Nearly every day

**53. During the last 12 months, did you do any of the following TWO OR MORE TIMES?**

53a. Lie or con to get things you wanted or to avoid having to do something?

- Yes
- No

53b. Have a hard time paying attention at school, work or home?

- Yes
- No

53c. Have a hard time listening to instructions at school, work or home?

- Yes
- No

53d. Be a bully or threaten other people?

- Yes
- No

53e. Start fights with other people?

- Yes
- No

**54. During the last 12 months, how many times did you do something to purposely hurt or injure yourself without wanting to die, such as cutting, burning, or bruising yourself on purpose?**

- 0 times
- 1 or 2 times
- 3 to 5 times
- 6 to 9 times
- 10 to 19 times
- 20 or more times

**55. Have you ever seriously considered attempting suicide? (Mark ALL that apply)**

- No
- Yes, during the last year
- Yes, more than a year ago

**56. Have you ever actually attempted suicide? (Mark ALL that apply)**

- No
- Yes, during the last year
- Yes, more than a year ago

**57. Have you ever had a boyfriend or girlfriend in a dating or serious relationship who...**

57a. Called you names or put you down verbally?

- Yes
- No

57b. Hit, slapped or physically hurt you on purpose?

- Yes
- No

**58. Have YOU ever done any of the following to a boyfriend or girlfriend in a dating or serious relationship...**

58a. Called him/her names or put him/her down verbally?

- Yes
- No

58b. Hit, slapped or physically hurt him/her on purpose?

- Yes
- No

**59. During the last 12 months, have you stayed in a shelter, somewhere not intended as a place to live, or someone else's home because you had no other place to stay? (Mark ALL that apply)**

- No
- Yes -- I was with my parents or an adult family member
- Yes -- I was on my own without any adult family members

**60. Have any of your parents or guardians ever been in jail or prison? (Mark ALL that apply)**

- None of my parents or guardians has ever been in jail or prison.
- Yes, I have a parent or guardian in jail or prison right now.
- Yes, I have had a parent or guardian in jail or prison in the past.

**61. Do you live with anyone who drinks too much alcohol?**

- Yes
- No

**62. Do you live with anyone who uses illegal drugs or abuses prescription drugs?**

- Yes
- No

**63. Does a parent or other adult in your home regularly swear at you, insult you or put you down?**

- Yes
- No

**64. Has a parent or other adult in your household ever hit, beat, kicked or physically hurt you in any way?**

- Yes
- No

**65. Have your parents or other adults in your home ever slapped, hit, kicked, punched or beat each other up?**

- Yes
- No

**66. Has any adult or other person outside of the family ever touched you sexually against your wishes or forced you to touch them sexually?**

- Yes
- No

**67. Has any older or stronger member of your family ever touched you or had you touch them sexually?**

- Yes
- No

#### **BEHAVIOR**

**The next two questions are about gambling. By gambling we mean when you bet money or something else of value so that you can win or gain money or something else.**

**68. During the last 12 months, how often have you done the following gambling/betting activities?**

68a. Played cards, bet on sports teams or games of personal skill like video gaming, pool, golf or bowling

- Daily
- Two to six times a week
- About once a week
- About once a month
- Less than once a month
- Not at all

68b. Bought lottery tickets or scratch offs

- Daily
- Two to six times a week
- About once a week
- About once a month
- Less than once a month
- Not at all

68c. Gambled in a casino

- Daily
- Two to six times a week
- About once a week
- About once a month
- Less than once a month
- Not at all

68d. Gambled for money online

- Daily
- Two to six times a week
- About once a week
- About once a month
- Less than once a month
- Not at all

If you have NEVER done any gambling during the last 12 months, SKIP TO QUESTION 70.

**69. During the last 12 months, how often have you...**

69a. Hidden your gambling/betting from your parents, other family members or teachers?

- Never
- Sometimes
- Many times
- All of the time

69b. Felt that you might have a problem with gambling/betting?

- Never
- Sometimes
- Many times
- All of the time

69c. Skipped hanging out with friends who do not gamble/bet to hang out with friends who do gamble/bet?

- Never
- Sometimes
- Many times
- All of the time

**70. During the last 12 months, how often have you...**

70a. Run away from home?

- Never
- Once or twice
- 3 to 5 times
- 6 to 9 times
- 10 or more times

70b. Damaged or destroyed property?

- Never
- Once or twice
- 3 to 5 times
- 6 to 9 times
- 10 or more times

70c. Hit or beat up another person?

- Never
- Once or twice
- 3 to 5 times
- 6 to 9 times
- 10 or more times

70d. Taken something from a store without paying for it?

- Never
- Once or twice
- 3 to 5 times
- 6 to 9 times
- 10 or more times

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

71a. Smoke a cigarette?

- 0 days
- 1 to 2 days
- 3 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

71b. Smoke cigars, cigarillos or little cigars?

- 0 days
- 1 to 2 days
- 3 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

71c. Use chewing tobacco, snuff or dip?

- 0 days
- 1 to 2 days
- 3 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

71d. Use an electronic cigarette (e-cigarette, e-hookah, vaping pen)?

- 0 days
- 1 to 2 days
- 3 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

71e. Use a hookah or a waterpipe to smoke tobacco?

- 0 days
- 1 to 2 days
- 3 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**72. During the last 30 days, on how many days did you smoke cigarettes or other tobacco products that were flavored to taste like mint or menthol?**

- 0 days
- 1 or 2 days
- 3 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**73. During the last 30 days, on how many days did you use any tobacco product that was some other flavor, like candy, fruit, chocolate, clove, spice or alcoholic drinks?**

- 0 days
- 1 or 2 days
- 3 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**74. During the last 30 days, on how many days did you drink one or more drinks of an alcoholic beverage (beer, wine, wine coolers, or liquor)?**

- 0 days
- 1 to 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**75. During the last 12 months, on how many occasions (if any) have you had alcoholic beverages to drink?**

- 0 --> SKIP TO QUESTION 78.
- 1-2
- 3-5
- 6-9
- 10-19
- 20-39
- 40+

**76. If you drink beer/wine/wine coolers/liquor, generally how much (if any) do you drink at one time?**

- I don't drink beer/wine/wine coolers/liquor
- 1 glass/can/drink
- 2 glasses/cans/drinks
- 3 glasses/cans/drinks
- 4 glasses/cans/drinks
- 5 or more glasses/cans/drinks

**77. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?**

- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 or more days

**78. During the last 30 days, on how many days did you use marijuana (pot, weed) or hashish (hash, hash oil)? (Do NOT count medical marijuana prescribed for you by a doctor.)**

- 0 days
- 1 to 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**79. During the last 12 months, on how many occasions (if any) have you used marijuana or hashish? (Do NOT count medical marijuana prescribed for you by a doctor.)**

- 0
- 1-2
- 3-5
- 6-9
- 10-19
- 20-39
- 40+

**80. During the last 12 months, on how many occasions (if any) have you...**

80a. Sniffed glue or huffed or inhaled the contents of aerosol spray cans or other gases to get high?

- 0
- 1 to 2
- 3 to 5
- 6 to 9
- 10 to 19
- 20 or more

80b. Used LSD (acid), PCP (wet sticks or dipped joints) or other psychedelics (mushrooms, angel dust)?

- 0
- 1 to 2
- 3 to 5
- 6 to 9
- 10 to 19
- 20 or more

80c. Used MDMA (E, X, ecstasy), GHB (G, Liquid E, Liquid X, roofies) or Ketamine (Special K)?

- 0
- 1 to 2
- 3 to 5
- 6 to 9
- 10 to 19
- 20 or more

80d. Used crack, coke or cocaine in any form?

- 0
- 1 to 2
- 3 to 5
- 6 to 9
- 10 to 19
- 20 or more

80e. Used heroin?

- 0
- 1 to 2
- 3 to 5
- 6 to 9
- 10 to 19
- 20 or more

80f. Used methamphetamine (meth, glass, crank, crystal meth, ice)?

- 0
- 1 to 2
- 3 to 5
- 6 to 9
- 10 to 19
- 20 or more

80g. Used over-the-counter drugs such as cough syrup, cold medicine or diet pills that you took only to get high?

- 0
- 1 to 2
- 3 to 5
- 6 to 9
- 10 to 19
- 20 or more

80h. Used synthetic drugs such as bath salts (Ivory Wave, White Lightning) or synthetic marijuana (K2, Gold) that you took only to get high?

- 0
- 1 to 2
- 3 to 5
- 6 to 9
- 10 to 19
- 20 or more

**81. During the last 12 months, on how many occasions (if any) have you used any of the following prescription drugs that were NOT prescribed for you or that you took ONLY to get high?**

81a. Stimulants such as Benzedrine (bennies, speed, uppers, pep pills) or diet pills

- 0
- 1 to 2
- 3 to 5
- 6 to 9
- 10 to 19
- 20 or more

81b. ADHD or ADD drugs like Ritalin (hyper pills)

- 0
- 1 to 2
- 3 to 5
- 6 to 9
- 10 to 19
- 20 or more

81c. Pain relievers such as Oxycodone, Oxycontin ("oxy"), Percocet, Percodan, Vicodin or others

- 0
- 1 to 2
- 3 to 5
- 6 to 9
- 10 to 19
- 20 or more

81d. Tranquilizers such as Valium, Xanax, nerve pills or sedatives or barbiturates (downers)

- 0
- 1 to 2
- 3 to 5
- 6 to 9
- 10 to 19
- 20 or more

**82. During the last 30 days, on how many days did you use prescription drugs not prescribed for you?**

- 0 days
- 1 to 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**83. If you have NOT used alcohol, marijuana, or any other drugs during the last 12 months, SKIP TO QUESTION 89.**

**84. During the last 12 months, have you...**

84a. Found that you had to use a lot more alcohol or drugs than before to get the same effect?

- Yes
- No

84b. Tried to cut down on your use of alcohol or drugs but couldn't?

- Yes
- No

84c. Continued to use alcohol or drugs even though you knew it was hurting your relationships with friends and family?

- Yes
- No

**85. During the last 12 months, how many times have you...**

85a. Spent all or most of the day using alcohol or drugs, or getting over their effects?

- 0 times
- 1 time
- 2 times
- 3 or more times

85b. Given up important social or recreational activities like sports or being with friends or relatives to use alcohol or drugs or to get over their effects?

- 0 times
- 1 time
- 2 times
- 3 or more times

85c. Missed work or school, or neglected other major responsibilities because of alcohol or drug use?

- 0 times
- 1 time
- 2 times
- 3 or more times

85d. Hit someone or become violent while using alcohol or drugs?

- 0 times
- 1 time
- 2 times
- 3 or more times

85e. Used so much alcohol or drugs that the next day you could not remember what you had said or done?

- 0 times
- 1 time
- 2 times
- 3 or more times

85f. Used more alcohol or drugs than you had intended to?

- 0 times
- 1 time
- 2 times
- 3 or more times

**86. During the last 12 months, were there any times when you felt such a strong desire or urge to drink alcohol or to use a drug that you couldn't resist or could not think of anything else?**

- Yes
- No

**87. During the last 12 months, how many times has alcohol or drug use left you feeling depressed, agitated, paranoid or unable to concentrate?**

- 0 times
- 1 time
- 2 times
- 3 or more times

**88. During the last 12 months, how many times has alcohol or drug use caused you problems with the law?**

- 0 times
- 1 time
- 2 times
- 3 or more times

**89. How much do you think people risk harming themselves physically or in other ways if they...**

89a. Smoke one or more packs of cigarettes per day?

- No risk
- Slight risk
- Moderate risk
- Great risk

89b. Have five or more drinks of an alcoholic beverage once or twice per week?

- No risk
- Slight risk
- Moderate risk
- Great risk

89c. Smoke marijuana once or twice per week?

- No risk
- Slight risk
- Moderate risk
- Great risk

89d. Use prescription drugs not prescribed for them?

- No risk
- Slight risk
- Moderate risk
- Great risk

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

90a. Smoke cigarettes?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

90b. Have one or two drinks of an alcoholic beverage nearly every day?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

90c. Smoke marijuana?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

90d. Use prescription drugs not prescribed for you?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

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

91a. Smoke cigarettes?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

91b. Have one or two drinks of an alcoholic beverage nearly every day?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

91c. Smoke marijuana?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

91d. Use prescription drugs not prescribed for you?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

**92. How do you feel about each of the following statements?**

92a. Parents and other adults should clearly communicate with their children about the importance of not using alcohol.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree



92b. Drinking alcohol is never a good thing for anyone my age to do.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**93. In your opinion, how do you think MOST STUDENTS in your school feel about each of the following statements?**

93a. Parents and other adults should clearly communicate with their children about the importance of not using alcohol.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

93b. Drinking alcohol is never a good thing for anyone my age to do.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**94. How often do you use each of the following?**

94a. Tobacco (cigarettes, chew)

- Never
- Tried once or twice
- Once or twice a year
- Once a month
- Twice a month
- Once a week
- Daily

94b. Alcohol (beer, wine, liquor)

- Never
- Tried once or twice
- Once or twice a year
- Once a month
- Twice a month
- Once a week
- Daily

94c. Marijuana (pot, hash, hash oil)

- Never
- Tried once or twice
- Once or twice a year
- Once a month
- Twice a month
- Once a week
- Daily

**95. In your opinion, how often do you think MOST STUDENTS in your school use each of the following?**

95a. Tobacco (cigarettes, chew)

- Never
- Tried once or twice
- Once or twice a year
- Once a month
- Twice a month
- Once a week
- Daily

95b. Alcohol (beer, wine, liquor)

- Never
- Tried once or twice
- Once or twice a year
- Once a month
- Twice a month
- Once a week
- Daily

95c. Marijuana (pot, hash, hash oil)

- Never
- Tried once or twice
- Once or twice a year
- Once a month
- Twice a month
- Once a week
- Daily