In-School Core Survey

Elementary School Questionnaire

2021-2022

This survey asks about your experiences related to your school and health. It also asks about your experiences learning and doing schoolwork from home if you are not going to your school building every weekday in-person.

This survey is voluntary. You do not have to complete this survey, but we hope that you will. We need your help!

Your answers will help improve your school.

Do not write your name on this form or the answer sheet. No one but you will know how you answer these questions.

Please mark only one answer for each question on the answer sheet. Fill in the bubbles neatly with a #2 pencil. Please do not write on the survey questionnaire.

Please read every question carefully. Mark one choice on your answer sheet for each question.

Thank you for taking this survey!
In-School Core Survey

Your School Schedule

This year, some students have returned to their school buildings to attend school. Some students are working from home and not going to the school buildings at all. And some students are doing a combination of both.

1. Which of the following best describes your school schedule during the past 30 days?
   A) I went to school in person at my school building for the entire day, Monday through Friday. [In-School Model]
   B) I participated in school from home for the entire day on most or all weekdays and did not go to school in person. [Remote Learning Model]
   C) I went to school in person at my school building for the entire day on some weekdays and participated in school from home on other weekdays. [Hybrid Model]
   D) I went to school in person at my school building for half of the day and participated in classes from home during the other half of the day on most or all weekdays. [Hybrid Model]

2. Are you female or male?
   A) Female
   B) Male

3. What grade are you in?
   A) 3rd grade
   B) 4th grade
   C) 5th grade
   D) 6th grade

4. What is your race or ethnicity? (Mark All That Apply.)
   A) American Indian or Alaska Native
   B) Asian or Asian American
   C) Black or African American
   D) Hispanic or Latinx
   E) Native Hawaiian or Pacific Islander
   F) White
   G) Something else

5. Did you eat breakfast this morning?
   A) No
   B) Yes
6. How many days a week do you usually go to your school’s afterschool program?
   A) 0 days
   B) 1 day
   C) 2 days
   D) 3 days
   E) 4 days
   F) 5 days

7. What time did you go to bed last night?
   A) Before 9:00 pm
   B) Between 9:00 pm and 10:00 pm
   C) Between 10:00 pm and 11:00 pm
   D) Between 11:00 pm and midnight
   E) After 12:00 am

8. In the past 30 days, how often did you miss an entire day of school for any reason?
   A) I did not miss any days of school in the past 30 days
   B) 1 day
   C) 2 days
   D) 3 or more days
In-School Core Survey

The next questions ask about your relationships with people at school and your learning experiences.

9. Do you feel close to people at school?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

10. Are you happy to be at this school?
    A) No, never
    B) Yes, some of the time
    C) Yes, most of the time
    D) Yes, all of the time

11. Do you feel like you are part of this school?
    A) No, never
    B) Yes, some of the time
    C) Yes, most of the time
    D) Yes, all of the time

12. Do you feel proud to belong to your school?
    A) No, never
    B) Yes, some of the time
    C) Yes, most of the time
    D) Yes, all of the time

13. Are the students at your school motivated to learn?
    A) No, never
    B) Yes, some of the time
    C) Yes, most of the time
    D) Yes, all of the time

14. Do teachers treat students fairly at school?
    A) No, never
    B) Yes, some of the time
    C) Yes, most of the time
    D) Yes, all of the time
15. Is your school building neat and clean?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

16. Do the teachers and other grown-ups from your school check on how you are feeling?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

17. Are you given a chance to help decide school activities or rules?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

18. Do the teachers and other grown-ups at school care about you?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

19. Do the teachers and other grown-ups at school tell you when you do a good job?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

20. Do the teachers and other grown-ups at school ask you about your ideas?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time
In-School Core Survey

21. Do the teachers and other grown-ups give you a chance to solve school problems?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

22. Do you get to do interesting activities at school?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

23. Are you given a chance to help decide class activities or rules?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

24. Do your teachers ask you what you want to learn about?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

25. How well do you do in your schoolwork?
   A) I’m one of the best students
   B) I do better than most students
   C) I do about the same as others
   D) I don’t do as well as most others

26. Do the teachers and other grown-ups at school listen when you have something to say?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time
27. Do the teachers and other grown-ups at school believe that you can do a good job?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

28. Do you do things to be helpful at school?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

29. Do the teachers and other grown-ups at school make an effort to get to know you?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

30. Do the teachers and other grown-ups at school want you to do your best?
    A) No, never
    B) Yes, some of the time
    C) Yes, most of the time
    D) Yes, all of the time

31. Are the school rules fair?
    A) No, never
    B) Yes, some of the time
    C) Yes, most of the time
    D) Yes, all of the time

32. Do teachers and other grown-ups at school treat students with respect?
    A) No, never
    B) Yes, some of the time
    C) Yes, most of the time
    D) Yes, all of the time
33. Are students treated fairly when they break school rules?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

34. Are students at this school well behaved?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

35. Do students know what the rules are?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

36. Does your school help students resolve conflicts with one another?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

37. Does your school teach students to understand how other students think and feel?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

38. Does your school teach students to feel responsible for how they act?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time
39. Does your school teach students to care about each other and treat each other with respect?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

40. Do the teachers and other grown-ups make it clear that bullying is not allowed?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

41. If you tell a teacher that you’ve been bullied, will the teacher do something to help?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

42. Do students at your school try to stop bullying when they see it happening?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

43. Do you get really bored at school?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

44. Do you finish all your school assignments?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time
45. When you get a bad grade, do you try even harder the next time?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

46. Do you keep working and working on your schoolwork until you get it right?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

47. Do you keep doing your schoolwork even when it’s really hard for you?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

48. Do you follow the classroom rules?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

49. Do you follow the playground rules at recess and lunch times?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

50. Do you listen when your teacher is talking?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time
In-School Core Survey

51. Are you nice to other students?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

52. During the past 30 days, did kids spread mean rumors or lies, or hurtful pictures, about you online, on social media, or on a cell phone?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

53. Do other kids hit or push you at school when they are not just playing around?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

54. Do other kids at school spread mean rumors or lies about you?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

55. During the past year, did you ever bring a gun or knife to school?
   A) No
   B) Yes

56. Do other kids at school call you bad names or make mean jokes about you?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

57. During the past year, have you ever seen another kid with a gun or knife at school?
   A) No
   B) Yes
In-School Core Survey

58. Do you feel safe at school?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

59. Do you feel safe on your way to and from school?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

60. Have other kids at school ever teased you about what your body looks like?
   A) No
   B) Yes

These next questions are about how you felt over the past 30 days. Please choose the answer that best describes you.

61. Do you feel good and happy?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

62. Do you feel sad?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time
In-School Core Survey

The next questions are about cigarettes, vaping, alcohol, and other drugs.

Keep the following definitions in mind

- **One drink of alcohol** means drinking 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 you use to get “high” or for reasons other than medical (as ordered by a doctor).

63. Have you ever smoked a cigarette?
   A) No
   B) Yes, I smoked a part of a cigarette, like one or two puffs
   C) Yes, I smoked a whole cigarette

64. Have you ever vaped?
   A) No
   B) Yes

65. Have you ever drunk beer, wine, or other alcohol?
   A) No
   B) Yes, I drank one or two sips
   C) Yes, I drank a full glass

66. Have you ever sniffed something through your nose to get “high”?
   A) No
   B) Yes

67. Have you ever used any marijuana (smoke, vape, eat, or drink)?
   A) No
   B) Yes
   C) I don’t know what marijuana is

68. Do you think smoking cigarettes is bad for a person’s health?
   A) No, not bad
   B) Yes, a little bad
   C) Yes, very bad
In-School Core Survey

69. Do you think vaping is bad for a person’s health?
   A) No, not bad
   B) Yes, a little bad
   C) Yes, very bad

70. Do you think drinking alcohol (beer, wine, liquor) is bad for a person’s health?
   A) No, not bad
   B) Yes, a little bad
   C) Yes, very bad

71. Do you think using marijuana (smoke, vape, eat, or drink) is bad for a person’s health?
   A) No, not bad
   B) Yes, a little bad
   C) Yes, very bad
   D) I don’t know what marijuana is

Here are questions about your home.

72. Does a parent or some other grown-up at home care about your schoolwork?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

73. Does a parent or some other grown-up at home believe that you can do a good job?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

74. Does a parent or some other grown-up at home want you to do your best?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time
75. Does a parent or some other grown-up at home ask if you did your homework?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

76. Does a parent or some other grown-up at home check your homework?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

77. Does a parent or some other grown-up at home ask you about school?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

78. Does a parent or some other grown-up at home ask you about your grades?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time
In-School Core Survey
Middle School Questionnaire

2021-2022

This survey asks about your behavior, experiences, and attitudes related to your school, health, and well-being. The survey also includes questions about use of alcohol, tobacco, and other drugs, and 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 (you ever did 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!
In-School Core Survey

Your School Schedule

This year, some students have returned to their school buildings to attend school. Some students are working from home and not going to the school buildings at all. And some students are doing a combination of both.

1. Which of the following best describes your school schedule during the past 30 days?
   A) I went to school in person at my school building for the entire day, Monday through Friday. [In-School Model]
   B) I participated in school from home for the entire day on most or all weekdays and did not go to school in person. [Remote Learning Model]
   C) I went to school in person at my school building for the entire day on some weekdays and participated in school from home on other weekdays. [Hybrid Model]
   D) I went to school in person at my school building for half of the day and participated in classes from home during the other half of the day on most or all weekdays. [Hybrid Model]

Next, we would like some background information about you.

2. What grade are you in?
   A) 6th grade
   B) 7th grade
   C) 8th grade
   D) 9th grade
   E) 10th grade
   F) 11th grade
   G) 12th grade
   H) Other grade
   I) Ungraded

3. What is your gender?
   A) Male
   B) Female
   C) Nonbinary
   D) Something else

4. Some people describe themselves as transgender when how they think or feel about their gender is different from the sex they were assigned at birth. Are you transgender?
   A) No, I am not transgender
   B) Yes, I am transgender
   C) I am not sure if I am transgender
   D) Decline to respond
5. Which of the following best describes you?
   A) Straight (not gay)
   B) Lesbian or Gay
   C) Bisexual
   D) Something else
   E) Not sure
   F) Decline to respond

6. What is your race or ethnicity? (Mark All That Apply.)
   A) American Indian or Alaska Native
   B) Asian or Asian American
   C) Black or African American
   D) Hispanic or Latinx
   E) Native Hawaiian or Pacific Islander
   F) White
   G) Something else

7. If you are Asian or Pacific Islander, which groups best describe you? (Mark All That Apply.)
   If you are not of Asian or Pacific Islander background, mark “A) Does not apply.”
   A) Does not apply; I am not Asian or Pacific Islander
   B) Asian Indian
   C) Cambodian
   D) Chinese
   E) Filipino
   F) Hmong
   G) Japanese
   H) Korean
   I) Laotian
   J) Vietnamese
   K) Native Hawaiian, Guamanian, Samoan, Tahitian, or other Pacific Islander
   L) Other Asian

8. If you are Hispanic or Latinx, which groups best describe you? (Mark All That Apply.)
   If you are not of Hispanic or Latinx background, mark “A) Does not apply.”
   A) Does not apply; I am not Hispanic or Latinx
   B) Colombian
   C) Cuban
   D) Dominican
   E) Guatemalan
   F) Honduran
   G) Mexican
   H) Puerto Rican
   J) Salvadoran
   K) Other Hispanic or Latinx
In-School Core Survey

9. What best describes where you live? A home includes a house, apartment, trailer, or mobile home.
   A) A home with one or more parent or guardian
   B) Other relative’s home
   C) A home with more than one family
   D) Friend’s home
   E) Foster home, group care, or waiting placement
   F) Hotel or motel
   G) Shelter, car, campground, or other transitional or temporary housing
   H) Other living arrangement

10. What is the highest level of education your parents or guardians completed? (Mark the educational level of the parent or guardian who went the furthest in school.)
   A) Did not finish high school
   B) Graduated from high school
   C) Attended college but did not complete four-year degree
   D) Graduated from college
   E) Don’t know

11. Is your father, mother, or guardian currently in the military (Army, Navy, Marines, Air Force, National Guard, or Reserves)?
   A) No
   B) Yes
   C) Don’t know

12. What language is spoken most of the time in your home?
   A) English
   B) Spanish
   C) Mandarin
   D) Cantonese
   E) Taiwanese
   F) Tagalog
   G) Vietnamese
   H) Korean
   I) Arabic
   J) Other

  APPLICABLE FOR NON-ENGLISH LANGUAGE AT HOME. [IF Q12 = B-J]

How well do you understand, speak, read, and write English?

<table>
<thead>
<tr>
<th></th>
<th>Very Well</th>
<th>Well</th>
<th>Not Well</th>
<th>Not At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.A Understand English</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>12.B Speak English</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>12.C Read English</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>12.D Write English</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>
13. What time did you go to bed last night?
   A) Before 7:00 pm
   B) 7:00–7:59 pm
   C) 8:00–8:59 pm
   D) 9:00–9:59 pm
   E) 10:00–10:59 pm
   F) 11:00–11:59 pm
   G) 12:00–12:59 am
   H) After 1:00 am

14. Did you eat breakfast today?
   A) No
   B) Yes

15. In the past 30 days, how often did you miss an entire day of school for any reason?
   A) I did not miss any days of school in the past 30 days
   B) 1 day
   C) 2 days
   D) 3 or more days

16. How many days a week do you usually go to your school’s afterschool program?
   A) I do not attend my school’s afterschool program
   B) 1 day
   C) 2 days
   D) 3 days
   E) 4 days
   F) 5 days

17. During the past 12 months, how would you describe the grades you mostly received in school?
   A) Mostly A’s
   B) A’s and B’s
   C) Mostly B’s
   D) B’s and C’s
   E) Mostly C’s
   F) C’s and D’s
   G) Mostly D’s
   H) Mostly F’s
In-School Core Survey

18. In the past 30 days, did you miss a day of 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) Were being bullied or mistreated at school
   D) Felt very sad, hopeless, anxious, stressed, or angry
   E) Didn’t get enough sleep
   F) Didn’t feel safe at school or going to and from school
   G) Had to take care of or help a family member or friend
   H) Wanted to spend time with friends
   I) Used alcohol or drugs
   J) Were behind in schoolwork or weren’t prepared for a test or class assignment
   K) Were bored or uninterested in school
   L) Had no transportation to school
   M) Other reason

How strongly do you agree or disagree with the following statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Disagree Nor Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. I feel close to people at this school.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>20. I am happy to be at this school.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>21. I feel like I am part of this school.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>22. The teachers at this school treat students fairly.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>23. I feel safe in my school.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>24. My school is usually clean and tidy.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>25. Teachers at this school communicate with parents about what students are expected to learn in class.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>26. Parents feel welcome to participate at this school.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>27. School staff take parent concerns seriously.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>28. It is hard for me to stay focused when doing my schoolwork.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>29. I try hard to make sure that I am good at my schoolwork.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>30. I try hard on my schoolwork because I am interested in it.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
</tbody>
</table>
In-School Core Survey

<table>
<thead>
<tr>
<th>31.</th>
<th>I work hard to try to understand new things when doing my schoolwork.</th>
</tr>
</thead>
<tbody>
<tr>
<td>32.</td>
<td>I am always trying to do better in my schoolwork.</td>
</tr>
</tbody>
</table>

How strongly do you agree or disagree with the following statements?

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Disagree Nor Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>33.</th>
<th>School is really boring.</th>
</tr>
</thead>
<tbody>
<tr>
<td>34.</td>
<td>School is worthless and a waste of time.</td>
</tr>
</tbody>
</table>
In-School Core Survey

Please mark on your answer sheet how TRUE you feel each of the following statements is about your SCHOOL.

There is a teacher or some other adult from my school...

35. who really cares about me.
   - Not At All True: A
   - A Little True: B
   - Pretty Much True: C
   - Very Much True: D

36. who tells me when I do a good job.
   - Not At All True: A
   - A Little True: B
   - Pretty Much True: C
   - Very Much True: D

37. who notices when I'm not there.
   - Not At All True: A
   - A Little True: B
   - Pretty Much True: C
   - Very Much True: D

38. who always wants me to do my best.
   - Not At All True: A
   - A Little True: B
   - Pretty Much True: C
   - Very Much True: D

39. who checks on how I am feeling.
   - Not At All True: A
   - A Little True: B
   - Pretty Much True: C
   - Very Much True: D

40. who listens to me when I have something to say.
   - Not At All True: A
   - A Little True: B
   - Pretty Much True: C
   - Very Much True: D

41. who believes that I will be a success.
   - Not At All True: A
   - A Little True: B
   - Pretty Much True: C
   - Very Much True: D

At school, ...

42. I do interesting activities.
   - Not At All True: A
   - A Little True: B
   - Pretty Much True: C
   - Very Much True: D

43. I help decide things like class activities or rules.
   - Not At All True: A
   - A Little True: B
   - Pretty Much True: C
   - Very Much True: D

44. I do things that make a difference.
   - Not At All True: A
   - A Little True: B
   - Pretty Much True: C
   - Very Much True: D

45. I have a say in how things work.
   - Not At All True: A
   - A Little True: B
   - Pretty Much True: C
   - Very Much True: D

46. I help decide school activities or rules.
   - Not At All True: A
   - A Little True: B
   - Pretty Much True: C
   - Very Much True: D
In-School Core Survey

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, as ordered or prescribed by a doctor.

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 prescribed by a doctor.

- **VAPES or VAPE PRODUCTS**: Electronic devices like vape pens, e-cigarettes, e-hookah, hookah pens, e-vaporizers, tanks, pods, or mods used to inhale a vapor. Can be used to **vape** many things, including nicotine or just flavoring. Popular brands are JUUL, Suorin, SMOK, Zodiac Constellation, and Stiiizy.
In-School Core Survey

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Number of Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 Times</td>
</tr>
<tr>
<td>A cigarette, even one or two puffs</td>
<td>A</td>
</tr>
<tr>
<td>A whole cigarette</td>
<td>A</td>
</tr>
<tr>
<td>Smokeless tobacco (dip, chew, or snuff)</td>
<td>A</td>
</tr>
<tr>
<td>Vape products</td>
<td>A</td>
</tr>
<tr>
<td>[ASKED IF Q50 = B, C, D, E, or F]</td>
<td>A</td>
</tr>
<tr>
<td>Vaped tobacco or nicotine</td>
<td>A</td>
</tr>
<tr>
<td>Vaped marijuana or THC</td>
<td>A</td>
</tr>
<tr>
<td>Vaped other product</td>
<td>A</td>
</tr>
<tr>
<td>One full drink of alcohol (such as a can of beer, glass of wine, wine cooler, or shot of liquor)</td>
<td>A</td>
</tr>
<tr>
<td>Marijuana (smoke, vape, eat, or drink)</td>
<td>A</td>
</tr>
<tr>
<td>Inhalants (things you sniff, huff, or breathe to get “high” such as glue, paint, aerosol sprays, gasoline, poppers, gases)</td>
<td>A</td>
</tr>
<tr>
<td>Relevant</td>
<td>A</td>
</tr>
<tr>
<td>Any other drug, pill, or medicine to get “high” or for reasons other than medical</td>
<td>A</td>
</tr>
</tbody>
</table>

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

| Question                                                                 | Number of Times |
|                                                                          | 0 Times | 1 Time | 2 Times | 3 Times | 4-6 Times | 7 or More Times |
| very drunk or sick after drinking alcohol?                               | A        | B      | C       | D       | E         | F               |
| “high” (loaded, stoned, or wasted) from using drugs?                      | A        | B      | C       | D       | E         | F               |
| drunk on alcohol or “high” on drugs on school property?                  | A        | B      | C       | D       | E         | F               |
In-School Core Survey

APPlicable for lifetime marijuana users only – Ask of students who reported ever using marijuana [IF Q52 = B, C, D, E, or F]

During your life, how many times have you used marijuana in any of the following ways:

<table>
<thead>
<tr>
<th>59. Smoke it?</th>
<th>Number of Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 Times</td>
</tr>
<tr>
<td></td>
<td>A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>60. In a vaping device (vape pens, mods, or portable vaporizers)?</th>
<th>Number of Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 Times</td>
</tr>
<tr>
<td></td>
<td>A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>61. Eat or drink it in products made with marijuana?</th>
<th>Number of Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 Times</td>
</tr>
<tr>
<td></td>
<td>A</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>62. cigarettes?</th>
<th>Number of Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 Days</td>
</tr>
<tr>
<td></td>
<td>A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>63. smokeless tobacco (dip, chew, or snuff)?</th>
<th>Number of Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 Days</td>
</tr>
<tr>
<td></td>
<td>A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>64. vape products?</th>
<th>Number of Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 Days</td>
</tr>
<tr>
<td></td>
<td>A</td>
</tr>
</tbody>
</table>

[ASKED IF Q64 = B, C, D, E, or F]

64.A Vaped tobacco or nicotine
64.B Vaped marijuana or THC
64.C Vaped other product

<table>
<thead>
<tr>
<th>65. one or more drinks of alcohol?</th>
<th>Number of Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 Days</td>
</tr>
<tr>
<td></td>
<td>A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>66. five or more drinks of alcohol in a row, that is, within a couple of hours?</th>
<th>Number of Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 Days</td>
</tr>
<tr>
<td></td>
<td>A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>67. marijuana (smoke, vape, eat, or drink)?</th>
<th>Number of Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 Days</td>
</tr>
<tr>
<td></td>
<td>A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>68. inhalants (things you sniff, huff, or breathe to get &quot;high&quot;)?</th>
<th>Number of Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 Days</td>
</tr>
<tr>
<td></td>
<td>A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>69. any other drug, pill, or medicine to get “high” or for reasons other than medical?</th>
<th>Number of Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 Days</td>
</tr>
<tr>
<td></td>
<td>A</td>
</tr>
</tbody>
</table>
During the past 30 days, on how many days on school property did you...

70. smoke cigarettes?
   0 Days  1 Day  2 Days  3-9 Days  10-19 Days  20-30 Days
   A  B  C  D  E  F

71. use smokeless tobacco (dip, chew, or snuff)?
   A  B  C  D  E  F

72. vape?
   A  B  C  D  E  F

73. have at least one drink of alcohol?
   A  B  C  D  E  F

74. use marijuana (smoke, vape, eat, or drink)?
   A  B  C  D  E  F

75. use any other drug, pill, or medicine to get “high” or for reasons other than medical?
   A  B  C  D  E  F

76. breathe the smoke or vapor from someone who was using cigarettes or e-cigarettes?
   A  B  C  D  E  F

How much do people risk harming themselves physically and in other ways when they do the following?

77. Smoke cigarettes occasionally
    Great  Moderate  Slight  None
    A  B  C  D

78. Smoke 1 or more packs of cigarettes each day
    A  B  C  D

79. Vape tobacco or nicotine occasionally
    A  B  C  D

80. Vape tobacco or nicotine several times a day (100 puffs or more)
    A  B  C  D

81. Drink alcohol (beer, wine, liquor) occasionally
    A  B  C  D

82. Have five or more drinks of alcohol once or twice a week
    A  B  C  D

83. Use marijuana occasionally (smoke, vape, eat, or drink)
    A  B  C  D

84. Use marijuana daily
    A  B  C  D

How difficult is it for students in your grade to get any of the following if they really want them?

California Healthy Kids Survey ©2021 CA Dept. of Ed.
Middle School Questionnaire
Version MS02 – Fall 2021-Spring 2022

~ 12 ~
## In-School Core Survey

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Difficult</th>
<th>Fairly Difficult</th>
<th>Fairly Easy</th>
<th>Very Easy</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>85. Cigarettes</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>86. Vape products</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>87. Alcohol</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>88. Marijuana</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>89. Prescription drugs to get “high” or for reasons other than prescribed</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
</tbody>
</table>

90. Does your school ban tobacco use and vaping on school property and at school sponsored events?
   - A) No
   - B) Yes
   - C) Don’t know

91. In a normal week, how many days are you home after school for at least one hour without an adult there?
   - A) Never
   - B) 1 day
   - C) 2 days
   - D) 3 days
   - E) 4 days
   - F) 5 days
In-School Core Survey

Next are questions about violence, safety, harassment, & bullying on school property.

92. 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

During the past 12 months, how many times on school property have you...

<table>
<thead>
<tr>
<th>Happened on School Property</th>
<th>0 Times</th>
<th>1 Time</th>
<th>2 to 3 Times</th>
<th>4 or More Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>93. been pushed, shoved, slapped, hit, or kicked by someone who wasn’t just kidding around?</td>
<td>A B C D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>94. been afraid of being beaten up?</td>
<td>A B C D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>95. been in a physical fight?</td>
<td>A B C D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>96. had mean rumors or lies spread about you?</td>
<td>A B C D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>97. had sexual jokes, comments, or gestures made to you?</td>
<td>A B C D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>98. been made fun of because of your looks or the way you talk?</td>
<td>A B C D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99. had your property stolen or deliberately damaged, such as your car, clothing, or books?</td>
<td>A B C D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100. been offered, sold, or given an illegal drug?</td>
<td>A B C D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>101. damaged school property on purpose?</td>
<td>A B C D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>102. carried a gun?</td>
<td>A B C D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>103. carried any other weapon (such as a knife or club)?</td>
<td>A B C D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>104. been threatened or injured with a weapon (gun, knife, club, etc.)?</td>
<td>A B C D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>105. seen someone carrying a gun, knife, or other weapon?</td>
<td>A B C D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>106. been threatened with harm or injury?</td>
<td>A B C D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>107. been made fun of, insulted, or called names?</td>
<td>A B C D</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In-School Core Survey

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 or power quarrel or fight.]

<table>
<thead>
<tr>
<th></th>
<th>Happened on School Property</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 Times</td>
<td>1 Time</td>
<td>2 to 3 Times</td>
<td>4 or More Times</td>
</tr>
<tr>
<td>108.</td>
<td>Your race, ethnicity, or national origin</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>109.</td>
<td>Your religion</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>110.</td>
<td>Your gender</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>111.</td>
<td>Because you are gay, lesbian, or bisexual or someone thought you were</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>112.</td>
<td>A physical or mental disability</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>113.</td>
<td>You are an immigrant or someone thought you were</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>114.</td>
<td>Any other reason</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
</tbody>
</table>

115. During the past 12 months, how many times did other students spread mean rumors or lies, or hurtful pictures, about you online, on social media, or on a cell phone?
   A) 0 times (never)
   B) 1 time
   C) 2–3 times
   D) 4 or more times

116. Do you consider yourself a member of a gang?
   A) No
   B) Yes

117. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities?
   A) No
   B) Yes

118. During the past 12 months, did you ever seriously consider attempting suicide?
   A) No
   B) Yes
**In-School Core Survey**

Over the past **30 days**, how true do you feel these statements are about you?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Not At All True</th>
<th>A Little True</th>
<th>Pretty Much True</th>
<th>Very Much True</th>
</tr>
</thead>
<tbody>
<tr>
<td>119. I had a hard time relaxing.</td>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>120. I felt sad and down.</td>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>121. I was easily irritated.</td>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>122. It was hard for me to cope and I thought I would panic.</td>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>123. It was hard for me to get excited about anything.</td>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

*Please tell us how true each statement is of you.*

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Not At All True</th>
<th>A Little True</th>
<th>Pretty Much True</th>
<th>Very Much True</th>
</tr>
</thead>
<tbody>
<tr>
<td>124. Each day I look forward to having a lot of fun.</td>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>125. I usually expect to have a good day.</td>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>126. Overall, I expect more good things to happen to me than bad things.</td>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>
In-School Core Survey

Please describe your level of satisfaction below

I would describe my satisfaction with...

<table>
<thead>
<tr>
<th></th>
<th>Very Dissatisfied</th>
<th>Dissatisfied</th>
<th>A Little Dissatisfied</th>
<th>A Little Satisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>127.</td>
<td>my family life as...</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>128.</td>
<td>my friendships as...</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>129.</td>
<td>my school experience as...</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>130.</td>
<td>myself as...</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>131.</td>
<td>where I live as...</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
</tbody>
</table>

132. 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
This survey asks about your behavior, experiences, and attitudes related to your school, health, and well-being. The survey also includes questions about use of alcohol, tobacco, and other drugs, and 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** (you ever did 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!**
In-School Core Survey

Your School Schedule

This year, some students have returned to their school buildings to attend school. Some students are working from home and not going to the school buildings at all. And some students are doing a combination of both.

1. Which of the following best describes your school schedule during the past 30 days?
   A) I went to school in person at my school building for the entire day, Monday through Friday. [In-School Model]
   B) I participated in school from home for the entire day on most or all weekdays and did not go to school in person. [Remote Learning Model]
   C) I went to school in person at my school building for the entire day on some weekdays and participated in school from home on other weekdays. [Hybrid Model]
   D) I went to school in person at my school building for half of the day and participated in classes from home during the other half of the day on most or all weekdays. [Hybrid Model]

Next, we would like some background information about you.

2. What grade are you in?
   A) 6th grade
   B) 7th grade
   C) 8th grade
   D) 9th grade
   E) 10th grade
   F) 11th grade
   G) 12th grade
   H) Other grade
   I) Ungraded

3. What is your gender?
   A) Male
   B) Female
   C) Nonbinary
   D) Something else

4. Some people describe themselves as transgender when how they think or feel about their gender is different from the sex they were assigned at birth. Are you transgender?
   A) No, I am not transgender
   B) Yes, I am transgender
   C) I am not sure if I am transgender
   D) Decline to respond
5. Which of the following best describes you?
   A) Straight (not gay)
   B) Lesbian or Gay
   C) Bisexual
   D) Something else
   E) Not sure
   F) Decline to respond

6. What is your race or ethnicity? (Mark All That Apply.)
   A) American Indian or Alaska Native
   B) Asian or Asian American
   C) Black or African American
   D) Hispanic or Latinx
   E) Native Hawaiian or Pacific Islander
   F) White
   G) Something else

7. If you are Asian or Pacific Islander, which groups best describe you? (Mark All That Apply.)
   If you are not of Asian or Pacific Islander background, mark “A) Does not apply.”
   A) Does not apply; I am not Asian or Pacific Islander
   B) Asian Indian
   C) Cambodian
   D) Chinese
   E) Filipino
   F) Hmong
   G) Japanese
   H) Korean
   I) Laotian
   J) Vietnamese
   K) Native Hawaiian, Guamanian, Samoan, Tahitian, or other Pacific Islander
   L) Other Asian

8. If you are Hispanic or Latinx, which groups best describe you? (Mark All That Apply.)
   If you are not of Hispanic or Latinx background, mark “A) Does not apply.”
   A) Does not apply; I am not Hispanic or Latinx
   B) Colombian
   C) Cuban
   D) Dominican
   E) Guatemalan
   F) Honduran
   G) Mexican
   H) Puerto Rican
   I) Salvadoran
   J) Other Hispanic or Latinx
In-School Core Survey

9. What best describes where you live? A home includes a house, apartment, trailer, or mobile home.
   A) A home with one or more parent or guardian
   B) Other relative’s home
   C) A home with more than one family
   D) Friend’s home
   E) Foster home, group care, or waiting placement
   F) Hotel or motel
   G) Shelter, car, campground, or other transitional or temporary housing
   H) Other living arrangement

10. What is the highest level of education your parents or guardians completed? (Mark the educational level of the parent or guardian who went the furthest in school.)
    A) Did not finish high school
    B) Graduated from high school
    C) Attended college but did not complete four-year degree
    D) Graduated from college
    E) Don’t know

11. Is your father, mother, or guardian currently in the military (Army, Navy, Marines, Air Force, National Guard, or Reserves)?
    A) No
    B) Yes
    C) Don’t know

12. What language is spoken most of the time in your home?
    A) English
    B) Spanish
    C) Mandarin
    D) Cantonese
    E) Taiwanese
    F) Tagalog
    G) Vietnamese
    H) Korean
    I) Arabic
    J) Other
## In-School Core Survey

**Applicable for non-English language at home.** [If Q12 = B-J]

*How well do you understand, speak, read, and write English?*

<table>
<thead>
<tr>
<th></th>
<th>Very Well</th>
<th>Well</th>
<th>Not Well</th>
<th>Not At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>B</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>C</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>D</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

13. What time did you go to bed last night?

- **A)** Before 7:00 pm
- **B)** 7:00–7:59 pm
- **C)** 8:00–8:59 pm
- **D)** 9:00–9:59 pm
- **E)** 10:00–10:59 pm
- **F)** 11:00–11:59 pm
- **G)** 12:00–12:59 am
- **H)** After 1:00 am

14. Did you eat breakfast today?

- **A)** No
- **B)** Yes

15. In the past **30 days**, how often did you miss an entire day of school for any reason?

- **A)** I did not miss any days of school in the past 30 days
- **B)** 1 day
- **C)** 2 days
- **D)** 3 or more days

16. How many days a week do you usually go to your school’s afterschool program?

- **A)** I do not attend my school’s afterschool program
- **B)** 1 day
- **C)** 2 days
- **D)** 3 days
- **E)** 4 days
- **F)** 5 days

17. During the past **12 months**, how would you describe the grades you mostly received in school?

- **A)** Mostly A’s
- **B)** A’s and B’s
- **C)** Mostly B’s
- **D)** B’s and C’s
- **E)** Mostly C’s
- **F)** C’s and D’s
- **G)** Mostly D’s
- **H)** Mostly F’s
In-School Core Survey

18. In the past 30 days, did you miss a day of 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) Were being bullied or mistreated at school
   D) Felt very sad, hopeless, anxious, stressed, or angry
   E) Didn’t get enough sleep
   F) Didn’t feel safe at school or going to and from school
   G) Had to take care of or help a family member or friend
   H) Wanted to spend time with friends
   I) Used alcohol or drugs
   J) Were behind in schoolwork or weren’t prepared for a test or class assignment
   K) Were bored or uninterested in school
   L) Had no transportation to school
   M) Other reason

How strongly do you agree or disagree with the following statements?

19. I feel close to people at this school.
   Strongly Disagree Disagree Neither Disagree Nor Agree Agree Strongly Agree
   A  B  C  D  E
20. I am happy to be at this school.
   A  B  C  D  E
21. I feel like I am part of this school.
   A  B  C  D  E
22. The teachers at this school treat students fairly.
   A  B  C  D  E
23. I feel safe in my school.
   A  B  C  D  E
24. My school is usually clean and tidy.
   A  B  C  D  E
25. Teachers at this school communicate with parents about what students are expected to learn in class.
   A  B  C  D  E
26. Parents feel welcome to participate at this school.
   A  B  C  D  E
27. School staff take parent concerns seriously.
   A  B  C  D  E
28. It is hard for me to stay focused when doing my schoolwork.
   A  B  C  D  E
29. I try hard to make sure that I am good at my schoolwork.
   A  B  C  D  E
30. I try hard on my schoolwork because I am interested in it.
   A  B  C  D  E
31. I work hard to try to understand new things when doing my schoolwork.

32. I am always trying to do better in my schoolwork.

How strongly do you agree or disagree with the following statements?

33. School is really boring.

34. School is worthless and a waste of time.
In-School Core Survey

Please mark on your answer sheet how TRUE you feel each of the following statements is about your SCHOOL.

There is a teacher or some other adult from my school...

35. who really cares about me.
    Not At All True | A | B | C | D
36. who tells me when I do a good job.
    Not At All True | A | B | C | D
37. who notices when I'm not there.
    Not At All True | A | B | C | D
38. who always wants me to do my best.
    Not At All True | A | B | C | D
39. who checks on how I am feeling.
    Not At All True | A | B | C | D
40. who listens to me when I have something to say.
    Not At All True | A | B | C | D
41. who believes that I will be a success.
    Not At All True | A | B | C | D

At school, ...

42. I do interesting activities.
    Not At All True | A | B | C | D
43. I help decide things like class activities or rules.
    Not At All True | A | B | C | D
44. I do things that make a difference.
    Not At All True | A | B | C | D
45. I have a say in how things work.
    Not At All True | A | B | C | D
46. I help decide school activities or rules.
    Not At All True | A | B | C | D
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, as ordered or prescribed by a doctor.

**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 prescribed by a doctor.

- **VAPES or VAPE PRODUCTS**: Electronic devices like vape pens, e-cigarettes, e-hookah, hookah pens, e-vaporizers, tanks, pods, or mods used to inhale a vapor. Can be used to vape many things, including nicotine or just flavoring. Popular brands are JUUL, Suorin, SMOK, Zodiac Constellation, and Stiiizy.
During your **life**, how many times have you used the following?

<table>
<thead>
<tr>
<th></th>
<th>Number of Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 Times</td>
</tr>
<tr>
<td>47.</td>
<td>A <strong>whole</strong> cigarette</td>
</tr>
<tr>
<td>48.</td>
<td>Smokeless tobacco (dip, chew, or snuff)</td>
</tr>
<tr>
<td>49.</td>
<td>Vape products</td>
</tr>
<tr>
<td>49.A</td>
<td>Vaped tobacco or nicotine</td>
</tr>
<tr>
<td>49.B</td>
<td>Vaped marijuana or THC</td>
</tr>
<tr>
<td>49.C</td>
<td>Vaped other product</td>
</tr>
<tr>
<td>50.</td>
<td>One <strong>full drink of alcohol</strong> (such as a can of beer, glass of wine, wine cooler, or shot of liquor)</td>
</tr>
<tr>
<td>51.</td>
<td>Marijuana (smoke, vape, eat, or drink)</td>
</tr>
<tr>
<td>52.</td>
<td><strong>Inhalants</strong> (things you sniff, huff, or breathe to get “high” such as glue, paint, aerosol sprays, gasoline, poppers, gases)</td>
</tr>
<tr>
<td>53.</td>
<td>Cocaine, methamphetamine, or any amphetamines (meth, speed, crystal, crank, ice)</td>
</tr>
<tr>
<td>54.</td>
<td>Relevant</td>
</tr>
<tr>
<td>55.</td>
<td>Ecstasy, LSD, or other psychedelics (acid, mescaline, peyote, mushrooms)</td>
</tr>
<tr>
<td>56.</td>
<td>Prescription pain medication (Vicodin, OxyContin, Percodan, Fentanyl)</td>
</tr>
<tr>
<td>57.</td>
<td>Cold/cough medicines or other over-the-counter medicines to get “high”</td>
</tr>
<tr>
<td>58.</td>
<td>Any other drug, pill, or medicine to get “high” or for reasons other than medical</td>
</tr>
</tbody>
</table>
## In-School Core Survey

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Number of Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 Times</td>
</tr>
<tr>
<td>59. very drunk or sick after drinking alcohol?</td>
<td>A</td>
</tr>
<tr>
<td>60. “high” (loaded, stoned, or wasted) from using drugs?</td>
<td>A</td>
</tr>
<tr>
<td>61. drunk on alcohol or “high” on drugs <strong>on school property</strong>?</td>
<td>A</td>
</tr>
</tbody>
</table>

**[APPLICABLE FOR LIFETIME MARIJUANA USERS ONLY] Ask of students who reported ever using marijuana [IF Q51 = B, C, D, E, or F]**

**During your life, how many times have you used marijuana in any of the following ways:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Number of Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 Times</td>
</tr>
<tr>
<td>62. Smoke it?</td>
<td>A</td>
</tr>
<tr>
<td>63. In a <strong>vaping device</strong> (vape pens, mods, or portable vaporizers)?</td>
<td>A</td>
</tr>
<tr>
<td>64. Eat or drink it in products made with <strong>marijuana</strong>?</td>
<td>A</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>0 Days</th>
<th>1 Day</th>
<th>2 Days</th>
<th>3-9 Days</th>
<th>10-19 Days</th>
<th>20-30 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>65. cigarettes?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>66. smokeless tobacco (dip, chew, or snuff)?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>67. vape products?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
</tbody>
</table>

**[ASKED IF Q67 = B, C, D, E, or F]**

| 67.A Vaped tobacco or nicotine                                           | A      | B     | C      | D        | E          | F          |
| 67.B Vaped marijuana or THC                                              | A      | B     | C      | D        | E          | F          |
| 67.C Vaped other product                                                 | A      | B     | C      | D        | E          | F          |
**In-School Core Survey**

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

<table>
<thead>
<tr>
<th>Question</th>
<th>0 Days</th>
<th>1 Day</th>
<th>2 Days</th>
<th>3-9 Days</th>
<th>10-19 Days</th>
<th>20-30 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>68. one or more drinks of alcohol?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>69. five or more drinks of alcohol in a row, that is, within a couple of hours?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>70. marijuana (smoke, vape, eat, or drink)?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>71. inhalants (things you sniff, huff, or breathe to get “high”)?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>72. prescription drugs to get “high” or for reasons other than prescribed?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>73. any other drug, pill, or medicine to get “high” or for reasons other than medical?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>74. two or more substances at the same time (for example, alcohol with marijuana, ecstasy with mushrooms)?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>0 Days</th>
<th>1 Day</th>
<th>2 Days</th>
<th>3-9 Days</th>
<th>10-19 Days</th>
<th>20-30 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>75. smoke cigarettes?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>76. use smokeless tobacco (dip, chew, or snuff)?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>77. vape?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>78. have at least one drink of alcohol?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>79. use marijuana (smoke, vape, eat, or drink)?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>80. use any other drug, pill, or medicine to get “high” or for reasons other than medical?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>81. breathe the smoke or vapor from someone who was using cigarettes or e-cigarettes?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
</tbody>
</table>
In-School Core Survey

How much do people risk harming themselves physically and in other ways when they do the following?

<table>
<thead>
<tr>
<th>Question</th>
<th>How Much Risk or Harm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Great A</td>
</tr>
<tr>
<td>82. Smoke cigarettes occasionally</td>
<td></td>
</tr>
<tr>
<td>83. Smoke 1 or more packs of cigarettes each day</td>
<td></td>
</tr>
<tr>
<td>84. Vape tobacco or nicotine occasionally</td>
<td></td>
</tr>
<tr>
<td>85. Vape tobacco or nicotine several times a day (100 puffs or more)</td>
<td></td>
</tr>
<tr>
<td>86. Drink alcohol (beer, wine, liquor) occasionally</td>
<td></td>
</tr>
<tr>
<td>87. Have five or more drinks of alcohol once or twice a week</td>
<td></td>
</tr>
<tr>
<td>88. Use marijuana occasionally (smoke, vape, eat, or drink)</td>
<td></td>
</tr>
<tr>
<td>89. Use marijuana daily</td>
<td></td>
</tr>
</tbody>
</table>

How difficult is it for students in your grade to get any of the following if they really want them?

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Difficult</th>
<th>Fairly Difficult</th>
<th>Fairly Easy</th>
<th>Very Easy</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>90. Cigarettes</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>91. Vape products</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>92. Alcohol</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>93. Marijuana</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>94. Prescription drugs to get “high” or for reasons other than prescribed</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
</tbody>
</table>
In-School Core Survey

Each item applicable for lifetime users of that substance only.

How many times have you tried to quit or stop using...

<table>
<thead>
<tr>
<th>Does Not Apply, Don't Use</th>
<th>0 Times</th>
<th>1 Time</th>
<th>2-3 Times</th>
<th>4 or More Times</th>
</tr>
</thead>
</table>

95. smoking or vaping tobacco or nicotine?

[IF Q47 = B, C, D, E, or F OR Q49 = B, C, D, E, or F]

96. alcohol?

[IF Q50 = B, C, D, E, or F]

97. marijuana?

[IF Q51 = B, C, D, E, or F]

98. Does your school ban tobacco use and vaping on school property and at school sponsored events?

A) No

B) Yes

C) Don't know
In-School Core Survey

Next are questions about violence, safety, harassment, & bullying on school property.

99. 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

During the past 12 months, how many times on school property have you...

<table>
<thead>
<tr>
<th>Question</th>
<th>Happened on School Property</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 Times</td>
</tr>
<tr>
<td>100. been pushed, shoved, slapped, hit, or kicked by someone who wasn’t just kidding around?</td>
<td>A</td>
</tr>
<tr>
<td>101. been afraid of being beaten up?</td>
<td>A</td>
</tr>
<tr>
<td>102. been in a physical fight?</td>
<td>A</td>
</tr>
<tr>
<td>103. had mean rumors or lies spread about you?</td>
<td>A</td>
</tr>
<tr>
<td>104. had sexual jokes, comments, or gestures made to you?</td>
<td>A</td>
</tr>
<tr>
<td>105. been made fun of because of your looks or the way you talk?</td>
<td>A</td>
</tr>
<tr>
<td>106. had your property stolen or deliberately damaged, such as your car, clothing, or books?</td>
<td>A</td>
</tr>
<tr>
<td>107. been offered, sold, or given an illegal drug?</td>
<td>A</td>
</tr>
<tr>
<td>108. damaged school property on purpose?</td>
<td>A</td>
</tr>
<tr>
<td>109. carried a gun?</td>
<td>A</td>
</tr>
<tr>
<td>110. carried any other weapon (such as a knife or club)?</td>
<td>A</td>
</tr>
<tr>
<td>111. been threatened or injured with a weapon (gun, knife, club, etc.)?</td>
<td>A</td>
</tr>
<tr>
<td>112. seen someone carrying a gun, knife, or other weapon?</td>
<td>A</td>
</tr>
<tr>
<td>113. been threatened with harm or injury?</td>
<td>A</td>
</tr>
<tr>
<td>114. been made fun of, insulted, or called names?</td>
<td>A</td>
</tr>
</tbody>
</table>
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 or power quarrel or fight.]

<table>
<thead>
<tr>
<th>Happened on School Property</th>
<th>0 Times</th>
<th>1 Time</th>
<th>2 to 3 Times</th>
<th>4 or More Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>115. Your race, ethnicity, or national origin</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>116. Your religion</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>117. Your gender</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>118. Because you are gay, lesbian, or bisexual or someone thought you were</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>119. A physical or mental disability</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>120. You are an immigrant or someone thought you were</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>121. Any other reason</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

122. During the past 12 months, how many times did other students spread mean rumors or lies, or hurtful pictures, about you online, on social media, or on a cell phone?
   - A) 0 times (never)
   - B) 1 time
   - C) 2–3 times
   - D) 4 or more times

123. Do you consider yourself a member of a gang?
   - A) No
   - B) Yes

124. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities?
   - A) No
   - B) Yes

125. During the past 12 months, did you ever seriously consider attempting suicide?
   - A) No
   - B) Yes
In-School Core Survey

Over the past **30 days**, how true do you feel these statements are about you?

<table>
<thead>
<tr>
<th></th>
<th>Not At All True</th>
<th>A Little True</th>
<th>Pretty Much True</th>
<th>Very Much True</th>
</tr>
</thead>
<tbody>
<tr>
<td>126.</td>
<td>I had a hard time relaxing.</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>127.</td>
<td>I felt sad and down.</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>128.</td>
<td>I was easily irritated.</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>129.</td>
<td>It was hard for me to cope and I thought I would panic.</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>130.</td>
<td>It was hard for me to get excited about anything.</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
</tbody>
</table>

Please tell us how true each statement is of you.

<table>
<thead>
<tr>
<th></th>
<th>Not At All True</th>
<th>A Little True</th>
<th>Pretty Much True</th>
<th>Very Much True</th>
</tr>
</thead>
<tbody>
<tr>
<td>131.</td>
<td>Each day I look forward to having a lot of fun.</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>132.</td>
<td>I usually expect to have a good day.</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>133.</td>
<td>Overall, I expect more good things to happen to me than bad things.</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
</tbody>
</table>

Please describe your level of satisfaction below

I would describe my satisfaction with...

<table>
<thead>
<tr>
<th></th>
<th>Very Dissatisfied</th>
<th>Dissatisfied</th>
<th>A Little Dissatisfied</th>
<th>A Little Satisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>134.</td>
<td>my family life as...</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>135.</td>
<td>my friendships as...</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>136.</td>
<td>my school experience as...</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>137.</td>
<td>myself as...</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>138.</td>
<td>where I live as...</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
</tbody>
</table>
139. 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