Elementary School Questionnaire
2019-2020

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!**
First, write your SCHOOL NAME on the top of the answer sheet.

1. Fill in the bubble for number “5.”

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. 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

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 do you usually go to bed on nights before you go to school?
   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) After 12:00 am

8. 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

9. 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

10. 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

11. 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

12. 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
13. 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

14. 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

15. 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

16. 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

17. 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

18. 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
19. 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

20. 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

21. 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

22. 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

23. 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

24. 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
25. 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

26. 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

27. 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

28. 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

29. 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

30. 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
31. 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

32. 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

33. 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

34. 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

35. 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

36. 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
37. 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

38. 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

39. 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

40. 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

41. Do you finish all your class assignments?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

42. 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
43. 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

44. Do you keep doing your classwork 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

45. 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

46. 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

47. 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

48. 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
49. During the past year, how many times have you hit or pushed other kids at school when you were not playing around?
   A) 0 times
   B) 1 time
   C) 2 times
   D) 3 or more times

50. During the past year, how many times have you spread mean rumors or lies about other kids at school?
   A) 0 times
   B) 1 time
   C) 2 times
   D) 3 or more times

51. During the past year, how many times at school have you said mean things about other students or called them bad names?
   A) 0 times
   B) 1 time
   C) 2 times
   D) 3 or more times

52. 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

53. 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

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

56. During the past year, have you ever seen another kid with a gun or knife at school?
   A) No
   B) Yes

57. Are you home alone after school?
   A) No, never
   B) Yes, some of the time
   C) Yes, most of the time
   D) Yes, all of the time

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. 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

61. Have other kids at school ever teased you about what your body looks like?
   A) No
   B) Yes
The next questions are about cigarettes, 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).

62. 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

63. Have you ever vaped (used JUUL, Vuse, Suorin, MarkTen)?
   A) No
   B) Yes

64. 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

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

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

68. Do you think using an electronic cigarette, e-cigarette, hookah pen, or other vaping device is bad for a person’s health?
   A) No, not bad
   B) Yes, a little bad
   C) Yes, very bad

69. 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

70. 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.

71. 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

72. 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
73. 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

74. 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

75. 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

76. 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

77. 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
This survey asks about your behavior, experiences, and attitudes related to your school, health, and well-being. It includes questions about use of alcohol, tobacco, and other drugs, and about 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!
California Healthy Kids Survey

Core Module

Begin by writing your school’s name at the top of the answer sheet.

1. Fill in the bubble for the letter “M.”

2. Fill in the bubble for the letter “A.”

Next, we would like some background information about you.

3. 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

4. What is your gender?
   A) Male
   B) Female

5. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. 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

6. Are you of Hispanic or Latino origin?
   A) No
   B) Yes

7. What is your race?
   A) American Indian or Alaska Native
   B) Asian
   C) Black or African American
   D) Native Hawaiian or Pacific Islander
   E) White
   F) Mixed (two or more) races
Core Module

8. If you are Asian or Pacific Islander, which groups best describe you? (Mark All That Apply.) If you are not of Asian/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

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. Do you receive free or reduced-price lunches at school? (Receiving free or reduced-price lunches means that lunch at school is provided to you for free or you pay less for it.)
    A) No
    B) Yes
    C) Don’t know
13. 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

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

14. Understand English
   Very Well
   Well
   Not Well
   Not At All
   A  B  C  D

15. Speak English
   A  B  C  D

16. Read English
   A  B  C  D

17. Write English
   A  B  C  D

18. Which of the following best describes you?
   A) Straight (not gay)
   B) Gay or Lesbian
   C) Bisexual
   D) I am not sure yet
   E) Something else
   F) Decline to respond

19. 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

20. 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

21. 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
Core Module

22. 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

23. During the past **12 months**, about how many times did you skip school or cut classes?
   - A) 0 times
   - B) 1–2 times
   - C) A few times
   - D) Once a month
   - E) Twice a month
   - F) Once a week
   - G) More than once a week

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

24. I feel close to people at this school.
   - Strongly Disagree
   - Disagree
   - Neither Disagree Nor Agree
   - Agree
   - Strongly Agree

25. I am happy to be at this school.
   - A
   - B
   - C
   - D
   - E

26. I feel like I am part of this school.
   - A
   - B
   - C
   - D
   - E

27. The teachers at this school treat students fairly.
   - A
   - B
   - C
   - D
   - E

28. I feel safe in my school.
   - A
   - B
   - C
   - D
   - E

29. My school is usually clean and tidy.
   - A
   - B
   - C
   - D
   - E

30. Teachers at this school communicate with parents about what students are expected to learn in class.
   - A
   - B
   - C
   - D
   - E

31. Parents feel welcome to participate at this school.
   - A
   - B
   - C
   - D
   - E

32. School staff take parent concerns seriously.
   - A
   - B
   - C
   - D
   - E

33. I try hard to make sure that I am good at my schoolwork.
   - A
   - B
   - C
   - D
   - E

34. I try hard at school because I am interested in my work.
   - A
   - B
   - C
   - D
   - E

35. I work hard to try to understand new things at school.
   - A
   - B
   - C
   - D
   - E

36. I am always trying to do better in my schoolwork.
   - A
   - B
   - C
   - D
   - E
Please mark on your answer sheet how TRUE you feel each of the following statements is about your SCHOOL and things you might do there.

At my school, there is a teacher or some other adult...

<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>37. who really cares about me.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>38. who tells me when I do a good job.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>39. who notices when I'm not there.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>40. who always wants me to do my best.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
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<td>41. who listens to me when I have something to say.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>42. who believes that I will be a success.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

At school, ...

<table>
<thead>
<tr>
<th></th>
<th>Not At All True</th>
<th>A Little True</th>
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<th>Very Much True</th>
</tr>
</thead>
<tbody>
<tr>
<td>43. I do interesting activities.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>44. I help decide things like class activities or rules.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>45. I do things that make a difference.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>46. I have a say in how things work.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>47. I help decide school activities or rules.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>
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?

<p>| | | | | | | |</p>
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</tr>
</thead>
<tbody>
<tr>
<td>Number of Times</td>
<td>0 Times</td>
<td>1 Time</td>
<td>2 Times</td>
<td>3 Times</td>
<td>4-6 Times</td>
<td>7 or More Times</td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>48.</td>
<td>A cigarette, <strong>even one or two puffs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49.</td>
<td>A <strong>whole</strong> cigarette</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50.</td>
<td><strong>Smokeless tobacco</strong> (dip, chew, or snuff)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.</td>
<td>Vape <strong>products</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>52.</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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>53.</td>
<td><strong>Marijuana</strong> (smoke, vape, eat, or drink)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>54.</td>
<td><strong>Inhalants</strong> (things you sniff, huff, or breathe to get &quot;high&quot; such as glue, paint, aerosol sprays, gasoline, poppers, gases)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55.</td>
<td>Derbisol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56.</td>
<td><strong>Any other drug, pill, or medicine</strong> to get &quot;high&quot; or for reasons other than medical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Core Module

*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>57. very drunk or sick after drinking <strong>alcohol</strong>?</td>
<td>A</td>
</tr>
<tr>
<td>58. “high” (loaded, stoned, or wasted) from using <strong>drugs</strong>?</td>
<td>A</td>
</tr>
<tr>
<td>59. drunk on alcohol or “high” on drugs <strong>on school property</strong>?</td>
<td>A</td>
</tr>
</tbody>
</table>

*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>60. Smoke it?</td>
<td>A</td>
</tr>
<tr>
<td>61. In a <strong>vaping device</strong> (vape pens, mods, portable vaporizers)?</td>
<td>A</td>
</tr>
<tr>
<td>62. 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>Number of Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 Days</td>
</tr>
<tr>
<td>63. <strong>cigarettes</strong>?</td>
<td>A</td>
</tr>
<tr>
<td>64. <strong>smokeless tobacco</strong> (dip, chew, or snuff)?</td>
<td>A</td>
</tr>
<tr>
<td>65. <strong>vape products</strong>?</td>
<td>A</td>
</tr>
<tr>
<td>66. <strong>one or more drinks of alcohol</strong>?</td>
<td>A</td>
</tr>
<tr>
<td>67. <strong>five or more drinks of alcohol</strong> in a row, that is, within a couple of hours?</td>
<td>A</td>
</tr>
<tr>
<td>68. <strong>marijuana</strong> (smoke, vape, eat, or drink)?</td>
<td>A</td>
</tr>
<tr>
<td>69. <strong>inhalants</strong> (things you sniff, huff, or breathe to get “high”)?</td>
<td>A</td>
</tr>
<tr>
<td>70. <strong>any other drug, pill, or medicine</strong> to get “high” or for reasons other than medical?</td>
<td>A</td>
</tr>
</tbody>
</table>
**CALIFORNIA healthy kids SURVEY**

**Core Module**

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

<table>
<thead>
<tr>
<th></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>71. smoke cigarettes?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>72. 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>73. vape?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>74. 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>75. 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>76. 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>77. 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>

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

<table>
<thead>
<tr>
<th></th>
<th>Great</th>
<th>Moderate</th>
<th>Slight</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>78. Smoke cigarettes occasionally</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>79. Smoke 1 or more packs of cigarettes each day</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>80. Use vape products occasionally</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>81. Use vape products several times a day (100 puffs or more)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>82. Drink alcohol (beer, wine, liquor) occasionally</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>83. Have five or more drinks of alcohol once or twice a week</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>84. Use marijuana occasionally (smoke, vape, eat, or drink)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>85. Use marijuana daily</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>
Core Module

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

<table>
<thead>
<tr>
<th></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>86. Cigarettes</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>87. Vape products</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>88. Alcohol</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>89. Marijuana</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
</tbody>
</table>

90. Does your school have a policy that bans tobacco use and vaping on school property and at school sponsored events?
   A) No
   B) Yes
   C) Don’t know

91. During your life, how many times have you ridden in a car driven by someone who had been using alcohol or drugs?
   A) Never
   B) 1 time
   C) 2 times
   D) 3 to 6 times
   E) 7 or more times

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

93. 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
CALIFORNIA healthy kids SURVEY

Core Module

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

<table>
<thead>
<tr>
<th>Question</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>94. been pushed, shoved, slapped, hit, or kicked by someone who wasn’t just kidding around?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>95. been afraid of being beaten up?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>96. been in a physical fight?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>97. had mean rumors or lies spread about you?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>98. had sexual jokes, comments, or gestures made to you?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>99. been made fun of because of your looks or the way you talk?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>100. had your property stolen or deliberately damaged, such as your car, clothing, or books?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>101. been offered, sold, or given an illegal drug?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>102. damaged school property on purpose?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>103. carried a gun?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>104. carried any other weapon (such as a knife or club)?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>105. been threatened or injured with a weapon (gun, knife, club, etc.)?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>106. seen someone carrying a gun, knife, or other weapon?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>107. been threatened with harm or injury?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>108. been made fun of, insulted, or called names?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>
Core Module

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.]

<p>| | | | |</p>
<table>
<thead>
<tr>
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<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>0 Times</td>
<td>1 Time</td>
<td>2 to 3 Times</td>
</tr>
<tr>
<td>109.</td>
<td>Your race, ethnicity, or national origin</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>110.</td>
<td>Your religion</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>111.</td>
<td>Your gender</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>112.</td>
<td>Because you are gay, lesbian, or bisexual or someone thought you were</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>113.</td>
<td>A physical or mental disability</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>114.</td>
<td>You are an immigrant or someone thought you were</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>115.</td>
<td>Any other reason</td>
<td>A</td>
<td>B</td>
</tr>
</tbody>
</table>

116. 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

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

118. 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

119. During the past 12 months, did you ever seriously consider attempting suicide?
   A) No
   B) Yes

120. Did you eat breakfast today?
   A) No
   B) Yes
121. On an average school night, how many hours of sleep do you get?
   A) 4 or less hours
   B) 5 hours
   C) 6 hours
   D) 7 hours
   E) 8 hours
   F) 9 hours
   G) 10 or more hours

122. 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. It includes questions about use of alcohol, tobacco, and other drugs, and about 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!
CALIFORNIA healthy kids SURVEY

Core Module

Begin by writing your school's name at the top of the answer sheet.

1. Fill in the bubble for the letter “H.”

2. Fill in the bubble for the letter “A.”

Next, we would like some background information about you.

3. 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

4. What is your gender?
   A) Male
   B) Female

5. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. 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

6. Are you of Hispanic or Latino origin?
   A) No
   B) Yes

7. What is your race?
   A) American Indian or Alaska Native
   B) Asian
   C) Black or African American
   D) Native Hawaiian or Pacific Islander
   E) White
   F) Mixed (two or more) races
Core Module

8. If you are Asian or Pacific Islander, which groups best describe you? *(Mark All That Apply.)*
   If you are not of Asian/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

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. Do you receive free or reduced-price lunches at school? *(Receiving free or reduced-price lunches means that lunch at school is provided to you for free or you pay less for it.)*
    
    A) No
    B) Yes
    C) Don’t know
13. 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

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>14. Understand English</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>15. Speak English</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>16. Read English</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>17. Write English</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

18. Which of the following best describes you?
   A) Straight (not gay)
   B) Gay or Lesbian
   C) Bisexual
   D) I am not sure yet
   E) Something else
   F) Decline to respond

19. 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

20. 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

21. 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
CALIFORNIA HEALTHY KIDS SURVEY

Core Module

22. 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

23. During the past 12 months, about how many times did you skip school or cut classes?
   A) 0 times
   B) 1–2 times
   C) A few times
   D) Once a month
   E) Twice a month
   F) Once a week
   G) More than once a week

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>24. 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>25. 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>26. 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>27. 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>28. 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>29. 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>30. 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>31. 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>32. 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>33. 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>34. I try hard at school because I am interested in my work.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>35. I work hard to try to understand new things at school.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>36. I am always trying to do better in my schoolwork.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
</tbody>
</table>
Please mark on your answer sheet how TRUE you feel each of the following statements is about your SCHOOL and things you might do there.

At my school, there is a teacher or some other adult...

37. who really cares about me.
   Not At All True   A       A Little True   B       Pretty Much True   C       Very Much True   D
38. 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
39. who notices when I’m not there.
   Not At All True   A       A Little True   B       Pretty Much True   C       Very Much True   D
40. 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
41. 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
42. 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, ...

43. I do interesting activities.
   Not At All True   A       A Little True   B       Pretty Much True   C       Very Much True   D
44. 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
45. I do things that make a difference.
   Not At All True   A       A Little True   B       Pretty Much True   C       Very Much True   D
46. 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
47. I help decide school activities or rules.
   Not At All True   A       A Little True   B       Pretty Much True   C       Very Much True   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>Question</th>
<th>Number of Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 Times</td>
</tr>
<tr>
<td>48. A whole cigarette</td>
<td>A</td>
</tr>
<tr>
<td>49. Smokeless tobacco (dip, chew, or snuff)</td>
<td>A</td>
</tr>
<tr>
<td>50. Vape products</td>
<td>A</td>
</tr>
<tr>
<td>51. 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>52. Marijuana (smoke, vape, eat, or drink)</td>
<td>A</td>
</tr>
<tr>
<td>53. 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>54. Cocaine, methamphetamine, or any amphetamines (meth, speed, crystal, crank, ice)</td>
<td>A</td>
</tr>
<tr>
<td>55. Derbisol</td>
<td>A</td>
</tr>
<tr>
<td>56. Heroin</td>
<td>A</td>
</tr>
<tr>
<td>57. Ecstasy, LSD, or other psychedelics (acid, mescaline, peyote, mushrooms)</td>
<td>A</td>
</tr>
<tr>
<td>58. Prescription pain medication (Vicodin, OxyContin, Percodan, Fentanyl)</td>
<td>A</td>
</tr>
<tr>
<td>59. Tranquilizers or sedatives (Xanax, Klonopin, Ativan, Valium)</td>
<td>A</td>
</tr>
<tr>
<td>60. Diet pills (Didrex, Dexedrine, Xenadrine, Skittles, M&amp;M’s)</td>
<td>A</td>
</tr>
<tr>
<td>61. Ritalin or Adderall or other prescription stimulant</td>
<td>A</td>
</tr>
<tr>
<td>62. Cold/cough medicines or other over-the-counter medicines to get “high”</td>
<td>A</td>
</tr>
<tr>
<td>63. 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...

<table>
<thead>
<tr>
<th>Number of Times</th>
<th>0 Times</th>
<th>1 Time</th>
<th>2 Times</th>
<th>3 Times</th>
<th>4-6 Times</th>
<th>7 or More Times</th>
</tr>
</thead>
</table>

64. very drunk or sick after drinking **alcohol**?  
65. “high” (loaded, stoned, or wasted) from using **drugs**?  
66. drunk on alcohol or “high” on drugs **on school property**?

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

<table>
<thead>
<tr>
<th>Number of Times</th>
<th>0 Times</th>
<th>1 Time</th>
<th>2 Times</th>
<th>3 Times</th>
<th>4-6 Times</th>
<th>7 or More Times</th>
</tr>
</thead>
</table>

67. **Smoke** it?  
68. In a **vaping device** (vape pens, mods, portable vaporizers)?  
69. Eat or drink it in products made with **marijuana**?
During the past **30 days**, on how many **days** did you use...

|   | cigarettes?         |   | smokeless tobacco (dip, chew, or snuff)? |   | vape products? |   | one or more drinks of alcohol? |   | five or more drinks of alcohol in a row, that is, within a couple of hours? |   | marijuana (smoke, vape, eat, or drink)? |   | inhalants (things you sniff, huff, or breathe to get “high”)? |   | prescription drugs to get “high” or for reasons other than prescribed? |   | any other drug, pill, or medicine to get “high” or for reasons other than medical? |   | two or more substances at the same time (for example, alcohol with marijuana, ecstasy with mushrooms)? |
|---|---------------------|---|----------------------------------------|---|----------------|---|---------------------------------|---|-------------------------------------------------|---|-------------------------------------------------|---|-------------------------------------------------|---|-------------------------------------------------|---|
| 70 |                     | A | B                                      | C | D                      | E | F                              |   |   |   |   |   |   |   |   |   |   |   |
| 71 |                     | A | B                                      | C | D                      | E | F                              |   |   |   |   |   |   |   |   |   |   |   |
| 72 |                     | A | B                                      | C | D                      | E | F                              |   |   |   |   |   |   |   |   |   |   |   |
| 73 |                     | A | B                                      | C | D                      | E | F                              |   |   |   |   |   |   |   |   |   |   |   |
| 74 |                     | A | B                                      | C | D                      | E | F                              |   |   |   |   |   |   |   |   |   |   |   |
| 75 |                     | A | B                                      | C | D                      | E | F                              |   |   |   |   |   |   |   |   |   |   |   |
| 76 |                     | A | B                                      | C | D                      | E | F                              |   |   |   |   |   |   |   |   |   |   |   |
| 77 |                     | A | B                                      | C | D                      | E | F                              |   |   |   |   |   |   |   |   |   |   |   |
| 78 |                     | A | B                                      | C | D                      | E | F                              |   |   |   |   |   |   |   |   |   |   |   |
| 79 |                     | A | B                                      | C | D                      | E | F                              |   |   |   |   |   |   |   |   |   |   |   |
Core Module

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>80. smoke cigarettes?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>81. 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>82. vape?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>83. 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>84. 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>85. use any other drug, pill, or medicine to get &quot;high&quot; 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>86. 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>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Great</th>
<th>Moderate</th>
<th>Slight</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>87. Smoke cigarettes occasionally</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>88. Smoke 1 or more packs of cigarettes each day</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>89. Use vape products occasionally</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>90. Use vape products several times a day (100 puffs or more)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>91. Drink alcohol (beer, wine, liquor) occasionally</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>92. Have five or more drinks of alcohol once or twice a week</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>93. Use marijuana occasionally (smoke, vape, eat, or drink)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>94. Use marijuana daily</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</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>95. Cigarettes</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>96. Vape products</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>97. Alcohol</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>98. Marijuana</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<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>
<tbody>
<tr>
<td>99. cigarettes?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>100. vapes?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>101. alcohol?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>102. marijuana?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
</tbody>
</table>
103. Does your school have a policy that bans tobacco use and vaping on school property and at school sponsored events?
   A) No
   B) Yes
   C) Don’t know

104. During your **life**, how many times have you ever driven a car when you had been using alcohol or drugs, or been in a car driven by a friend when he or she had been using?
   A) Never
   B) 1 time
   C) 2 times
   D) 3 to 6 times
   E) 7 or more times
Next are questions about violence, safety, harassment, & bullying on school property.

105. 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>Event</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>106. been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>107. been afraid of being beaten up?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>108. been in a physical fight?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>109. had mean rumors or lies spread about you?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>110. had sexual jokes, comments, or gestures made to you?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>111. been made fun of because of your looks or the way you talk?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>112. had your property stolen or deliberately damaged, such as your car, clothing, or books?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>113. been offered, sold, or given an illegal drug?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>114. damaged school property on purpose?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>115. carried a gun?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>116. carried any other weapon (such as a knife or club)?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>117. been threatened or injured with a weapon (gun, knife, club, etc.)?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>118. seen someone carrying a gun, knife, or other weapon?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>119. been threatened with harm or injury?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>120. been made fun of, insulted, or called names?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</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>Reason</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>121. Your race, ethnicity, or national origin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>122. Your religion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>123. Your gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>124. Because you are gay, lesbian, or bisexual or someone thought you were</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>125. A physical or mental disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>126. You are an immigrant or someone thought you were</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>127. Any other reason</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>128. 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?</td>
<td>A) 0 times (never)</td>
<td>B) 1 time</td>
<td>C) 2–3 times</td>
<td>D) 4 or more times</td>
</tr>
<tr>
<td>129. Do you consider yourself a member of a gang?</td>
<td>A) No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>130. 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?</td>
<td>A) No</td>
<td>B) Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>131. During the past 12 months, did you ever seriously consider attempting suicide?</td>
<td>A) No</td>
<td>B) Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>132. Did you eat breakfast today?</td>
<td>A) No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>B) Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
133. On an average school night, how many hours of sleep do you get?
   A) 4 or less hours
   B) 5 hours
   C) 6 hours
   D) 7 hours
   E) 8 hours
   F) 9 hours
   G) 10 or more hours

134. 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