Thank you for agreeing to participate in this survey. The purpose of this survey is to learn how students in our schools feel about their community, family, peers, and school. The survey also asks about health behaviors.

The survey is completely voluntary and anonymous. DO NOT put your name on the questionnaire.

This is not a test, so there are no right or wrong answers. We would like you to work quickly so you can finish.

All of the questions should be answered by completely filling in one of the answer spaces. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank. You can skip any question that you do not wish to answer.

For questions that have the following answers: NO!  no  yes  YES!
Mark (the BIG) NO! if you think the statement is DEFINITELY NOT TRUE for you.
Mark (the little) no if you think the statement is MOSTLY NOT TRUE for you.
Mark (the little) yes if you think the statement is MOSTLY TRUE for you.
Mark (the BIG) YES! if you think the statement is DEFINITELY TRUE for you.

Example: Chocolate is the best ice cream flavor.

In the example above, the student marked "yes" because he or she thinks the statement is mostly true.

Please mark each question by completely filling in the circle or circles.

ONLY USE A #2 PENCIL.

1. Are you: MALE  FEMALE

2. How old are you?
   10 or younger  12  14  16  18
   11  13  15  17  19 or older

3. What grade are you in?
   6th  7th  8th  9th  10th  11th  12th

4. What is your race? (Select one or more)
   American Indian or Alaska Native
   Asian
   Black or African American
   Hispanic or Latino
   Native Hawaiian or Other Pacific Islander
   White

The next section asks about your experiences at school.

5. Putting them all together, what were your grades like last year?
   Mostly F's  Mostly B's
   Mostly D's  Mostly A's
   Mostly C's

6. Now thinking back over the past year in school, how often did you:
   a. enjoy being in school?
   b. hate being in school?
   c. try to do your best work in school?

7. How often do you feel that the school work you are assigned is meaningful and important?

8. How important do you think the things you are learning in school are going to be for your later life?
   Very important  Slightly important
   Quite important  Not at all important
   Fairly important

9. How interesting are most of your courses to you?
   Very interesting and stimulating
   Quite interesting
   Fairly interesting
   Slightly interesting
   Not at all interesting

Please do not write in this area
10. In my school, students have lots of chances to help decide things like class activities and rules.

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

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

13. There are lots of chances for students in my school to talk with a teacher one-on-one.

14. The school lets my parents know when I have done something well.

15. My teachers praise me when I work hard in school.

16. Are your school grades better than the grades of most students in your class?

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

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

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

19. Now think about all the students in your grade at your school. How many of them do you think...

- None (0%)
- Some (11-30%)
- Some to half (31-50%)
- Half to most (51-70%)
- Almost all (91-100%)

- A. smoke one or more cigarettes a day?
- B. drank alcohol sometime in the past month?
- C. used marijuana sometime in the past month?
- D. used an illegal drug in the past month (not including marijuana)?

20. During the past 30 days, on how many days did you NOT go to school because you felt you would be unsafe at school or on the way to or from school?

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

21. During the past 12 months, how often have you been picked on or bullied by a student ON SCHOOL PROPERTY?

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

22. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:

<table>
<thead>
<tr>
<th>Number of friends</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. participated in clubs, organizations or activities at school?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>b. smoked cigarettes?</td>
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<tr>
<td>c. tried beer, wine or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?</td>
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<tr>
<td>d. made a commitment to stay drug-free?</td>
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<tr>
<td>e. used marijuana?</td>
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<tr>
<td>f. tried to do well in school?</td>
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<tr>
<td>g. used LSD, cocaine, amphetamines, or other illegal drugs?</td>
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<td></td>
<td></td>
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<tr>
<td>h. been suspended from school?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. liked school?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>j. carried a handgun?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. sold illegal drugs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>l. regularly attended religious services?</td>
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<tr>
<td>m. stolen or tried to steal a motor vehicle such as a car or motorcycle?</td>
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<tr>
<td>n. been arrested?</td>
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<tr>
<td>o. dropped out of school?</td>
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</tbody>
</table>

23. What are the chances you would be seen as cool if you:

- A. smoked cigarettes?
- B. worked hard at school?
- C. began drinking alcoholic beverages regularly, that is, at least once or twice a month?
- D. defended someone who was being verbally abused at school?
- E. smoked marijuana?
- F. regularly volunteered to do community service?
24. How wrong do you think it is for someone your age to:

- a. take a handgun to school? 
- b. steal anything worth more than $5? 
- c. pick a fight with someone? 
- d. attack someone with the idea of seriously hurting them? 
- e. stay away from school all day when their parents think they are at school? 
- f. drink beer, wine or hard liquor (for example, vodka, whiskey, or gin) regularly? 
- g. smoke cigarettes? 
- h. smoke marijuana? 
- i. use LSD, cocaine, amphetamines or another illegal drug? 
- j. use prescription pain relievers without their doctor’s orders? 

25. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?

- Neither Approve nor Disapprove
- Strongly Disapprove
- Somewhat Disapprove
- Don’t know or can’t say

26. How many times in the past year (12 months) have you:

- a. been suspended from school? 
- b. carried a handgun? 
- c. sold illegal drugs? 
- d. stolen or tried to steal a motor vehicle such as a car or motorcycle? 
- e. been arrested? 
- f. attacked someone with the idea of seriously hurting them? 
- g. been drunk or high at school? 
- h. taken a handgun to school? 
- i. participated in clubs, organizations or activities at school? 
- j. done extra work on your own for school? 
- k. volunteered to do community service? 
- l. participated in clubs, organizations or activities outside school? 

27. If you drank alcohol (not just a sip or taste) in the past year (12 months), how did you get it? (Mark the number of times for each).

- a. I bought it myself from a store. 
- b. I got it at a party. 
- c. I gave someone else money to buy it for me. 
- d. I got it from someone I know age 21 or older. 
- e. I got it from someone I know under age 21. 
- f. I got it from a family member or relative other than my parents. 
- g. I got it from home with my parents’ permission. 
- h. I got it from home without my parents’ permission. 
- i. I got it at work. 
- j. I bought it over the internet. 
- k. I got it in an other way ____________________.

28. During the past year (12 months) did you drink alcohol at any of the following places? (Mark the number of times for each).

- a. at my home or someone else’s home without any parent permission. 
- b. at my home with my parent’s permission. 
- c. at someone else’s home with their parent’s permission. 
- d. at an open area like a park, beach, or back road. 
- e. at public events such as a sporting event, festival, or concert. 
- f. at a restaurant, bar, or a nightclub. 
- g. in a car. 
- h. at a school dance, a game, or other event. 
- i. at school during the day. 
- j. near school. 
- k. in another place ____________________.
29. How often do you attend religious services or activities?
- Never
- Rarely
- 1-2 times a month
- About once a week or more

30. How old were you when you first:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. smoked marijuana?</td>
<td></td>
</tr>
<tr>
<td>b. smoked a cigarette, even just a puff?</td>
<td></td>
</tr>
<tr>
<td>c. had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?</td>
<td></td>
</tr>
<tr>
<td>d. began drinking alcoholic beverages regularly, that is, at least once or twice a month?</td>
<td></td>
</tr>
<tr>
<td>e. got suspended from school?</td>
<td></td>
</tr>
<tr>
<td>f. got arrested?</td>
<td></td>
</tr>
<tr>
<td>g. carried a handgun?</td>
<td></td>
</tr>
<tr>
<td>h. attacked someone with the idea of seriously hurting them?</td>
<td></td>
</tr>
<tr>
<td>i. used prescription pain relievers without your doctor’s orders?</td>
<td></td>
</tr>
</tbody>
</table>

31. During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been drinking alcohol?
- I do not drive
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

32. During the past 30 days, how many times did you RIDE in a car or other vehicle driven by someone who had been drinking alcohol?
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

33. Have you ever belonged to a gang?
- No
- No, but would like to
- Yes, in the past
- Yes, belong now
- Yes, but would like to get out

34. How do your friends feel it would be for you to:
- Not wrong at all
- A little bit wrong
- Wrong
- Very wrong

35. I think sometimes it’s okay to cheat at school.
- No!
- No
- Yes
- YES!

36. Sometimes I think that life is not worth it.
- No!
- No
- Yes
- YES!

37. At times I think I am no good at all.
- No!
- No
- Yes
- YES!

38. All in all, I am inclined to think that I am a failure.
- No!
- No
- Yes
- YES!

39. In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?
- No!
- No
- Yes
- YES!

40. It is all right to beat up people if they start the fight.
- No!
- No
- Yes
- YES!

41. I think it is okay to take something without asking if you can get away with it.
- No!
- No
- Yes
- YES!

42. How much do you think people risk harming themselves (physically or in other ways) if they:
- No risk
- Slight risk
- Moderate risk
- Great risk

<table>
<thead>
<tr>
<th>Activity</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. smoke one or more packs of cigarettes per day?</td>
<td></td>
</tr>
<tr>
<td>b. try marijuana once or twice?</td>
<td></td>
</tr>
<tr>
<td>c. smoke marijuana regularly?</td>
<td></td>
</tr>
<tr>
<td>d. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?</td>
<td></td>
</tr>
<tr>
<td>e. have five or more drinks of an alcoholic beverage once or twice each weekend?</td>
<td></td>
</tr>
<tr>
<td>f. have five or more drinks of an alcoholic beverage once or twice a week?</td>
<td></td>
</tr>
<tr>
<td>g. smoke marijuana once or twice a week?</td>
<td></td>
</tr>
<tr>
<td>h. use prescription drugs that are not prescribed to them?</td>
<td></td>
</tr>
</tbody>
</table>

43. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row? (A "drink" is a glass of wine, a bottle of beer, a wine cooler, a shot glass of liquor, or a mixed drink.)
- None
- 3-5 times
- Once
- 6-9 times
- Twice
- 10 or more times
**In your lifetime. On how many occasions (if any) have you:**

<table>
<thead>
<tr>
<th>Question</th>
<th>OCCASIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>44. had alcoholic beverages (beer, wine or hard liquor) to drink — more than just a few sips?</td>
<td></td>
</tr>
<tr>
<td>45. used marijuana (grass, pot) or hashish (hash, hash oil)?</td>
<td></td>
</tr>
<tr>
<td>46. used LSD (acid) or other hallucinogens (like PCP, mescaline, peyote, &quot;shrooms&quot; or psilocybin)?</td>
<td></td>
</tr>
<tr>
<td>47. used cocaine (like cocaine powder) or &quot;crack&quot; (cocaine in chunk or rock form)?</td>
<td></td>
</tr>
<tr>
<td>48. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?</td>
<td></td>
</tr>
<tr>
<td>49. used phenoxydine (pox, px, breeze)?</td>
<td></td>
</tr>
<tr>
<td>50. used methamphetamines (meth, speed, crank, crystal meth)?</td>
<td></td>
</tr>
<tr>
<td>51. used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, or Percocet) without a doctor telling you to take them?</td>
<td></td>
</tr>
<tr>
<td>52. used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them?</td>
<td></td>
</tr>
<tr>
<td>53. used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) without a doctor telling you to take them?</td>
<td></td>
</tr>
<tr>
<td>54. used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them?</td>
<td></td>
</tr>
<tr>
<td>55. used heroin?</td>
<td></td>
</tr>
<tr>
<td>56. used MDMA (X,E, or ecstasy)?</td>
<td></td>
</tr>
<tr>
<td>57. used &quot;synthetic marijuana&quot; (&quot;K2&quot;, &quot;Spice&quot;) to get high?</td>
<td></td>
</tr>
<tr>
<td>58. used electronic cigarettes, e-cigarettes, vape pens, or e-hookahs?</td>
<td></td>
</tr>
</tbody>
</table>

**During the past 30 days, On how many occasions (if any) have you:**

<table>
<thead>
<tr>
<th>Question</th>
<th>OCCASIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>59. had alcoholic beverages (beer, wine or hard liquor) to drink — more than just a few sips?</td>
<td></td>
</tr>
<tr>
<td>60. used marijuana (grass, pot) or hashish (hash, hash oil)?</td>
<td></td>
</tr>
<tr>
<td>61. used LSD (acid) or other hallucinogens (like PCP, mescaline, peyote, &quot;shrooms&quot; or psilocybin)?</td>
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<tr>
<td>62. used cocaine (like cocaine powder) or &quot;crack&quot; (cocaine in chunk or rock form)?</td>
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<tr>
<td>63. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?</td>
<td></td>
</tr>
<tr>
<td>64. used phenoxydine (pox, px, breeze)?</td>
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<tr>
<td>66. used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, or Percocet) without a doctor telling you to take them?</td>
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<tr>
<td>67. used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them?</td>
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</tr>
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<td>68. used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) without a doctor telling you to take them?</td>
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<tr>
<td>69. used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them?</td>
<td></td>
</tr>
<tr>
<td>70. used heroin?</td>
<td></td>
</tr>
</tbody>
</table>
During the past 30 days, On how many occasions (if any) have you:

71. drank energy drinks with caffeine (like Red Bull, Monster, Rockstar, or 5-Hour-Energy)?

72. used caffeine pills (No-Doz, Vivarin, Dexatrim)?

73. used MDMA (X,E, or ecstasy)?

74. used "synthetic marijuana" ("K2", "Spice") to get high?

75. used electronic cigarettes, e-cigarettes, vape pens, or e-hookahs?

76. Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, or chewing tobacco)?
   - Never
   - Once or Twice
   - Once in a while but not regularly
   - Regularly in the past
   - Regularly now

77. How frequently have you used smokeless tobacco during the past 30 days?
   - Never
   - Once or twice
   - Once or twice per week
   - About once a day
   - More than once a day

78. Have you ever smoked cigarettes?
   - Never
   - Once or Twice
   - Once in a while but not regularly
   - Regularly in the past
   - Regularly now

79. How frequently have you smoked cigarettes during the past 30 days?
   - Not at all
   - Less than one cigarette per day
   - One to five cigarettes per day
   - About one-half pack per day
   - About one pack per day
   - About one and one-half packs per day
   - Two packs or more per day

80. The last time you used prescription pain relievers without a doctor’s orders (such as OxyContin, Percocet, Vicodin, or Tylox), how did you get them?
   - Have not ever used them
   - Found them at home
   - From a friend or a relative for free
   - Bought them from a friend or relative
   - From a doctor, but I didn’t follow doctor’s orders
   - From a drug dealer or other stranger
   - Bought them on the Internet

81. Have any of your brothers or sisters ever:
   - I don’t have any brothers or sisters
   - Yes
   - No
   - a. drunk beer, wine or hard liquor (for example, vodka, whiskey or gin)?
   - b. smoked marijuana?
   - c. smoked cigarettes?

82. Do you feel very close to your mother?

83. Do you share your thoughts and feelings with your mother?

84. Do you enjoy spending time with your mother?

85. My parents ask me what I think before most family decisions affecting me are made.

86. If I had a personal problem, I could ask my mom or dad for help.

87. Do you feel very close to your father?

88. Do you share your thoughts and feelings with your father?

89. Do you enjoy spending time with your father?

90. My parents give me lots of chances to do fun things with them.

91. My parents ask if I’ve gotten my homework done.

92. People in my family have serious arguments.

93. Would your parents know if you did not come home on time?

94. My family has clear rules about alcohol use.

95. My family has clear rules about other drug use.

96. If you carried a handgun without your parents’ permission, would you be caught by your parents?

97. If you skipped school would you be caught by your parents?

98. It is important to be honest with your parents, even if they become upset or you get punished.

99. The rules in my family are clear.

100. People in my family often insult or yell at each other.

101. When I am not at home, one of my parents knows where I am and who I am with.
102. We argue about the same things in my family over and over.
☐ NO!  ☐ no  ☐ yes  ☐ YES!

103. How often do your parents tell you they’re proud of you for something you’ve done?
☐ Never or almost never  ☐ Often
☐ Sometimes  ☐ All the time

104. My parents notice when I am doing a good job and let me know about it.
☐ Never or almost never  ☐ Often
☐ Sometimes  ☐ All the time

105. If you drank some beer or wine or liquor (for example, vodka, whiskey, or gin) without your parents’ permission, would you be caught by your parents?
☐ NO!  ☐ no  ☐ yes  ☐ YES!

106. How wrong do your parents feel it would be for YOU to:

- ☐ drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?
- ☐ smoke cigarettes?
- ☐ smoke marijuana?
- ☐ steal something worth more than $5?
- ☐ draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?
- ☐ pick a fight with someone?
- ☐ have one or two drinks of an alcoholic beverage nearly every day?
- ☐ use prescription drugs not prescribed to you?

107. During the past 12 months, how many times has each of the following things happened?

- ☐ a. You had problems at school or work because you had been drinking.
- ☐ b. You had problems with your friends because you had been drinking.
- ☐ c. You had problems with someone you were dating because you had been drinking.
- ☐ d. You were hung over.
- ☐ e. You were sick to your stomach or threw up after drinking.
- ☐ f. You got into a sexual situation that you later regretted because you had been drinking.
- ☐ g. You got into a physical fight because you had been drinking.
- ☐ h. You were drunk at school or work.

108. During the past 12 months, have you talked with at least one of your parents (by parents, we mean either your biological parents, adoptive parents, stepparents, foster parents, or other adult caregivers whether or not they live with you) about:

- ☐ a. the dangers of underage drinking?
- ☐ b. the dangers of tobacco or drug abuse?

109. When parents find out their kids have been drinking they may discuss it, take away privileges, add chores, take away cell phones, use of the car, etc. In the past 12 months, if your parents found out you were drinking, how did they respond?
☐ I didn’t drink.
☐ I drank but I was not caught.
☐ I was caught but there were no consequences.
☐ There were minor consequences.
☐ There were major consequences.

110. If the police caught you drinking, which of the following would most likely happen? (Select one option).
☐ There would be no consequence.
☐ I would be given a warning and then let go.
☐ I would be taken home to my parents.
☐ I would be arrested but would get no penalty.
☐ I would be arrested and the court would impose a penalty.

111. My neighbors notice when I am doing a good job and let me know about it.
☐ NO!  ☐ no  ☐ yes  ☐ YES!

112. There are people in my neighborhood who are proud of me when I do something well.
☐ NO!  ☐ no  ☐ yes  ☐ YES!

113. There are people in my neighborhood who encourage me to do my best.
☐ NO!  ☐ no  ☐ yes  ☐ YES!

114. If a kid smoked marijuana in your neighborhood would he or she be caught by the police?
☐ NO!  ☐ no  ☐ yes  ☐ YES!

115. If a kid drank some beer, wine or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood would he or she be caught by the police?
☐ NO!  ☐ no  ☐ yes  ☐ YES!

116. If a kid carried a handgun in your neighborhood would he or she be caught by the police?
☐ NO!  ☐ no  ☐ yes  ☐ YES!

These questions ask about the neighborhood and community where you live.
124. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use? (Mark all that apply)

- No
- Yes, Smoking prevention messages
- Yes, Alcohol use prevention messages
- Yes, Drug use prevention messages

125. About how many adults (over 21) have you known personally who in the past year have:

- a. used marijuana, crack, cocaine, or other drugs?
- b. sold or dealt drugs?
- c. done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc?
- d. gotten drunk or high?

126. How often have you been threatened or harassed over the internet, by e-mail, or by someone using a cell phone?

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

127. How honest were you in filling out this survey?

- I was very honest
- I was honest most of the time
- I was honest some of the time
- I was honest once in a while
- I was not honest at all

Responses

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Extra Questions

Start with 201

Thank you for completing the survey
201. A transgender person is someone whose biological sex at birth does not match the way they think or feel about themselves. Are you transgender?

   a) No, I am not transgender
   b) Yes, I am transgender and I identify as a boy or man
   c) Yes, I am transgender and I identify as a girl or woman
   d) Yes, I am transgender and I identify some other way
   e) I do not know if I am transgender
   f) I do not know what this question is asking

202. Which of the following best describes you?

   a) Heterosexual (straight)
   b) Gay or lesbian
   c) Bisexual
   d) Other
   e) Not sure

203. Where do you usually sleep?

   a) In my parent's or guardian's home
   b) With friends, family, or other people because my parents or I lost our home or cannot afford housing
   c) In a motel or hotel
   d) In a shelter or emergency housing
   e) In a car, park, campground, or other public place
   f) I move from place to place
   g) Somewhere else

204. During the past 12 months, did you ever live away from your parents or guardians because you were kicked out, ran away, or were abandoned?

   a) Yes
   b) No

The next 10 questions ask about the food you eat and physical activity.

205. Do you receive free or reduced-price lunch at school?

   a) Yes
   b) No
   c) Not sure

206. During the past 7 days, on how many days did you eat dinner together with your parents or guardians?

   a) 0 days
   b) 1 day
   c) 2 days
   d) 3 days
   e) 4 days
   f) 5 days
   g) 6 days
   h) 7 days

207. Yesterday, how many times did you eat vegetables?

   Count all cooked and uncooked vegetables, salads, and boiled, baked and mashed potatoes. Do not count French fries, potato chips, or lettuce that is on a sandwich or sub.

   a) I did not eat vegetables yesterday
   b) 1 time
   c) 2 times
   d) 3 or more times

208. Yesterday, how many times did you eat fruit or drink 100% fruit juice?

   a) I did not eat fruit or drink 100% fruit juice yesterday
   b) 1 time
   c) 2 times
   d) 3 or more times

209. Yesterday, how many cans or glasses of non-diet soda did you drink? Definition: A non-diet soda is a soda with sugar in it, such as Coke®, Pepsi®, Sprite®, ginger ale or root beer.

   a) I did not drink any non-diet soda yesterday.
   b) 1 can or glass
   c) 2 cans or glasses
   d) 3 or more cans or glasses

210. Yesterday, how many sugar-sweetened flavored drinks did you have? Definition: Flavored drinks include punch, sports drinks, sweetened iced tea, flavored milk, and other fruit-flavored drinks like Kool-Aid® and Hawaiian Punch®. Do NOT count 100% fruit juice. Count a 20 ounce bottle as 2 glasses.

   a) I did not drink any flavored drinks yesterday.
   b) 1 can or glass
   c) 2 cans or glasses
   d) 3 or more cans or glasses
211. Yesterday, how many drinks did you have that contained caffeine? Definition: Count coffee, tea, sodas, energy drinks such as 5-hour Energy®, Red Bull®, Monster®, Rockstar®, or other drinks with caffeine added.

a) I did not drink any drinks containing caffeine yesterday.
b) 1 can or glass
c) 2 cans or glasses
d) 3 or more cans or glasses

212. Within the past 12 months at my home, we worried whether our food would run out before we got money to buy more.

a) Often true
b) Sometimes true
c) Never

213. Within the past 12 months at my home, the food we bought just didn’t last and we didn’t have money to get more.

a) Often true
b) Sometimes true
c) Never

214. During the past 7 days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)

a) 0 days
b) 1 day
c) 2 days
d) 3 days
e) 4 days
f) 5 days
g) 6 days
h) 7 days

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

a) During the past 12 months
b) Between 12 and 24 months ago
c) More than 24 months ago
d) Never
e) Not sure

216. Where do you usually go for medical care?

a) Doctor’s office or clinic
b) School nurse
c) Community clinic/health center
d) Hospital clinic
e) Hospital emergency room
f) Family planning center (for example, Tapestry Health)
g) Urgent care clinic
h) No one usual place

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

a) During the past 12 months
b) Between 12 and 24 months ago
c) More than 24 months ago
d) Never
e) Not sure

The next 3 questions ask about medical and dental care.

218. During the past 12 months, did you ever seriously consider attempting suicide?

a) Yes
b) No

d) Definitely tell someone
b) Probably tell someone
c) Probably not tell someone
d) Definitely not tell someone

219. My school is prepared to help a student who might be thinking about killing him/herself.

a) strongly agree
b) agree
c) disagree
d) strongly disagree

220. If a suicidal friend asked me not to tell anyone, I would:

a) definitely tell someone
b) probably tell someone
c) probably not tell someone
d) definitely not tell someone

The survey is now over. Please insert this sheet into your survey booklet, place your survey aside and wait for your teacher to pass around the survey envelope.

THANK YOU FOR YOUR TIME!