

## **EYS 2023© SAMPLE V3.0**

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**NOTE: This document is for review purpose only. EYS is not conducted in a paper/print format. Thus, the appearance or layout of specific items might differ from the appearance or format in the web-based version used to collect data.**

**To build a healthy community for you, your family, and your friends, we need to know more about your attitudes, opinions, and actions related to growing up healthy.**

**We hope this anonymous survey will allow you to share your thoughts and experiences. Your answers will be used to help us better understand the strengths and needs of young people like you.**

**Completing the survey is voluntary.**

**Whether or not you answer questions will not affect your grade in this or any class.**

**Please answer each question honestly, based on what you really feel, think, or do. If you are not comfortable answering a question, just leave it blank.**

**If you are not sure what any question means, raise your hand and ask the adult on the virtual class or the actual classroom for help.**

**When you are finished, follow the instructions of the person giving you the survey.**

**THANK YOU VERY MUCH FOR YOUR HELP!**

**Choose only one answer for each question, unless it says:  
Choose all that apply.**

**Where appropriate either check your choice or fill in the blank.**

**Some items ask if you agree with a statement or if a statement is true...**

**NO! means you disagree strongly**

**no means you disagree**

**yes means you agree**

**YES! means you agree strongly**

**Read all questions carefully!**

**Some questions look similar to others, but they might be asking about a different time. For example, some questions ask about the past 30 days...others ask about the past year.**

**Also, some questions ask about you...others ask about your friends or family.**

Logic: Show/hide trigger exists.

**1) What grade are you in?\***

5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

**2) What is your home zip code?\***

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**3) How old are you?**

**4) Are you?**

Female  Male  Other  Rather not answer

**5) What do you consider yourself to be? (Choose one best answer.)**

- White
- Black or African American
- Latino/Hispanic
- Native American (American Indian)
- Asian or Pacific Islander
- More than one
- Other

**6) First we would like to ask you to tell us what you think would make your community or school a better place to live and learn. Please tell us how you feel about each of the following.**

	<b>Yes...I want this and would use it</b>	<b>This would be okay. I might use it</b>	<b>No...I don't care about this and probably would not use it</b>
More recreation in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More sports facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More sports teams or leagues such as basketball or baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More opportunities to be involved in theater/plays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More opportunities for being involved in music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More hands on projects in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More job opportunities for people my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More activities for families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More academic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7) How often do you have enough food (not including snacks, candy, or cookies) in your home?**

( ) Never ( ) Sometimes ( ) Most of the Time ( ) Almost always ( ) Always

**8) In the past four weeks, how many whole days of school did you miss for the following reasons?**

	<b>0</b>	<b>1</b>	<b>2</b>	<b>...</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>
Because of illness (sick)	( )	( )	( )	( )	( )	( )	( )	( )
I just skipped or cut	( )	( )	( )	( )	( )	( )	( )	( )
For some other reason	( )	( )	( )	( )	( )	( )	( )	( )

**9) Tell us if you agree or disagree with each of these statements.**

	<b>NO!</b>	<b>no</b>	<b>yes</b>	<b>YES!</b>
In my school, students have lots of chances to help decide things like class activities and rules.	( )	( )	( )	( )
Teachers ask me to work on special classroom projects.	( )	( )	( )	( )
My teacher(s) notice(s) when I am doing a good job and lets me know about it.	( )	( )	( )	( )
There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.	( )	( )	( )	( )
There are lots of chances for students in my school to talk with a teacher one-on-one.	( )	( )	( )	( )
I feel safe at my school.	( )	( )	( )	( )
The school lets my parents know when I have done something well.	( )	( )	( )	( )
My teachers praise me when I work hard in school.	( )	( )	( )	( )

I have lots of chances to be part of class discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think sometimes it's okay to cheat at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my school I can learn about jobs and careers I could have after graduation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my school I can learn about science, technology, engineering and math.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**10) How often do you feel that the schoolwork you are assigned is meaningful and important?**

Almost Always  Often  Sometimes  Seldom  Never

**11) How interesting are most of your courses?**

Very Interesting  Quite Interesting  Fairly Interesting  Slightly Dull  Very Dull

**12) How important do you think the things you are learning in school are going to be for you later in life?**

Very Important  Quite Important  Fairly Important  Slightly Important  Not Important

**13) Now thinking back over the past year in school, how often did you:**

	Never	Seldom	Sometimes	Often	Always
enjoy being in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
hate being in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
try to do your best work in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Logic: Hidden unless: #1 Question "What grade are you in?" is one of the following answers ("8th","9th","10th","11th","12th")**

**14) 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 done the following?**

	0	1	2	3	4
smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
tried beer, wine, or hard liquor when their parents didn't know about it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used LSD, cocaine, amphetamines or other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
dropped out of school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
been members of a gang?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



15) How wrong would your friends think it would be for you to...

	Very Wrong	Wrong	A Little Wrong	Not Wrong At All
drink alcohol?	( )	( )	( )	( )
have one or two drinks of an alcoholic beverage nearly every day?	( )	( )	( )	( )
smoke tobacco?	( )	( )	( )	( )
smoke marijuana?	( )	( )	( )	( )
use marijuana/THC edibles such as gummies	( )	( )	( )	( )
use prescription drugs not prescribed to you?	( )	( )	( )	( )

16) How wrong do you think it is for someone your age to...

	Very Wrong	Wrong	A Little Wrong	Not Wrong At All
take a handgun to school?	( )	( )	( )	( )
steal anything?	( )	( )	( )	( )
pick a fight with someone?	( )	( )	( )	( )
attack someone with the idea of seriously hurting them?	( )	( )	( )	( )
stay away from school all day when their parents think they are at school?	( )	( )	( )	( )
drink beer, wine, or hard liquor regularly?	( )	( )	( )	( )
smoke cigarettes?	( )	( )	( )	( )

smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to use marijuana/THC edibles such as gummies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use LSD, cocaine, amphetamines, or another illegal drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
prescription drug such as pain reliever not given to you by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Strongly Approve  Somewhat Approve  Neither Approve Nor Disapprove  
 Somewhat Disapprove  Strongly Disapprove  Don't Know/Can't Say

**Logic: Hidden unless: #1 Question "What grade are you in?" is one of the following answers ("7th", "8th", "9th", "10th", "11th", "12th")**

**18) It is alright to beat up people if they start the fight.**

- NO!  no  yes  YES!

**Logic: Hidden unless: #1 Question "What grade are you in?" is one of the following answers ("7th", "8th", "9th", "10th", "11th", "12th")**

**19) I think it is okay to take something without asking, if you can get away with it.**

- NO!  no  yes  YES!

**20) I ignore rules that get in my way.**

- Very False  Somewhat False  Somewhat True  Very True

**21) I do the opposite of what people tell me, just to get them mad.**

- Very False  Somewhat False  Somewhat True  Very True

**22) How many times have you done the following in the past year (12 months)?**

	Never	Once	2	3	...	16	17	18	19	20	More than 20
Done what feels good no matter what.	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
Done something dangerous because someone dared you to do it.	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
Done crazy things even if they are a little dangerous.	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

**23) How many times in the past year (12 months) have you...**

	Never	Once	2	3	...	18	19	20	More than 20
been suspended from school?	( )	( )	( )	( )	( )	( )	( )	( )	( )
carried a handgun?	( )	( )	( )	( )	( )	( )	( )	( )	( )
been arrested?	( )	( )	( )	( )	( )	( )	( )	( )	( )
sold illegal drugs?	( )	( )	( )	( )	( )	( )	( )	( )	( )
stolen or tried to steal a motor vehicle such as a car or motorcycle?	( )	( )	( )	( )	( )	( )	( )	( )	( )
attacked someone with the idea of seriously hurting them?	( )	( )	( )	( )	( )	( )	( )	( )	( )
been drunk or high at school?	( )	( )	( )	( )	( )	( )	( )	( )	( )
taken a handgun to school?	( )	( )	( )	( )	( )	( )	( )	( )	( )
taken any kind of weapon to school?	( )	( )	( )	( )	( )	( )	( )	( )	( )

**24) What are the chances you would be seen as cool if you...**

	<b>No Chance</b>	<b>Little Chance</b>	<b>Some Chance</b>	<b>Pretty Good Chance</b>	<b>Very Good Chance</b>
smoked cigarettes?	( )	( )	( )	( )	( )
drank alcohol (beer, wine, or liquor)?	( )	( )	( )	( )	( )
began drinking alcoholic beverages regularly, that is, at least once or twice a month?	( )	( )	( )	( )	( )
smoked marijuana?	( )	( )	( )	( )	( )
used marijuana/THC edibles, such as gummies?	( )	( )	( )	( )	( )
carried a handgun?	( )	( )	( )	( )	( )
Used illegal drugs such as heroin or cocaine?	( )	( )	( )	( )	( )
Used prescription medications not given to you by a doctor?	( )	( )	( )	( )	( )

**25) You're looking at things in a store with a friend. You look up and see her slip an item under her coat. She smiles and says, "Which one do you want? Go ahead, take it while nobody's around." There is nobody in sight, no employees and no other customers. What would you do now? (Check ONE)**

- Ignore her  Grab something and leave the store  Tell her to put the item back  
 Act like it's a joke, and ask her to put the item back

**26) It's 8:00 on a weeknight and you are about to go over to a friend's home when your parent asks you where you are going. You say "Oh, just going to go hang out with some friends." Your parent says, "No, you'll just get into trouble if you go out. Stay home tonight." What would you do now? (Check one)**

- Leave the house anyway  
 Explain what you are going to do with your friends, tell your parent when you will get home, and ask if you can go out  
 Not say anything and start watching TV  Get into an argument with your parent

**27) You are visiting another part of town, and you don't know any of the people your age there. You are walking down the street, and some teenagers you don't know are walking toward you. They are about your size, and as they are about to pass you, they deliberately bump into you and you almost lose your balance. What would you say or do? (Check one.)**

- Push the person back  Say "Excuse me" and keep on walking  Say "Watch where you're going" and keep on walking  Swear at the person and walk away  Just keep walking

**28) You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do?  
(Check one)**

- Drink it
- Tell your friend "No thanks, I don't drink." and suggest that you and your friend go and do something else
- Just say, "No thanks," and walk away.
- Make up a good excuse, tell your friend you had something else to do, and leave

**29) In the past 30 days, how many times did you attend religious services or activities?**

- None  Once  Twice  Three Times  Four Times  Five or more times

**30) I like to see how much I can get away with.**

- Very False  Somewhat False  Somewhat True  Very True

**31) Do you agree with the following statements?**

	<b>NO!</b>	<b>no</b>	<b>yes</b>	<b>YES!</b>
It is important to think before you act.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have to have everything right away.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often do things without thinking about what will happen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often switch from activity to activity rather than sticking to one thing at a time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can solve most problems if I really try.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most things happen to me because I am lucky.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can control my own life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**32) How much do you think people risk harming themselves physically or in other ways if they:**

	<b>No Risk</b>	<b>Slight Risk</b>	<b>Moderate Risk</b>	<b>Great Risk</b>
smoke one or more packs of cigarettes per day?	( )	( )	( )	( )
try marijuana once or twice?	( )	( )	( )	( )
smoke marijuana once or twice a week?	( )	( )	( )	( )
use marijuana/THC edibles, such as gummies	( )	( )	( )	( )
drink any alcohol (beer, wine or hard liquor)?	( )	( )	( )	( )
take one or two drinks of beer, wine or hard liquor nearly every day?	( )	( )	( )	( )
have five or more drinks of alcoholic beverage once or twice a week?	( )	( )	( )	( )
use illegal drugs such as heroin or cocaine?	( )	( )	( )	( )
use prescription drugs that are not prescribed to them?	( )	( )	( )	( )
drive a motor vehicle after drinking any alcohol?	( )	( )	( )	( )
use E-cigarettes, JUUL, or other vaporized tobacco products (Vaping)?	( )	( )	( )	( )



**33) In the past 30 days did you use any of the following:  
(Check all that apply)**

	Yes	No
Cigarettes in packs	<input type="checkbox"/>	<input type="checkbox"/>
Smokeless tobacco, (e.g., Chewing tobacco, snuff, snus)	<input type="checkbox"/>	<input type="checkbox"/>
Cigars	<input type="checkbox"/>	<input type="checkbox"/>
Pipe tobacco	<input type="checkbox"/>	<input type="checkbox"/>
E-cigarettes or other tobacco vaporizers (Vaping), (e.g., Puff Bars, Juul, Hyde)	<input type="checkbox"/>	<input type="checkbox"/>

**Logic: Hidden unless: Question "E-cigarettes or other tobacco vaporizers (Vaping), (e.g., Puff Bars, Juul, Hyde)" is one of the following answers ("Yes")**

**34) When you used E-cigarettes or other vaping device, what did you vape?**

- Flavored juice  Product with nicotine  THC (marijuana)  
 Other substance to get high  Other substance

**Page exit logic: New Page Logic ActionIF: #35 Question "Have you ever smoked a cigarette?" is not one of the following answers ("Yes") THEN: Jump to [page 30 - \(untitled\)](#)**

**35) Have you ever smoked a cigarette?**

- Yes  No

**36) How old were you when you first smoked cigarettes (even a puff or two)?**

- Younger than 5  5  6... 18  19  older than 19

37) In the past 12 months how many times have you smoked cigarettes?

	I did not smoke in the past 12 months	One or two times	Three or four times	Five to 10 times	11 to 20 times	21 to 30 times	More than 30 times
Times I smoked in the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Logic: Show/hide trigger exists. Hidden unless: Question "Times I smoked in the past 12 months" is not one of the following answers ("I did not smoke in the past 12 months")

38) In the past 30 days did you smoke any cigarettes?

Yes  No

Logic: Show/hide trigger exists. Hidden unless: #38 Question "In the past 30 days did you smoke any cigarettes?" is one of the following answers ("Yes")

39) On how many of the past 30 days did you smoke any cigarettes?

1  2  3  4... 9  10 or more

Logic: Hidden unless: #39 Question "On how many of the past 30 days did you smoke any cigarettes?" is one of the following answers ("1","2","3","4","5","6","7","8","9","10 or more")

40) On those days when you smoked, how many cigarettes did you normally have?

1  2  3  4... 19  20  More than 20

**Page exit logic:** New Page Logic ActionIF: #41 Question "**Have you ever used alcohol OTHER than as part of a religious service?**

**(Do not count wine at communion or at Bar Mitzvahs)**" is not one of the following answers ("Yes") THEN: Jump to [page 39 - \(untitled\)](#)

**41) Have you ever used alcohol OTHER than as part of a religious service?**

**(Do not count wine at communion or at Bar Mitzvahs)**

Yes  No

**42) How old were you when you first had more than a sip or two of beer wine or liquor?**

	Younger than 5	5	6	7	...	19	20 or older
Age I had first drink of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**43) How old were you when you began drinking regularly, that is, at least one or two times per month.?**

	I don't drink regularly	Younger than 5	5	6	7	...	19	20 or older
Age I began to drink regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Page exit logic:** New Page Logic Action **IF:** Question "Times I drank alcohol in past 12 months" is one of the following answers ("I did not drink in the past 12 months") **THEN:** Jump to [page 39 - \(untitled\)](#)

**44) In the past 12 months how many times have you used alcohol other than as part of a religious service?**

	I did not drink in the past 12 months	One or two times	Three or four times	Five to 10 times	11 to 20 times	21 to 30 times	More than 30 times
Times I drank alcohol in past 12 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Page exit logic:** Page Logic **IF:** #45 Question "**In the past 30 days did you drink any alcohol other than at a religious service?**" is not one of the following answers ("Yes") **THEN:** Jump to [page 39 - \(untitled\)](#)

**Logic:** Show/hide trigger exists.

**45) In the past 30 days did you drink any alcohol other than at a religious service?**

Yes  No

**Logic:** Show/hide trigger exists.

**46) On how many of the past 30 days did you use alcohol other than at a religious service?**

1  2  3  4... 30

**Logic: Hidden unless: #46 Question "On how many of the past 30 days did you use alcohol other than at a religious service?**

**" is one of the following answers  
 ("1","2","3","4","5","6","7","8","9","10","11","12","13","14","15","16","17","18","19","20","21","22","23","24","25","26","27","28","29","30")**

**47) In the past 30 days, on those days when you drank, how many drinks did you normally have?**

1  2  3  4  5  6  7  8  9  10  more than 10

**Logic: Hidden unless: #46 Question "On how many of the past 30 days did you use alcohol other than at a religious service?**

**" is one of the following answers  
 ("1","2","3","4","5","6","7","8","9","10","11","12","13","14","15","16","17","18","19","20","21","22","23","24","25","26","27","28","29","30")**

**48) In the past 30 days did you drink any of the following:  
 (Check all that apply)**

	Yes	No
Regular beer	<input type="radio"/>	<input type="radio"/>
Flavored beer/malt beverage	<input type="radio"/>	<input type="radio"/>
Wine	<input type="radio"/>	<input type="radio"/>
Wine coolers	<input type="radio"/>	<input type="radio"/>
Hard liquor (for example: gin, vodka, bourbon other whiskey)	<input type="radio"/>	<input type="radio"/>
Other drinks with alcohol (for example: Smirnoff Ice, Mike's Hard Lemonade, hard cider)	<input type="radio"/>	<input type="radio"/>
Alcoholic drinks that look like soft drinks or fruit juice (For example White Claw Seltzer, or Not Your Father's Root Beer)	<input type="radio"/>	<input type="radio"/>

**Logic: Hidden unless: #46 Question "On how many of the past 30 days did you use alcohol other than at a religious service?**

**" is one of the following answers  
 ("1","2","3","4","5","6","7","8","9","10","11","12","13","14","15","16","17","18","19","20","21","22","23","24","25","26","27","28","29","30")**

**49) Where did you get the alcohol you drank?  
 (Check all that apply).**

	Yes	No
At a bar or restaurant	<input type="checkbox"/>	<input type="checkbox"/>
At a liquor store.	<input type="checkbox"/>	<input type="checkbox"/>
At a grocery or convenience store.	<input type="checkbox"/>	<input type="checkbox"/>
At a party at someone's house.	<input type="checkbox"/>	<input type="checkbox"/>
At a party at my house with my parents' permission.	<input type="checkbox"/>	<input type="checkbox"/>
At a party at my house without my parents' permission.	<input type="checkbox"/>	<input type="checkbox"/>
From my home without parents' permission.	<input type="checkbox"/>	<input type="checkbox"/>
From my parent.	<input type="checkbox"/>	<input type="checkbox"/>
From another adult.	<input type="checkbox"/>	<input type="checkbox"/>
From a friend	<input type="checkbox"/>	<input type="checkbox"/>
At a winery	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

**Logic: Hidden unless: #45 Question "In the past 30 days did you drink any alcohol other than at a religious service?" is one of the following answers ("Yes")**

**50) How many times in the past 30 days did you have five or more drinks on one occasion?**

0  1  2  3  4  5... 15  More than 15

**Page exit logic: New Page Logic ActionIF: #51 Question "Have you ever used marijuana, THC, or hashish?" is not one of the following answers ("Yes") THEN: Jump to [page 44 - \(untitled\)](#)**

**51) Have you ever used marijuana, THC, or hashish?**

Yes  No

**52) How old were you when you first used marijuana, THC, or hashish?**

	Younger than 5	5	6	...	19	Older than 19
Age I first used marijuana, THC, or hash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Page exit logic:** New Page Logic Action **IF:** Question "Times I used marijuana in past year" is one of the following answers ("I did not use Marijuana in the past 12 months") **THEN:** Jump to [page 44 - \(untitled\)](#)

**53) In the past 12 months how many times have you used marijuana, THC, or hashish?**

	<b>I did not use Marijuana in the past 12 months</b>	<b>One or two times</b>	<b>Three or four times</b>	<b>Five to 10 times</b>	<b>11 to 20 times</b>	<b>21 to 30 times</b>	<b>More than 30 times</b>
Times I used marijuana in past year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Logic:** Show/hide trigger exists.

**54) In the past 30 days, did you use marijuana or hashish?**

Yes  No



**Logic: Hidden unless: #54 Question "In the past 30 days, did you use marijuana or hashish?" is one of the following answers ("Yes")**

**55) Where did you get the marijuana or hashish you used? (Check all that apply)**

- From a friend
- From someone I did not know
- From my parents without their permission
- From my parents with their permission
- From another adult
- I have a prescription/doctor's order for marijuana
- From a marijuana dispensary/store
- Other

**Logic: Hidden unless: #54 Question "In the past 30 days, did you use marijuana or hashish?" is one of the following answers ("Yes")**

**56) On how many of the past 30 days did you use marijuana or hashish?**

- 1  2  3  4  5... 24  25  26  27  28  29  30

**Page exit logic: New Page Logic ActionIF: #57 Question "Have you ever used any drug or substance other than alcohol, tobacco, or marijuana? Do not include medications given to you by a doctor or parent when you were sick." is not one of the following answers ("Yes") THEN: Jump to [page 50 - \(untitled\)](#)**

**57) Have you ever used any drug or substance other than alcohol, tobacco, or marijuana?  
Do not include medications given to you by a doctor or parent when you were sick.**

- Yes  No

**58) How old were you when you first used any drug or substance other than alcohol, tobacco, or marijuana?**

**Do not include medications given to you by a doctor or parent when you were sick.**

	Younger than 5	5	6	...	19	Older than 19
Age I first used a drug other than alcohol, tobacco or marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Page exit logic:** New Page Logic ActionIF: #59 Question "**In the past 12 months have you used any drug or substance other than alcohol, tobacco or marijuana?**

**Do not include medications given to you by a doctor or parent when you were sick.**" is not one of the following answers ("Yes") THEN: Jump to [page 50 - \(untitled\)](#)

**59) In the past 12 months have you used any drug or substance other than alcohol, tobacco or marijuana?**

**Do not include medications given to you by a doctor or parent when you were sick.**

Yes  No

**60) In the past 12 months did you use any of the following:(Check all that apply)**

	<b>Yes</b>	<b>No</b>
Cocaine		
Cough or cold medicines	<input type="checkbox"/>	<input type="checkbox"/>
Crack	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants (sniff/huffing)	<input type="checkbox"/>	<input type="checkbox"/>
LSD or other psychedelic	<input type="checkbox"/>	<input type="checkbox"/>
Meth	<input type="checkbox"/>	<input type="checkbox"/>
Steroids	<input type="checkbox"/>	<input type="checkbox"/>
Uppers/Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>
Pain killers such as Vicodin/Oxycontin not prescribed to you	<input type="checkbox"/>	<input type="checkbox"/>
Other prescription drug not prescribed to you	<input type="checkbox"/>	<input type="checkbox"/>
Over-the-counter drugs (Sold in stores)	<input type="checkbox"/>	<input type="checkbox"/>
Edible Marijuana (Gummies, brownies, cubes etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Molly (MDMA)	<input type="checkbox"/>	<input type="checkbox"/>
Special K/Ketamine	<input type="checkbox"/>	<input type="checkbox"/>
Duce/K2 Spice	<input type="checkbox"/>	<input type="checkbox"/>
PCP Angel Dust	<input type="checkbox"/>	<input type="checkbox"/>
CBD products	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

**61) Where did you get the drug(s) you used?**

- From a friend
- From someone I did not know
- From my home without my parents' permission
- From my home with my parents' permission
- At a store
- Other

**Page exit logic:** New Page Logic ActionIF: #62 Question "**In the past 30 days have you used any drug or substance other than alcohol, tobacco, or marijuana?**

**Do not include medications given to you by a doctor or parent when you were sick.**" is not one of the following answers ("Yes") **THEN:** Jump to [page 50 - \(untitled\)](#)

**Logic:** Show/hide trigger exists.

**62) In the past 30 days have you used any drug or substance other than alcohol, tobacco, or marijuana?**

**Do not include medications given to you by a doctor or parent when you were sick.**

Yes  No

**63) In the past 30 days did you use any of the following:(Check all that apply)**

	<b>Yes</b>	<b>No</b>
Cocaine		
Cough or cold medicines	<input type="checkbox"/>	<input type="checkbox"/>
Crack	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants (sniff/huffing)	<input type="checkbox"/>	<input type="checkbox"/>
LSD or other psychedelic	<input type="checkbox"/>	<input type="checkbox"/>
Meth	<input type="checkbox"/>	<input type="checkbox"/>
Steroids	<input type="checkbox"/>	<input type="checkbox"/>
Uppers/Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>
Pain killers such as Vicodin/Oxycontin not prescribed to you	<input type="checkbox"/>	<input type="checkbox"/>
Other prescription drug not prescribed to you	<input type="checkbox"/>	<input type="checkbox"/>
Over-the-counter drugs	<input type="checkbox"/>	<input type="checkbox"/>
Edible Marijuana (Gummies, brownies, cubes etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Molly (MDMA)	<input type="checkbox"/>	<input type="checkbox"/>
Special K/Ketamine	<input type="checkbox"/>	<input type="checkbox"/>
Deuce/K2 Spice	<input type="checkbox"/>	<input type="checkbox"/>
PCP/Angel Dust	<input type="checkbox"/>	<input type="checkbox"/>
CBD Products	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

**Logic: Hidden unless: #62 Question "In the past 30 days have you used any drug or substance other than alcohol, tobacco, or marijuana?  
Do not include medications given to you by a doctor or parent when you were sick." is one of the following answers ("Yes")**

**64) Where did you get the drug(s) you used in the past 30 days? (Check all that apply)**

- From a friend
- From someone I did not know
- From my home without my parent's permission
- From my home with my parent's permission
- From another adult
- At a store
- Other

**Logic: Hidden unless: #1 Question "What grade are you in?" is one of the following answers ("7th", "8th", "9th", "10th", "11th", "12th")**

**65) If you wanted to get some beer, wine, or hard liquor, how easy would it be for you to get some?**

- Very Hard  Sort of Hard  Sort of Easy  Very Easy

**Logic: Hidden unless: #1 Question "What grade are you in?" is one of the following answers ("7th", "8th", "9th", "10th", "11th", "12th")**

**66) If you wanted to get some marijuana/THC, how easy would it be for you to get some?**

- Very Hard  Sort of Hard  Sort of Easy  Very Easy

**Logic: Hidden unless: #1 Question "What grade are you in?" is one of the following answers ("7th","8th","9th","10th","11th","12th")**

**67) If you wanted to get some cigarettes, how easy would it be for you to get some?**

Very Hard  Sort of Hard  Sort of Easy  Very Easy

**Logic: Hidden unless: #1 Question "What grade are you in?" is one of the following answers ("7th","8th","9th","10th","11th","12th")**

**68) If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?**

Very Hard  Sort of Hard  Sort of Easy  Very Easy

**69) If you wanted to get vaping devices (e-Cigarettes, JUUL, puff bar, hyde) how easy would it be for you to get some?**

Very Hard  Sort of Hard  Sort of Easy  Very Easy

**Logic: Hidden unless: #1 Question "What grade are you in?" is one of the following answers ("7th","8th","9th","10th","11th","12th")**

**70) If you wanted to get a handgun, how easy would it be for you to get one?**

Very Hard  Sort of Hard  Sort of Easy  Very Easy

**71) During the past six (6) months on how many times (if any) have you...**

	<b>Never</b>	<b>Once</b>	<b>Two or Three Times</b>	<b>Four or Five Times</b>	<b>More Than five Times</b>
bet money on sports teams or sports events?	( )	( )	( )	( )	( )
purchased lottery, Lotto, Quick Draw, or scratch-off tickets?	( )	( )	( )	( )	( )
played cards for money?	( )	( )	( )	( )	( )
played dice games for money?	( )	( )	( )	( )	( )
bet or spent money on slot machines, poker machines, or other gaming machines?	( )	( )	( )	( )	( )
bet money through an online site or phone app such as Draft Kings, Caesar's, Bet MGM?	( )	( )	( )	( )	( )
gambled at a casino or racino	( )	( )	( )	( )	( )



**Logic: Show/hide trigger exists. Hidden unless: (((((( Question "bet money on sports teams or sports events?" is one of the following answers ("Once", "Two or Three Times", "Four or Five Times", "More Than five Times") AND Question "purchased lottery, Lotto, Quick Draw, or scratch-off tickets?" is one of the following answers ("Once", "Two or Three Times", "Four or Five Times", "More Than five Times")) AND Question "played cards for money?" is one of the following answers ("Once", "Two or Three Times", "Four or Five Times", "More Than five Times")) AND Question "played dice games for money?" is one of the following answers ("Once", "Two or Three Times", "Four or Five Times", "More Than five Times")) AND Question "bet or spent money on slot machines, poker machines, or other gaming machines?" is one of the following answers ("Once", "Two or Three Times", "Four or Five Times", "More Than five Times")) AND Question "bet money through an online site or phone app such as Draft Kings, Caesar's, Bet MGM?" is one of the following answers ("Once", "Two or Three Times", "Four or Five Times", "More Than five Times")) AND Question "gambled at a casino or racino" is one of the following answers ("Once", "Two or Three Times", "Four or Five Times", "More Than five Times"))**

**72) Have you ever had to lie to people important to you about how much you have gambled?**

Yes  No

**Logic: Hidden unless: #72 Question "Have you ever had to lie to people important to you about how much you have gambled? " is one of the following answers ("Yes", "No")**

**73) Have you ever felt the need to bet more and more money?**

Yes  No

**Logic: Hidden unless: #1 Question "What grade are you in?" is one of the following answers ("7th", "8th", "9th", "10th", "11th", "12th")**

**74) If a kid in your community were to try to do the following...he/she would get caught by the police?**

	<b>NO!</b>	<b>no</b>	<b>yes</b>	<b>YES!</b>
If a kid used marijuana/THC in your community would he/she be caught by the police.	( )	( )	( )	( )
If a kid drank some beer, wine, or hard liquor in your community, would he/she be likely to get caught by the police.	( )	( )	( )	( )
If a kid drove a car after drinking beer, wine or hard liquor would he/she be likely to get caught by the police.	( )	( )	( )	( )
If a kid carried a handgun in your community, would he/she be caught by the police.	( )	( )	( )	( )

**75) In your community, would most adults think it was wrong for kids your age to do the following:**

	<b>Very Wrong</b>	<b>Wrong</b>	<b>A Little Bit Wrong</b>	<b>Not Wrong at All</b>
To use marijuana/THC?	( )	( )	( )	( )
To drink alcohol?	( )	( )	( )	( )
To smoke cigarettes?	( )	( )	( )	( )
To use other drugs (when they are not sick)?	( )	( )	( )	( )
Use E-cigarettes or other vaping devices?	( )	( )	( )	( )
Gamble for money or other prizes?	( )	( )	( )	( )

**76) In the past year, how many adults have you known personally who have:**

	None	One or two	Two or three	Four or Five	More than five
Used marijuana/THC, cocaine, or other drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sold or dealt drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gotten drunk or high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**77) If I had to move, I would miss the neighborhood/community I live in now.**

NO!  no  yes  YES!

**78) My neighbors notice when I am doing a good job and let me know.**

NO!  no  yes  YES!

**79) I like my neighborhood.**

NO!  no  yes  YES!

**80) There are lots of adults in my community I could talk to about something important.**

NO!  no  yes  YES!

**81) People move in and out of my neighborhood a lot.**

NO!  no  yes  YES!

**82) How much do each of the following statements describe your neighborhood or community where you live?**

	<b>NO!</b>	<b>no</b>	<b>yes</b>	<b>YES!</b>
Crime and/or drug selling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lots of empty or abandoned buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lots of graffiti (drawing or painting on buildings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**83) In my community there are enough recreational activities for kids my age.**

NO!  no  yes  YES!

**84) In my community there are enough recreational activities such as sports, clubs, fun events, that I can do if I want.**

NO!  no  yes  YES!

**85) In my community there are recreational activities that I would like to do but I can't.**

NO!  no  yes  YES!

**86) How many times have you changed homes since kindergarten?**

None  1  2  3  4... 9  10 or more

**87) Have you changed homes in the past year?**

Yes  No

**88) How many times have you changed schools since kindergarten?  
(Different School District)**

None  1  2  3  4... 9  10 or more

**89) Have you changed schools in the past year? (Different School District)**

Yes  No

**90) There are people in my community who are proud of me when I do something well.**

NO!  no  yes  YES!

**91) There are people in my community who encourage me to do my best.**

NO!  no  yes  YES!

**92) I would like to get out of my neighborhood or community where I live.**

NO!  no  yes  YES!

**93) How wrong do your parents (or adults you live with) feel it would be for you to do the following?**

	<b>Very Wrong</b>	<b>Wrong</b>	<b>A Little Wrong</b>	<b>Not Wrong at All</b>
drink beer, wine, or hard liquor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use marijuana/THC?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use any drug when you are not sick?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
steal anything?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
draw graffiti or write things or draw pictures on buildings or other property (without the owner's permission)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vape nicotine products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vape marijuana/THC products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Page exit logic:** New Page Logic ActionIF: #94 Question "Do you have any brothers or sisters?" is not one of the following answers ("Yes") THEN: Jump to [page 61 - \(untitled\)](#)

**94) Do you have any brothers or sisters?**

Yes  No

**95) Have any of your brothers or sisters ever done the following?**

	<b>Yes</b>	<b>No</b>
drunk beer, wine, or hard liquor?	<input type="checkbox"/>	<input type="checkbox"/>
used marijuana/THC?	<input type="checkbox"/>	<input type="checkbox"/>
smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>
taken a handgun to school?	<input type="checkbox"/>	<input type="checkbox"/>
been suspended or expelled from school?	<input type="checkbox"/>	<input type="checkbox"/>
vaped nicotine products?	<input type="checkbox"/>	<input type="checkbox"/>
vaped marijuana/THC products?	<input type="checkbox"/>	<input type="checkbox"/>

**96) The rules in my family are clear.**

NO!  no  yes  YES!

**97) Has anyone in your family ever had a severe alcohol or drug problem?**

Yes  No

**98) People in my family often insult or yell at each other.**

NO!  no  yes  YES!

**99) When I am not at home, one of my parents knows where I am and who I am with.**

NO!  no  yes  YES!

**100) We argue about the same things in my family over and over.**

NO!  no  yes  YES!

**101) My parents want me to call if I'm going to be late getting home.**

NO!  no  yes  YES!

**102) My family has clear rules about alcohol and drug use.**

NO!  no  yes  YES!

**103) If you did any of the following would you be caught by your parents or adults you live with?**

	<b>NO!</b>	<b>no</b>	<b>yes</b>	<b>YES!</b>
If you drank some beer or wine or liquor without your parents' permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you carried a handgun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you skipped school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**104) My parents notice when I am doing a good job and let me know about it.**

Never or Almost Never  Sometimes  Often  Always or Almost Always

**105) Do you feel very close to the adults in your family (mother/father/step parent etc.)?**

NO!  no  yes  YES!

**106) Do you share your thoughts and feelings with the adults in your family (mother/father/stepparent etc.)?**

NO!  no  yes  YES!



**107) Do you enjoy spending time with adults in your family (mother/father/stepparent etc.)?**

NO!  no  yes  YES!

**108) If I had a personal problem, I could ask an adult in my family (mother/father/stepparent etc.) for help.**

NO!  no  yes  YES!

**109) My parents, or an adults I live with, ask me what I think before most family decisions affecting me are made.**

NO!  no  yes  YES!

**110) How often do your parents, or an adults you live with, tell you they're proud of you for something you've done?**

Never or Almost Never  Sometimes  Often  Always or Almost Always

**111) My parents, or the adults I live with, give me lots of chances to do fun things with them.**

NO!  no  yes  YES!

**112) My parents, or the adults I live with, ask if I've gotten my homework done.**

NO!  no  yes  YES!

**113) Would your parents, or the adults you live with, know if you did not come home on time?**

NO!  no  yes  YES!

**114) People in my family have serious arguments.**

NO!  no  yes  YES!

**115) Over the past two (2) weeks, approximately how often have you had the following feelings?**

	<b>Not at all</b>	<b>Once</b>	<b>On several days</b>	<b>More than half the time</b>	<b>Nearly every day</b>
Feeling safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling nervous, anxious, or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worried about getting sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worried about a family member getting sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling sad, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling connected and supported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoying things I usually like to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**116) In the past year have you felt depressed or sad MOST days, even if you felt OK sometimes?**

NO!  no  yes  YES!

Logic: Show/hide trigger exists.

117) In the past 12 months, did you think about or consider committing suicide?

Yes  No

Logic: Hidden unless: #117 Question "In the past 12 months, did you think about or consider committing suicide?" is one of the following answers ("Yes")

118) During the past 12 months did you make a plan about how you would attempt suicide?

Yes  No

Logic: Hidden unless: #117 Question "In the past 12 months, did you think about or consider committing suicide?" is one of the following answers ("Yes")

119) During the past 12 months, how many times did you actually attempt suicide?

	I did not actually try to commit suicide in the past year	Once	Twice	Three times	Four times	Five or more times
Times I tried to commit suicide in the past year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Logic: Hidden unless: Question "Times I tried to commit suicide in the past year." is one of the following answers ("Once", "Twice", "Three times", "Four times", "Five or more times")**

**120) During the past 12 months did any attempt result in injury poisoning, or overdose that had to be treated by a doctor or nurse?**

Yes  No

**121) Have you ever hurt or injured yourself by cutting or burning yourself when you were upset about something?**

Yes  No

**122) My life has clear direction and purpose.**

NO!  no  yes  YES!

**123) The following are common challenges that youth commonly encounter:**

**death of a parent;**

**parental divorce or separation;**

**incarceration of a parent;**

**someone in your family or in your home has/had a drug or alcohol abuse problem;**

**someone in your family or in your home has/had a mental health problem;**

**domestic violence;**

**physical neglect;**

**physical abuse;**

**emotional neglect;**

**emotional abuse or**

**sexual abuse.**

**How many of these experiences have happened to you in your lifetime?**

None  1  2  3  4  5  6  7  8  9  10  11

**124) If you were to have a personal problem, who would you ask for help?**

	Yes	No
A parent	<input type="radio"/>	<input type="radio"/>
A brother or sister	<input type="radio"/>	<input type="radio"/>
Other Relative	<input type="radio"/>	<input type="radio"/>
A teacher	<input type="radio"/>	<input type="radio"/>
A counselor at school	<input type="radio"/>	<input type="radio"/>
An adult at an after-school program (e.g. 21st Century/Advantage)	<input type="radio"/>	<input type="radio"/>
Another adult at school	<input type="radio"/>	<input type="radio"/>
A friend	<input type="radio"/>	<input type="radio"/>
A doctor	<input type="radio"/>	<input type="radio"/>
The School Resource Officer (SRO)	<input type="radio"/>	<input type="radio"/>
A police officer	<input type="radio"/>	<input type="radio"/>
A Pastor, Minister, Priest, Rabbi or other clergy	<input type="radio"/>	<input type="radio"/>
Other Adult Outside of School	<input type="radio"/>	<input type="radio"/>
I would look for help/advice on the internet (for example Google)	<input type="radio"/>	<input type="radio"/>
I would not ask anyone for help	<input type="radio"/>	<input type="radio"/>
I don't know who to ask for help	<input type="radio"/>	<input type="radio"/>

***If you ever have feelings of sadness, anxiety, or have other concerns, you should talk to a counselor, teacher, or other adult at school.***

Logic: Show/hide trigger exists. Hidden unless: #1 Question "What grade are you in?" is one of the following answers ("7th", "8th", "9th", "10th", "11th", "12th")

**125) In the past 30 days, did you drive a car or other vehicle on the road?**

Yes  No

Logic: Hidden unless: #125 Question "In the past 30 days, did you drive a car or other vehicle on the road?" is one of the following answers ("Yes")

**126) How many times in the past 30 days, did you drive a car or other vehicle after drinking any alcohol or using any drug?**

None  1  2  3  4  5  6  7  8  9  10 or more times

Logic: Hidden unless: #125 Question "In the past 30 days, did you drive a car or other vehicle on the road?" is one of the following answers ("Yes")

**127) In the past 30 days, how many times did you read or send a text message while you were driving?**

None  1  2  3  4  5  6  7  8  9  10 or more times

**128) In the past 30 days, how many times did you verbally threaten or bully someone?**

None  1  2  3  4  5  6  7  8  9  10 or more

129) In the past 30 days, how many times did you send a threatening or harassing text message?

None  1  2  3  4  5  6  7  8  9  10 or more

130) In the past 30 days, how many times did you send any text message with sexual content or pictures?

None  1  2  3  4  5  6  7  8  9  10 or more

131) In the past 30 days, how many times were you threatened or bullied by someone?

None  1  2  3  4  5  6  7  8  9  10 or more

132) In the past 30 days, how many times did you receive a threatening or harassing text message?

None  1  2  3  4  5  6  7  8  9  10 or more

133) In the past 30 days, how many times did you receive any text message with sexual content or pictures?

None  1  2  3  4  5  6  7  8  9  10 or more

**134) You see some students making fun of or saying cruel things, or pushing and threatening another student. What would you most likely do?(Check only one)**

- Join in the bullying
- Threaten or push the bully
- Tell the bully(s) to stop
- Support the target after the bullying is over
- Tell a teacher or other adult
- Nothing

**135) During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)**

	I was not active on any days	1	2	3	4	5	6	7
Days I was physically active.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**136) During the past 7 days, how many times did you eat vegetables such as carrots, beans, or potatoes? (DO NOT include French fries or chips)**

	I did not eat vegetables during the past 7 days	1 to 3 times during the past 7 days	4 to 6 times during the past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
Days on which I ate vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**137) In the past year, how many times did you go to a dentist for a cleaning and/or checkup?**

None  Once  Twice  More than twice

**138) How many times each day do you normally brush your teeth?**

None  Not every day  Once each day  Twice each day  More than twice each day

**139) Which best describes your reading habits  
(Check all that apply)**

I rarely read  I read for school work  I read for pleasure  I have some difficulty reading

**140) How many books and magazines (print reading material) are in your home?**

- There are few or none
- There are books, magazines or other printed material in one or two places in my home
- There are printed materials in some rooms
- There are printed materials in almost every room

**141) In an average week how many hours do you spend using Social Media such as Facebook, Twitter, Snapchat, Instagram, Tic Tok, or Tumbler?**

None  1  2  3... 17  18  19  20 or more

**142) On an average day, how many text messages do you send or receive while at school?**

None  1  2  3  4  5  6  7  8  9  10 or more

**143) In an average week, how many hours do you spend playing video games on a computer, cell phone, or on a game console?**

None  1  2  3... 17  18  19  20 or more

**144) On average since the beginning of this school year (September 2022), how many days each week did you participate in extra-curricular activity including: sports, music, clubs, or after-school programs?**

None  1  2  3  4  5  6  7

**145) During this school year have you participated in 21st Century, LEAP, After the Bell, Compass, Advantage, REACH, PASS, or other structured after-school program?**

Yes  No

**Logic: Hidden unless: QUESTION NOT FOUND! is one of the following answers [NO OPTIONS SET]**

**146) On average since the beginning of this school year (September 2022), how many days each week did you attend that program?**

None  1  2  3  4  5  6  7

**Thank You!**

**Thank you for taking our survey. Your response is very important to us.**

**Please tell the teacher or adult who started you on the survey that you are finished.**

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