

Oregon Student Wellness Survey for Grades 8 & 11



1. The survey is completely voluntary and anonymous. DO NOT put your name on the questionnaire.
2. This is not a test, so there are no right or wrong answers. We would like you to work quickly so you can finish.
3. 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.
4. For questions that have the following answers: **NO! no yes YES!**
 Mark (the BIG) **YES!** if you think the statement is **DEFINITELY TRUE** for you.
 Mark (the little) **yes** if you think the statement is **MOSTLY TRUE** for you.
 Mark (the little) **no** if you think the statement is **MOSTLY NOT TRUE** for you.
 Mark (the BIG) **NO!** if you think the statement is **DEFINITELY NOT TRUE** for you.

Example: Chocolate is the best ice cream flavor.

☐ NO! ☐ no ☒ yes ☐ YES!

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

5. Please mark only one answer for each question, unless otherwise directed, by completely filling in the oval with a #2 pencil.

1. How old are you?

- ☐ 10 years old ☐ 15 years old
☐ 11 years old ☐ 16 years old
☐ 12 years old ☐ 17 years old
☐ 13 years old ☐ 18 years old
☐ 14 years old ☐ 19 years old or older

2. What is your sex?

- ☐ Female
☐ Male

3. In what grade are you?

- ☐ 7th ☐ 10th
☐ 8th ☐ 11th
☐ 9th

4. What is your race?

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native or Other Pacific Islander
☐ White

5. Are you Hispanic or Latino?

- ☐ Yes
☐ No

6. What is the language you use most often at home?

- ☐ English
☐ Spanish
☐ Another language

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

- ☐ NO!
☐ yes
☐ YES!

8. Putting them all together, what were your grades like last year?

- ☐ Mostly F's
☐ Mostly D's
☐ Mostly C's
☐ Mostly B's
☐ Mostly A's

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

	Not wrong at all	A little bit wrong	Wrong	Very wrong
9. attack someone with the idea of seriously hurting him or her?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. stay away from school all day when their parents think they are at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. take a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. steal anything worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. having one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. smoking one or more packs of cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. trying marijuana or hashish once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. using marijuana once a month or more?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

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

	4 of my friends	3 of my friends	2 of my friends	1 of my friends	None of my friends
18. been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. dropped out of school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. sold marijuana or illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. 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"/>

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

	Very good chance	Pretty good chance	Some chance	Little chance	No or very little chance
24. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis?

- ☐ More likely
☐ Less likely
☐ Would make no difference
☐ Don't know or can't say

During the past 12 months...

	Yes	No	Don't know or can't say
29. do you recall hearing, reading, or watching an advertisement about prevention of substance abuse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. have you had a special class about drugs or alcohol in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. have you talked with at least one of your parents about the dangers of tobacco, alcohol or drug use? By parents we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you wanted to get...

	Very easy	Sort of easy	Somewhat hard	Very hard
32. some beer, wine or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. some cigarettes, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. some marijuana, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	0 times	1 or 2 times	3 to 9 times	10 to 19 times	20 to 39 times	40 or more times
36. sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. taken steroid pills or shots without a doctor's prescription?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. used any form of cocaine, including powder, crack, or freebase?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. used ecstasy (also called MDMA)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. used heroin (also called smack, junk, or China White)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. used methamphetamine (also called speed, crystal, crank or ice)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. used a needle to inject an illegal drug into your body?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	0 days	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20 to 29 days	All 30 days
43. have a drink of alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. have 5 or more drinks of alcohol in a row, that is, in a couple of hours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. used tobacco products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. sniff glue, breathe the contents of aerosol spray cans, or any paints or sprays to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. use any form of cocaine, including powder, crack or freebase?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. use ecstasy (also called MDMA)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. use heroin or other opiates or narcotics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. use LSD or other hallucinogens or psychedelics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. use methamphetamines (also called speed, crystal, crank or ice)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. use prescription drugs (without a doctor's orders) to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

55. During the past 30 days, what type of alcohol did you usually drink? Select only one response.

- ☐ I did not drink alcohol during the past 30 days.
☐ I do not have a usual type.
☐ Beer.
☐ Flavored beverages (such as Smirnoff, Bacardi Silver, and Hard Lemonade).
☐ Wine coolers (such as Bartles and Jaymes or Seagrams Wine).
☐ Wine.
☐ Liquor (such as vodka, rum, scotch, bourbon, or whiskey).
☐ Some other type.

56. During the past 30 days, how did you usually get the alcohol you drank? Select only one response.

- ☐ I did not drink alcohol during the past 30 days.
- ☐ I bought it in a store such as a convenience store, supermarket, discount store, or gas station.
- ☐ I bought it at a restaurant, bar or club.
- ☐ I bought it at a public event such as a concert or sporting event.
- ☐ I gave someone else money to buy it for me.
- ☐ I got it from friends 21 or older.
- ☐ I got it from friends under 21.
- ☐ I took it from a store or family member.
- ☐ I got it some other way.

57. In the last 12 months, which of the following have you experienced? Please mark all that apply.

- ☐ I did not drink alcohol in the last 12 months.
- ☐ Missed school or class because of drinking alcohol.
- ☐ Gotten sick to your stomach because of drinking alcohol.
- ☐ Not been able to remember what happened while you were drinking alcohol.
- ☐ Later regretted something you did while drinking alcohol.
- ☐ Worried that you drank alcohol too much or too often.

58. During the past 30 days, how many times did you use marijuana?

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

How old were you when you...

59. first began drinking alcoholic beverages regularly, at least once or twice a month?

60. had your first drink of alcohol other than sips?

61. smoked a whole cigarette for the first time?

62. first used tobacco products other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe?

63. tried marijuana for the first time?

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

65. 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?

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

67. My family has clear rules about alcohol and drug use.

68. My parents ask if I've gotten my homework done.

69. The rules in my family are clear.

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

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

Think of your four best friends

(the friends you feel closest to)

In the past 12 months, how many

of your best friends have...

4 of my friends
3 of my friends
2 of my friends
1 of my friends
None of my friends

72. smoked cigarettes?

73. tried beer, wine, or hard liquor (for example, vodka, whiskey or gin) when their parents didn't know about it?

74. used LSD, cocaine, amphetamines, or other illegal drugs?

75. used marijuana?

During the past 30 days, how much of the time have you...

None of the time
A little of the time
Some of the time
A good bit of the time
Most of the time
All of the time

76. been a happy person?

77. been a very nervous person?

78. felt calm and peaceful?

79. felt downhearted and blue?

80. felt so down in the dumps that nothing could cheer you up?

81. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

PLEASE DO NOT WRITE IN THIS AREA

[SERIAL]

83. Gambling involves betting anything of value (money, a watch, soda, etc.) on a game or event. Please mark ALL the different types of gambling that you have bet on, if any, during the last 30 days:

- ☐ Playing lottery tickets.
- ☐ Playing Powerball or Megabucks.
- ☐ Playing dice or coin flips.
- ☐ Playing cards (poker, etc.).
- ☐ Betting on a sports team.
- ☐ Betting on a horse/dog race.
- ☐ Betting on games of personal skill (bowling, video games, dares, etc.).
- ☐ Gambling on the Internet for free or with money.
- ☐ Gambling at a casino.
- ☐ Playing Bingo for money.
- ☐ None.
- ☐ Other.

84. During the last 12 months, have you ever felt bad about the amount you bet, or about what happens when you bet money?

- ☐ Yes
- ☐ No
- ☐ I don't bet for money

85. During the last 12 months, have you ever felt that you would like to stop betting money but didn't think you could?

- ☐ Yes
- ☐ No
- ☐ I don't bet for money

86. In total, how much money have you bet in any way (lottery, card games, bingo, internet sports, with friends) in the past three months?

- ☐ 0
- ☐ \$1-\$10
- ☐ \$11-\$50
- ☐ \$51-\$100
- ☐ \$101-\$200
- ☐ \$201-\$500
- ☐ Over \$500

87. Have you ever lied to anyone about betting/gambling?

88. Have you ever bet/gambled more than you wanted to?

89. Have your parents ever talked to you about the risks of betting/gambling?

90. Have your teachers ever talked to you about the risks of betting/gambling?

How wrong would most adults (over 21) in your neighborhood think it is for kids your age to...

91. drink alcohol?

92. smoke cigarettes?

93. use marijuana?

94. 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?

95. If a kid smoked marijuana in your neighborhood would he or she be caught by the police?

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

96. drink beer, wine, or liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?

97. smoke cigarettes?

98. smoke marijuana?

99. draw graffiti, or tag the trunk or draw pictures on buildings or other property without the owner's permission?

100. pick a fight with someone?

101. steal something worth more than \$50?

How much do you think people risk harming themselves (physically or other ways)...

102. if they take on two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?

103. when they have five or more drinks of an alcoholic beverage once or twice a week?

104. if they smoke one or more packs of cigarettes per day?

105. if they try marijuana once or twice?

106. if they smoke marijuana once or twice a week?

During the past 30 days, how many times did you...

107. drive a car or other vehicle when you had been drinking alcohol?

108. ride in a vehicle driven by a parent or other adult who had been drinking alcohol?

109. ride in a vehicle driven by a teenager who had been drinking alcohol?

110. During the past 12 months, how many times were you in a physical fight?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or 7 times
- ☐ 8 or 9 times
- ☐ 10 or 11 times
- ☐ 12 or more times

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

- ☐ None ☐ 4 to 5
☐ 1 ☐ 6 to 10
☐ 2 ☐ 11 or more
☐ 3

112. How important do you think the things you are learning in school are going to be for your later life?

- ☐ Very important
☐ Quite important
☐ Fairly important
☐ Slightly important
☐ Not at all important

113. How interesting are most of your courses to you?

- ☐ Very interesting
☐ Quite interesting
☐ Fairly interesting
☐ Slightly boring
☐ Very boring

114. How often do you feel that the schoolwork you are assigned is meaningful and important?

Now thinking back over the past year in school, how often did you...

115. enjoy being in school?

116. hate being in school?

117. try to do your best work in school?

118. I have lots of chances to be part of class discussions and activities.

119. In my school students have lots of chances to help decide things like class activities and rules.

120. Teachers ask me to work on special classroom projects.

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

122. There are lots of chances for students in my school to talk with a teacher.

123. I feel safe at my school.

124. My teacher(s) notices when I am doing a good job and lets me know about it.

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

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

127. Have you changed homes in the past year?

- ☐ Yes
☐ No

128. Have you changed schools (including changing from elementary to middle and middle to high school) in the past year?

- ☐ Yes
☐ No

How many times have you...

129. changed homes since kindergarten?

130. changed schools since kindergarten?

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

131. ...kicked someone with the idea of seriously hurting them?

132. been ...?

133. been drunk or high at school?

134. been suspended from school?

135. carried a handgun?

136. sold illegal drugs?

137. stolen or tried to steal a motor vehicle such as a car or motorcycle?

138. taken a handgun to school?

139. I can do most things if I try.

140. I can work out my problems.

141. I volunteer to help others in my community.

142. There is at least one teacher or other adult in my school that really cares about me.

Would you say that in general your...

143. emotional and mental health is...

144. physical health is...

PLEASE DO NOT WRITE IN THIS AREA

[SERIAL]

145. During the past 12 months, how many times did you actually attempt suicide?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or more times

146. During the past 12 months, how many times were you in a physical fight on school property?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or 7 times
- ☐ 8 or 9 times
- ☐ 10 or 11 times
- ☐ 12 or more times

147. 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 your way to or from school?

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

Harassment can include threatening, bullying, name calling, obscenities, offensive notes or graffiti, unwanted touching, and physical attacks. During the past 30 days, have you ever been harassed at school (or on the way to or from school) in relation to any of the following issues?

	NO	no	Yes	YES
148. Harassment about your ethnic or racial background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
149. Unwanted sexual comments or attention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
150. Harassment because someone thought you were gay, lesbian, bisexual or transgender.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
151. Harassment about your weight, clothes, face, or other physical characteristics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
152. Harassment about your group of friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
153. For other reasons.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

154. I can talk to teachers openly and freely about my concerns.

NO	no	Yes	YES
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

155. Students are picked on by other students for working hard at our school.

156. In my school, teachers treat students with respect.

157. Most students at my school help each other when they are hurt or upset.

NO	no	Yes	YES
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>