

10. Would you say that in general your emotional and mental health is...

- ☐ poor ☐ good ☐ excellent
☐ fair ☐ very good

11. Would you say that in general your physical health is...

- ☐ poor ☐ good ☐ excellent
☐ fair ☐ very good

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

- ☐ Yes ☐ No

13. How many times have you changed homes since kindergarten?

- ☐ Never ☐ 5 or 6 times
☐ 1 or 2 times ☐ 7 or more times
☐ 3 or 4 times

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

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

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

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

16. How do you like school?

- ☐ I like school very much
☐ I like school
☐ I neither like nor dislike school
☐ I dislike school
☐ I dislike school very much

17. 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

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

19. Thinking back over the past school year, how often did you try to do your best work in school?

How much do you agree with the following statements about school?

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

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

22. I respect most of my teachers.

23. My teachers notice when I'm doing a good job and let me know about it.

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

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

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

27. In my school, students that work hard to get good grades are picked on by other students.

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

28. not go to school because you felt you would be unsafe at school or on your way to or from school?

29. carry a gun as a weapon on school property?

30. carry a weapon (other than a gun) such as a knife or club on school property?

During the past 12 months, how many times...

31. were you in a physical fight?

32. were you in a physical fight on school property?

33. did you bully someone (such as hitting, kicking, pushing, saying mean things, spreading rumors, or making sexual comments that bothered them)?

34. have you been suspended from school?

35. has someone threatened you with a weapon such as a gun, knife, or club on school property?

36. have you been drunk or high at school?

☐ Yes

☐ No

In the last 30 days, how many times have you been harassed at school, on a school bus, or going to and from school...

38. because of your race or ethnic origin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. because someone said you were gay, lesbian, bisexual, or transgender.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. because of who your friends are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. because of how you look (weight, clothes, acne, or other physical characteristics).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. because you received unwanted sexual comments or attention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. for other reasons.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. through email, social media sites (Facebook, Twitter, YouTube, etc.), chat rooms, instant messaging, web sites, texting, or phone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

45. seen another student bully others by hitting, kicking, punching, or otherwise hurting them in school or on the school bus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. heard another student bully others by saying mean things, teasing, or calling other students names in your school or on the school bus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. heard another student spread mean rumors or leave other students out of activities to be mean in your school or on the school bus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

☒ 4 or less

☐ 5 hours

☐ 6 hours

☐ 7 hours

☐ 8 hours

☒ 9 hours

☐ 10 or more hours

Response Category	Frequency (Number of Responses)
All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

49. been a happy person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. been a very nervous person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. felt downhearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. felt so down in the dumps that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

☐ Yes

☒ No

es
No

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

57. Please mark ALL the different types of betting that you have done, if any, during the last 30 days: (Please mark all that apply)

- ☐ I did not gamble during the last 30 days
- ☐ Playing lottery tickets/Powerball/Megabucks
- ☐ Playing dice or coin flips
- ☐ Playing cards (poker, etc.)
- ☐ Betting on a sports team
- ☐ Betting on games of personal skill (bowling, video games, dares, etc.)
- ☐ Gambling on the Internet for free or with money
- ☐ Playing Bingo for money
- ☐ Other

☐ Yes

☒ No

☐ I don't bet for money

59. 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

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

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

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

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

Yes	No
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

The next questions ask about drinking alcohol. This includes drinking beer, wine/wine coolers, flavored beverages such as Mike's Hard Lemonade and liquor "shots" such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

64. During your life, on how many days have you had at least one drink of alcohol?

- ☐ 0 days
☐ 1 or 2 days
☐ 3 to 9 days
☐ 10 to 19 days
☐ 20 to 39 days
☐ 40 to 99 days
☐ 100 or more days

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

65. have at least one drink of alcohol?

66. have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

During the past 30 days, on how many days do you think most students in your school...

67. had at least one drink of alcohol? (your best estimate)

68. had 5 or more drinks of alcohol in a row, that is, within a couple of hours? (your best estimate)

0 days	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20 to 39 days	40 to 99 days	100 or more days
<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

69. Think of your four best friends (the friends you feel closest to). In the past 12 months, how many of your best friends have tried beer, wine, or hard liquor (for example, vodka, whiskey or gin)?

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

70. 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, Hard Lemonade, Joose and Sparks)
☐ Wine coolers (such as Bartles & Jaymes or Seagrams)
☐ Wine
☐ Liquor (such as vodka, rum, scotch, bourbon or whiskey)
☐ Some other type

71. During the past 30 days, from which of the following sources did you get the alcohol you drank? (Please mark all that apply.)

- ☐ I did not drink alcohol during the past 30 days
☐ At a party
☐ Friends under 21
☐ Friends 21 or older
☐ A brother or sister
☐ A parent
☐ A store or gas station
☐ Liquor store
☐ Bar, night club or restaurant
☐ Took it from home without permission
☐ By asking a stranger to buy it for me
☐ I got it some other way

72. 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 my stomach because of drinking alcohol
☐ Not been able to remember what happened while I was drinking alcohol
☐ Later regretted something I did while drinking alcohol
☐ Worried that I drank alcohol too much or too often

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

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

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

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

During the past 30 days, how many times did most students in your school...

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

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

78. drive a car or other vehicle when they had been drinking alcohol?

0 times	1 time	2 or 3 times	4 or 5 times	6 or more times
<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"/>
<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"/>

[illegible]

- ☐ I did not get tobacco during the past 30 days
- ☐ A store or gas station
- ☐ Friends 18 or older
- ☐ Friends under 18
- ☐ Took from home without permission
- ☐ A family member
- ☐ The Internet
- ☐ Some other source

☐ 0 times
 ☐ 10 to 19 times

☐ 1 or 2 times
 ☐ 20 to 39 times

☐ 3 to 9 times
 ☐ 40 or more times

- ☐ I did not use marijuana during the past 30 days
- ☐ A public event such as a concert or sporting event
- ☐ A party
- ☐ Friends 18 or older
- ☐ Friends under 18
- ☐ A family member
- ☐ A medical marijuana cardholder or grower
- ☐ I gave someone money to buy it for me
- ☐ I grew it
- ☐ I got it some other way

	hard	hard	easy	easy
86. get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. get some cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. get some marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. get some synthetic marijuana, example: K2, Spice etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. get a drug like cocaine, LSD, or amphetamines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. get prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. get some e-cigarettes, vape-pens, or e-hookahs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[illegible]

100. if they have one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101. when they have five or more drinks of an alcoholic beverage once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102. if they smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103. if they try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. if they smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. if they use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. if they smoke e-cigarettes, vape-pens, or e-hookahs?	<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
107. used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. 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"/>
109. 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"/>
110. taken a prescription drug not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. 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"/>
112. used ecstasy (also called MDMA)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. 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"/>
114. used 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"/>

115. During your life, how many times have you used a needle to inject any illegal drug into your body?

- ☐ 0 times
☐ 1 time
☐ 2 or more times

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
116. sniff glue, breathe the contents of aerosol spray cans, or inhale 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"/>
117. use synthetic marijuana, example: K2, Spice etc?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. use a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's orders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

119. Which of the following illicit drugs did you use during the past 30 days? (Please mark all that apply.)

- ☐ I did not use illicit drugs during the past 30 days
☐ Marijuana
☐ Any form of cocaine including powder, crack or freebase
☐ Ecstasy (also called MDMA)
☐ Heroin or other opiates or narcotics
☐ LSD or other hallucinogens or psychedelics
☐ Methamphetamines (also called speed, crystal, crank or ice)
☐ Steroid pills or shots without a doctor's prescription

During the past 12 months...

	Yes	No	Don't know or can't say
120. do you recall hearing, reading, or watching an advertisement about prevention of substance abuse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
121. have you had a special class about drugs or alcohol in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents we mean 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"/>

123. 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

How do you feel about
someone your age...

	Strongly Disapprove	Somewhat Disapprove	Neither Approve nor Disapprove	Don't know/Can't say
124. having one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. smoking one or more packs of cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. using marijuana or hashish once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127. using prescription drugs not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
128. using synthetic marijuana, example: K2, Spice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
129. smoking e-cigarettes, vape-pens, or e-hookahs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very wrong	Wrong	A little bit wrong	Not wrong at all
130. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
131. smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
132. use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
133. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
134. use synthetic marijuana, example: K2, Spice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
135. smoke e-cigarettes, vape-pens, or e-hookahs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very wrong	Wrong	A little bit wrong	Not wrong at all
136. have one or two drinks of an alcoholic beverage nearly everyday?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
138. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
139. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
140. use synthetic marijuana, example: K2, Spice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
141. smoke e-cigarettes, vape-pens, or e-hookahs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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