

Oregon
Health
Authority

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

[SERIAL]

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

☐ Yes ☐ No

12. 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

13. 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

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

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

15. 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

16. 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

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

18. 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?

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

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

21. I respect most of my teachers.

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

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

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

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

26. 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

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

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

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

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

30. were you in a physical fight?

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

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

33. have you been suspended from school?

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

35. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?

☐ Yes
☐ No

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.

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 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 61. have at least one drink of alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 62. have 5 or more drinks of alcohol in a row, that is, within 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"/> |

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

- | | 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 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 63. had at least one drink of alcohol? (your best estimate) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 64. had 5 or more drinks of alcohol in a row, that is, within a couple of hours? (your best estimate) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- | | 0 times | 1 time | 2 or 3 times | 4 or 5 times | 6 or more times |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 65. During the past 30 days, how many times did <u>you</u> ride in a vehicle driven by a parent or other adult who had been drinking alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 66. During the past 30 days, how many times did <u>most students in your school</u> ride in a vehicle driven by a parent or other adult who had been drinking alcohol? | <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 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 67. smoke cigarettes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 68. use other tobacco products such as snuf, dip or chewing tobacco (Redman, Copenhagen, Marlboro Snuff etc)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

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

If you wanted to get some, how easy would it be for you to...

- | | Somewhat hard | Sort of easy | Very easy |
|--|-----------------------|-----------------------|-----------------------|
| 70. get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 71. get some cigarettes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 72. get some marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 73. get some synthetic marijuana, example: K2, Spice etc.? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 74. get a drug like cocaine, LSD, or amphetamines? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 75. get prescription drugs not prescribed to you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How old were you...

- | | Never have | 8 years old or younger | 9 years old | 10 years old | 11 years old | 12 years old | 13 years old | 14 years old | 15 years old |
|---|-----------------------|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 76. when you had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin) for the first time? | <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"/> |
| 77. when you first 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"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 78. when you smoked a whole cigarette for the first time? | <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"/> |
| 79. the first time you used tobacco products other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from pipe? | <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"/> |
| 80. when you tried marijuana for the first time? | <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"/> |
| 81. when you used synthetic marijuana (also called K2, Spice, etc.) for the first time? | <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"/> |

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

- | | No risk | Slight risk | Moderate risk | Great risk |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 82. 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"/> |
| 83. 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"/> |
| 84. if they smoke one or more packs of cigarettes per day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 85. if they try marijuana once or twice? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 86. if they smoke marijuana once or twice a week? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 87. if they use prescription drugs that are not prescribed to them? | <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 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 88. 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"/> |
| 89. 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"/> |
| 90. 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"/> |

91. 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...

Don't know or can't say

No

Yes

92. do you recall hearing, reading, or watching an advertisement about prevention of substance abuse?
93. have you had a special class about drugs or alcohol in school?
94. 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.

How do you feel about someone your age...

Don't know/Can't say

Strongly Disapprove

Somewhat Disapprove

Neither Approve nor Disapprove

95. having one or two drinks of an alcoholic beverage nearly every day?
96. smoking one or more packs of cigarettes a day?
97. trying marijuana or hashish once or twice?
98. using prescription drugs not prescribed to them?

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

Very wrong

Wrong

A little bit wrong

Not wrong at all

99. have one or two drinks of an alcoholic beverage nearly every day?
100. smoke tobacco?
101. use marijuana?
102. use prescription drugs not prescribed to you?

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

103. have one or two drinks of an alcoholic beverage nearly everyday?
104. smoke cigarettes?
105. smoke marijuana?
106. use prescription drugs not prescribed to you?

How true are the following statements?

Very much true
Pretty much true
A little true
Not at all true

107. I can do most things if I try.
108. I can work out my problems.
109. I volunteer to help others in my community.
110. There is at least one teacher or other adult in my school that really cares about me.
111. My parents ask if I've gotten my homework done.
112. My parents would catch me if I skipped school.
113. When I am not at home, one of my parents knows where I am and whom I am with.
114. My family has clear rules about alcohol and drug use.

The next questions ask about certain experiences you may have or had in your life, which might have made you feel uncomfortable or sad in your surroundings.

Yes No

115. Were your parents ever separated or divorced after you were born?
116. Have you ever lived with a household member who was depressed or mentally ill?

Have you ever lived with someone who:

117. is/was a problem drinker or alcoholic?
118. uses/used street drugs?

Have you ever felt that:

119. you did not have enough to eat?
120. you had to wear dirty clothes?
121. you had no one to protect you?

122. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching circle below each number on the answer sheet.

Height	
Feet	Inches
4	10
(3)	(0)
(4)	(1)
(5)	(2)
(6)	(3)
(7)	(4)
(8)	(5)
(9)	(6)
(10)	(7)
(11)	(8)

Height	
Feet	Inches
(3)	(0)
(4)	(1)
(5)	(2)
(6)	(3)
(7)	(4)
	(5)
	(6)
	(7)
	(8)
	(9)
	(10)
	(11)

PLEASE DO NOT WRITE IN THIS AREA

[SERIAL]

123. How much do you weigh without your shoes on?
Directions: Write your weight in the shaded blank boxes.
Fill in the matching circle below each number on the answer sheet.

Weight		
Pounds		
0	9	5
<input checked="" 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 checked="" 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 checked="" type="radio"/>	<input type="radio"/>

Weight		
Pounds		
<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"/>

Thank you for your participation!