

Oregon  
Health  
Authority

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

13. 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

14. 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

15. 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

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

17. 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?

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

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

20. I respect most of my teachers.

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

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

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

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

25. 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...

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

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

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

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

29. were you in a physical fight?

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

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

32. have you been suspended from school?

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

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

- ☐ Yes  
☐ No

Harassment can include threatening, bullying, name-calling or obscenities, offensive notes or graffiti, unwanted touching, and being pushed around or hit.

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

35. because of your race or ethnic origin.

36. because someone said you were gay, lesbian, bisexual, or transgender.

37. because of who your friends are.

38. because of how you look (weight, clothes, acne, or other physical characteristics).

39. because you received unwanted sexual comments or attention.

40. for other reasons.

41. through email, social media sites (Facebook, Twitter, YouTube, etc.), chat rooms, instant messaging, web sites, texting, or phone?



Every day  
Once or twice per week  
Once or twice per month  
Once or twice per year  
Never

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

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

- 50. 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?**

- 51. During the past 12 months, did you ever seriously consider attempting suicide?**

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

- 53. Please mark ALL the different types of betting that you have done, if any, during the last 30 days:**

- 54. 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

**55. 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

- |  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| 1. I am a person who likes to help others.   | <input type="radio"/> | <input type="radio"/> |
| 2. I am a person who likes to be in charge.  | <input type="radio"/> | <input type="radio"/> |
| 3. I am a person who likes to be in a team.  | <input type="radio"/> | <input type="radio"/> |
| 4. I am a person who likes to be in a group. | <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.

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

60. have at least one drink of alcohol? ☐ 0 days ☐ 1 to 2 days ☐ 3 to 5 days ☐ 6 to 9 days ☐ 10 to 19 days ☐ 20 to 29 days ☐ All 30 days
61. have 5 or more drinks of alcohol in a row, that is, within a couple of hours? ☐ 0 days ☐ 1 to 2 days ☐ 3 to 5 days ☐ 6 to 9 days ☐ 10 to 19 days ☐ 20 to 29 days ☐ All 30 days

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

62. had at least one drink of alcohol? (your best estimate) ☐ 0 days ☐ 1 to 2 days ☐ 3 to 5 days ☐ 6 to 9 days ☐ 10 to 19 days ☐ 20 to 29 days ☐ All 30 days
63. had 5 or more drinks of alcohol in a row, that is, within a couple of hours? (your best estimate) ☐ 0 days ☐ 1 to 2 days ☐ 3 to 5 days ☐ 6 to 9 days ☐ 10 to 19 days ☐ 20 to 29 days ☐ All 30 days

64. During the past 30 days, how many times did you ride in a vehicle driven by a parent or other adult who had been drinking alcohol? ☐ 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 most students in your school ride in a vehicle driven by a parent or other adult who had been drinking alcohol? ☐ 0 times ☐ 1 time ☐ 2 or 3 times ☐ 4 or 5 times ☐ 6 or more times

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

66. smoke cigarettes? ☐ 0 days ☐ 1 to 2 days ☐ 3 to 5 days ☐ 6 to 9 days ☐ 10 to 19 days ☐ 20 to 29 days ☐ All 30 days
67. use other tobacco products such as snuf, dip or chewing tobacco (Redman, Copenhagen, Marlboro Snus etc) ☐ 0 days ☐ 1 to 2 days ☐ 3 to 5 days ☐ 6 to 9 days ☐ 10 to 19 days ☐ 20 to 29 days ☐ All 30 days

68. 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...

69. get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin)? ☐ Somewhat hard ☐ Sort of easy ☐ Very easy
70. get some cigarettes? ☐ Somewhat hard ☐ Sort of easy ☐ Very easy
71. get some marijuana? ☐ Somewhat hard ☐ Sort of easy ☐ Very easy
72. get some synthetic marijuana, example: K2, Spice etc.? ☐ Somewhat hard ☐ Sort of easy ☐ Very easy
73. get a drug like cocaine, LSD, or amphetamines? ☐ Somewhat hard ☐ Sort of easy ☐ Very easy
74. get prescription drugs not prescribed to you? ☐ Somewhat hard ☐ Sort of easy ☐ Very easy

How old were you...

75. 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? ☐ 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 ☐ Never have
76. when you first began drinking alcoholic beverages regularly, that is at least once or twice a month? ☐ 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 ☐ Never have
77. when you smoked a whole cigarette for the first time? ☐ 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 ☐ Never have
78. the first time you used tobacco products other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe? ☐ 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 ☐ Never have
79. when you tried marijuana for the first time? ☐ 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 ☐ Never have
80. when you tried synthetic marijuana (also called K2, Spice, etc.) for the first time? ☐ 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 ☐ Never have

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

81. if they have one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day? ☐ No risk ☐ Slight risk ☐ Moderate risk ☐ Great risk
82. when they have five or more drinks of an alcoholic beverage once or twice a week? ☐ No risk ☐ Slight risk ☐ Moderate risk ☐ Great risk
83. if they smoke one or more packs of cigarettes per day? ☐ No risk ☐ Slight risk ☐ Moderate risk ☐ Great risk
84. if they try marijuana once or twice? ☐ No risk ☐ Slight risk ☐ Moderate risk ☐ Great risk
85. if they smoke marijuana once or twice a week? ☐ No risk ☐ Slight risk ☐ Moderate risk ☐ Great risk
86. if they use prescription drugs that are not prescribed to them? ☐ No risk ☐ Slight risk ☐ Moderate risk ☐ Great risk

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

87. sniff glue, breathe the contents of aerosol spray cans, or inhale any paints or sprays to get high? ☐ 0 days ☐ 1 to 2 days ☐ 3 to 5 days ☐ 6 to 9 days ☐ 10 to 19 days ☐ 20 to 29 days ☐ All 30 days
88. use synthetic marijuana, example: K2, Spice etc? ☐ 0 days ☐ 1 to 2 days ☐ 3 to 5 days ☐ 6 to 9 days ☐ 10 to 19 days ☐ 20 to 29 days ☐ All 30 days
89. use a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's orders? ☐ 0 days ☐ 1 to 2 days ☐ 3 to 5 days ☐ 6 to 9 days ☐ 10 to 19 days ☐ 20 to 29 days ☐ All 30 days



90. 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
91. do you recall hearing, reading, or watching an advertisement about prevention of substance abuse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. have you had a special class about drugs or alcohol in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. 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"/>

How do you feel about someone your age...

	Don't know/Can't say	Strongly Disapprove	Somewhat Disapprove	Neither Approve nor Disapprove
94. having one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. smoking one or more packs of cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. trying marijuana or hashish once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. using prescription drugs not prescribed to them?	<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
98. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100. use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101. use prescription drugs not prescribed to you?	<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
102. have one or two drinks of an alcoholic beverage nearly everyday?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How true are the following statements?

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

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
114. Were your parents ever separated or divorced after you were born?	<input type="radio"/>	<input type="radio"/>
115. Have you ever lived with a household member who is/was depressed or mentally ill?	<input type="radio"/>	<input type="radio"/>

Have you ever lived with someone who:

116. is/was a problem drinker or alcoholic?	<input type="radio"/>	<input type="radio"/>
117. uses/used street drugs?	<input type="radio"/>	<input type="radio"/>

Have you ever felt that:

118. you did not have enough to eat?	<input type="radio"/>	<input type="radio"/>
119. you had to wear dirty clothes?	<input type="radio"/>	<input type="radio"/>
120. you had no one to protect you?	<input type="radio"/>	<input type="radio"/>

