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November 4, 2015

Dear Superintendent,

In 2010, the Oregon Student Wellness Survey (SWS) was introduced to assess school climate, substance use and the mental and behavioral health of Oregon youth. The SWS assesses factors that influence student success such as school climate, supportive parents and teachers, commitment to school, and positive youth development. It also examines risk factors like mental and emotional health, substance use, and gambling. In addition, the survey provides information about antisocial behaviors at school such as bullying, fighting and truancy.

The SWS was carefully designed to provide the data that are critical for monitoring a number of school and community grants, and coordinate health policies and programs in counties all over the state. The survey can be completed in one class period with less time needed for the online version. Most school districts participated in the survey in 2010, 2012, and 2014 yielding a rich set of data. Because of high participation rate, the SWS provided educators, parents, citizens, health care providers and policymakers with information that is vital to making decisions that will shape a positive future for Oregon's youth.

The Oregon Health Authority, through a contract with ISA Pride Surveys, will be offering the 2016 SWS at *no charge to schools*. All schools with students in grades 6, 8 or 11 (public, private, alternative or charter) are encouraged to participate.

Administration of the 2016 SWS will incorporate the following school-requested features:

- New for the 2016 SWS will be prior year comparison data. For those schools/districts that participated in the 2012 and 2014 SWS, the 2016 report will illustrate comparisons to those previous years data for measures such as 30 day use of alcohol, marijuana, and smoking as well as perceived risk of use, ease of ATOD access, depression, school safety, and truancy,
- Web-based training about the survey and how it is administered,
- Scheduled in January and February to minimize conflicts with state testing,

- Choice of administering the SWS online or using paper-and-pencil,
- Preliminary reports of district- and school-level results distributed in May,
- Final reports that compare school results to the state available in August.

The Oregon Department of Education and Oregon Health Authority strongly recommend this survey. You will find sample surveys, a SWS fact sheet and a School District Agreement form enclosed. To schedule surveys for schools in your district: 1) identify a school district coordinator, 2) complete the School District Agreement Form and 3) fax it to Wendy McGrath at (770) 726-9327. You can also email the form to [wendy.mcgrath@pridesurveys.com](mailto:wendy.mcgrath@pridesurveys.com) or call her at 800-279-6361.

As soon as you fax the School District Agreement form with your approval to participate, ISA Pride Surveys will contact your school district coordinator who will assist in: 1) ensuring parents and guardians are notified of the nature of the survey and consent procedures; 2) identifying a designated contact person to proctor the survey; and 3) returning completed surveys to ISA Pride Surveys in a timely manner.

For additional information concerning the Student Wellness Survey you can contact Risha Grinstead at the Oregon Health Authority, Office of Health Analytics. She can be reached at 503-602-9214 or by e-mail at [risha.grinstead@state.or.us](mailto:risha.grinstead@state.or.us)

Thank you again for your consideration of this important request.



Salam A. Noor, Ph.D.  
Deputy Superintendent of Public Instruction  
Oregon Department of Education



Lynne Saxton  
Director

# Oregon

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## STUDENT WELLNESS

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### Survey

## 2016 FAQ's

*Oregon Health Authority is conducting the Student Wellness Survey in February 1st – April 8, 2016.*

There are two state-wide adolescent health surveys conducted in Oregon—the Student Wellness Survey and the Oregon Healthy Teens Survey. The surveys are administered in alternate years. The Oregon Health Authority is conducting the Student Wellness Survey in February 1<sup>st</sup> – April 8<sup>th</sup>, 2016. The next Oregon Healthy Teens Survey will take place in Spring 2017. Both surveys provide important data to fully understand and help the youth of Oregon. The surveys have some over-lapping questions, to better track behavior patterns over time, but a large portion of each survey is unique. That is why both surveys are important and schools and youth should, if able, participate in both surveys whenever possible.

### What is the focus of the Student Wellness Survey?

The Student Wellness Survey was introduced in 2010 to assess school climate and the behavioral health of Oregon youth in grades six, eight and eleven. School climate shows the degree to which students feel they belong, are valued and are physically and emotionally safe at school. The behavioral health focus assesses risk and protective factors that influence student success. There are two versions of the survey, one for middle schools and a slightly longer survey for high schools.

Grade 6 & 8	Grade 11	Topics on the Student Wellness Survey
✓	✓	Student mobility--how often youth move or change schools
✓	✓	Commitment to school including school performance, school attendance, and how important they think school is for their future
✓	✓	Opportunities for participation in class and other school activities
✓	✓	Meaningful relationships with teachers, school staff and other students
✓	✓	Witnessing or perpetrating harassment, bullying or fighting in the school environment
✓	✓	Antisocial behavior such as carrying weapons, selling drugs, or being drunk at school
✓	✓	Positive youth development
✓	✓	Psychological stress, depression and suicide ideation
	✓	Problem gambling and substance use (primarily patterns of alcohol, tobacco and Marijuana, synthetic drug use, accessibility, perceived risk of harm and parent attitudes about use)
	✓	How youth get alcohol, tobacco and marijuana and lifetime use of illicit drugs
	✓	Height, weight, body image and unhealthy eating behaviors

### Why should a district participate in the Student Wellness Survey?

- In 2010 most school districts participated (82%) providing a robust statistical comparison for schools, districts and counties. In 2012 the participation rate increased by 10% and in 2014 the participation rate increased by 6%.
- Results from this survey provide the backbone for data driven decisions. Many schools and communities use the results for planning purposes, to track student behavior changes, report outcomes for grants and to apply for funding for future prevention efforts.

**Who can participate?**

- All Oregon public, alternative, charter and private schools with students in grades 6, 8 and 11 are invited to participate at no charge to schools. Schools are encouraged to survey all eligible students, but large schools may opt to survey a sample of their youth.

**What will the participating district and school receive?**

- Participating districts and schools that survey 10 or more students in a grade will receive an electronic Student Wellness Survey report. Each report is organized into chapters that highlight specific topics. Chapters provide: background information about the topic, summary data tables and graphs. Reports will also compare results in multiple years and illustrate trends in substance use and behavioral health of students. The appendices at the end of the report include data tables for each survey item, and copies of the 2016 surveys.

**When will the survey results be available?**

- Confidential district- and school-level reports will be issued to School Superintendents in June 2016. The preliminary report provides all of the standard tables and graphs that are in the final report but will not yet contain the state-level comparisons.
- Final reports will be ready in Fall 2016. Data tables in the final reports include state and local results for all three grades. This makes it is easy to compare local results to those of the state and to see the differences among 6<sup>th</sup>, 8<sup>th</sup>, and 11<sup>th</sup> grade students.

**What is the cost of the surveys?**

- All 6<sup>th</sup>, 8<sup>th</sup>, and 11<sup>th</sup> grade students can be surveyed at no charge to schools. Public, private, charter and alternative schools are encouraged to participate.

**How long are the surveys and how are they administered?**

- It takes students 45 minutes or less to complete the Student Wellness Survey. School districts can choose to use the on-line survey or paper-and-pencil.

**Are the participants anonymous?**

- The survey is voluntary and individual survey responses are completely anonymous. Students are not asked to write their name or any identifying information on their survey.

**What is new?**

- New to the 2016 SWS school report will be prior years comparison data. For those schools/districts and counties that participated in 2012 and 2014, the report will illustrate comparisons of past three year data such as 30 day use for alcohol, marijuana, and smoking, as well as perceived risk of use, ease of ATOD access, depression, school safety and truancy.
- In 2014 there was a 6% increase in participation from 2012 and we encourage all schools to participate in 2016 to continue gathering trend data for the purposes of school improvement.

**How can I get more information?**

- Contact: **Rusha Grinstead, MS, MPH**, Office of Health Analytics, OHA at 503-602-9214 or [rusha.grinstead@state.or.us](mailto:rusha.grinstead@state.or.us). Additional information can be found on the Student Wellness Survey web site at: <http://www.oregon.gov/oha/amh/pages/student-wellness/index.aspx>

# Oregon Student Wellness Survey for Grade 6-8

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. Please mark only **ONE** oval unless the question specifically asks you to "Please mark all that apply." Completely fill in the oval using a #2 pencil.

**1. How old are you?**

- 10 years old     13 years old  
 11 years old     14 years old  
 12 years old     15 years old

**2. How do you identify?**

- Female                   Transgender  
 Male                       Other

**3. In what grade are you?**

- 6th                         9th  
 7th                         Ungraded or other grade  
 8th

**4. What is your race? (Please mark all that apply.)**

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

**5. Are you Hispanic or Latino/Latina?**

- Yes  
 No

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

- English  
 Russian  
 Spanish  
 Vietnamese  
 A tribal language  
 Another language

**7. Are you enrolled in any of the following tribes?**

- I am not enrolled in a tribe  
 Burns Paiute Tribe  
 Coquille Indian Tribe  
 Cow Creek Band of Umpqua Tribe of Indians  
 Confederated Tribes of Grand Ronde  
 Klamath Tribes  
 Confederated Tribes of the Umatilla Indian Reservation  
 Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians  
 Confederated Tribes of Siletz Indians  
 Confederated Tribes of Warm Springs  
 Other

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

- poor                       good                       excellent  
 fair                       very good

**9. Would you say that in general your physical health is...**

- poor                       good                       excellent  
 fair                       very good

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

- Yes                       No

**11. 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

**12. 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

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

	Almost always	Sometimes	Seldom	Never
16. How often do you feel that the schoolwork you are assigned is meaningful and important?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Thinking back over the past school year, how often did you try to do your best work in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Strongly agree	Somewhat agree	Strongly disagree	Somewhat disagree
18. 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"/>
19. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I respect most of my teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. My teachers notice when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I can talk to my teachers openly and freely about my concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. In my school, teachers treat students with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Most students at my school help each other when they are hurt or upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. In my school, students that work hard to get good grades are picked on by other students.	<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 day	2 or 3 days	4 or 5 days	6 or more days
26. not go to school because you felt you would be unsafe at school or on your way to or from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. carry a gun as a weapon <u>on school property</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. carry a weapon (other than a gun) such as a knife or club <u>on school property</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	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
29. were you in a physical fight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. were you in a physical fight <u>on school property</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. did you bully someone (such as hitting, kicking, pushing, saying mean things, spreading rumors, or making sexual comments that bothered them)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. have you been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. has someone threatened you with a weapon such as a gun, knife, or club <u>on school property</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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...

	0 times	1 time	2 or 3 times	4 or 5 times	6 or more times
35. because of your race or ethnic origin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. 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"/>
37. because of who your friends are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. 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"/>
39. because you received unwanted sexual comments or attention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. for other reasons.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. 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"/>



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
60. 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"/>
61. 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
62. 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"/>
63. 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
64. 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"/>
65. 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
66. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. use other tobacco products such as snuf, dip or chewing tobacco (Redman, Copenhagen, Marlboro Snus etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

68. 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

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

	Somewhat hard	Sort of easy	Very easy	Very hard
69. 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"/>
70. get some cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. get some marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. get some synthetic marijuana, example: K2, Spice etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. get a drug like cocaine, LSD, or amphetamines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. get prescription drugs not prescribed to you?	<input type="radio"/>	<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
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?	<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"/>
76. 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"/>
77. 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"/>
78. the first time you used tobacco products other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a 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"/>
79. 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"/>
80. when you tried 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
81. 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"/>
82. 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"/>
83. if they smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. if they try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. if they smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. 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
87. 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"/>
88. 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"/>
89. 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"/>





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...

	Yes	No	Don't know or can't say
91. do you recall hearing, reading, or watching an advertisement about prevention of substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. have you had a special class about drugs or alcohol in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do you feel about someone your age...

	Neither Approve nor Disapprove	Somewhat Disapprove	Strongly Disapprove	Don't know/Can't say
94. having one or two drinks of an alcoholic beverage nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. smoking one or more packs of cigarettes a day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96. trying marijuana or hashish once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97. using prescription drugs not prescribed to them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Not wrong at all	A little bit wrong	Wrong	Very wrong
98. have one or two drinks of an alcoholic beverage nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99. smoke tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100. use marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101. use prescription drugs not prescribed to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Not wrong at all	A little bit wrong	Wrong	Very wrong
102. have one or two drinks of an alcoholic beverage nearly everyday?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103. smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104. smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105. use prescription drugs not prescribed to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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="checkbox"/>	<input type="checkbox"/>
115. Have you ever lived with a household member who is/was depressed or mentally ill?	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever lived with someone who:

	Yes	No
116. is/was a problem drinker or alcoholic?	<input type="checkbox"/>	<input type="checkbox"/>
117. uses/used street drugs?	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever felt that:

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





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?

Almost always	Sometimes Often	Seldom	Never
<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 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.

Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
<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"/>	<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...

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?

0 days	1 day	2 or 3 days	4 or 5 days	6 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"/>

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. have you been drunk or high at school?

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
<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"/>	<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"/>

36. 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...

37. because of your race or ethnic origin.

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

39. because of who your friends are.

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

41. because you received unwanted sexual comments or attention.

42. for other reasons.

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

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"/>
<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.

63. 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...

	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
64. 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"/>
65. 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 times	1 time	2 or 3 times	4 or 5 times	6 or more times
66. 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"/>
67. 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"/>

68. 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

69. 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

70. 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

71. 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...

	0 times	1 time	2 or 3 times	4 or 5 times	6 or more times
72. 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"/>
73. ride in a vehicle driven by a teenager who had been drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. drive a car or other vehicle when you had been drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the past 30 days, how many times did <u>most students in your school</u> ...					
75. 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"/>
76. ride in a vehicle driven by a teenager who had been drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. drive a car or other vehicle when they had been drinking alcohol?	<input type="radio"/>	<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
106. used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. 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"/>
108. 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"/>
109. 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"/>
110. 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"/>
111. used ecstasy (also called MDMA)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. 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"/>
113. 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"/>

114. 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
115. 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"/>
116. 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"/>
117. 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"/>

118. 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
119. do you recall hearing, reading, or watching an advertisement about prevention of substance abuse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. have you had a special class about drugs or alcohol in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
121. 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"/>

122. 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...

	Don't know/Can't say	Strongly Disapprove	Somewhat Disapprove	Neither Approve nor Disapprove	Approve
123. having one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. smoking one or more packs of cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. trying marijuana or hashish once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. using prescription drugs not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127. using synthetic marijuana, example: K2, Spice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
128. smoking e-cigarettes, vape-pens, or e-hookahs?	<input type="radio"/>	<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
129. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
130. smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
131. use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
132. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
133. use synthetic marijuana, example: K2, Spice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
134. smoking 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
135. have one or two drinks of an alcoholic beverage nearly everyday?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
136. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
138. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
139. use synthetic marijuana, example: K2, Spice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
140. smoke e-cigarettes, vape-pens, or e-hookahs?	<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
141. Were your parents ever separated or divorced after you were born?	<input type="radio"/>	<input type="radio"/>
142. Have you ever lived with a household member who is/was depressed or mentally ill?	<input type="radio"/>	<input type="radio"/>
<b>Have you ever lived with someone who:</b>		
143. is/was a problem drinker or alcoholic?	<input type="radio"/>	<input type="radio"/>
144. uses/used street drugs?	<input type="radio"/>	<input type="radio"/>
<b>Have you ever felt that:</b>		
145. you did not have enough to eat?	<input type="radio"/>	<input type="radio"/>
146. you had to wear dirty clothes?	<input type="radio"/>	<input type="radio"/>
147. you had no one to protect you?	<input type="radio"/>	<input type="radio"/>

How true are the following statements?

	Very much true	Pretty much true	A little true	Not at all true
148. I can do most things if I try.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
149. I can work out my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
150. I volunteer to help others in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
151. 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"/>
152. My parents ask if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
153. My parents would catch me if I skipped school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
154. 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"/>
155. My family has clear rules about alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
156. How would <u>most students in your school</u> respond to this statement: "My family has clear rules about alcohol and drug use."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

157. 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.

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

158. 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.

Weight Pounds			Weight Pounds		
0	9	5			
(0)	(0)	(0)	(0)	(0)	(0)
(1)	(1)	(1)	(1)	(1)	(1)
(2)	(2)	(2)	(2)	(2)	(2)
(3)	(3)	(3)	(3)	(3)	(3)
(4)	(4)	(4)	(4)	(4)	(4)
(5)	(5)	(5)	(5)	(5)	(5)
(6)	(6)	(6)	(6)	(6)	(6)
(7)	(7)	(7)	(7)	(7)	(7)
(8)	(8)	(8)	(8)	(8)	(8)
(9)	(9)	(9)	(9)	(9)	(9)

159. How do you describe your weight?

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

160. Which of the following are you trying to do about your weight?

- Lose weight
- Gain weight
- Stay the same weight
- I am not trying to do anything about my weight

During the past 30 days, did you...

	Yes	No
161. Go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?	<input type="radio"/>	<input type="radio"/>
162. Take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not include meal replacement products such as Slim Fast.)	<input type="radio"/>	<input type="radio"/>
163. Vomit or take laxatives to lose weight or to keep from gaining weight?	<input type="radio"/>	<input type="radio"/>

