

The Georgia Student Health Survey 2.0

<i>Demographic Questions</i>	
Grade	<input type="radio"/> 6 th <input type="radio"/> 7 th <input type="radio"/> 8 th <input type="radio"/> 9 th <input type="radio"/> 10 th <input type="radio"/> 11 th <input type="radio"/> 12 th
Gender	<input type="radio"/> Female <input type="radio"/> Male
Ethnicity	What is your ethnicity? <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino
Race/Ethnicity	What is your race? Mark one or more races to indicate your race. <input type="radio"/> White <input type="radio"/> Black or African American <input type="radio"/> Asian <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Native Hawaiian or Other Pacific Islander

Section A: School Climate	
School Connectedness	
1. *I like school.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
2. Most days I look forward to going to school.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
3. I feel like I fit in at my school.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree

4. *I feel successful at school.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
5. I feel connected to others at school.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
Peer Social Support	
6. I get along with other students at school.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
7. I know a student at my school that I can talk to if I need help (e.g., homework, class assignments, projects).	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
8. I know a student at my school that I can talk to if I am feeling sad or down.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
9. I have a group of friends at school that I have fun with and are nice to me.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
10. Students in my school are welcoming to new students.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree

Adult Social Support	
11. *Teachers treat me with respect.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
12. Adults in this school treat all students with respect.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
13. All students are treated fairly by the adults in my school.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
14. Teachers treat all students fairly.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
Cultural Acceptance	
15. Students at my school treat each other with respect.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
16. Students treat one another fairly.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
17. Students show respect to other students regardless of their academic ability.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
18. Students at this school are treated fairly by other students regardless of race, ethnicity, or culture.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree

<p>19. All students in my school are treated fairly regardless of their appearance.</p>	<p><input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree</p>
Social/Civic Learning	
<p>20. I treat other students fairly.</p>	<p><input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree</p>
<p>21. Doing the right thing is important to me.</p>	<p><input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree</p>
<p>22. Patience is an important trait to me.</p>	<p><input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree</p>
<p>23. I am open towards different opinions and perspectives.</p>	<p><input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree</p>
<p>24. I believe in helping others.</p>	<p><input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree</p>
<p>25. Honesty is an important trait to me.</p>	<p><input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree</p>
<p>26. I show courtesy to other students.</p>	<p><input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree</p>

27. I complete a task despite the challenges.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

Physical Environment

28. My school building is well maintained.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

29. My textbooks are up to date and in good condition.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

30. Teachers in my school keep their classrooms clean and organized.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

31. Students in my school take pride in keeping our school building (e.g. bathrooms, classrooms, lockers) in good condition.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

School Safety

32. I have felt unsafe at school or on my way to or from school.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

33. I have worried about other students hurting me.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

34. I feel safe in my school.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

35. I have been concerned about my physical safety at school.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
36. Students at my school fight a lot.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
37. I have been involved in a fight at school.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
38. I have observed a fight at school.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
Peer Victimization	
39. I have been bullied or threatened by other students.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
40. I have been picked on or teased at school.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
41. I have received a threatening or harassing e-mail from other students.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
42. I have received threatening or harassing text messages from other students (SMS).	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree

<p>43. I have been mocked, tormented, or harassed on a social networking site (e.g., Facebook, Twitter) by other students.</p>	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
<p>44. Someone has bullied or picked on me by pushing, hitting, or kicking me.</p>	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
<p>45. Someone has bullied or picked on me by making fun of me, yelling at me, or saying something mean to me.</p>	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree

<p>Section B: Parent Involvement</p>	
<p>46. My parents, or other adults at my home, think that education is important.</p>	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
<p>47. My parents, or other adults at my home, are able to help me with my homework when I ask them.</p>	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
<p>48. My parents, or other adults in my home, ask me about my grades on a regular basis.</p>	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree
<p>49. My parents, or other adults at my home, think that it is important for me to graduate from high school.</p>	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree

Section C: Drug and Alcohol Use

50. During the past 30 days, on how many days did you have at least one drink of alcohol?

- | | | | | |
|------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 7 days | <input type="radio"/> 14 days | <input type="radio"/> 21 days | <input type="radio"/> 28 days |
| <input type="radio"/> 1 day | <input type="radio"/> 8 days | <input type="radio"/> 15 days | <input type="radio"/> 22 days | <input type="radio"/> 29 days |
| <input type="radio"/> 2 days | <input type="radio"/> 9 days | <input type="radio"/> 16 days | <input type="radio"/> 23 days | <input type="radio"/> 30 days |
| <input type="radio"/> 3 days | <input type="radio"/> 10 days | <input type="radio"/> 17 days | <input type="radio"/> 24 days | |
| <input type="radio"/> 4 days | <input type="radio"/> 11 days | <input type="radio"/> 18 days | <input type="radio"/> 25 days | |
| <input type="radio"/> 5 days | <input type="radio"/> 12 days | <input type="radio"/> 19 days | <input type="radio"/> 26 days | |
| <input type="radio"/> 6 days | <input type="radio"/> 13 days | <input type="radio"/> 20 days | <input type="radio"/> 27 days | |

51. During the past 30 days, on how many days did you smoke cigarettes?

- | | | | | |
|------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 7 days | <input type="radio"/> 14 days | <input type="radio"/> 21 days | <input type="radio"/> 28 days |
| <input type="radio"/> 1 day | <input type="radio"/> 8 days | <input type="radio"/> 15 days | <input type="radio"/> 22 days | <input type="radio"/> 29 days |
| <input type="radio"/> 2 days | <input type="radio"/> 9 days | <input type="radio"/> 16 days | <input type="radio"/> 23 days | <input type="radio"/> 30 days |
| <input type="radio"/> 3 days | <input type="radio"/> 10 days | <input type="radio"/> 17 days | <input type="radio"/> 24 days | |
| <input type="radio"/> 4 days | <input type="radio"/> 11 days | <input type="radio"/> 18 days | <input type="radio"/> 25 days | |
| <input type="radio"/> 5 days | <input type="radio"/> 12 days | <input type="radio"/> 19 days | <input type="radio"/> 26 days | |
| <input type="radio"/> 6 days | <input type="radio"/> 13 days | <input type="radio"/> 20 days | <input type="radio"/> 27 days | |

52. During the past 30 days, on how many days did you use any other tobacco products?

- | | | | | |
|------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 7 days | <input type="radio"/> 14 days | <input type="radio"/> 21 days | <input type="radio"/> 28 days |
| <input type="radio"/> 1 day | <input type="radio"/> 8 days | <input type="radio"/> 15 days | <input type="radio"/> 22 days | <input type="radio"/> 29 days |
| <input type="radio"/> 2 days | <input type="radio"/> 9 days | <input type="radio"/> 16 days | <input type="radio"/> 23 days | <input type="radio"/> 30 days |
| <input type="radio"/> 3 days | <input type="radio"/> 10 days | <input type="radio"/> 17 days | <input type="radio"/> 24 days | |
| <input type="radio"/> 4 days | <input type="radio"/> 11 days | <input type="radio"/> 18 days | <input type="radio"/> 25 days | |
| <input type="radio"/> 5 days | <input type="radio"/> 12 days | <input type="radio"/> 19 days | <input type="radio"/> 26 days | |
| <input type="radio"/> 6 days | <input type="radio"/> 13 days | <input type="radio"/> 20 days | <input type="radio"/> 27 days | |

53. During the past 30 days, on how many days did you smoke an electronic vapor product (such as e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, or hookah pens)?

- | | | | | |
|------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 7 days | <input type="radio"/> 14 days | <input type="radio"/> 21 days | <input type="radio"/> 28 days |
| <input type="radio"/> 1 day | <input type="radio"/> 8 days | <input type="radio"/> 15 days | <input type="radio"/> 22 days | <input type="radio"/> 29 days |
| <input type="radio"/> 2 days | <input type="radio"/> 9 days | <input type="radio"/> 16 days | <input type="radio"/> 23 days | <input type="radio"/> 30 days |
| <input type="radio"/> 3 days | <input type="radio"/> 10 days | <input type="radio"/> 17 days | <input type="radio"/> 24 days | |
| <input type="radio"/> 4 days | <input type="radio"/> 11 days | <input type="radio"/> 18 days | <input type="radio"/> 25 days | |
| <input type="radio"/> 5 days | <input type="radio"/> 12 days | <input type="radio"/> 19 days | <input type="radio"/> 26 days | |
| <input type="radio"/> 6 days | <input type="radio"/> 13 days | <input type="radio"/> 20 days | <input type="radio"/> 27 days | |

54. During the past 30 days, on how many days did you use marijuana (also called grass, pot) or hashish?

- | | | | | |
|------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 7 days | <input type="radio"/> 14 days | <input type="radio"/> 21 days | <input type="radio"/> 28 days |
| <input type="radio"/> 1 day | <input type="radio"/> 8 days | <input type="radio"/> 15 days | <input type="radio"/> 22 days | <input type="radio"/> 29 days |
| <input type="radio"/> 2 days | <input type="radio"/> 9 days | <input type="radio"/> 16 days | <input type="radio"/> 23 days | <input type="radio"/> 30 days |
| <input type="radio"/> 3 days | <input type="radio"/> 10 days | <input type="radio"/> 17 days | <input type="radio"/> 24 days | |
| <input type="radio"/> 4 days | <input type="radio"/> 11 days | <input type="radio"/> 18 days | <input type="radio"/> 25 days | |
| <input type="radio"/> 5 days | <input type="radio"/> 12 days | <input type="radio"/> 19 days | <input type="radio"/> 26 days | |
| <input type="radio"/> 6 days | <input type="radio"/> 13 days | <input type="radio"/> 20 days | <input type="radio"/> 27 days | |

55. During the past 30 days, on how many days did you drink 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- | | | | | |
|------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 7 days | <input type="radio"/> 14 days | <input type="radio"/> 21 days | <input type="radio"/> 28 days |
| <input type="radio"/> 1 day | <input type="radio"/> 8 days | <input type="radio"/> 15 days | <input type="radio"/> 22 days | <input type="radio"/> 29 days |
| <input type="radio"/> 2 days | <input type="radio"/> 9 days | <input type="radio"/> 16 days | <input type="radio"/> 23 days | <input type="radio"/> 30 days |
| <input type="radio"/> 3 days | <input type="radio"/> 10 days | <input type="radio"/> 17 days | <input type="radio"/> 24 days | |
| <input type="radio"/> 4 days | <input type="radio"/> 11 days | <input type="radio"/> 18 days | <input type="radio"/> 25 days | |
| <input type="radio"/> 5 days | <input type="radio"/> 12 days | <input type="radio"/> 19 days | <input type="radio"/> 26 days | |
| <input type="radio"/> 6 days | <input type="radio"/> 13 days | <input type="radio"/> 20 days | <input type="radio"/> 27 days | |

56. During the past 30 days, on how many days did you use methamphetamines (also called speed, crystal, crank, or ice)?

- | | | | | |
|------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 7 days | <input type="radio"/> 14 days | <input type="radio"/> 21 days | <input type="radio"/> 28 days |
| <input type="radio"/> 1 day | <input type="radio"/> 8 days | <input type="radio"/> 15 days | <input type="radio"/> 22 days | <input type="radio"/> 29 days |
| <input type="radio"/> 2 days | <input type="radio"/> 9 days | <input type="radio"/> 16 days | <input type="radio"/> 23 days | <input type="radio"/> 30 days |
| <input type="radio"/> 3 days | <input type="radio"/> 10 days | <input type="radio"/> 17 days | <input type="radio"/> 24 days | |
| <input type="radio"/> 4 days | <input type="radio"/> 11 days | <input type="radio"/> 18 days | <input type="radio"/> 25 days | |
| <input type="radio"/> 5 days | <input type="radio"/> 12 days | <input type="radio"/> 19 days | <input type="radio"/> 26 days | |
| <input type="radio"/> 6 days | <input type="radio"/> 13 days | <input type="radio"/> 20 days | <input type="radio"/> 27 days | |

57. During the past 30 days, on how many days did you use zenabrilatol (street name ZB)?

- | | | | | |
|------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 7 days | <input type="radio"/> 14 days | <input type="radio"/> 21 days | <input type="radio"/> 28 days |
| <input type="radio"/> 1 day | <input type="radio"/> 8 days | <input type="radio"/> 15 days | <input type="radio"/> 22 days | <input type="radio"/> 29 days |
| <input type="radio"/> 2 days | <input type="radio"/> 9 days | <input type="radio"/> 16 days | <input type="radio"/> 23 days | <input type="radio"/> 30 days |
| <input type="radio"/> 3 days | <input type="radio"/> 10 days | <input type="radio"/> 17 days | <input type="radio"/> 24 days | |
| <input type="radio"/> 4 days | <input type="radio"/> 11 days | <input type="radio"/> 18 days | <input type="radio"/> 25 days | |
| <input type="radio"/> 5 days | <input type="radio"/> 12 days | <input type="radio"/> 19 days | <input type="radio"/> 26 days | |
| <input type="radio"/> 6 days | <input type="radio"/> 13 days | <input type="radio"/> 20 days | <input type="radio"/> 27 days | |

58. During the past 30 days, on how many days did you use a prescription drug painkiller (such as Oxycontin or Vicodin) without a doctor's prescription?

- | | | | | |
|------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 7 days | <input type="radio"/> 14 days | <input type="radio"/> 21 days | <input type="radio"/> 28 days |
| <input type="radio"/> 1 day | <input type="radio"/> 8 days | <input type="radio"/> 15 days | <input type="radio"/> 22 days | <input type="radio"/> 29 days |
| <input type="radio"/> 2 days | <input type="radio"/> 9 days | <input type="radio"/> 16 days | <input type="radio"/> 23 days | <input type="radio"/> 30 days |
| <input type="radio"/> 3 days | <input type="radio"/> 10 days | <input type="radio"/> 17 days | <input type="radio"/> 24 days | |
| <input type="radio"/> 4 days | <input type="radio"/> 11 days | <input type="radio"/> 18 days | <input type="radio"/> 25 days | |
| <input type="radio"/> 5 days | <input type="radio"/> 12 days | <input type="radio"/> 19 days | <input type="radio"/> 26 days | |
| <input type="radio"/> 6 days | <input type="radio"/> 13 days | <input type="radio"/> 20 days | <input type="radio"/> 27 days | |

59. During the past 30 days, on how many days did you use a prescription drug tranquilizer or sedative (such as Xanax or Ativan) without a doctor's prescription?

- | | | | | |
|------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 7 days | <input type="radio"/> 14 days | <input type="radio"/> 21 days | <input type="radio"/> 28 days |
| <input type="radio"/> 1 day | <input type="radio"/> 8 days | <input type="radio"/> 15 days | <input type="radio"/> 22 days | <input type="radio"/> 29 days |
| <input type="radio"/> 2 days | <input type="radio"/> 9 days | <input type="radio"/> 16 days | <input type="radio"/> 23 days | <input type="radio"/> 30 days |
| <input type="radio"/> 3 days | <input type="radio"/> 10 days | <input type="radio"/> 17 days | <input type="radio"/> 24 days | |
| <input type="radio"/> 4 days | <input type="radio"/> 11 days | <input type="radio"/> 18 days | <input type="radio"/> 25 days | |
| <input type="radio"/> 5 days | <input type="radio"/> 12 days | <input type="radio"/> 19 days | <input type="radio"/> 26 days | |
| <input type="radio"/> 6 days | <input type="radio"/> 13 days | <input type="radio"/> 20 days | <input type="radio"/> 27 days | |

60. During the past 30 days, on how many days did you use a prescription drug stimulant (such as Ritalin or Adderall) without a doctor's prescription?

- | | | | | |
|------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 7 days | <input type="radio"/> 14 days | <input type="radio"/> 21 days | <input type="radio"/> 28 days |
| <input type="radio"/> 1 day | <input type="radio"/> 8 days | <input type="radio"/> 15 days | <input type="radio"/> 22 days | <input type="radio"/> 29 days |
| <input type="radio"/> 2 days | <input type="radio"/> 9 days | <input type="radio"/> 16 days | <input type="radio"/> 23 days | <input type="radio"/> 30 days |
| <input type="radio"/> 3 days | <input type="radio"/> 10 days | <input type="radio"/> 17 days | <input type="radio"/> 24 days | |
| <input type="radio"/> 4 days | <input type="radio"/> 11 days | <input type="radio"/> 18 days | <input type="radio"/> 25 days | |
| <input type="radio"/> 5 days | <input type="radio"/> 12 days | <input type="radio"/> 19 days | <input type="radio"/> 26 days | |
| <input type="radio"/> 6 days | <input type="radio"/> 13 days | <input type="radio"/> 20 days | <input type="radio"/> 27 days | |

61. During the past 30 days, on how many days did you use any other type of prescription drug without a doctor's prescription?

- | | | | | |
|------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 7 days | <input type="radio"/> 14 days | <input type="radio"/> 21 days | <input type="radio"/> 28 days |
| <input type="radio"/> 1 day | <input type="radio"/> 8 days | <input type="radio"/> 15 days | <input type="radio"/> 22 days | <input type="radio"/> 29 days |
| <input type="radio"/> 2 days | <input type="radio"/> 9 days | <input type="radio"/> 16 days | <input type="radio"/> 23 days | <input type="radio"/> 30 days |
| <input type="radio"/> 3 days | <input type="radio"/> 10 days | <input type="radio"/> 17 days | <input type="radio"/> 24 days | |
| <input type="radio"/> 4 days | <input type="radio"/> 11 days | <input type="radio"/> 18 days | <input type="radio"/> 25 days | |
| <input type="radio"/> 5 days | <input type="radio"/> 12 days | <input type="radio"/> 19 days | <input type="radio"/> 26 days | |
| <input type="radio"/> 6 days | <input type="radio"/> 13 days | <input type="radio"/> 20 days | <input type="radio"/> 27 days | |

62. If you used a prescription drug without a doctor's prescription please indicate why:

- Medical reasons
- To feel more alert
- To relax or quiet my nerves
- To enjoy myself
- To get high
- Does not apply

Section D: Student Information

63. In the past 7 days, how many days did you eat school lunch?

- Not at all
- 1 day per week
- 2-3 days per week
- 4-5 days per week

64. In the past 7 days, how many days were you physically active for at least 60 minutes at school or home?

- Not at all
- 1 day per week
- 2-3 days per week
- 4-5 days per week

65. On the average school day, how many hours do you play video or computer games, use a computer for something other than schoolwork, or watch television?

- Not at all
- 1 hour per day
- 2-3 hours per day
- 3-5 hours per day
- 5 or more hours per day

66. I have been taught about alcohol, tobacco, and other drugs within the last year at school.

- Yes
- No

67. I have been taught about AIDS or HIV infection within the last year at school.

- Yes
- No

68. I have been taught about character education within the last year at school.

- Yes
- No

69. During the past 12 months, on how many occasions have you thought about dropping out of school?

- Not at all
- On 1-2 occasions
- On 3-5 occasions
- On more than 5 occasions

70. If you were going to drop out of school, what would most likely be the reason?

- I have not thought about dropping out of school
- School work
- Family reasons
- Being bullied
- Other

71. In the past 30 days, I have driven a car or other vehicle while I was drinking alcohol:

- Not at all
- On 1-2 occasions
- On 3-5 occasions
- On more than 5 occasions

72. In the past 30 days, I have ridden in a car or other vehicle with someone that was drinking alcohol.

- Not at all
- On 1-2 occasions
- On 3-5 occasions
- On more than 5 occasions

<p>73. Where do your friends usually use alcohol or tobacco?</p>	<p><input type="checkbox"/> Do Not Use <input type="checkbox"/> At Home <input type="checkbox"/> At School <input type="checkbox"/> In a Car <input type="checkbox"/> Friend's House</p>
<p>74. During the past 12 months, on how many occasions have you brought a weapon to school?</p>	<p><input type="checkbox"/> Not at all <input type="checkbox"/> On 1-2 occasions <input type="checkbox"/> On 3-5 occasions <input type="checkbox"/> On more than 5 occasions</p>
<p>75. During the past 12 months, on how many occasions have you participated in illegal gang activities?</p>	<p><input type="checkbox"/> Not at all <input type="checkbox"/> On 1-2 occasions <input type="checkbox"/> On 3-5 occasions <input type="checkbox"/> On more than 5 occasions</p>
<p>76. During the past 12 months, on how many occasions have you had friends that participated in illegal gang activities?</p>	<p><input type="checkbox"/> Not at all <input type="checkbox"/> On 1-2 occasions <input type="checkbox"/> On 3-5 occasions <input type="checkbox"/> On more than 5 occasions</p>
<p>77. During the past 12 months, on how many occasions have you been offered, sold, or given illegal drugs on school property?</p>	<p><input type="checkbox"/> Not at all <input type="checkbox"/> On 1-2 occasions <input type="checkbox"/> On 3-5 occasions <input type="checkbox"/> On more than 5 occasions</p>
<p>78. During the past 12 months, on how many occasions have you been in a physical fight on school property?</p>	<p><input type="checkbox"/> Not at all <input type="checkbox"/> On 1-2 occasions <input type="checkbox"/> On 3-5 occasions <input type="checkbox"/> On more than 5 occasions</p>

79. During the past 12 months, on how many occasions have you seriously considered harming yourself on purpose?

- I have not seriously considered harming myself on purpose
- On 1-2 occasions
- On 3-5 occasions
- On more than 5 occasions

80. During the past 12 months, if you have seriously considering harming yourself on purpose, what was the most likely reason?

- I have not seriously considered harming myself on purpose
- Because of the demands of school work
- Problems with peers or friends
- I do not feel safe at school
- Family reasons
- Being bullied
- Other

81. During the past 12 months, on how many occasions have you harmed yourself on purpose?

- I have not harmed myself on purpose
- On 1-2 occasions
- On 3-5 occasions
- On more than 5 occasions

82. During the past 12 months, if you have harmed yourself on purpose, what was the most likely reason?

- I have not harmed myself on purpose
- Because of the demands of school work
- Problems with peers or friends
- I do not feel safe at school
- Family reasons
- Being bullied
- Other

83. During the past 12 months, on how many occasions have you seriously considered attempting suicide?

- I have not seriously considered attempting suicide
- On 1-2 occasions
- On 3-5 occasions
- On more than 5 occasions

84. During the past 12 months, if you have seriously considered attempting suicide, what was the most likely reason?

- I have not seriously considered attempting suicide
- Because of the demands of school work
- Problems with peers or friends
- I do not feel safe at school
- Family reasons
- Being bullied
- Other

85. During the past 12 months, on how many occasions have you attempted suicide?

- I have not attempted suicide
- On 1-2 occasions
- On 3-5 occasions
- On more than 5 occasions

86. During the past 12 months, if you have attempted suicide, what was the most likely reason?

- I have not attempted suicide
- Because of the demands of school work
- Problems with peers or friends
- I do not feel safe at school
- Family reasons
- Being bullied
- Other

Section A: School Climate

87. I feel my school has high standards for achievement.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

88. My school sets clear rules for behavior.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

89. The behaviors in my classroom allow the teacher to teach so I can learn.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

90. Students are frequently recognized for good behavior.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

91. I know an adult at school that I can talk with if I need help.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

92. I know what to do if there is an emergency at my school.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

93. I would help someone who was being bullied.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

Section B: Age of Onset

94. How old were you when you had your first drink of alcohol other than a few sips?

- | | |
|---|--|
| <input type="checkbox"/> Never used | <input type="checkbox"/> 13 years old |
| <input type="checkbox"/> 8 years or younger | <input type="checkbox"/> 14 years old |
| <input type="checkbox"/> 9 years old | <input type="checkbox"/> 15 years old |
| <input type="checkbox"/> 10 years old | <input type="checkbox"/> 16 years old |
| <input type="checkbox"/> 11 years old | <input type="checkbox"/> 17 years old |
| <input type="checkbox"/> 12 years old | <input type="checkbox"/> 18 years or older |

95. How old were you the first time you smoked part, or all, of a cigarette?

- | | |
|---|--|
| <input type="checkbox"/> Never used | <input type="checkbox"/> 13 years old |
| <input type="checkbox"/> 8 years or younger | <input type="checkbox"/> 14 years old |
| <input type="checkbox"/> 9 years old | <input type="checkbox"/> 15 years old |
| <input type="checkbox"/> 10 years old | <input type="checkbox"/> 16 years old |
| <input type="checkbox"/> 11 years old | <input type="checkbox"/> 17 years old |
| <input type="checkbox"/> 12 years old | <input type="checkbox"/> 18 years or older |

96. How old were you the first time you used any other tobacco products?

- | | |
|---|--|
| <input type="checkbox"/> Never used | <input type="checkbox"/> 13 years old |
| <input type="checkbox"/> 8 years or younger | <input type="checkbox"/> 14 years old |
| <input type="checkbox"/> 9 years old | <input type="checkbox"/> 15 years old |
| <input type="checkbox"/> 10 years old | <input type="checkbox"/> 16 years old |
| <input type="checkbox"/> 11 years old | <input type="checkbox"/> 17 years old |
| <input type="checkbox"/> 12 years old | <input type="checkbox"/> 18 years or older |

97. How old were you the first time you used marijuana or hashish?

- | | |
|---|--|
| <input type="checkbox"/> Never used | <input type="checkbox"/> 13 years old |
| <input type="checkbox"/> 8 years or younger | <input type="checkbox"/> 14 years old |
| <input type="checkbox"/> 9 years old | <input type="checkbox"/> 15 years old |
| <input type="checkbox"/> 10 years old | <input type="checkbox"/> 16 years old |
| <input type="checkbox"/> 11 years old | <input type="checkbox"/> 17 years old |
| <input type="checkbox"/> 12 years old | <input type="checkbox"/> 18 years or older |

98. How old were you the first time you used methamphetamines (e.g., speed, crystal, crank, or ice)?

- | | |
|---|--|
| <input type="checkbox"/> Never used | <input type="checkbox"/> 13 years old |
| <input type="checkbox"/> 8 years or younger | <input type="checkbox"/> 14 years old |
| <input type="checkbox"/> 9 years old | <input type="checkbox"/> 15 years old |
| <input type="checkbox"/> 10 years old | <input type="checkbox"/> 16 years old |
| <input type="checkbox"/> 11 years old | <input type="checkbox"/> 17 years old |
| <input type="checkbox"/> 12 years old | <input type="checkbox"/> 18 years or older |

99. How old were you the first time you used other illegal drugs?

- | | |
|---|--|
| <input type="checkbox"/> Never used | <input type="checkbox"/> 13 years old |
| <input type="checkbox"/> 8 years or younger | <input type="checkbox"/> 14 years old |
| <input type="checkbox"/> 9 years old | <input type="checkbox"/> 15 years old |
| <input type="checkbox"/> 10 years old | <input type="checkbox"/> 16 years old |
| <input type="checkbox"/> 11 years old | <input type="checkbox"/> 17 years old |
| <input type="checkbox"/> 12 years old | <input type="checkbox"/> 18 years or older |

100. How old were you the first time you used prescription drugs without a doctor's prescription?

- | | |
|---|--|
| <input type="checkbox"/> Never used | <input type="checkbox"/> 13 years old |
| <input type="checkbox"/> 8 years or younger | <input type="checkbox"/> 14 years old |
| <input type="checkbox"/> 9 years old | <input type="checkbox"/> 15 years old |
| <input type="checkbox"/> 10 years old | <input type="checkbox"/> 16 years old |
| <input type="checkbox"/> 11 years old | <input type="checkbox"/> 17 years old |
| <input type="checkbox"/> 12 years old | <input type="checkbox"/> 18 years or older |

Section C: Perceptions of Risk/Harm

101. How much do you think people risk harming themselves, physically and in other ways, if they have five or more drinks of an alcoholic beverage once or twice a week?

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

102. How much do you think people risk harming themselves, physically and in other ways, if they take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

103. How much do you think people risk harming themselves, physically and in other ways, if they use one or more packs of cigarettes a day?

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

104. How much do you think people risk harming themselves, physically and in other ways, if they smoke marijuana once or twice a week?

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

105. How much do you think people risk harming themselves, physically and in other ways, when they use prescription drugs without a doctor's prescription?

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

Section D: Peer/Adult Disapproval

106. How wrong do your parents feel it would be for you to have one or two drinks of alcohol nearly every day?

- Not at all wrong
- A little bit wrong
- Wrong
- Very Wrong

107. How wrong do your parents feel it would be for you to smoke tobacco?

- Not at all wrong
- A little bit wrong
- Wrong
- Very Wrong

108. How wrong do your parents feel it would be for you to smoke marijuana?

- Not at all wrong
- A little bit wrong
- Wrong
- Very Wrong

109. How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?

- Not at all wrong
- A little bit wrong
- Wrong
- Very Wrong

110. How wrong do your friends feel it would be for you to have one or two drinks of alcohol nearly every day?

- Not at all wrong
- A little bit wrong
- Wrong
- Very Wrong

111. How wrong do your friends feel it would be for you to smoke tobacco?

- Not at all wrong
- A little bit wrong
- Wrong
- Very Wrong

112. How wrong do your friends feel it would be for you to smoke marijuana?

- Not at all wrong
- A little bit wrong
- Wrong
- Very Wrong

113. How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?

- Not at all wrong
- A little bit wrong
- Wrong
- Very Wrong

Section E: Mental Health

114. In the past 30 days, on how many days have you felt sad or withdrawn?

- None
- 1 or 2 days
- 3–5 days
- 6–9 days
- 10–19 days
- 20–29 days
- All 30 days

115. In the past 30 days, on how many days have you felt suddenly overwhelmed with fear for no reason, sometimes including a racing heart or fast breathing?

- None
- 1 or 2 days
- 3–5 days
- 6–9 days
- 10–19 days
- 20–29 days
- All 30 days

116. In the past 30 days, on how many days have you experienced severely out-of-control behavior that could hurt yourself or others?

- None
- 1 or 2 days
- 3–5 days
- 6–9 days
- 10–19 days
- 20–29 days
- All 30 days

117. In the past 30 days, on how many days have you avoided food, thrown up, or used laxatives to make yourself lose weight?

- None
- 1 or 2 days
- 3–5 days
- 6–9 days
- 10–19 days
- 20–29 days
- All 30 days

118. In the past 30 days, on how many days have you experienced intense worries or fears that get in the way of your daily activities?

- None
- 1 or 2 days
- 3–5 days
- 6–9 days
- 10–19 days
- 20–29 days
- All 30 days

119. In the past 30 days, on how many days have you experienced extreme difficulty concentrating or staying still, which has put you in physical danger and/or caused school failure?

- None
- 1 or 2 days
- 3–5 days
- 6–9 days
- 10–19 days
- 20–29 days
- All 30 days

120. In the past 30 days, on how many days have you experienced severe mood swings that have caused problems in relationships?

- None
- 1 or 2 days
- 3–5 days
- 6–9 days
- 10–19 days
- 20–29 days
- All 30 days

121. In the past 30 days, on how many days have you experienced drastic changes in your behavior and/or personality?

- None
- 1 or 2 days
- 3–5 days
- 6–9 days
- 10–19 days
- 20–29 days
- All 30 days