

This survey is being given to students in 6th grade. The questions will ask about many topics that affect your health and wellbeing. Your responses will help improve health education and resources for young people like yourself.

- Make sure you read every question.
- Answer the questions based on what you really do.
- The answers you give will be kept private. No one will know the answers you select.
- Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class.
- If you are not comfortable answering a question, just leave it blank.
- The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name.
- No names will be reported.
- The survey should take you about 30 minutes to complete. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help!

**The first set of questions ask about your family.**

**1. Which of the following best describes your family?**

I live with both parents	<input type="radio"/>
I live with single parent	<input type="radio"/>
Sometimes I live with one parent and sometimes the other parent	<input type="radio"/>
I live with a parent and a step-parent	<input type="radio"/>
I live with foster parents	<input type="radio"/>
I live with my grandparents or other adult relatives who take care of me.	<input type="radio"/>
Other	<input type="radio"/>

**2. What is the highest level of education your parent/guardian has completed? (Answer for the parent/guardian who went the furthest.)**

Did not graduate from high school	<input type="radio"/>
Graduated from high school	<input type="radio"/>
Graduated from a two-year college or technical school	<input type="radio"/>
Graduated from a four-year college	<input type="radio"/>
Completed post-graduate studies (such as a master's degree or doctoral degree) after graduating from a four-year college	<input type="radio"/>

**3. During the past 12 months, how often did you feel safe and secure at home?**

Always	<input type="radio"/>
Most of the time	<input type="radio"/>
Sometimes	<input type="radio"/>
Rarely	<input type="radio"/>
Never	<input type="radio"/>

**4. During the past 12 months, have you seen or heard people where you live be violent or abusive? (This is not "play fighting" but could include serious hitting, shouting, throwing items, yelling or name calling.)**

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

**5. If you had an important concern about drugs, alcohol, or some other serious issue, would you talk to a parent or family member about it?**

Yes	<input type="radio"/>
Probably yes	<input type="radio"/>
I'm not sure	<input type="radio"/>
Probably not	<input type="radio"/>
No	<input type="radio"/>

**6. During the past 30 days, where did you usually sleep?**

In my parent's or guardian's home	<input type="radio"/>
In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing	<input type="radio"/>
In a shelter or emergency housing	<input type="radio"/>
In a motel or hotel	<input type="radio"/>
In a car, park, campground, or other public place	<input type="radio"/>
I do not have a usual place to sleep	<input type="radio"/>
Somewhere else	<input type="radio"/>

**The next questions discuss school and community involvement.**

**7. On an average school day, about how much time do you spend doing homework outside of school?**

None	<input type="radio"/>
Less than 1 hour per day	<input type="radio"/>
1 hour per day	<input type="radio"/>
2 hours per day	<input type="radio"/>
3 hours per day	<input type="radio"/>
4 hours per day	<input type="radio"/>
5 or more hours per day	<input type="radio"/>

**8. During this school year, how would you describe your grades in school?**

Mostly A's	<input type="radio"/>
Mostly B's	<input type="radio"/>
Mostly C's	<input type="radio"/>
Mostly D's	<input type="radio"/>
Mostly E's/F's	<input type="radio"/>

**9. During this school year, how often do you feel stressed by school, including schoolwork or feeling pressure to do well?**

Very Often	<input type="radio"/>
Often	<input type="radio"/>
Sometimes	<input type="radio"/>
Rarely	<input type="radio"/>
Never	<input type="radio"/>

**10. During this school year, how many times have you skipped school without permission?**

0 times	<input type="radio"/>
1 time	<input type="radio"/>
2 or 3 times	<input type="radio"/>
4 or 5 times	<input type="radio"/>
6 or more times	<input type="radio"/>

**11. During an average week when you are in school, how many total hours do you participate in school activities including clubs, sports, music, or drama?**

0 hours	<input type="radio"/>
1 to 4 hours	<input type="radio"/>
5 to 9 hours	<input type="radio"/>
10 to 19 hours	<input type="radio"/>
20 or more hours	<input type="radio"/>

**12. During this school year, how often did you feel safe in your school?**

Always	<input type="radio"/>
Most of the time	<input type="radio"/>
Sometimes	<input type="radio"/>
Rarely	<input type="radio"/>
Never	<input type="radio"/>

**13. During this school year, how often did you feel safe in your neighborhood?**

Always	<input type="radio"/>
Most of the time	<input type="radio"/>
Sometimes	<input type="radio"/>
Rarely	<input type="radio"/>
Never	<input type="radio"/>

**14. How much do you agree or disagree with the following statement? Adults in my school and/or community listen to what I have to say.**

Strongly agree	<input type="radio"/>
Agree	<input type="radio"/>
Neither agree nor disagree	<input type="radio"/>
Disagree	<input type="radio"/>
Strongly disagree	<input type="radio"/>

**15. If you had an important concern about drugs, alcohol, or some other serious issue, would you talk to a responsible adult other than your parent(s) or family member, such as a teacher, coach, mentor, family friend, or other community member?**

Yes	<input type="radio"/>
Probably yes	<input type="radio"/>
I'm not sure	<input type="radio"/>
Probably not	<input type="radio"/>
No	<input type="radio"/>

**The next few questions ask about personal safety.**

**16. During the past 12 months, when you rode a bicycle or used rollerblades or a skateboard, how often did you wear a helmet?**

I did not ride a bicycle or use rollerblades or a skateboard during the past 12 months	<input type="radio"/>
Never wore a helmet	<input type="radio"/>
Rarely wore a helmet	<input type="radio"/>
Sometimes wore a helmet	<input type="radio"/>
Most of the time wore a helmet	<input type="radio"/>

**17. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?**

0 times	<input type="radio"/>
1 time	<input type="radio"/>
2 or 3 times	<input type="radio"/>
4 or 5 times	<input type="radio"/>
6 or more times	<input type="radio"/>

**18. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been using marijuana (also called grass, pot, or weed)?**

0 times	<input type="radio"/>
1 time	<input type="radio"/>
2 or 3 times	<input type="radio"/>
4 or 5 times	<input type="radio"/>
6 or more times	<input type="radio"/>

**The next set of questions ask about violence-related behaviors.**

**19. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?**

0 days	<input type="radio"/>
1 day	<input type="radio"/>
2 or 3 days	<input type="radio"/>
4 or 5 days	<input type="radio"/>
6 or more days	<input type="radio"/>

**20. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property? [ Answer this question only if answer to Q#19 is 1 day OR 2 or 3 days OR 4 or 5 days OR 6 or more days ]**

0 days	<input type="radio"/>
1 day	<input type="radio"/>
2 or 3 days	<input type="radio"/>
4 or 5 days	<input type="radio"/>
6 or more days	<input type="radio"/>



**21. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?**

0 times	<input type="radio"/>
1 time	<input type="radio"/>
2 or 3 times	<input type="radio"/>
4 or 5 times	<input type="radio"/>
6 or 7 times	<input type="radio"/>
8 or 9 times	<input type="radio"/>
10 or 11 times	<input type="radio"/>
12 or more times	<input type="radio"/>

**22. During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books on school property?**

0 times	<input type="radio"/>
1 time	<input type="radio"/>
2 or 3 times	<input type="radio"/>
4 or 5 times	<input type="radio"/>
6 or 7 times	<input type="radio"/>
8 or 9 times	<input type="radio"/>
10 or 11 times	<input type="radio"/>
12 or more times	<input type="radio"/>

**23. During the past 12 months, how many times were you in a physical fight?**

0 times	<input type="radio"/>
1 time	<input type="radio"/>
2 or 3 times	<input type="radio"/>
4 or 5 times	<input type="radio"/>
6 or 7 times	<input type="radio"/>
8 or 9 times	<input type="radio"/>
10 or 11 times	<input type="radio"/>
12 or more times	<input type="radio"/>

**24. During the past 12 months, how many times were you in a physical fight on school property? [ Answer this question only if answer to Q#23 is 1 time OR 2 or 3 times OR 4 or 5 times OR 6 or 7 times OR 8 or 9 times OR 10 or 11 times OR 12 or more times ]**

0 times	<input type="radio"/>
1 time	<input type="radio"/>
2 or 3 times	<input type="radio"/>
4 or 5 times	<input type="radio"/>
6 or 7 times	<input type="radio"/>
8 or 9 times	<input type="radio"/>
10 or 11 times	<input type="radio"/>
12 or more times	<input type="radio"/>

**25. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse? [ Answer this question only if answer to Q#23 is 1 time OR 2 or 3 times OR 4 or 5 times OR 6 or 7 times OR 8 or 9 times OR 10 or 11 times OR 12 or more times ]**

0 times	<input type="radio"/>
1 time	<input type="radio"/>
2 or 3 times	<input type="radio"/>
4 or 5 times	<input type="radio"/>
6 or more times	<input type="radio"/>

**26. During the past 12 months, have you been a member of a gang or crew?**

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

**27. During the past 12 months, were there gang members in either your school or in your neighborhood?**

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

The next set of questions ask about whether you have experienced a pattern of aggressive, intentional or hostile behavior that occurs repeatedly and over time called bullying. Bullying/harassment typically involves an imbalance of power or strength. Bullying/harassment behaviors may include:

- physical
- verbal
- or nonverbal behaviors.

These behaviors include, but are not limited to:

- intimidation
- assault
- extortion
- oral threats
- written threats
- teasing
- name-calling
- threatening looks, gestures or actions
- rumor spreading
- false accusations
- hazing
- social isolation
- abusive e-mails, phone calls, or texts

The term cyberbullying is used when text, photos, videos or other media are uploaded to computers and/or the Internet to defame, insult, harass or haze others.

28. During the past 12 months, have you ever been bullied?

Yes

No

29. During the past 12 months, have you ever bullied others at school?		
	Yes	<input type="radio"/>
	No	<input type="radio"/>

30. During the past 12 months, have you ever been bullied on school property?		
	Yes	<input type="radio"/>
	No	<input type="radio"/>

31. During the past 12 months, how were you bullied? (Check all that apply.) [ Answer this question only if answer to Q#28 is Yes ]		
	Rumor Spreading	<input type="checkbox"/>
	False Accusations	<input type="checkbox"/>
	Social Isolation	<input type="checkbox"/>
	Physical Assault	<input type="checkbox"/>
	Name Calling	<input type="checkbox"/>
	Threats	<input type="checkbox"/>
	Email	<input type="checkbox"/>
	Social Media	<input type="checkbox"/>
	Text	<input type="checkbox"/>
	Other (Please specify)	<input type="checkbox"/>

**32. If you have been bullied during the past 12 months, have you reported it to a parent, teacher or other adult? [ Answer this question only if answer to Q#28 is Yes ]**

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

**33. How much do you agree or disagree with the following statement? If you told a parent, teacher or other adult about being bullied, the adult(s) tried to stop it or tried to help me stop it. [ Answer this question only if answer to Q#32 is Yes ]**

Strongly Agree	<input type="radio"/>
Agree	<input type="radio"/>
Neither agree nor disagree	<input type="radio"/>
Disagree	<input type="radio"/>
Strongly disagree	<input type="radio"/>

**34. How much do you agree or disagree with the following statement? Bullying is a serious problem in my school.**

Strongly agree	<input type="radio"/>
Agree	<input type="radio"/>
Neither agree nor disagree	<input type="radio"/>
Disagree	<input type="radio"/>
Strongly disagree	<input type="radio"/>

**The next questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.**

**35. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?**

Yes

No

**36. During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?**

0 times

1 time

2-5 times

6 or more times

**37. During the past 12 months, did you ever consider attempting suicide?**

Yes

No

**38. During the past 12 months, did you make a plan about how you would attempt suicide? [ Answer this question only if answer to Q#37 is Yes ]**

Yes

No

**39. If you considered suicide during the past 12 months, did you reach out and speak to someone about it? [ Answer this question only if answer to Q#38 is Yes ]**

Yes

No

**40. If you spoke to someone about your suicidal thoughts, who did you connect with? [ Answer this question only if answer to Q#39 is Yes ]**

Family Member	<input type="checkbox"/>
Friend	<input type="checkbox"/>
Teacher	<input type="checkbox"/>
School Counselor, Social Worker or Psychologist	<input type="checkbox"/>
Family Friend	<input type="checkbox"/>
CrisisLink	<input type="checkbox"/>
Hotline	<input type="checkbox"/>
Counselor or Therapist	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>

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

0 times	<input type="radio"/>
1 time	<input type="radio"/>
2 or 3 times	<input type="radio"/>
4 or 5 times	<input type="radio"/>
6 or more times	<input type="radio"/>

**42. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse? [ Answer this question only if answer to Q#41 is 1 time OR 2 or 3 times OR 4 or 5 times OR 6 or more times ]**

I did not attempt suicide during the past 12 months	<input type="radio"/>
Yes	<input type="radio"/>
No	<input type="radio"/>



**43. Do you know about or are you connected with services that can help support any anxiety or depression symptoms you may be experiencing? [ Answer this question only if answer to Q#35 is Yes ]**

Yes

No

The next set of questions ask about cigarette and tobacco use.

**44. Have you ever tried cigarette smoking, even one or two puffs?**

Yes

No

**45. How old were you when you smoked a whole cigarette for the first time? [ Answer this question only if answer to Q#44 is Yes ]**

I have never smoked a whole cigarette

8 years old or younger

9 years old

10 years old

11 years old

12 years old or older

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

I did not smoke cigarettes during the past 30 days	<input type="radio"/>
1 or 2 days	<input type="radio"/>
3 to 5 days	<input type="radio"/>
6 to 9 days	<input type="radio"/>
10 to 19 days	<input type="radio"/>
20 to 29 days	<input type="radio"/>
All 30 days	<input type="radio"/>

**47. During the past 30 days, on how many days did you smoke cigarettes on or near school property? [ Answer this question only if answer to Q#46 is 1 or 2 days OR 3 to 5 days OR 6 to 9 days OR 10 to 19 days OR 20 to 29 days OR All 30 days ]**

0 days	<input type="radio"/>
1 or 2 days	<input type="radio"/>
3 to 5 days	<input type="radio"/>
6 to 9 days	<input type="radio"/>
10 to 19 days	<input type="radio"/>
20 to 29 days	<input type="radio"/>
All 30 days	<input type="radio"/>

**48. During the past 30 days, how did you usually get your own cigarettes? (Select only one response.) [ Answer this question only if answer to Q#46 is 1 or 2 days OR 3 to 5 days OR 6 to 9 days OR 10 to 19 days OR 20 to 29 days OR All 30 days ]**

I did not smoke cigarettes during the past 30 days	<input type="radio"/>
I bought them in a store such as a convenience store, supermarket, discount store, or gas station	<input type="radio"/>
I got them on the Internet	<input type="radio"/>
I gave someone else money to buy them for me	<input type="radio"/>
I borrowed (or bummed) them from someone else	<input type="radio"/>
A person 18 years old or older gave them to me	<input type="radio"/>
I took them from a store or family member	<input type="radio"/>
I got them some other way	<input type="radio"/>

**49. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?**

I did not smoke cigars, cigarillos, or little cigars during the past 30 days	<input type="radio"/>
1 or 2 days	<input type="radio"/>
3 to 5 days	<input type="radio"/>
6 to 9 days	<input type="radio"/>
10 to 19 days	<input type="radio"/>
20 to 29 days	<input type="radio"/>
All 30 days	<input type="radio"/>

**50. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?**

I did not use chewing tobacco, snuff, or dip during the past 30 days	<input type="radio"/>
1 or 2 days	<input type="radio"/>
3 to 5 days	<input type="radio"/>
6 to 9 days	<input type="radio"/>
10 to 19 days	<input type="radio"/>
20 to 29 days	<input type="radio"/>
All 30 days	<input type="radio"/>

**The next questions are about electronic vapor products such as e-cigarettes.**

**51. Have you ever used an electronic vapor product? (Include such things as e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.)**

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

**52. During the past 30 days, on how many days did you use an electronic vapor product (such as an e-cigarette)?**

I did not use an electronic vapor product during the past 30 days	<input type="radio"/>
1 or 2 days	<input type="radio"/>
3 to 5 days	<input type="radio"/>
6 to 9 days	<input type="radio"/>
10 to 19 days	<input type="radio"/>
20 to 29 days	<input type="radio"/>
All 30 days	<input type="radio"/>

**53. During the past 30 days, on how many days did you smoke an electronic vapor product (such as e-cigarettes) on or near school property? [ Answer this question only if answer to Q#52 is 1 or 2 days OR 3 to 5 days OR 6 to 9 days OR 10 to 19 days OR 20 to 29 days OR All 30 days ]**

0 days	<input type="radio"/>
1 or 2 days	<input type="radio"/>
3 to 5 days	<input type="radio"/>
6 to 9 days	<input type="radio"/>
10 to 19 days	<input type="radio"/>
20 to 29 days	<input type="radio"/>
All 30 days	<input type="radio"/>

**54. During the past 30 days, how did you usually get your electronic vapor products? (Select only one response.) [ Answer this question only if answer to Q#52 is 1 or 2 days OR 3 to 5 days OR 6 to 9 days OR 10 to 19 days OR 20 to 29 days OR All 30 days ]**

I did not smoke an electronic vapor product during the past 30 days	<input type="radio"/>
I bought them in a store	<input type="radio"/>
I got them on the Internet	<input type="radio"/>
I gave someone else money to buy them for me	<input type="radio"/>
I borrowed them from someone else	<input type="radio"/>
A person 18 year or older gave them to me	<input type="radio"/>
I took them from a store or family member	<input type="radio"/>
I got them some other way	<input type="radio"/>
Other (Please specify)	<input type="radio"/>

**55. Is smoking an electronic vapor product less dangerous than smoking cigarettes?**

Yes	<input type="radio"/>
No	<input type="radio"/>
Not sure	<input type="radio"/>

**56. During the past 30 days, on how many days did you use a waterpipe (also called a hookah, shisha, or narghile)?**

I did not use a waterpipe during the past 30 days	<input type="radio"/>
1 or 2 days	<input type="radio"/>
3 to 5 days	<input type="radio"/>
6 to 9 days	<input type="radio"/>
10 to 19 days	<input type="radio"/>
20 to 29 days	<input type="radio"/>
All 30 days	<input type="radio"/>

**57. Is smoking from a hookah or waterpipe less dangerous than smoking cigarettes?**

Yes	<input type="radio"/>
No	<input type="radio"/>
Not sure	<input type="radio"/>

**58. I am telling the truth on this survey.**

Strongly Agree	<input type="radio"/>
Agree	<input type="radio"/>
Disagree	<input type="radio"/>
Strongly Disagree	<input type="radio"/>

**The next set of questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey.**

**For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.**

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

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

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

I have never had a drink of alcohol other than a few sips	<input type="radio"/>
8 years old or younger	<input type="radio"/>
9 years old	<input type="radio"/>
10 years old	<input type="radio"/>
11 years old	<input type="radio"/>
12 years old or older	<input type="radio"/>



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

I did not have a drink of alcohol during the past 30 days	<input type="radio"/>
1 or 2 days	<input type="radio"/>
3 to 5 days	<input type="radio"/>
6 to 9 days	<input type="radio"/>
10 to 19 days	<input type="radio"/>
20 to 29 days	<input type="radio"/>
All 30 days	<input type="radio"/>

**62. During the past 30 days, on how many days did you have at least one drink of alcohol on or near school property? [ Answer this question only if answer to Q#61 is 1 or 2 days OR 3 to 5 days OR 6 to 9 days OR 10 to 19 days OR 20 to 29 days OR All 30 days ]**

0 days	<input type="radio"/>
1 or 2 days	<input type="radio"/>
3 to 5 days	<input type="radio"/>
6 to 9 days	<input type="radio"/>
10 to 19 days	<input type="radio"/>
20 to 29 days	<input type="radio"/>
All 30 days	<input type="radio"/>

**63. During the past 30 days, how did you usually get the alcohol you drank? [ Answer this question only if answer to Q#61 is 1 or 2 days OR 3 to 5 days OR 6 to 9 days OR 10 to 19 days OR 20 to 29 days OR All 30 days ]**

I did not drink alcohol during the past 30 days	<input type="radio"/>
I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station	<input type="radio"/>
I bought it at a restaurant, bar, or club	<input type="radio"/>
I bought it at a public event such as a concert or sporting event	<input type="radio"/>
I gave someone else money to buy it for me	<input type="radio"/>
Someone gave it to me	<input type="radio"/>
I took it from a store or family member	<input type="radio"/>
Other (Please specify)	<input type="radio"/>

**64. How easy is it for someone your age to get beer, wine or other alcohol?**

Very easy	<input type="radio"/>
Somewhat easy	<input type="radio"/>
Neither	<input type="radio"/>
Somewhat difficult	<input type="radio"/>
Very difficult	<input type="radio"/>

**The next few questions ask about marijuana use.**

**65. During your life, how many times have you used marijuana?**

I have never used marijuana	<input type="radio"/>
1 or 2 times	<input type="radio"/>
3 to 9 times	<input type="radio"/>
10 to 19 times	<input type="radio"/>
20 to 39 times	<input type="radio"/>
40 to 99 times	<input type="radio"/>
100 or more times	<input type="radio"/>

**66. How old were you when you tried marijuana for the first time?**

I have never tried marijuana	<input type="radio"/>
8 years old or younger	<input type="radio"/>
9 years old	<input type="radio"/>
10 years old	<input type="radio"/>
11 years old	<input type="radio"/>
12 years old or older	<input type="radio"/>

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

I have not used marijuana during the past 30 days	<input type="radio"/>
1 or 2 times	<input type="radio"/>
3 to 9 times	<input type="radio"/>
10 to 19 times	<input type="radio"/>
20 to 39 times	<input type="radio"/>
40 or more times	<input type="radio"/>

**68. During the past 30 days, how many times did you use marijuana on or near school property? [ Answer this question only if answer to Q#67 is 1 or 2 times OR 3 to 9 times OR 10 to 19 times OR 20 to 39 times OR 40 or more times ]**

0 times	<input type="radio"/>
1 or 2 times	<input type="radio"/>
3 to 9 times	<input type="radio"/>
10 to 19 times	<input type="radio"/>
20 to 39 times	<input type="radio"/>
40 or more times	<input type="radio"/>

**The next few questions ask about other drug use.**

69. During your life, how many times have you taken any of the following drugs?	0	1-2	3-9	10-19	20-39	40 or more
Synthetic marijuana (also called K, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks)	○	○	○	○	○	○
Prescription pain medicine without a doctor's prescription (such as OxyContin, Percocet, Vicodin, or codeine)	○	○	○	○	○	○
Other prescription drug without a doctor's prescription (such as Adderall, Ritalin, or Xanax)	○	○	○	○	○	○
Over-the-counter (OTC) drugs such as cold, allergy or sleep preparations in order to get high or to change your mood? (Include cold medicine consumed through sizzurp or lean)	○	○	○	○	○	○
Cocaine (including powder, crack, or freebase)	○	○	○	○	○	○
Heroin (also called smack, junk, or China White)	○	○	○	○	○	○
Fentanyl or a fentanyl-laced drug (also called Apache, China Girl, TNT, or Cash)	○	○	○	○	○	○
Sniffed glue (breathed the contents of aerosole spray cans, or inhaled any paints or sprays to get high)	○	○	○	○	○	○
Methamphetamines (also called speed, crystal, crank, or ice)	○	○	○	○	○	○
Steriod pills or shots	○	○	○	○	○	○
Ecstasy (also called MDMA)	○	○	○	○	○	○
Hallucinogenic drugs (such as LSD, acid, PCP, angel dust, mescaline, or mushrooms)	○	○	○	○	○	○

70. During the past 30 days, how many times have you taken any of the following drugs?	0	1-2	3-9	10-19	20-39	40 or more
Synthetic marijuana (also called K, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks)	○	○	○	○	○	○
Prescription pain medicine without a doctor's prescription (such as OxyContin, Percocet, Vicodin, or codeine)	○	○	○	○	○	○
Other prescription drug without a doctor's prescription (such as Adderall, Ritalin, or Xanax)	○	○	○	○	○	○
Over-the-counter (OTC) drugs such as cold, allergy or sleep preparations in order to get high or to change your mood? (Include cold medicine consumed through sizzurp or lean)	○	○	○	○	○	○
Cocaine (including powder, crack, or freebase)	○	○	○	○	○	○
Heroin (also called smack, junk, or China White)	○	○	○	○	○	○
Fentanyl or a fentanyl-laced drug (also called Apache, China Girl, TNT, or Cash)	○	○	○	○	○	○
Sniffed glue (breathed the contents of aerosole spray cans, or inhaled any paints or sprays to get high)	○	○	○	○	○	○
Methamphetamines (also called speed, crystal, crank, or ice)	○	○	○	○	○	○
Steriod pills or shots	○	○	○	○	○	○
Ecstasy (also called MDMA)	○	○	○	○	○	○
Hallucinogenic drugs (such as LSD, acid, PCP, angel dust, mescaline, or mushrooms)	○	○	○	○	○	○

**71. If you took a prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it, how did you get the prescription pain medicine? [ Answer this question only if answer to Q#69(b) is 1-2 OR 3-9 OR 10-19 OR 20-39 OR 40 or more ]**

I have never taken a prescription pain medicine without a doctor's prescription or differently than how a doctor told me to use it	<input type="radio"/>
It was my prescription	<input type="radio"/>
I took it from someone in my home	<input type="radio"/>
I took it from someone else's home or someone outside of my home	<input type="radio"/>
Someone gave it to me	<input type="radio"/>
I bought it from someone	<input type="radio"/>
I gave someone else money to buy it for me	<input type="radio"/>
Other (Please specify)	<input type="radio"/>

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

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

The next questions ask about body weight and nutrition.

**73. How do you describe your weight?**

Very underweight	<input type="radio"/>
Slightly underweight	<input type="radio"/>
About the right weight	<input type="radio"/>
Slightly overweight	<input type="radio"/>
Very overweight	<input type="radio"/>

**74. During the past 30 days, if you have tried to lose weight or keep from gaining weight, which of the following have you done? (Check all that apply).**

I did not try to lose weight or keep from gaining weight during the past 30 days	<input type="checkbox"/>
Exercise	<input type="checkbox"/>
Go without eating for 24 hours or more	<input type="checkbox"/>
Vomit or take laxatives	<input type="checkbox"/>
Eat less food, fewer calories or foods low in fat	<input type="checkbox"/>
Take diet pills, powders, or liquids	<input type="checkbox"/>

**The next few questions ask about what you consumed during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.**

**75. During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)**

I did not drink 100% fruit juice during the past 7 days	<input type="radio"/>
1 to 3 times during the past 7 days	<input type="radio"/>
4 to 6 times during the past 7 days	<input type="radio"/>
1 time per day	<input type="radio"/>
2 times per day	<input type="radio"/>
3 times per day	<input type="radio"/>
4 or more times per day	<input type="radio"/>



**76. During the past 7 days, how many times did you drink a sugar-sweetened drink, such as a Coke, Sprite, sports drink, lemonade, sweetened tea, or flavored milk?**

I did not drink sugar-sweetened drinks during the past 7 days	<input type="radio"/>
1 to 3 times during the past 7 days	<input type="radio"/>
4 to 6 times during the past 7 days	<input type="radio"/>
1 time per day	<input type="radio"/>
2 times per day	<input type="radio"/>
3 times per day	<input type="radio"/>
4 or more times per day	<input type="radio"/>

**77. During the past 7 days, on how many days did you eat breakfast?**

0 days	<input type="radio"/>
1 day	<input type="radio"/>
2 days	<input type="radio"/>
3 days	<input type="radio"/>
4 days	<input type="radio"/>
5 days	<input type="radio"/>
6 days	<input type="radio"/>
7 days	<input type="radio"/>

**78. During the past 7 days, how many times did you eat fruit?**

I did not eat fruit during the past 7 days	<input type="radio"/>
1 to 3 times during the past 7 days	<input type="radio"/>
4 to 6 times during the past 7 days	<input type="radio"/>
1 time per day	<input type="radio"/>
2 times per day	<input type="radio"/>
3 times per day	<input type="radio"/>
4 or more times per day	<input type="radio"/>

**79. During the past 7 days, how many times did you eat vegetables? (Count each time you ate a vegetable including carrots, potatoes, or a green salad. Do not count potatoes in the form of french fries or chips.)**

I did not eat vegetables during the past 7 days	<input type="radio"/>
1 to 3 times during the past 7 days	<input type="radio"/>
4 to 6 times during the past 7 days	<input type="radio"/>
1 time per day	<input type="radio"/>
2 times per day	<input type="radio"/>
3 times per day	<input type="radio"/>
4 or more times per day	<input type="radio"/>

**80. During the past 7 days, on how many days did you eat at a fast food chain or carry out restaurant?**

0 days	<input type="radio"/>
1 day	<input type="radio"/>
2 days	<input type="radio"/>
3 days	<input type="radio"/>
4 days	<input type="radio"/>
5 days	<input type="radio"/>
6 days	<input type="radio"/>
7 days	<input type="radio"/>

**81. During the past 30 days, how often did you miss a meal or go hungry because there was not enough food in your home?**

Always	<input type="radio"/>
Most of the time	<input type="radio"/>
Sometimes	<input type="radio"/>
Rarely	<input type="radio"/>
Never	<input type="radio"/>

**The next few questions ask about time spent being physically active.**

**82. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)**

0 days	<input type="radio"/>
1 day	<input type="radio"/>
2 days	<input type="radio"/>
3 days	<input type="radio"/>
4 days	<input type="radio"/>
5 days	<input type="radio"/>
6 days	<input type="radio"/>
7 days	<input type="radio"/>

**83. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)**

0 teams	<input type="radio"/>
1 team	<input type="radio"/>
2 teams	<input type="radio"/>
3 or more teams	<input type="radio"/>

**The next questions ask about the use of social media and electronic devices.**

**84. On an average school day, how many hours do you spend watching videos or television shows for entertainment purposes? (Count time spent watching on a television, computer, tablet, or phone.)**

I do not watch any on an average school day	<input type="radio"/>
Less than 1 hour per day	<input type="radio"/>
1 hour per day	<input type="radio"/>
2 hours per day	<input type="radio"/>
3 hours per day	<input type="radio"/>
4 hours per day	<input type="radio"/>
5 or more hours per day	<input type="radio"/>

**85. On an average school day, how many hours do you spend on an electronic device playing video games? (Count time playing on a gaming system, tablet, computer, or phone.)**

I do not play video games	<input type="radio"/>
Less than 1 hour per day	<input type="radio"/>
1 hour per day	<input type="radio"/>
2 hours per day	<input type="radio"/>
3 hours per day	<input type="radio"/>
4 hours per day	<input type="radio"/>
5 or more hours per day	<input type="radio"/>

**86. On an average school day, how many hours do you spend using a computer, cell phone, or other device to connect socially with friends?**

I do not use electronic devices to connect with friends	<input type="radio"/>
Less than 1 hour per day	<input type="radio"/>
1 hour per day	<input type="radio"/>
2 hours per day	<input type="radio"/>
3 hours per day	<input type="radio"/>
4 hours per day	<input type="radio"/>
5 or more hours per day	<input type="radio"/>

**87. How often does your school work or relationships with your family or friends suffer because you spend more time online or playing video games than you intended?**

Always	<input type="radio"/>
Most of the time	<input type="radio"/>
Sometimes	<input type="radio"/>
Rarely	<input type="radio"/>
Never	<input type="radio"/>

**The next questions discuss overall health.**

**88. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?**

During the past 12 months	<input type="radio"/>
Between 12 and 24 months ago	<input type="radio"/>
Never	<input type="radio"/>
Not sure	<input type="radio"/>

**89. When was the last time you saw a doctor or health care provider for a check-up or physical exam when you were not sick or injured?**

During the past 12 months	<input type="radio"/>
Between 12 and 24 months ago	<input type="radio"/>
More than 24 months ago	<input type="radio"/>
Never	<input type="radio"/>
Not sure	<input type="radio"/>

**90. On an average school night, how many hours of sleep do you get?**

4 or less hours	<input type="radio"/>
5 hours	<input type="radio"/>
6 hours	<input type="radio"/>
7 hours	<input type="radio"/>
8 hours	<input type="radio"/>
9 hours	<input type="radio"/>
10 or more hours	<input type="radio"/>

## Demographics

Demographic information allows Arlington to analyze findings by different segments of our community, in addition to the overall findings. Sometimes the opinions of one group may differ from the larger community, and it is important for us to consider those differences. While not required, these items help us better understand our community's perspectives and will not be used to identify individual students.

### 91. How old are you?

10 years old or younger	<input type="radio"/>
11 years old	<input type="radio"/>
12 years old or older	<input type="radio"/>

### 92. Are you Hispanic or Latino?

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

### 93. What is your race? (Select all that apply)

American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Other	<input type="checkbox"/>



**94. Which of the following best describes you?**

Female	<input type="radio"/>
Male	<input type="radio"/>
Other (Please specify)	<input type="radio"/>

**95. Height: How tall are you without your shoes on? Your answer should be in feet and inches.**

	1	2	3	4	5	6	7	8	9	10	11
Feet	<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"/>
Inches	<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"/>

**96. Weight: How much do you weigh without your shoes on? Your answer should be in pounds.**

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**97. How many of the questions on this survey did you answer truthfully?**

All of them	<input type="radio"/>
All but 1 or 2 of them	<input type="radio"/>
Most of them	<input type="radio"/>
Some of them	<input type="radio"/>
Only a few	<input type="radio"/>
None	<input type="radio"/>