

Core Module

High School Questionnaire

2017-2018

This survey asks about your behavior, experiences, and attitudes related to your school, health, and well-being. It includes questions about use of alcohol, tobacco, and other drugs, and about bullying and violence.

You do not have to answer these questions, but your answers will be very helpful in improving school and health programs. **You will be able to answer** whether or not you have done or experienced any of these things.

Please do not write your name on this form or the answer sheet. Do not identify yourself in any other way.

Please mark all of your answers on the answer sheet. Fill in the bubbles neatly with a **#2 pencil**. Do not write on the questionnaire. Mark only one answer unless told to ***“Mark All That Apply.”***

This survey asks about things you may have done during different periods of time, such as during your **lifetime** (you ever did something), or the past **12 months**, or **30 days**. Each provides different information. Please pay careful attention to these time periods.

Thank you for taking this survey!

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Begin by writing your school's name at the top of the answer sheet.

1. Fill in the bubble for the letter "H."
2. Fill in the bubble for the letter "K."

Next, we would like some background information about you.

3. What is your sex?
 - A) Male
 - B) Female
4. What grade are you in?

A) 6th grade	F) 11th grade
B) 7th grade	G) 12th grade
C) 8th grade	H) Other grade
D) 9th grade	I) Ungraded
E) 10th grade	
5. Are you of Hispanic or Latino origin?
 - A) No
 - B) Yes
6. What is your race?

A) American Indian or Alaska Native	D) Native Hawaiian or Pacific Islander
B) Asian	E) White
C) Black or African American	F) Mixed (two or more) races

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7. If you are Asian or Pacific Islander, which groups best describe you? (*Mark All That Apply.*)
If you are **not** of Asian/Pacific Islander background, mark "A) Does not apply."
- | | |
|---|--|
| A) Does not apply; I am not Asian or Pacific Islander | H) Korean |
| B) Asian Indian | I) Laotian |
| C) Cambodian | J) Vietnamese |
| D) Chinese | K) Native Hawaiian, Guamanian, Samoan, Tahitian, or other Pacific Islander |
| E) Filipino | L) Other Asian |
| F) Hmong | |
| G) Japanese | |
8. What best describes where you live? A home includes a house, apartment, trailer, or mobile home.
- | | |
|--|---|
| A) A home with one or more parent or guardian | F) Hotel or motel |
| B) Other relative's home | G) Shelter, car, campground, or other transitional or temporary housing |
| C) A home with more than one family | H) Other living arrangement |
| D) Friend's home | |
| E) Foster home, group care, or waiting placement | |
9. What is the highest level of education your parents or guardians completed? (*Mark the educational level of the parent or guardian who went the furthest in school.*)
- | |
|---|
| A) Did not finish high school |
| B) Graduated from high school |
| C) Attended college but did not complete four-year degree |
| D) Graduated from college |
| E) Don't know |
10. Do you receive free or reduced-price lunches at school? (*Receiving free or reduced-price lunches means that lunch at school is provided to you for free or you pay less for it.*)
- | |
|---------------|
| A) No |
| B) Yes |
| C) Don't know |
11. In the past three years, were you part of the Migrant Education Program or did your family move to find seasonal or temporary work in agriculture or fishing?
- | |
|---------------|
| A) No |
| B) Yes |
| C) Don't know |

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12. What language is spoken most of the time in your home?
- A) English
 - B) Spanish
 - C) Mandarin
 - D) Cantonese
 - E) Taiwanese
 - F) Tagalog
 - G) Vietnamese
 - H) Korean
 - I) Other

How well do you understand, speak, read, and write English?

	Very Well	Well	Not Well	Not At All
13. Understand English	A	B	C	D
14. Speak English	A	B	C	D
15. Read English	A	B	C	D
16. Write English	A	B	C	D

17. How many days a week do you usually go to your school's after school program?
- A) 0 days
 - B) 1 day
 - C) 2 days
 - D) 3 days
 - E) 4 days
 - F) 5 days

18. During the past 12 months, how would you describe the grades you mostly received in school?
- A) Mostly A's
 - B) A's and B's
 - C) Mostly B's
 - D) B's and C's
 - E) Mostly C's
 - F) C's and D's
 - G) Mostly D's
 - H) Mostly F's

19. In the past 30 days, how often did you miss an entire day of school for any reason?
- A) I did not miss any days of school in the past 30 days
 - B) 1 day
 - C) 2 days
 - D) 3 or more days

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20. In the past 30 days, did you miss a day of school for any of the following reasons? (*Mark All That Apply.*)
- A) Does not apply; I didn't miss any school
 - B) Illness (feeling physically sick), including problems with breathing or your teeth
 - C) Were being bullied or mistreated at school
 - D) Felt very sad, hopeless, anxious, stressed, or angry
 - E) Didn't get enough sleep
 - F) Didn't feel safe at school or going to and from school
 - G) Had to take care of or help a family member or friend
 - H) Wanted to spend time with friends
 - I) Use alcohol or drugs
 - J) Were behind in schoolwork or weren't prepared for a test or class assignment
 - K) Were bored or uninterested in school
 - L) Had no transportation to school
 - M) Other reason
21. During the past 12 months, about how many times did you skip school or cut classes?
- A) 0 times
 - B) 1–2 times
 - C) A few times
 - D) Once a month
 - E) Twice a month
 - F) Once a week
 - G) More than once a week

How strongly do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
22. I feel close to people at this school.	A	B	C	D	E
23. I am happy to be at this school.	A	B	C	D	E
24. I feel like I am part of this school.	A	B	C	D	E
25. The teachers at this school treat students fairly.	A	B	C	D	E
26. I feel safe in my school.	A	B	C	D	E
27. My school is usually clean and tidy.	A	B	C	D	E
28. Teachers at this school communicate with parents about what students are expected to learn in class.	A	B	C	D	E
29. Parents feel welcome to participate at this school.	A	B	C	D	E
30. School staff takes parent concerns seriously.	A	B	C	D	E
31. I try hard to make sure that I am good at my schoolwork.	A	B	C	D	E
32. I try hard at school because I am interested in my work.	A	B	C	D	E
33. I work hard to try to understand new things at school.	A	B	C	D	E
34. I am always trying to do better in my schoolwork.	A	B	C	D	E

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Please mark on your answer sheet how TRUE you feel each of the following statements is about your SCHOOL and things you might do there.

At my school, there is a teacher or some other adult ...

	Not At All True	A Little True	Pretty Much True	Very Much True
35. who really cares about me.	A	B	C	D
36. who tells me when I do a good job.	A	B	C	D
37. who notices when I'm not there.	A	B	C	D
38. who always wants me to do my best.	A	B	C	D
39. who listens to me when I have something to say.	A	B	C	D
40. who believes that I will be a success.	A	B	C	D

At school, ...

	Not At All True	A Little True	Pretty Much True	Very Much True
41. I do interesting activities.	A	B	C	D
42. I help decide things like class activities or rules.	A	B	C	D
43. I do things that make a difference.	A	B	C	D
44. I have a say in how things work.	A	B	C	D
45. I help decide school activities or rules.	A	B	C	D

The next questions ask about the use of alcohol, tobacco, marijuana, and other drugs, including pills or medications, to get “high” or for reasons other than medical, as ordered or prescribed by a doctor.

Keep the following definitions in mind:

- **One drink of ALCOHOL**, or alcoholic drink (beverage), means one regular size can/bottle of beer or wine cooler, one glass of wine, one mixed drink, or one shot glass of liquor.
- Questions about alcohol do **not** include drinking a few sips of wine for religious purposes.
- **DRUG** means any substance other than alcohol or tobacco, including pills and medications, used to get “high” (“loaded”, “stoned”, or “wasted”) or for purposes other than prescribed by a doctor.

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During your life, how many times have you used the following?

		Number of Times					
		0 Times	1 Time	2 Times	3 Times	4-6 Times	7 or More Times
46.	A whole cigarette	A	B	C	D	E	F
47.	Smokeless tobacco (dip, chew, or snuff)	A	B	C	D	E	F
48.	Electronic cigarettes, e-cigarettes, or other vaping device such as e-hookah, hookah pens, or vape pens	A	B	C	D	E	F
49.	One full drink of alcohol (such as a can of beer, glass of wine, wine cooler, or shot of liquor)	A	B	C	D	E	F
50.	Marijuana (smoke, vape, eat, or drink)	A	B	C	D	E	F
51.	Inhalants (things you sniff, huff, or breathe to get "high" such as glue, paint, aerosol sprays, gasoline, poppers, gases)	A	B	C	D	E	F
52.	Cocaine, Methamphetamine, or any amphetamines (meth, speed, crystal, crank, ice)	A	B	C	D	E	F
53.	Derbisol	A	B	C	D	E	F
54.	Heroin	A	B	C	D	E	F
55.	Ecstasy, LSD, or other psychedelics (acid, mescaline, peyote, mushrooms)	A	B	C	D	E	F
56.	Prescription pain medication or opioids (Vicodin™, OxyContin™, Percodan™, Lortab™), tranquilizers, or sedatives (Xanax™, Ativan™)	A	B	C	D	E	F
57.	Diet Pills (Didrex, Dexedrine, Zinadrine, Skittles, M&M's)	A	B	C	D	E	F
58.	Ritalin™ or Adderall™ or other prescription stimulant	A	B	C	D	E	F
59.	Cold/Cough Medicines or other over-the-counter medicines to get "high"	A	B	C	D	E	F
60.	Any other drug, pill, or medicine to get "high" or for reasons other than medical	A	B	C	D	E	F

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During your life, how many times have you been ...

		<u>Number of Times</u>					7 or More Times
		<u>0 Times</u>	<u>1 Time</u>	<u>2 Times</u>	<u>3 Times</u>	<u>4–6 Times</u>	
61.	very drunk or sick after drinking alcohol?	A	B	C	D	E	F
62.	“high” (loaded, stoned, or wasted) from using drugs?	A	B	C	D	E	F
63.	drunk on alcohol or “high” on drugs <u>on school property</u> ?	A	B	C	D	E	F

During your life, how many times have you used marijuana in any of the following ways:

		<u>Number of Times</u>					7 or More Times
		<u>0 Times</u>	<u>1 Time</u>	<u>2 Times</u>	<u>3 Times</u>	<u>4–6 Times</u>	
64.	Smoke it?	A	B	C	D	E	F
65.	In an electronic or e-cigarette or other vaping device?	A	B	C	D	E	F
66.	Eat or drink it in products made with marijuana?	A	B	C	D	E	F

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

	0 Days	1 Day	2 Days	3–9 Days	10–19 Days	20–30 Days
67. cigarettes?	A	B	C	D	E	F
68. smokeless tobacco (dip, chew, or snuff)?	A	B	C	D	E	F
69. electronic cigarettes, e-cigarettes, or other vaping device such as e-hookah, hookah pens, or vape pens?	A	B	C	D	E	F
70. one or more drinks of alcohol?	A	B	C	D	E	F
71. five or more drinks of alcohol in a row, that is, within a couple of hours?	A	B	C	D	E	F
72. marijuana (smoke, vape, eat, or drink)?	A	B	C	D	E	F
73. inhalants (things you sniff, huff, or breathe to get “high”)?	A	B	C	D	E	F
74. prescription drugs to get “high” or for reasons other than prescribed?	A	B	C	D	E	F
75. any other drug, pill, or medicine to get “high” or for reasons other than medical?	A	B	C	D	E	F
76. two or more substances at the same time (for example, alcohol with marijuana, ecstasy with mushrooms)?	A	B	C	D	E	F

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

	0 Days	1 Day	2 Days	3 – 9 Days	10 – 19 Days	20 – 30 Days
77. cigarettes?	A	B	C	D	E	F
78. smokeless tobacco (dip, chew, or snuff)?	A	B	C	D	E	F
79. electronic cigarettes, e-cigarettes, or other vaping device such as e-hookah, hookah pens, or vape pens?	A	B	C	D	E	F
80. at least one drink of alcohol?	A	B	C	D	E	F
81. marijuana (smoke, vape, eat, or drink)?	A	B	C	D	E	F
82. any other drug, pill, or medicine to get “high” or for reasons other than medical?	A	B	C	D	E	F

How much do people risk harming themselves physically and in other ways when they do the following?

	How Much Risk or Harm			
	Great	Moderate	Slight	None
83. Smoke cigarettes occasionally	A	B	C	D
84. Smoke 1 or more packs of cigarettes each day	A	B	C	D
85. Use e-cigarettes (electronic) or vaping device occasionally compared to smoking cigarettes	A	B	C	D
86. Use e-cigarettes or vaping devices several times a day compared to smoking cigarettes	A	B	C	D
87. Drink alcohol (beer, wine, liquor) occasionally	A	B	C	D
88. Have five or more drinks of alcohol once or twice a week	A	B	C	D
89. Use marijuana occasionally (smoke, eat, or drink)	A	B	C	D
90. Use marijuana daily	A	B	C	D

How difficult is it for students in your grade to get any of the following if they really want them?

	Very Difficult	Fairly Difficult	Fairly Easy	Very Easy	Don't Know
91. Cigarettes	A	B	C	D	E
92. E-cigarettes (electronic) or vaping device	A	B	C	D	E
93. Alcohol	A	B	C	D	E
94. Marijuana	A	B	C	D	E

How many times have you tried to quit or stop using ...

	Does Not Apply, Don't Use	0 Times	1 Time	2-3 Times	4 or More Times
95. cigarettes?	A	B	C	D	E
96. alcohol?	A	B	C	D	E
97. marijuana?	A	B	C	D	E

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98. During your life, how many times have you ever driven a car when you had been using alcohol or drugs, or been in a car driven by a friend when he or she had been using?
- A) Never
 - B) 1 time
 - C) 2 times
 - D) 3 to 6 times
 - E) 7 or more times

Next are questions about violence, safety, harassment, & bullying on school property.

99. How safe do you feel when you are at school?
- A) Very safe
 - B) Safe
 - C) Neither safe nor unsafe
 - D) Unsafe
 - E) Very unsafe

During the past 12 months, how many times on school property have you ...

		<u>Happened on School Property</u>			
		<u>0 Times</u>	<u>1 Time</u>	<u>2 to 3 Times</u>	<u>4 or More Times</u>
100.	been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	B	C	D
101.	been afraid of being beaten up?	A	B	C	D
102.	been in a physical fight?	A	B	C	D
103.	had mean rumors or lies spread about you?	A	B	C	D
104.	had sexual jokes, comments, or gestures made to you?	A	B	C	D
105.	been made fun of because of your looks or the way you talk?	A	B	C	D
106.	had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
107.	been offered, sold, or given an illegal drug?	A	B	C	D
108.	damaged school property on purpose?	A	B	C	D
109.	carried a gun?	A	B	C	D
110.	carried any other weapon (such as a knife or club)?	A	B	C	D
111.	been threatened or injured with a weapon (gun, knife, club, etc.)?	A	B	C	D
112.	seen someone carrying a gun, knife, or other weapon?	A	B	C	D
113.	been threatened with harm or injury?	A	B	C	D
114.	been made fun of, insulted, or called names?	A	B	C	D

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During the past **12 months**, how many times **on school property** were you harassed or bullied for any of the following reasons? [You were **bullied** if you were shoved, hit, threatened, called mean names, teased, or had other unpleasant physical or verbal things done to you repeatedly or in a severe way. It is **not bullying** when two students of about the same strength or power quarrel or fight.]

	0 Times	1 Time	2 to 3 Times	4 or More Times
115. Your race, ethnicity, or national origin	A	B	C	D
116. Your religion	A	B	C	D
117. Your gender	A	B	C	D
118. Because you are gay or lesbian or someone thought you were	A	B	C	D
119. A physical or mental disability	A	B	C	D
120. You are an immigrant or someone thought you were	A	B	C	D
121. Any other reason	A	B	C	D
122. During the past 12 months , how many times did other students spread mean rumors or lies, or hurtful pictures, about you online, on social media, or on a cell phone?				
A) 0 times (never)				
B) 1 time				
C) 2–3 times				
D) 4 or more times				
123. Do you consider yourself a member of a gang?				
A) No				
B) Yes				
124. During the past 12 months , did you ever feel so sad or hopeless almost everyday for two weeks or more that you stopped doing some usual activities?				
A) No				
B) Yes				
125. During the past 12 months , did you ever seriously consider attempting suicide?				
A) No				
B) Yes				
126. Did you eat breakfast today?				
A) No				
B) Yes				

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127. How many questions in this survey did you answer honestly?
- A) All of them
 - B) Most of them
 - C) Only some of them
 - D) Hardly any
128. Is your father, mother, or guardian currently in the military (Army, Navy, Marines, Air Force, National Guard, or Reserves)?
- A) No
 - B) Yes
 - C) Don't know
129. Which of the following best describes you?
- A) Straight (not gay)
 - B) Gay or Lesbian
 - C) Bisexual
 - D) I am not sure yet
 - E) Something else
 - F) Decline to respond
130. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?
- A) No, I am not transgender
 - B) Yes, I am transgender
 - C) I am not sure if I am transgender
 - D) Decline to respond