



**Directions**

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: A B ● D.
- If you change your answer, erase your old answer completely.

Throughout the survey you will see some questions with possible responses, big NO!, no, yes, or big YES!.

NO! means definitely not true for you, no means mostly not true for you, yes means mostly true for you, and YES! means definitely true for you.

Example: Chocolate is the best ice cream flavor.  
NO!, no, yes, YES!

1. How old are you?
- A 12 years old or younger
  - B 13 years old
  - C 14 years old
  - D 15 years old
  - E 16 years old
  - F 17 years old
  - G 18 years old or older

2. What is your sex?

- A Female
- B Male

3. In what grade are you?

- A 9th grade
- B 10th grade
- C 11th grade
- D 12th grade
- E Ungraded or other grade

4. Are you Hispanic or Latino?

- A Yes
- B No

5. What is your race? (Select one or more responses.)

- A American Indian or Alaska Native
- B Asian
- C Black or African American
- D Native Hawaiian or Other Pacific Islander
- E White

6. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Example

Height	
Feet	Inches
5	7
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input checked="" type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input checked="" type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

Height	
Feet	Inches
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

7. How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example

Weight		
Pounds		
1	5	2
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input checked="" type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input checked="" type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9

Weight		
Pounds		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9



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

- (A) 0 times
- (B) 1 time
- (C) 2 or 3 times
- (D) 4 or 5 times
- (E) 6 or 7 times
- (F) 8 or 9 times
- (G) 10 or 11 times
- (H) 12 or more times

18. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?

- (A) Yes
- (B) No

19. Have you ever been physically forced to have sexual intercourse when you did not want to?

- (A) Yes
- (B) No

**The next 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.**

20. During the past 12 months, have you ever been bullied on school property?

- (A) Yes
- (B) No

21. During the past 12 months, have you ever been **electronically** bullied? (Include being bullied through e-mail, chat rooms, instant messaging, web sites, or texting.)

- (A) Yes
- (B) No

**The next 5 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.**

22. 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?

- (A) Yes
- (B) No

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

- (A) Yes
- (B) No

24. During the past 12 months, did you make a plan about how you would attempt suicide?

- (A) Yes
- (B) No

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

- (A) 0 times
- (B) 1 time
- (C) 2 or 3 times
- (D) 4 or 5 times
- (E) 6 or more times

26. **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?

- (A) **I did not attempt suicide** during the past 12 months
- (B) Yes
- (C) No

**The next 8 questions ask about tobacco use.**

27. How old were you when you smoked a whole cigarette for the first time?

- (A) I have never smoked a whole cigarette
- (B) 8 years old or younger
- (C) 9 or 10 years old
- (D) 11 or 12 years old
- (E) 13 or 14 years old
- (F) 15 or 16 years old
- (G) 17 years old or older

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

- (A) 0 days
- (B) 1 or 2 days
- (C) 3 to 5 days
- (D) 6 to 9 days
- (E) 10 to 19 days
- (F) 20 to 29 days
- (G) All 30 days



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

- (A) 0 days
- (B) 1 or 2 days
- (C) 3 to 5 days
- (D) 6 to 9 days
- (E) 10 to 19 days
- (F) 20 to 29 days
- (G) All 30 days

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

- (A) 0 days
- (B) 1 day
- (C) 2 days
- (D) 3 to 5 days
- (E) 6 to 9 days
- (F) 10 to 19 days
- (G) 20 or more days

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

- (A) 0 days
- (B) 1 or 2 days
- (C) 3 to 5 days
- (D) 6 to 9 days
- (E) 10 to 19 days
- (F) 20 to 29 days
- (G) All 30 days

41. During the past 30 days, on how many days do you think a **typical student at your school** drank alcohol?

- (A) 0 days
- (B) 1 or 2 days
- (C) 3 to 5 days
- (D) 6 to 9 days
- (E) 10 to 19 days
- (F) 20 to 29 days
- (G) All 30 days

42. During the past 30 days, on how many days do you think a **typical student at your school** had 5 or more drinks of alcohol?

- (A) 0 days
- (B) 1 or 2 days
- (C) 3 to 5 days
- (D) 6 to 9 days
- (E) 10 to 19 days
- (F) 20 to 29 days
- (G) All 30 days

43. If you wanted to get some beer, wine, or hard liquor, how easy would it be for you to get some?

- (A) Very hard
- (B) Sort of hard
- (C) Sort of easy
- (D) Very easy

44. During the past 30 days, how did you **usually** get the alcohol you drank? (Select only **one** response.)

- (A) I did not drink alcohol during the past 30 days
- (B) I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
- (C) I bought it at a restaurant, bar, or club
- (D) I bought it at a public event such as a concert or sporting event
- (E) I gave someone else money to buy it for me
- (F) Someone gave it to me
- (G) I took it from a store or family member
- (H) I got it some other way

45. During the past 12 months, where did you **usually** drink alcohol? (Select only **one** response.)

- (A) I did not drink alcohol during the past 12 months
- (B) At my home
- (C) At another person's home
- (D) When riding in or driving a car or other vehicle
- (E) At a restaurant, bar, or club
- (F) At a place such as a park, beach, or parking lot
- (G) At a public event such as a concert or sporting event
- (H) On school property

46. How much do you think people risk harming themselves (physically or in other ways), if they have one or two drinks of alcohol nearly **every day**?

- (A) No risk
- (B) Slight risk
- (C) Moderate risk
- (D) Great risk

47. How much do you think people risk harming themselves (physically or in other ways), if they have 5 or more drinks of alcohol **once or twice each weekend**?
- A No risk  
 B Slight risk  
 C Moderate risk  
 D Great risk
48. How wrong do **you** think it is for **someone your age** to drink alcohol regularly (at least once or twice a month)?
- A Very wrong  
 B Wrong  
 C A little bit wrong  
 D Not wrong at all
49. How wrong do **your parents or guardians feel** it would be for **you** to drink alcohol regularly (at least once or twice a month)?
- A Very wrong  
 B Wrong  
 C A little bit wrong  
 D Not wrong at all
50. How wrong would **most adults in your neighborhood,** or the area around where you live, think it is for **kids your age** to drink alcohol regularly (at least once or twice a month)?
- A Very wrong  
 B Wrong  
 C A little bit wrong  
 D Not wrong at all
51. If a kid drank alcohol in your neighborhood, or the area around where you live, would he or she be caught by the police?
- A NO!  
 B no  
 C yes  
 D YES!
52. Think of your **four best friends** (the friends you feel closest to). In the past year (12 months), how many of your best friends have tried beer, wine, or hard liquor when their parents didn't know about it?
- A None of my friends  
 B 1 of my friends  
 C 2 of my friends  
 D 3 of my friends  
 E 4 of my friends

**The next 14 questions ask about marijuana use. Marijuana also is called grass or pot.**

53. During your life, how many times have you used marijuana?
- A 0 times  
 B 1 or 2 times  
 C 3 to 9 times  
 D 10 to 19 times  
 E 20 to 39 times  
 F 40 to 99 times  
 G 100 or more times
54. How old were you when you tried marijuana for the first time?
- A I have never tried marijuana  
 B 8 years old or younger  
 C 9 or 10 years old  
 D 11 or 12 years old  
 E 13 or 14 years old  
 F 15 or 16 years old  
 G 17 years old or older
55. During the past 30 days, how many times did you use marijuana?
- A 0 times  
 B 1 or 2 times  
 C 3 to 9 times  
 D 10 to 19 times  
 E 20 to 39 times  
 F 40 or more times
56. During the past 30 days, how did you **most often** use marijuana? (Select only **one** response.)
- A I did not use marijuana during the past 30 days  
 B I smoked it  
 C I ate it (in an edible, candy, tincture or other food)  
 D I used a vaporizer  
 E I consumed it in some other way
57. If you wanted to get some marijuana, how easy would it be for you to get some?
- A Very hard  
 B Sort of hard  
 C Sort of easy  
 D Very easy

PLEASE DO NOT WRITE IN THIS AREA



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58. During the past 30 days, how did you **usually** get the marijuana that you used? (Select only **one** response.)

- A I did not use marijuana during the past 30 days
- B I got it at a public event such as a party, bar, club, restaurant, concert, or sporting event
- C I got it from someone with a Medical Marijuana License (Card)
- D Someone gave it to me
- E I took it from a family member
- F I got it at school
- G I got it some other way

59. During the past 30 days, how many times did you use marijuana **on school property**?

- A 0 times
- B 1 or 2 times
- C 3 to 9 times
- D 10 to 19 times
- E 20 to 39 times
- F 40 or more times

60. How much do you think people risk harming themselves (physically or in other ways), if they use marijuana **once or twice**?

- A No risk
- B Slight risk
- C Moderate risk
- D Great risk

61. How much do you think people risk harming themselves (physically or in other ways), if they use marijuana **regularly**?

- A No risk
- B Slight risk
- C Moderate risk
- D Great risk

62. How wrong do **you** think it is for **someone your age** to use marijuana?

- A Very wrong
- B Wrong
- C A little bit wrong
- D Not wrong at all

63. How wrong do **your parents or guardians** feel it would be for **you** to use marijuana?

- A Very wrong
- B Wrong
- C A little bit wrong
- D Not wrong at all

64. How wrong would **most adults in your neighborhood**, or the area around where you live, think it is for **kids your age** to use marijuana?

- A Very wrong
- B Wrong
- C A little bit wrong
- D Not wrong at all

65. If a kid used marijuana in your neighborhood, or the area around where you live, would he or she be caught by the police?

- A NO!
- B no
- C yes
- D YES!

66. Do you know anyone with a Medical Marijuana License or Card (for example a friend or family member)?

- A Yes
- B No
- C Not sure

**The next 10 questions ask about other drugs.**

67. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?

- A 0 times
- B 1 or 2 times
- C 3 to 9 times
- D 10 to 19 times
- E 20 to 39 times
- F 40 or more times

68. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

- A 0 times
- B 1 or 2 times
- C 3 to 9 times
- D 10 to 19 times
- E 20 to 39 times
- F 40 or more times



69. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?

- A 0 times
- B 1 or 2 times
- C 3 to 9 times
- D 10 to 19 times
- E 20 to 39 times
- F 40 or more times

70. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?

- A 0 times
- B 1 or 2 times
- C 3 to 9 times
- D 10 to 19 times
- E 20 to 39 times
- F 40 or more times

71. During your life, how many times have you used **ecstasy** (also called MDMA)?

- A 0 times
- B 1 or 2 times
- C 3 to 9 times
- D 10 to 19 times
- E 20 to 39 times
- F 40 or more times

72. During your life, how many times have you taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

- A 0 times
- B 1 or 2 times
- C 3 to 9 times
- D 10 to 19 times
- E 20 to 39 times
- F 40 or more times

73. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?

- A 0 times
- B 1 or 2 times
- C 3 to 9 times
- D 10 to 19 times
- E 20 to 39 times
- F 40 or more times

74. If you wanted to get a drug like cocaine, LSD, amphetamines, or any other illegal drug, how easy would it be for you to get some?

- A Very hard
- B Sort of hard
- C Sort of easy
- D Very easy

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

- A Yes
- B No

76. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use?

- A Yes
- B No
- C Not sure

**The next 4 questions ask about advertisements that you may have heard or seen related to tobacco, alcohol, or other drug use.**

77. During the past 12 months, how often did you hear, read, or watch an advertisement about **preventing** tobacco, alcohol, or other drug use?

- A A lot
- B Sometimes
- C Hardly ever
- D Never
- E Not sure

78. During the past 30 days, where did you **most often** see or hear advertisements or messages about **preventing** use of tobacco, alcohol, or other drugs? (Select only **one** response.)

- A I did not see or hear any advertisements or messages about preventing use of alcohol, tobacco, or other drugs
- B On a sign or billboard
- C In a TV or radio ad
- D At a sporting event or sports stadium
- E At school
- F In a magazine or newspaper
- G On the internet
- H In another place



89. Which of the following are you trying to do about your weight?
- (A) Lose weight
  - (B) Gain weight
  - (C) Stay the same weight
  - (D) I am **not trying to do anything** about my weight

The next 4 questions ask about food you ate or drank 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.

90. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- (A) I did not eat fruit during the past 7 days
  - (B) 1 to 3 times during the past 7 days
  - (C) 4 to 6 times during the past 7 days
  - (D) 1 time per day
  - (E) 2 times per day
  - (F) 3 times per day
  - (G) 4 or more times per day
91. During the past 7 days, how many times did you eat **vegetables**?
- (A) I did not eat vegetables during the past 7 days
  - (B) 1 to 3 times during the past 7 days
  - (C) 4 to 6 times during the past 7 days
  - (D) 1 time per day
  - (E) 2 times per day
  - (F) 3 times per day
  - (G) 4 or more times per day
92. During the past 7 days, how many times did you drink a **can, bottle, or glass of soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** count diet soda or diet pop.)
- (A) I did not drink soda or pop during the past 7 days
  - (B) 1 to 3 times during the past 7 days
  - (C) 4 to 6 times during the past 7 days
  - (D) 1 time per day
  - (E) 2 times per day
  - (F) 3 times per day
  - (G) 4 or more times per day

93. During the past 7 days, on how many days did you eat **breakfast**?
- (A) 0 days
  - (B) 1 day
  - (C) 2 days
  - (D) 3 days
  - (E) 4 days
  - (F) 5 days
  - (G) 6 days
  - (H) 7 days

The next 4 questions ask about physical activity.

94. 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 increases your heart rate and makes you breathe hard some of the time.)
- (A) 0 days
  - (B) 1 day
  - (C) 2 days
  - (D) 3 days
  - (E) 4 days
  - (F) 5 days
  - (G) 6 days
  - (H) 7 days
95. On an average school day, how many hours do you watch TV?
- (A) I do not watch TV on an average school day
  - (B) Less than 1 hour per day
  - (C) 1 hour per day
  - (D) 2 hours per day
  - (E) 3 hours per day
  - (F) 4 hours per day
  - (G) 5 or more hours per day
96. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Include activities such as Xbox, PlayStation, Nintendo DS, iPod touch, Facebook, and the Internet.)
- (A) I do not play video or computer games or use a computer for something that is not school work
  - (B) Less than 1 hour per day
  - (C) 1 hour per day
  - (D) 2 hours per day
  - (E) 3 hours per day
  - (F) 4 hours per day
  - (G) 5 or more hours per day



109. Teachers ask me to work on special classroom projects.

- (A) NO!
- (B) no
- (C) yes
- (D) YES!

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

- (A) NO!
- (B) no
- (C) yes
- (D) YES!

111. There are lots of chances for students in my school to talk with a teacher one-on-one.

- (A) NO!
- (B) no
- (C) yes
- (D) YES!

112. There are lots of chances to be part of class discussions or activities.

- (A) NO!
- (B) no
- (C) yes
- (D) YES!

113. I feel safe at my school.

- (A) NO!
- (B) no
- (C) yes
- (D) YES!

**These 3 questions ask about your future.**

114. How important is it to you to finish high school?

- (A) Very important
- (B) Important
- (C) Not very important
- (D) Not at all important

115. How important is it to you to go to college?

- (A) Very important
- (B) Important
- (C) Not very important
- (D) Not at all important

116. How important is it to you to be successful in a job or career?

- (A) Very important
- (B) Important
- (C) Not very important
- (D) Not at all important

**The next 4 questions ask about your home life.**

117. The rules in my family are clear.

- (A) NO!
- (B) no
- (C) yes
- (D) YES!

118. My parents or guardians give me lots of chances to do fun things with them.

- (A) NO!
- (B) no
- (C) yes
- (D) YES!

119. My parents or guardians ask me what I think before most family decisions affecting me are made.

- (A) NO!
- (B) no
- (C) yes
- (D) YES!

120. If I had a personal problem, I could ask my parents or guardians for help.

- (A) NO!
- (B) no
- (C) yes
- (D) YES!

**This is the end of the survey. Thank you very much for your help.**

