

# Community Youth Survey (CYS) – High School Questions

Beginning

Demographics

ID: 2

How old are you?\*

9

10

11

12

13

14

15

16

17

18

19 and older

ID: 17

**Are you:\***

- Female  Male  Transgender  Do not identify as Female, Male or Transgender

ID: 16

**What Grade are you in?\***

- 6th  7th  8th  9th  10th  11th  12th

ID: 18

**Which of the following best describes you?\***

- Heterosexual (straight)  
 Gay or lesbian  
 Bisexual  
 I describe my sexual identity some other way  
 I am not sure about my sexual identity (questioning)  
 I do not know what this question is asking

ID: 20

**What is your race?\***

- White  
 Black/African American  
 Latino/Latina

- Asian American
  - Native American/American Indian
  - Multi-racial
  - Other
- 

## Demographics

ID: 15

**Who do you live with MOST OF THE TIME? (select one)\***

- Both parents
- Parent and step parent
- Mother only
- Father only
- Split time between parents
- Legal guardian
- Foster parent (including relatives if they are your foster parent)
- Group home or residential care
- Grandparents only
- Living independently

ID: 22

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

- In my parent's or guardian's home
- In the home of a friend, family member, or other person
- In a shelter or emergency housing
- In a motel or hotel
- In a car, park, campground, or other public place
- I do not have a usual place to sleep
- Somewhere else

ID: 24

**At school, are you eligible to receive: (select one)\***

- Free lunch
- Reduced price lunch
- Neither

ID: 26

**About how many days are you absent from school during an entire year?\***

- 0-9 days
  - 10-19 days
  - 20-30 days
  - More than 30 days
-

# Activities

ID: 4

In which of the following activities do you participate?

	Yes	No
School sports team	<input type="checkbox"/>	<input type="checkbox"/>
Other sports	<input type="checkbox"/>	<input type="checkbox"/>
School clubs	<input type="checkbox"/>	<input type="checkbox"/>
Service clubs or volunteer projects (e.g., Scouting, 4H)	<input type="checkbox"/>	<input type="checkbox"/>
Other activity clubs (e.g., Boys & Girls, YMCA, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Church or other faith-based	<input type="checkbox"/>	<input type="checkbox"/>

youth group		
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ID: 86

**On the average over the school year, how many hours per week do you work in a paid or unpaid job?**

- None
- 5 or less hours
- 6 to 10 hours
- 11 to 15 hours
- 16 to 20 hours
- 21 to 25 hours
- 26 to 30 hours
- More than 30 hours

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## Thoughts and Feelings

ID: 3

**If you wanted to get beer, wine, or hard liquor (e.g., vodka, whiskey, or gin) how easy would it be for you to get some?**

Very hard  Sort of hard  Sort of easy  Very easy

ID: 31

**If you wanted to get e-cigarettes or other vaping products, how easy would it be for you to get some?**

Very hard  Sort of hard  Sort of easy  Very easy

ID: 33

**If you wanted to get cigarettes, how easy would it be for you to get some?**

Very hard  Sort of hard  Sort of easy  Very easy

ID: 34

**If you wanted to get marijuana, how easy would it be for you to get some?**

Very hard  Sort of hard  Sort of easy  Very easy

ID: 35

**If you wanted to get prescription drugs not prescribed to you, how easy would it be for you to get some?**

Very hard  Sort of hard  Sort of easy  Very easy

ID: 37

If you wanted to get opioid medications from your home, how easy would it be for you to get some?

Opioids include methadone, opium, morphine, fentanyl, Vicodin, MS Contin, codeine, Demerol, Roxicodone, hydrocodone (Lortab, Lorcet, Norco), Suboxone, OxyContin, Percocet, Tylox, Percodan, Ultram, and tramadol.

Very hard
  Sort of hard
  Sort of easy
  Very easy

## Thoughts and Feelings

ID: 38

How wrong would most adults (over 21) in your community think it is for kids your age:

	Not wrong at all	A little bit wrong	Wrong	Very wrong
a. to use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. to drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. to use e-cigarettes or other vaping products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. to smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



ID: 47

How wrong do you think it is for someone your age to:

	<b>Not wrong at all</b>	<b>A little bit wrong</b>	<b>Wrong</b>	<b>Very wrong</b>
a. drink beer, wine, or hard liquor (e.g., vodka, whiskey or gin) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. use e- cigarettes or other vaping products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. use prescription drugs not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ID: 54

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

	<b>Not wrong at all</b>	<b>A little bit wrong</b>	<b>Wrong</b>	<b>Very wrong</b>
a. drink beer, wine, or hard liquor (e.g., vodka, whiskey or gin) regularly (at least once or twice a month)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. use e-cigarettes or other vaping products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ID: 61

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

	<b>Not wrong at all</b>	<b>A little bit wrong</b>	<b>Wrong</b>	<b>Very wrong</b>
a. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. use e-cigarettes or other vaping products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ID: 68

How much do you think people risk harming themselves (physically or in other ways) if they:

	No risk	Slight risk	Moderate risk	Great risk
a. smoke one or more packs of cigarettes per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. use e-cigarettes or other vaping products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. have five or more drinks of an alcoholic beverage once or twice a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. use marijuana once or twice a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. use prescription drugs that	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

are not prescribed to them?				
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ID: 87

**What percent of students at your school do you think have smoked cigarettes in the past 30 days?**

- 0%
- 1-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%

ID: 76

**What are the chances you would be seen as cool if you:**

	No or very little chance	Little chance	Some chance	Pretty good chance	Very good chance
a. used e-cigarettes or other vaping products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. began drinking alcohol regularly, that is, at least once or twice a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ID: 88

**What percent of students at your school do you think have had beer, wine, or hard liquor in the past 30 days?**

0%

1-10%

11-20%

21-30%

- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%

ID: 89

**What percent of students at your school do you think have used marijuana in the past 30 days?**

- 0%
- 1-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%





b. smoked a cigarette, even just a puff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. used an e-cigarette or other vaping product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. used marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ID: 115

**How frequently have you smoked cigarettes during the past 30 days?**

- Not at all
- Less than one cigarette per day
- 1-5 cigarettes per day
- About one-half pack per day
- About one pack per day
- More than 1 pack per day

How frequently have you:

	Never	Once or twice	Once or twice per week	About once a day	More than once a day
a. used smokeless tobacco such as chewing tobacco, snuff, dip, or snus during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. smoked tobacco products other than cigarettes such as cigars, cigarillos, or little cigars during the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. used e-cigarettes or other vaping products during the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

past 30 days?					
d. used a hookah or water pipe during the past 30 days?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ID: 122

**On how many occasions (if any) have you had beer, wine, or hard liquor during the past 30 days?**

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20 or more occasions

ID: 123

**Think back over the past two weeks. How many times have you had five or more alcoholic drinks in a row?**

- None
- Once
- Twice
- 3-5 times

6-9 times

10 or more times

ID: 124

**In the past 30 days, on how many occasions (if any) have you used marijuana?**

0 occasions

1-2 occasions

3-5 occasions

6-9 occasions

10-19 occasions

20 or more occasions

ID: 125

**In the past 30 days, have you used marijuana in any of the following ways?**

	Yes	No
a. Smoked it (in a joint, bong, pipe, blunt)	<input type="radio"/>	<input type="radio"/>
b. Vaporized it (e.g., vapor pen)	<input type="radio"/>	<input type="radio"/>

c. Ate it (in brownies, cakes, candy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
d. Dabbed it	<input type="checkbox"/>	<input type="checkbox"/>

ID: 130

**During the past 30 days have you used prescription drugs not prescribed to you?**

Yes

No

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## Past Year

ID: 132

**In the past year, on how many occasions (if any) have you:**

	<b>0 occasions</b>	<b>1-2 occasions</b>	<b>3-5 occasions</b>	<b>6-9 occasions</b>	<b>10-19 occasions</b>	<b>20 or more occasions</b>
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l. used synthetic marijuana (K2, spice, or fake weed)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. used marijuana and alcohol at the same time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. used alcohol and energy drinks at the same time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ID: 149

**During the past year have you used prescription drugs NOT PRESCRIBED TO YOU?**

Yes

No

ID: 150

**During the past 12 months, how often have you used:**

	Never	1-2 times	3-5 times	6 or more times
a. prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Count drugs such as codeine/"lean", Vicodin, OxyContin, hydrocodone, and Percocet.)				
b. something you bought in a store to get high? (e.g., cough syrup, etc.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. prescription painkillers to get high? (e.g., OxyContin, Vicodin, Lortab, etc.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. other prescription drugs to get high? (e.g., Ritalin, Adderall, Xanax, etc.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ID: 158

**In the past year, did you get prescription drugs NOT PRESCRIBED TO YOU from any of the following sources?**

	Yes	No
a. I bought them from someone	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



(friend, relative, stranger, etc.)		
b. I took them from home without the knowledge of my parents/guardians	<input type="checkbox"/>	<input type="checkbox"/>
c. I took them from someone else's home	<input type="checkbox"/>	<input type="checkbox"/>
d. My parents gave them to me	<input type="checkbox"/>	<input type="checkbox"/>
e. Someone other than my parents gave them to me (friend, relative, friends' parent, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

ID: 166

**How frequently have you smoked cigarettes during the past year?**



Not at all



Less than one cigarette per day



1 to 5 cigarettes per day



About one-half pack per day



About one pack per day



More than 1 pack per day

ID: 167

**During the past year, did you get any tobacco products from the following sources?**

	<b>Yes</b>	<b>No</b>
a. I bought them at a gas station, store, or mall	<input type="checkbox"/>	<input type="checkbox"/>
b. A friend gave them to me	<input type="checkbox"/>	<input type="checkbox"/>
c. My older brother or sister gave them to me	<input type="checkbox"/>	<input type="checkbox"/>
d. Bought online	<input type="checkbox"/>	<input type="checkbox"/>
e. My parents WITH their permission	<input type="checkbox"/>	<input type="checkbox"/>
f. My parents WITHOUT their permission	<input type="checkbox"/>	<input type="checkbox"/>

ID: 175

**During the past year, did you get any e-cigarettes or other vaping products from the following sources?**

	Yes	No
a. I bought them at a gas station, store, or mall	<input type="checkbox"/>	<input type="checkbox"/>
b. A friend gave them to me	<input type="checkbox"/>	<input type="checkbox"/>
c. My older brother or sister gave them to me	<input type="checkbox"/>	<input type="checkbox"/>
d. Bought online	<input type="checkbox"/>	<input type="checkbox"/>
e. My parents WITH their permission	<input type="checkbox"/>	<input type="checkbox"/>
f. My parents WITHOUT their permission	<input type="checkbox"/>	<input type="checkbox"/>

ID: 184

**In the past year, did you get your own marijuana from any of the following sources?**

	Yes	No

a. A friend gave it to me	<input type="checkbox"/>	<input type="checkbox"/>
b. My parents WITH their permission	<input type="checkbox"/>	<input type="checkbox"/>
c. My parents WITHOUT their permission	<input type="checkbox"/>	<input type="checkbox"/>
d. My older brother or sister gave it to me	<input type="checkbox"/>	<input type="checkbox"/>
e. I bought it from someone who sells drugs	<input type="checkbox"/>	<input type="checkbox"/>
f. An adult (other than my parents) WITH that adult's permission	<input type="checkbox"/>	<input type="checkbox"/>
g. Someone else's medical marijuana prescription	<input type="checkbox"/>	<input type="checkbox"/>
h. My own medical marijuana prescription	<input type="checkbox"/>	<input type="checkbox"/>
i. I gave a stranger money to buy it at a	<input type="checkbox"/>	<input type="checkbox"/>

marijuana dispensary		
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ID: 200

**During the past year, how often did you usually get your own beer, wine, or liquor from the following sources?**

	Never	Sometimes	Often
a. I bought it at a gas station or store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I bought it at a bar or restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I gave a stranger money to buy it for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A friend gave it to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. My older brother or sister gave it to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. My parents WITH their permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. My parents WITHOUT their permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. An adult (other than my	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

parents) WITH that adult's permission			
i. An adult (other than my parents) WITHOUT that adult's permission	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. I got it at a party	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Curbside/Home delivery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ID: 221

**During the past 12 months, how often have you experienced the following WHILE or AFTER DRINKING ALCOHOL:**

	Never	1-2 times	3-5 times	6 or more times
a. Performed poorly on a test or important project	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Been in trouble with the police	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

c. Damaged property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Got into an argument or fight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Been hurt or injured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Been a victim of a violent crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Been treated in a hospital Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. A friend who is about your age said they were worried about your alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ID: 230

**During the past 12 months, did you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?**

Yes

No

ID: 231

**During the past 12 months, did you ever use alcohol or drugs while you were by yourself, ALONE?**

Yes

No

ID: 232

**During the past 12 months, did you ever FORGET things you did while using alcohol or drugs?**

Yes

No

ID: 233

**During the past 12 months, did your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?**

Yes

No

ID: 234

**During the past 12 months, have you gotten into TROUBLE while you were using alcohol or drugs?**

Yes



No

ID: 235

**During the past 12 months, have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?**

Yes

No

ID: 236

**During the past 12 months, how many times did you drive a car or other vehicle when you had been drinking alcohol?**

Never

1-2 times

3-5 times

6 or more times

ID: 237

**During the past 12 months, how many times did you drive a car or other vehicle when you had been using marijuana?**

Never

1-2 times

3-5 times

6 or more times

ID: 238

**During the past 12 months, did you worry about any of your friends' substance use? (Only include concerns about alcohol and other drugs. Do not include tobacco, e-cigarettes, or other vaping products.)**

Yes

No

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## Recovery

ID: 240

**Besides nicotine, did you used to have a problem with drugs or alcohol, but no longer do?**

Yes

No

ID: 241

**With which substance do you no longer have a problem? (select all that apply)**

Does not apply

Alcohol

Marijuana

Opioids

Other substance

ID: 242

**Do you consider yourself to be in recovery?**

Yes

No

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## Family

ID: 215

**In the past year have your parents/guardians talked to you about not using the following:**

	Yes	No	Don't remember
a. Tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

d. Opioids for non- medical reasons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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ID: 220

**My family has clear rules about alcohol and drug use.**

Yes

No

ID: 244

**In the past year, have your parents/guardians talked with you about not drinking and driving or riding with a drunk driver?**

Yes

No

ID: 247

**If you drank some beer, wine, or liquor (e.g., vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?**

Never

Sometimes

Most of the time

Always

ID: 248

**If you go to a party where alcohol is served, would you be caught by your parents?**

Never  Sometimes  Most of the time  Always

ID: 255

**If you drank and drove, would you be caught by your parents/guardians?**

Never  Sometimes  Most of the time  Always

ID: 256

**If you rode in a car driven by a teen driver who had been drinking, would you be caught by your parents/guardians?**

Never  Sometimes  Most of the time  Always

ID: 250

**When I am not at home, one of my parents/guardians knows where I am and who I am with.**

Never  Sometimes  Most of the time  Always

ID: 251

**My parents/guardians ask if I've gotten my homework done.**

Never     Sometimes     Most of the time     Always

ID: 252

**Would your parents/guardians know if you did not come home on time?**

Never     Sometimes     Most of the time     Always

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## Safety

ID: 85

**Is there an adult you know (other than your parent) you could talk to about important things in your life?**

- No
- Yes, one adult
- Yes, more than one adult

How many times in the past year (12 months) have you:

	Never	1-2 times	3-5 times	6 or more times
a. been in a physical fight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. carried a weapon such as a handgun, knife, or club?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. been drunk or high at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ID: 278

In the past 12 months at school, how often have you been bullied, harassed, or made fun of because of:

	Never	1-2 times	3-5 times	6 or more times
a. what someone assumed about your religion, sexual orientation, or race/ethnicity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. your appearance or a disability?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ID: 269

During the past 12 months, has another student at school:

	Yes	No
a. bullied you by calling you names?	<input type="radio"/>	<input type="radio"/>
b. threatened to hurt you?	<input type="radio"/>	<input type="radio"/>



c. bullied you by hitting, punching, kicking, or pushing you?	<input type="radio"/>	<input type="radio"/>
d. bullied, harassed, or spread rumors about you on the Internet, social media, or through text messages?	<input type="radio"/>	<input type="radio"/>

ID: 276

**During the past 30 days, how many days did you not go to school because you felt you would be unsafe?**

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

ID: 277

**In the past 12 months, have you been slapped, kicked, punched, hit, or threatened in a dating relationship?**

I have not begun to date

Yes

No

Not sure

ID: 285

**In the past 12 months, has someone put you down or tried to control you in a dating relationship?**

I have not begun to date

Yes

No

Not sure

ID: 84

**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

ID: 283

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

Yes

No

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## Gambling

ID: 287

During the past 12 months, how often have you bet/gambled for money in the following ways?

	Never	Less than once a month	1-3 times per month	Once a week or more
a. At a gambling machine in a bar, restaurant, gas station, or gambling establishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b. Online (internet) gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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ID: 290

**In the past 12 months, have you ever felt bad about the amount of money you bet, or about what happens when you bet money?**

Yes

No

ID: 291

**In the past 12 months, have you ever gambled more than you had planned to?**

Yes

No

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## School Experience

ID: 293

**Putting them all together, what were your grades like for the last year?**

Mostly A

Mostly A and B

Mostly B

Mostly B and C

Mostly C

Mostly C and D

Mostly D

Mostly F

ID: 294

**How true are the following statements?**

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

	<b>Not at all true</b>	<b>A little true</b>	<b>Pretty much true</b>	<b>Very much true</b>
a. who really cares about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. who notices when I'm not there.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. who listens to me when I have something to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

d. who notices if I have trouble learning something.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. who tells me when I do a good job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. who always wants me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. who believes I will be a success.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. who encourages me to work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ID: 325

**How likely is it that you will complete a post high school program such as vocational training program, military service, community college, or a 4-year college?**

- Definitely will not     
 Probably will not     
 Probably will     
 Definitely will  
 Not sure

ID: 306

How true are the following statements?

	<b>Not at all true</b>	<b>A little true</b>	<b>Pretty much true</b>	<b>Very much true</b>
a. At school, I do interesting activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. At school, I help decide things like class activities or rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. At school, I do things that make a difference.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ID: 318

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

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree</b>	<b>Agree</b>	<b>Strongly agree</b>
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			<b>nor disagree</b>		
a. I feel close to people at this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am happy to be at this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I feel safe in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The teachers at this school treat students fairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Food & Physical Activity**



ID: 348

**During the past 7 days, on how many days did you eat dinner at home with at least one of your parents or guardians?**

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

ID: 349

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

- I did not eat fruit during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

ID: 350

**During the past 7 days, how many times did you eat vegetables?**

- I did not eat vegetables during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

ID: 352

**During the past 30 days, how often did you go hungry because there was not enough food in your home?**

- Never
- Rarely
- Sometimes
- Most of the time
- Always

ID: 353

**On an average school day, how many hours do you spend on NON-SCHOOL RELATED "screen time"? (e.g., TV, videos, streaming, gaming (Xbox, PlayStation, or internet-based games), smart phone use, texting, social media, or the Internet)**

- No screen time on an average school day
- Less than 2 hours per day
- 2-3 hours per day
- 4-6 hours per day
- 7 or more hours per day

ID: 354

**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 spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)

- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days
- 

**(untitled)**

ID: 355

**How honest were you in filling out this survey?**

- I was very honest
- I was honest pretty much of the time
- I was honest some of the time

I was honest once in a while

I was not honest at all

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**Thank You!**

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