

In-School Core Survey

Middle School Questionnaire

2022-2023

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

The survey is **anonymous** and **confidential**. No one will ever be able to connect you with your answers. Your answers are private.

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.

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!

In-School Core Survey

Your School Schedule

1. Which of the following best describes your school schedule during the past 30 days?
- A) I went to school in person at my school building for the entire day, Monday through Friday. [In-School Model]
 - B) I participated in school from home for the entire day on most or all weekdays and did not go to school in person. [Remote Learning Model]

Next, we would like some background information about you.

2. 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 | |
3. What is your gender?
- A) Male
 - B) Female
 - C) Nonbinary
 - D) Something else
4. Some people describe themselves as transgender when how they think or feel about their gender is different from the sex they were assigned at birth. 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
5. Which of the following best describes you?
- A) Straight (not gay)
 - B) Lesbian or Gay
 - C) Bisexual
 - D) Something else
 - E) Not sure
 - F) Decline to respond

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6. What is your race or ethnicity? *(Mark All That Apply.)*

- | | |
|-------------------------------------|--|
| A) American Indian or Alaska Native | E) Native Hawaiian or Pacific Islander |
| B) Asian or Asian American | F) White |
| C) Black or African American | G) Something else |
| D) Hispanic or Latinx | |

7. If you are Asian or Pacific Islander, which groups best describe you? *(Mark All That Apply.)*

If you are **not** of Asian or Pacific Islander background, mark "A) Does not apply."

- | | |
|---|--|
| A) Does not apply; I am not Asian or Pacific Islander | G) Japanese |
| B) Asian Indian | H) Korean |
| C) Cambodian | I) Laotian |
| D) Chinese | J) Vietnamese |
| E) Filipino | K) Native Hawaiian, Guamanian, Samoan, Tahitian, or other Pacific Islander |
| F) Hmong | L) Other Asian |

8. If you are Hispanic or Latinx, which groups best describe you? *(Mark All That Apply.)*

If you are **not** of Hispanic or Latinx background, mark "A) Does not apply."

- A) Does not apply; I am not Hispanic or Latinx
- B) Colombian
- C) Cuban
- D) Dominican
- E) Guatemalan
- F) Honduran
- G) Mexican
- H) Puerto Rican
- I) Salvadoran
- J) Other Hispanic or Latinx

9. 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 | E) Foster home, group care, or waiting placement |
| B) Other relative's home | F) Hotel or motel |
| C) A home with more than one family | G) Shelter, car, campground, or other transitional or temporary housing |
| D) Friend's home | H) Other living arrangement |

In-School Core Survey

10. 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
11. 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
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) Arabic
 - J) Other

APPLICABLE FOR NON-ENGLISH LANGUAGE AT HOME. [IF Q12 = B-J]

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

	Very Well	Well	Not Well	Not At All
12A. Understand English	A	B	C	D
12B. Speak English	A	B	C	D
12C. Read English	A	B	C	D
12D. Write English	A	B	C	D

13. What time did you go to bed last night?

- A) Before 7:00 pm
- B) 7:00–7:59 pm
- C) 8:00–8:59 pm
- D) 9:00–9:59 pm
- E) 10:00–10:59 pm
- F) 11:00–11:59 pm
- G) 12:00–12:59 am
- H) After 1:00 am

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14. Did you eat breakfast today?
- A) No
 - B) Yes
15. 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
16. How many days a week do you usually go to your school's afterschool program?
- A) I do not attend my school's afterschool program
 - B) 1 day
 - C) 2 days
 - D) 3 days
 - E) 4 days
 - F) 5 days

The next questions ask about your experiences with school in general.

17. 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
18. 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) Used 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

In-School Core Survey

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

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

In-School Core Survey

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

		Strongly Disagree										Strongly Agree
		0	1	2	3	4	5	6	7	8	9	10
33.	School is really boring.	A	B	C	D	E	F	G	H	I	J	K
34.	School is worthless and a waste of time.	A	B	C	D	E	F	G	H	I	J	K

Please mark on your answer sheet how TRUE you feel each of the following statements is about your SCHOOL.

There is a teacher or some other adult from my school...

		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 checks on how I am feeling.	A	B	C	D
40.	who listens to me when I have something to say.	A	B	C	D
41.	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
42.	I do interesting activities.	A	B	C	D
43.	I help decide things like class activities or rules.	A	B	C	D
44.	I do things that make a difference.	A	B	C	D
45.	I have a say in how things work.	A	B	C	D
46.	I help decide school activities or rules.	A	B	C	D

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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.
- **VAPES or VAPE PRODUCTS**: Electronic devices like vape pens, e-cigarettes, e-hookah, hookah pens, e-vaporizers, tanks, pods, or mods used to inhale a vapor. Can be used to vape many things, including nicotine or just flavoring. Popular brands are JUUL, Suorin, SMOK, Zodiac Constellation, and Stiiizy.

In-School Core Survey

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
47.	A cigarette, even one or two puffs	A	B	C	D	E	F
48.	A whole cigarette	A	B	C	D	E	F
49.	Smokeless tobacco (dip, chew, or snuff)	A	B	C	D	E	F
50.	Vape products	A	B	C	D	E	F

[ASKED IF Q50 = B, C, D, E, or F]

50.A	Vaped tobacco or nicotine	A	B	C	D	E	F
50.B	Vaped marijuana or THC	A	B	C	D	E	F
50.C	Vaped other product	A	B	C	D	E	F
51.	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
52.	Marijuana (smoke, vape, eat, or drink)	A	B	C	D	E	F
53.	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
54.	Relevan	A	B	C	D	E	F
55.	Any other drug, pill, or medicine to get “high” or for reasons other than medical	A	B	C	D	E	F

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

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

In-School Core Survey

[APPLICABLE FOR LIFETIME MARIJUANA USERS ONLY – Ask of students who reported ever using marijuana [IF Q52 = B, C, D, E, or F]

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

	Number of Times					
	0 Times	1 Time	2 Times	3 Times	4-6 Times	7 or More Times
59. Smoke it?	A	B	C	D	E	F
60. In a vaping device (vape pens, mods, or portable vaporizers)?	A	B	C	D	E	F
61. Eat or drink it in products made with marijuana ?	A	B	C	D	E	F

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
62. cigarettes?	A	B	C	D	E	F
63. smokeless tobacco (dip, chew, or snuff)?	A	B	C	D	E	F
64. vape products?	A	B	C	D	E	F
64.A Vaped tobacco or nicotine	A	B	C	D	E	F
64.B Vaped marijuana or THC	A	B	C	D	E	F
64.C Vaped other product	A	B	C	D	E	F
65. one or more drinks of alcohol?	A	B	C	D	E	F
66. five or more drinks of alcohol in a row, that is, within a couple of hours?	A	B	C	D	E	F
67. marijuana (smoke, vape, eat, or drink)?	A	B	C	D	E	F
68. inhalants (things you sniff, huff, or breathe to get “high”)?	A	B	C	D	E	F

In-School Core Survey

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
69. any other drug, pill, or medicine to get “high” or for reasons other than medical?	A	B	C	D	E	F

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

	0 Days	1 Day	2 Days	3-9 Days	10-19 Days	20-30 Days
70. smoke cigarettes?	A	B	C	D	E	F
71. use smokeless tobacco (dip, chew, or snuff)?	A	B	C	D	E	F
72. vape?	A	B	C	D	E	F
73. have at least one drink of alcohol?	A	B	C	D	E	F
74. use marijuana (smoke, vape, eat, or drink)?	A	B	C	D	E	F
75. use any other drug, pill, or medicine to get “high” or for reasons other than medical?	A	B	C	D	E	F
76. breathe the smoke or vapor from someone who was using cigarettes or e-cigarettes?	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
77. Smoke cigarettes occasionally	A	B	C	D
78. Smoke 1 or more packs of cigarettes each day	A	B	C	D
79. Vape tobacco or nicotine occasionally	A	B	C	D
80. Vape tobacco or nicotine several times a day (100 puffs or more)	A	B	C	D
81. Drink alcohol (beer, wine, liquor) occasionally	A	B	C	D
82. Have five or more drinks of alcohol once or twice a week	A	B	C	D

In-School Core Survey

How Much Risk or Harm

	Great	Moderate	Slight	None
83. Use marijuana occasionally (smoke, vape, eat, or drink)	A	B	C	D
84. 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
85. Cigarettes	A	B	C	D	E
86. Vape products	A	B	C	D	E
87. Alcohol	A	B	C	D	E
88. Marijuana	A	B	C	D	E
89. Prescription drugs to get "high" or for reasons other than prescribed	A	B	C	D	E
90. Does your school ban tobacco use and vaping on school property and at school sponsored events?					
A) No					
B) Yes					
C) Don't know					
91. In a normal week, how many days are you home after school for at least one hour without an adult there?					
A) Never					
B) 1 day					
C) 2 days					
D) 3 days					
E) 4 days					
F) 5 days					

In-School Core Survey

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

92. 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...

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

In-School Core Survey

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.]

		Happened on School Property			
		0 Times	1 Time	2 to 3 Times	4 or More Times
108.	Your race, ethnicity, or national origin	A	B	C	D
109.	Your religion	A	B	C	D
110.	Your gender	A	B	C	D
111.	Because you are gay, lesbian, or bisexual or someone thought you were	A	B	C	D
112.	A physical or mental disability	A	B	C	D
113.	You are an immigrant or someone thought you were	A	B	C	D
114.	Any other reason	A	B	C	D
115.	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				
116.	Do you consider yourself a member of a gang?				
	A) No				
	B) Yes				
117.	During the past 12 months , did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities?				
	A) No				
	B) Yes				
118.	During the past 12 months , did you ever seriously consider attempting suicide?				
	A) No				
	B) Yes				

In-School Core Survey

Over the past **30 days**, how true do you feel these statements are about you?

		Not At All True	A Little True	Pretty Much True	Very Much True
119.	I had a hard time relaxing.	A	B	C	D
120.	I felt sad and down.	A	B	C	D
121.	I was easily irritated.	A	B	C	D
122.	It was hard for me to cope and I thought I would panic.	A	B	C	D
123.	It was hard for me to get excited about anything.	A	B	C	D

Please tell us how true each statement is of you.

		Not At All True	A Little True	Pretty Much True	Very Much True
124.	Each day I look forward to having a lot of fun.	A	B	C	D
125.	I usually expect to have a good day.	A	B	C	D
126.	Overall, I expect more good things to happen to me than bad things.	A	B	C	D

Please describe your level of satisfaction below

I would describe my satisfaction with...

		Very Dissatisfied	Dissatisfied	A Little Dissatisfied	A Little Satisfied	Satisfied	Very Satisfied
127.	my family life as...	A	B	C	D	E	F
128.	my friendships as...	A	B	C	D	E	F
129.	my school experience as...	A	B	C	D	E	F
130.	myself as...	A	B	C	D	E	F
131.	where I live as...	A	B	C	D	E	F

In-School Core Survey

132. 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

FOR REFERENCE ONLY

Social Emotional Health Module

SUPPLEMENT 1

Please tell us how true each statement is of you.

	Not At All True	A Little True	Pretty Much True	Very Much True
X1. I can work out my problems.	A	B	C	D
X2. I can do most things if I try.	A	B	C	D
X3. There are many things that I do well.	A	B	C	D
X4. There is a purpose to my life.	A	B	C	D
X5. My intelligence is something I cannot change very much.	A	B	C	D
X6. I understand my moods and feelings.	A	B	C	D
X7. I understand why I do what I do.	A	B	C	D
X8. I enjoy working together with other students on class activities.	A	B	C	D
X9. When I do not understand something, I ask the teacher again and again until I understand.	A	B	C	D
X10. I try to answer all the questions asked in class.	A	B	C	D
X11. When I try to solve a math problem, I will not stop until I find a final solution.	A	B	C	D
X12. I accept responsibility for my actions.	A	B	C	D
X13. I am looking forward to a successful career.	A	B	C	D
X14. When I make a mistake I admit it.	A	B	C	D
X15. I can deal with being told no.	A	B	C	D
X16. I feel bad when someone gets their feelings hurt.	A	B	C	D
X17. When I need help I find someone to talk with.	A	B	C	D

Social Emotional Health Module

SUPPLEMENT 1

Please tell us how true each statement is of you.

		Not At All True	A Little True	Pretty Much True	Very Much True
X18.	I try to understand what other people go through.	A	B	C	D
X19.	I have high goals and expectations for myself.	A	B	C	D
X20.	I try to understand how other people feel and think.	A	B	C	D
X21.	I can wait for what I want.	A	B	C	D
X22.	Challenging myself will not make me any smarter.	A	B	C	D
X23.	I don't bother others when they are busy.	A	B	C	D
X24.	I think before I act.	A	B	C	D
X25.	When I work in school groups, I do my fair share.	A	B	C	D
X26.	I try to work out my problems by talking or writing about them.	A	B	C	D
X27.	There are some things I am not capable of learning.	A	B	C	D
X28.	I like to listen to other students' ideas in class.	A	B	C	D
X29.	I don't expect very much of myself in the future.	A	B	C	D
X30.	I trust my ability to solve difficult problems.	A	B	C	D
X31.	If I am not naturally smart in a subject, I will never do well in it.	A	B	C	D
X32.	On most days I feel GRATEFUL.	A	B	C	D
X33.	On most days I feel THANKFUL.	A	B	C	D
X34.	On most days I feel APPRECIATIVE.	A	B	C	D

Social Emotional Health Module

SUPPLEMENT 1

Please tell us how true each statement is of you.

	Not At All True	A Little True	Pretty Much True	Very Much True
X35. On most days I feel ENERGETIC .	A	B	C	D
X36. On most days I feel ACTIVE .	A	B	C	D
X37. On most days I feel ENTHUSIASTIC .	A	B	C	D

How true do you feel these statements are about your family and friends?

	Not At All True	A Little True	Pretty Much True	Very Much True
X38. My family members really help and support one another.	A	B	C	D
X39. There is a feeling of togetherness in my family.	A	B	C	D
X40. My family really gets along well with each other.	A	B	C	D
X41. I have a friend my age who really cares about me.	A	B	C	D
X42. I have a friend my age who talks with me about my problems.	A	B	C	D
X43. I have a friend my age who helps me when I'm having a hard time.	A	B	C	D

Mental Health Supports Module

SUPPLEMENT 1

Please mark one answer for each statement unless it says to mark all that apply.

You do not have to answer any questions you don't want to answer.

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

	Strongly disagree	Disagree	Agree	Strongly agree
X1. I have an adult at my school that I can talk to about my problems.	A	B	C	D
X2. I know where to go or who to contact at school for help when I am very sad, stressed, lonely, or depressed.	A	B	C	D
X3. Mental health is an important issue for people my age.	A	B	C	D
X4. People at my school talk openly about mental health.	A	B	C	D
X5. My school encourages students to take care of their mental health.	A	B	C	D

The next questions ask about when you or someone you know was having a hard time and feeling very sad, stressed, lonely, or depressed.

If someone my age felt very sad, stressed, lonely, or depressed...

	Strongly disagree	Disagree	Agree	Strongly agree
X6. talking to an adult could help them feel better.	A	B	C	D
X7. kids at my school would be nice to them.	A	B	C	D

If I was very sad, stressed, lonely, or depressed...

	Strongly disagree	Disagree	Agree	Strongly agree
X8. talking to an adult could help me feel better.	A	B	C	D
X9. kids at my school would be nice to me.	A	B	C	D

Mental Health Supports Module

SUPPLEMENT 1

X10. In the past month, how often did you feel very lonely?

- A) Never
- B) Sometimes
- C) Most of the time
- D) All of the time

X11. If you were feeling very sad, stressed, lonely, or depressed, would you... (Mark All That Apply.)

- A) talk to a teacher or another adult from your school?
- B) talk to your parents or someone else in your family?
- C) get help from a counselor or therapist?
- D) talk to your friends?
- E) be afraid to get help?
- F) not know what to do?

The next questions ask about talking to a counselor or therapist, which can mean a social worker, psychologist, or other mental health professional.

X12. In the past year, did you want to talk to a counselor or therapist about feeling very sad, stressed, lonely, or depressed?

- A) No
- B) Yes
- C) I don't know

X13. In the past year, did you get help from a counselor or therapist when you needed it?

- A) Does not apply, I didn't need help
- B) No, I didn't get help when I needed it
- C) Yes, I got help when I needed it

X14. In the past year, where did you get help from a counselor or therapist? (Mark All That Apply.)

- A) Nowhere
- B) At school (in person, by phone, or online)
- C) From a counselor or therapist not from my school (in person, by phone, or online)
- D) Somewhere else
- E) I don't know

Mental Health Supports Module

SUPPLEMENT 1

X15. In the past year, did an adult at school refer or connect you to a counselor or therapist outside of school to talk about your feelings?

- A) No
- B) Yes
- C) I don't know

X16. If you were very sad, stressed, lonely, or depressed, would any of these things stop you from talking to a counselor or therapist? (Mark All That Apply.)

- A) You don't know where to go for help
- B) There isn't anyone you can talk to
- C) They wouldn't understand
- D) People would think there's something wrong with you
- E) Your parents might find out
- F) Other students might find out
- G) You don't have a way to pay for it
- H) You don't want to talk to a counselor or therapist
- I) Other reasons
- J) Does not apply, none of these things would stop me from talking to a counselor or therapist.

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Alcohol & Other Drugs Module

SUPPLEMENT 1

These 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.

About how old were you the first time you tried any of these things?

		<u>Years of Age</u>									
		<u>Never</u>	<u>10 or Under</u>	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18 or Over</u>
X1.	A drink of an alcoholic beverage (other than a sip or two)	A	B	C	D	E	F	G	H	I	J
X2.	Part or all of a cigarette	A	B	C	D	E	F	G	H	I	J
X3.	A vape product such as an e-cigarette (JUUL), vape pen, or mod	A	B	C	D	E	F	G	H	I	J
X4.	Marijuana (smoke, vape, eat, or drink)	A	B	C	D	E	F	G	H	I	J
X5.	Any other illegal drug or pill to get “high”	A	B	C	D	E	F	G	H	I	J
X6.	If you drink alcohol, how much do you usually drink?										
	A) I don’t drink alcohol										
	B) Just enough to feel it a little										
	C) Enough to feel it moderately										
	D) Until I feel it a lot or get really drunk										
X7.	Have you used <u>alcoholic beverages</u> , <u>marijuana</u> , or <u>other drugs</u> in the <u>past 12 months</u> for any of the following reasons? (Mark All That Apply.)										
	A) Does not apply, I haven’t used alcohol, marijuana, or other drugs in the past 12 months.					G) To relax					
	B) To experiment (try using)					H) To get away from problems					
	C) To get high					I) Because of anger or frustration					
	D) To have a good time with friends					J) To get through the day					
	E) To fit in with a group you like					K) Because it made you feel better					
	F) Because of boredom					L) To seek deeper insights and understanding					
						M) None of the above					

Alcohol & Other Drugs Module

SUPPLEMENT 1

X8. How do *most* students at your school who drink alcohol usually get it? (Mark All That Apply.)

- | | |
|---------------------------------------|--|
| A) At school | G) Get adults to buy it for them |
| B) At parties | H) Buy it themselves from a store |
| C) At concerts or other social events | I) At bars, clubs, or gambling casinos |
| D) At their own home | J) Other |
| E) From adults at friends' homes | K) Don't know |
| F) From friends or another teenager | |

X9. How do *most* kids at your school who use marijuana usually get it? (Mark All That Apply.)

- | | |
|---------------------------------------|-------------------------------------|
| A) At school | F) From friends or another teenager |
| B) At parties | G) Buy it at a marijuana dispensary |
| C) At concerts or other social events | H) At bars or clubs |
| D) At their own home | I) Other |
| E) From an adult acquaintance | J) Don't know |

How do you feel about someone your age doing the following?

	Neither Approve Nor Disapprove	Somewhat Disapprove	Strongly Disapprove
X10. Having one or two drinks of any alcoholic beverage nearly every day	A	B	C
X11. Trying marijuana once or twice	A	B	C
X12. Using marijuana <u>once a month or more regularly</u>	A	B	C
X13. During the past <u>12 months</u>, have you talked with at least one of your parents or guardians about the dangers of alcohol or drug use?			
A) No			
B) Yes			
X14. During the past <u>12 months</u>, have you heard, read, or watched any messages about not using alcohol or drugs?			
A) No			
B) Yes			

Alcohol & Other Drugs Module

SUPPLEMENT 1

How wrong do your parents or guardians feel it would be for you to do the following?

		Very Wrong	Wrong	A Little Wrong	Not at All Wrong
X15.	Take one or two drinks of alcohol nearly every day	A	B	C	D
X16.	Smoke tobacco	A	B	C	D
X17.	Use vape products such as e-cigarettes (JUUL), vape pens, or mods	A	B	C	D
X18.	Use marijuana (smoke, vape, eat, or drink)	A	B	C	D
X19.	Use prescription drugs to get high or for reasons other than prescribed	A	B	C	D

How wrong would your close friends feel it would be if you did the following?

		Very Wrong	Wrong	A Little Wrong	Not at All Wrong
X20.	Take one or two drinks of alcohol nearly every day	A	B	C	D
X21.	Smoke tobacco	A	B	C	D
X22.	Use vape products such as e-cigarettes (JUUL), vape pens, or mods	A	B	C	D
X23.	Use marijuana (smoke, vape, eat, or drink)	A	B	C	D
X24.	Use prescription drugs to get high or for reasons other than prescribed	A	B	C	D

X25. During your life, how many times have you ridden in a car driven by someone who had been using alcohol or drug?

- A) Never
- B) 1 time
- C) 2 times
- D) 3 to 6 times
- E) 7 or more times

Tobacco Module

SUPPLEMENT 1

This section contains questions about tobacco use, attitudes, and your experiences with tobacco education at school.

- X1.** Have you ever smoked cigarettes daily, that is, at least one cigarette every day for **30 days**?
- A) No
 - B) Yes
- X2.** Did you ever smoke to control your weight?
- A) No
 - B) Yes
- X3.** During the past **30 days**, on the days you smoked, how many cigarettes did you smoke per day?
- A) I did not smoke cigarettes during the past 30 days
 - B) Less than 1 cigarette per day
 - C) 1 cigarette per day
 - D) 2 to 5 cigarettes per day
 - E) 6 to 10 cigarettes per day
 - F) 11 to 20 cigarettes per day
 - G) More than 20 cigarettes per day
- X4.** Have you smoked 100 cigarettes in your life?
- A) No
 - B) Yes
- X5.** If you smoked cigarettes during the past **30 days**, how did you usually get them? (*Select Only One Response.*)
- A) I did not smoke cigarettes in the past 30 days.
 - B) I bought them in a store such as a convenience store, supermarket, or gas station.
 - C) I bought them from a vending machine.
 - D) I gave someone else money to buy them for me.
 - E) I borrowed (or bummed) them from someone else.
 - F) I took them from a store or family member.
 - G) A friend gave them to me.
 - H) A person 18 years or older gave them to me.
 - I) Other people gave them to me.
 - J) I got them some other way.
- X6.** During the past **30 days**, on how many days did you smoke any cigars, cigarillos, or little cigars (Swishers, Black&Mild, or Prime Times)?
- A) 0 days
 - B) 1 to 2 days
 - C) 3 to 5 days
 - D) 6 to 9 days
 - E) 10 to 19 days
 - F) 20 to 30 days

Tobacco Module

SUPPLEMENT 1

- X7.** If you now smoke cigarettes, would you like to quit smoking?
- A) I don't smoke cigarettes; does not apply
 - B) No
 - C) Yes
- X8.** If you are currently using tobacco, how likely are you to try to quit?
- A) I don't use tobacco; does not apply
 - B) Definitely will
 - C) Probably will
 - D) May or may not
 - E) Probably will not
 - F) Definitely will not
- X9.** How many times have you tried to quit smoking cigarettes?
- A) I don't smoke cigarettes; does not apply
 - B) 0 times
 - C) 1 time
 - D) 2 to 3 times
 - E) 4 or more times
- X10.** How much control do you have over whether you quit using tobacco?
- A) I don't use tobacco; does not apply
 - B) No control at all
 - C) A little control
 - D) Medium control
 - E) A lot of control
 - F) Total control

*If you used tobacco during the past **12 months**, did you do any of the following things at school to get help to quit using?*

	I Did Not Use Tobacco	No	Yes
X11. Go to a special group or class	A	B	C
X12. Talk to an adult at your school about how to quit	A	B	C
X13. Talk to a peer helper about how to quit	A	B	C
X14. How hard would it be for you to refuse or say "no" to a friend who offered you a cigarette to smoke?			
A) Very hard			
B) Hard			
C) Easy			
D) Very easy			

Tobacco Module

SUPPLEMENT 1

During the past **12 months**, did you do any of these things at school?

	No	Yes	Not Sure
X15. Have lessons about tobacco and its effects on the body	A	B	C
X16. Practice different ways to refuse or say “no” to tobacco offers	A	B	C
X17. How likely do you think it is that you will smoke one or more cigarettes in the next year?			
A) I am sure it will not happen			
B) It probably will not happen			
C) There is an even chance (50–50) that it will happen			
D) It probably will happen			
E) It will happen for sure			
X18. About how many adults you know smoke cigarettes?			
A) None of them			
B) Some			
C) Many			
D) Most or all			

Please indicate whether or not you agree with the following statements.

	Very Much Agree	Agree	Disagree	Very Much Disagree
X19. Smoking makes kids look grown up.	A	B	C	D
X20. Smoking makes your teeth yellow.	A	B	C	D
X21. Smoking is cool.	A	B	C	D
X22. Smoking makes you smell bad.	A	B	C	D
X23. Smoking helps you make friends.	A	B	C	D
X24. Smoking is bad for your health.	A	B	C	D
X25. Smoking helps you relax.	A	B	C	D
X26. Smoking helps control your weight.	A	B	C	D
X27. How do you feel about someone your age smoking one or more packs of cigarettes a day?				
A) Neither approve nor disapprove				
B) Somewhat disapprove				
C) Strongly disapprove				
X28. How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?				
A) Neither approve nor disapprove				
B) Somewhat disapprove				
C) Strongly disapprove				

Tobacco Module

SUPPLEMENT 1

- X29.** During the past **12 months**, have you talked with at least one of your parents or guardians about the dangers of tobacco use?
- A) No
 - B) Yes
- X30.** During the past **12 months**, how many times did you see someone smoking tobacco in a movie you watched?
- A) 0 times
 - B) 1 time
 - C) 2 times
 - D) 3 times
 - E) 4-6 times
 - F) 7 or more times
- X31.** Think about a group of 100 students (about three classrooms) in your grade. About how many students do you think smoke cigarettes at least **once a month**?
- A) 0
 - B) 10
 - C) 20
 - D) 30
 - E) 40
 - F) 50
 - G) 60
 - H) 70
 - I) 80
 - J) 90
 - K) 100
- X32.** Have you ever used a vaping device or e-cigarette to consume any of the following? (*Mark All That Apply.*)
- A) I've never used a vaping device or e-cigarette
 - B) Nicotine or tobacco substitute
 - C) Marijuana or THC
 - D) Amphetamines, cocaine, or heroin
 - E) A flavored product without nicotine, alcohol, or other drug
 - F) Any other product or substance
 - G) I was not sure what was in the vaping device or e-cigarette