

In-School Core Survey

Middle School Questionnaire

2025–2026

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]

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) Heterosexual (straight)
 - 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 Latino/a	

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 Latino/a, which groups best describe you? (*Mark All That Apply.*)

If you are not of Hispanic or Latino/a background, mark “A) Does not apply.”

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

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

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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
	A	B	C	D
12A. Understand English				
12B. Speak English	A	B	C	D
12C. Read English	A	B	C	D
12D. Write English	A	B	C	D

13. Are you in the English Learner Program at school?

- A) No
- B) Yes
- C) Don't know

IF 13 = B, THEN 14; ELSE GO TO 15

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14. How many years have you been in the English Learner Program across all schools you've attended?

- A) Less than 3 years
- B) 3 to 4 years
- C) 5 to 6 years
- D) 7 or more years

15. Do you have an IEP (Individualized Education Plan) or get special education services?

- A) No
- B) Yes
- C) Don't know
- D) Prefer not to say

16. 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

17. Did you eat breakfast today?

- A) No
- B) Yes

18. 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

19. 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

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

20. During the past 12 months, how would you describe the grades you mostly received in school?

A) Mostly A's	E) Mostly C's
B) A's and B's	F) C's and D's
C) Mostly B's	G) Mostly D's
D) B's and C's	H) Mostly F's

21. 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	G) Had to take care of or help a family member or friend
B) Illness (feeling physically sick), including problems with breathing or your teeth	H) Wanted to spend time with friends
C) Were being bullied or mistreated at school	I) Used alcohol or drugs
D) Felt very sad, hopeless, anxious, stressed, or angry	J) Were behind in schoolwork or weren't prepared for a test or class assignment
E) Didn't get enough sleep	K) Were bored or uninterested in school
F) Didn't feel safe at school or going to and from school	L) Had no transportation to school
	M) Other reason

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

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	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
30. School staff take parent concerns seriously.	A	B	C	D	E
31. It is hard for me to stay focused when doing my schoolwork.	A	B	C	D	E
32. I try hard to make sure that I am good at my schoolwork.	A	B	C	D	E
33. I try hard on my schoolwork because I am interested in it.	A	B	C	D	E
34. I work hard to try to understand new things when doing my schoolwork.	A	B	C	D	E
35. I am always trying to do better in my schoolwork.	A	B	C	D	E

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

	Strongly Disagree	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
36. School is really boring.	A	B	C	D	E	F	G	H	I	J	K		
37. 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
38. who really cares about me.	A	B	C	D
39. who tells me when I do a good job.	A	B	C	D
40. who notices when I'm not there.	A	B	C	D

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	Not At All True	A Little True	Pretty Much True	Very Much True
41. who always wants me to do my best.	A	B	C	D
42. who checks on how I am feeling.	A	B	C	D
43. who listens to me when I have something to say.	A	B	C	D
44. 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
45. I do interesting activities.	A	B	C	D
46. I help decide things like class activities or rules.	A	B	C	D
47. I do things that make a difference.	A	B	C	D
48. I have a say in how things work.	A	B	C	D
49. 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 hard seltzer, 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 Elf Bar, Esco Bar, Geek Bar, JUUL, Lost Mary, Mr. Fog, and Vuse.

FOR REFERENCE ONLY

In-School Core Survey

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

	<u>Number of Times</u>					
	0 Times	1 Time	2 Times	3 Times	4–6 Times	7 or More Times
50. A cigarette, even one or two puffs	A	B	C	D	E	F
51. A whole cigarette	A	B	C	D	E	F
52. Smokeless tobacco (dip, chew, snuff, snus, or nicotine pouches)	A	B	C	D	E	F
53. Vape products	A	B	C	D	E	F

[ASKED IF Q53 = B, C, D, E, or F]

53A. Vaped tobacco or nicotine	A	B	C	D	E	F
53B. Vaped marijuana or THC	A	B	C	D	E	F
53C. Vaped other product	A	B	C	D	E	F
54. One full drink of alcohol (such as a can of beer, glass of wine, hard seltzer, or shot of liquor)	A	B	C	D	E	F
55. Marijuana (smoke, vape, eat, or drink)	A	B	C	D	E	F
56. 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
57. Relevan	A	B	C	D	E	F
58. 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...

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

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	Number of Times					
	0 Times	1 Time	2 Times	3 Times	4–6 Times	7 or More Times
61. drunk on alcohol or “high” on drugs <u>on school property</u> ?	A	B	C	D	E	F

[APPLICABLE FOR LIFETIME MARIJUANA USERS ONLY – Ask of students who reported ever using marijuana [IF Q55 = 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
62. Smoke it?	A	B	C	D	E	F
63. In a vaping device (vape pens, mods, or portable vaporizers)?	A	B	C	D	E	F
64. 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
	A	B	C	D	E	F
65. cigarettes?	A	B	C	D	E	F
66. smokeless tobacco (dip, chew, snuff, snus, or nicotine pouches)?	A	B	C	D	E	F
67. vape products?	A	B	C	D	E	F
[ASKED IF Q67 = B, C, D, E, or F]						
67A. Vaped tobacco or nicotine	A	B	C	D	E	F
67B. Vaped marijuana or THC	A	B	C	D	E	F
67C. Vaped other product	A	B	C	D	E	F
68. one or more drinks of alcohol?	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
69. five or more drinks of alcohol in a row, that is, within a couple of hours?	A	B	C	D	E	F
70. marijuana (smoke, vape, eat, or drink)?	A	B	C	D	E	F
71. inhalants (things you sniff, huff, or breathe to get "high")?	A	B	C	D	E	F
72. 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
73. smoke cigarettes?	A	B	C	D	E	F
74. use smokeless tobacco (dip, chew, snuff, snus, or nicotine pouches)?	A	B	C	D	E	F
75. vape?	A	B	C	D	E	F
[ASKED IF Q75 = B, C, D, E, or F]						
75A. vape tobacco or nicotine	A	B	C	D	E	F
75B. vape marijuana or THC	A	B	C	D	E	F
75C. vape other product	A	B	C	D	E	F
76. have at least one drink of alcohol?	A	B	C	D	E	F
77. use marijuana (smoke, vape, eat, or drink)?	A	B	C	D	E	F
78. use any other drug, pill, or medicine to get "high" or for reasons other than medical?	A	B	C	D	E	F
79. breathe the smoke or vapor from someone who was using cigarettes or e-cigarettes?	A	B	C	D	E	F

In-School Core Survey

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
80.	Smoke cigarettes occasionally	A	B	C	D
81.	Smoke 1 or more packs of cigarettes each day	A	B	C	D
82.	Vape tobacco or nicotine occasionally	A	B	C	D
83.	Vape tobacco or nicotine several times a day (100 puffs or more)	A	B	C	D
84.	Drink alcohol (beer, wine, liquor) occasionally	A	B	C	D
85.	Have five or more drinks of alcohol once or twice a week	A	B	C	D
86.	Use marijuana occasionally (smoke, vape, eat, or drink)	A	B	C	D
87.	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
		A	B	C	D	E
88.	Cigarettes	A	B	C	D	E
89.	Vape products	A	B	C	D	E
90.	Alcohol	A	B	C	D	E
91.	Marijuana	A	B	C	D	E
92.	Prescription drugs to get "high" or for reasons other than prescribed	A	B	C	D	E
93.	Does your school ban tobacco use and vaping on school property and at school sponsored events?					
	A) No					
	B) Yes					
	C) Don't know					

In-School Core Survey

94. 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

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

95. 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
96. been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	B	C	D
97. been afraid of being beaten up?	A	B	C	D
98. been in a physical fight?	A	B	C	D
99. had mean rumors or lies spread about you?	A	B	C	D
100. had sexual jokes, comments, or gestures made to you?	A	B	C	D
101. been made fun of because of your looks or the way you talk?	A	B	C	D
102. had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
103. been offered, sold, or given an illegal drug?	A	B	C	D
104. damaged school property on purpose?	A	B	C	D

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	Happened on School Property			
	0 Times	1 Time	2 to 3 Times	4 or More Times
105. carried a gun?	A	B	C	D
106. carried any other weapon (such as a knife or club)?	A	B	C	D
107. been threatened or injured with a weapon (gun, knife, club, etc.)?	A	B	C	D
108. seen someone carrying a gun, knife, or other weapon?	A	B	C	D
109. been threatened with harm or injury?	A	B	C	D
110. been made fun of, insulted, or called names?	A	B	C	D

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
111. Your race, ethnicity, or national origin	A	B	C	D
112. Your religion	A	B	C	D
113. Your gender	A	B	C	D
114. Because you are gay, lesbian, or bisexual or someone thought you were	A	B	C	D
115. A physical or mental disability	A	B	C	D
116. You are an immigrant or someone thought you were	A	B	C	D
117. Any other reason	A	B	C	D
118. 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?	<p>A) 0 times (never)</p> <p>B) 1 time</p> <p>C) 2–3 times</p> <p>D) 4 or more times</p>			

In-School Core Survey

119. Do you consider yourself a member of a gang?

- A) No
- B) Yes

120. 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

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

- A) No
- B) Yes

*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
122. I had a hard time relaxing.	A	B	C	D
123. I felt sad and down.	A	B	C	D
124. I was easily irritated.	A	B	C	D
125. It was hard for me to cope and I thought I would panic.	A	B	C	D
126. 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
127. Each day I look forward to having a lot of fun.	A	B	C	D
128. I usually expect to have a good day.	A	B	C	D
129. Overall, I expect more good things to happen to me than bad things.	A	B	C	D

In-School Core Survey

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
130. my family life as...	A	B	C	D	E	F
131. my friendships as...	A	B	C	D	E	F
132. my school experience as...	A	B	C	D	E	F
133. myself as...	A	B	C	D	E	F
134. where I live as...	A	B	C	D	E	F
135. 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					

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
1. I can work out my problems.	A	B	C	D
2. I can do most things if I try.	A	B	C	D
3. There are many things that I do well.	A	B	C	D
4. There is a purpose to my life.	A	B	C	D
5. My intelligence is something I cannot change very much.	A	B	C	D
6. I understand my moods and feelings.	A	B	C	D
7. I understand why I do what I do.	A	B	C	D
8. I enjoy working together with other students on class activities.	A	B	C	D
9. When I do not understand something, I ask the teacher again and again until I understand.	A	B	C	D
10. I try to answer all the questions asked in class.	A	B	C	D
11. When I try to solve a math problem, I will not stop until I find a final solution.	A	B	C	D
12. I accept responsibility for my actions.	A	B	C	D
13. I am looking forward to a successful career.	A	B	C	D
14. When I make a mistake I admit it.	A	B	C	D
15. I can deal with being told no.	A	B	C	D
16. I feel bad when someone gets their feelings hurt.	A	B	C	D
17. 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
18.	I try to understand what other people go through.	A	B	C	D
19.	I have high goals and expectations for myself.	A	B	C	D
20.	I try to understand how other people feel and think.	A	B	C	D
21.	I can wait for what I want.	A	B	C	D
22.	Challenging myself will not make me any smarter.	A	B	C	D
23.	I don't bother others when they are busy.	A	B	C	D
24.	I think before I act.	A	B	C	D
25.	When I work in school groups, I do my fair share.	A	B	C	D
26.	I try to work out my problems by talking or writing about them.	A	B	C	D
27.	There are some things I am not capable of learning.	A	B	C	D
28.	I like to listen to other students' ideas in class.	A	B	C	D
29.	I don't expect very much of myself in the future.	A	B	C	D
30.	I trust my ability to solve difficult problems.	A	B	C	D
31.	If I am not naturally smart in a subject, I will never do well in it.	A	B	C	D
32.	On most days I feel GRATEFUL.	A	B	C	D
33.	On most days I feel THANKFUL.	A	B	C	D
34.	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
35. On most days I feel ENERGETIC.	A	B	C	D
36. On most days I feel ACTIVE.	A	B	C	D
37. 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
38. My family members really help and support one another.	A	B	C	D
39. There is a feeling of togetherness in my family.	A	B	C	D
40. My family really gets along well with each other.	A	B	C	D
41. I have a friend my age who really cares about me.	A	B	C	D
42. I have a friend my age who talks with me about my problems.	A	B	C	D
43. I have a friend my age who helps me when I'm having a hard time.	A	B	C	D

Behavioral Health Module

Form B

The first question asks about your phone use.

1. On average, how much time do you spend using a smartphone on a typical weekday?
 - A) None
 - B) Less than 1 hour
 - C) 1–2 hours
 - D) 2–3 hours
 - E) 3–4 hours
 - F) 4–5 hours
 - G) 5–6 hours
 - H) More than 6 hours

The next set of questions asks about your family, friends, and neighborhood.

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

<i>In my home, there is a parent or some other adult who...</i>	Not at all True	A Little True	Pretty Much True	Very Much True
	A	B	C	D
2. talks with me about my problems.	A	B	C	D
3. helps me when I am upset.	A	B	C	D
4. makes me feel good about myself.	A	B	C	D

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

<i>I have a friend my age who...</i>	Not at all True	A Little True	Pretty Much True	Very Much True
	A	B	C	D
5. talks with me about my problems.	A	B	C	D
6. helps me when I am upset.	A	B	C	D
7. makes me feel good about myself.	A	B	C	D

How true do you feel these statements are about a teacher or other adult at school?

<i>At my school, there is a teacher or other adult who...</i>	Not at all True	A Little True	Pretty Much True	Very Much True
	A	B	C	D
8. would understand my problems if I shared them.	A	B	C	D
9. would be helpful to me if I came to school upset.	A	B	C	D

Behavioral Health Module

Form B

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

	Not at all True	A Little True	Pretty Much True	Very Much True
	A	B	C	D

10. makes me feel good about myself.

How true do you feel these statements are about your **feelings at school**?

At my school,...

	Not at all True	A Little True	Pretty Much True	Very Much True
	A	B	C	D

11. I feel socially accepted.
12. I feel that I matter to others.

The following questions ask about how safe you feel in your neighborhood and at home where you live.

	Very Safe	Safe	Neither Safe nor Unsafe	Unsafe	Very Unsafe
	A	B	C	D	E

13. How safe do you feel at home or the place where you live?
14. How safe do you feel in the neighborhood where you live?

These questions ask about how you felt or what you did in the past 30 days.

	Never	1–3 Times a Month	1–2 Times a Week	2–3 Times a Week	Almost Every Day
	A	B	C	D	E

15. I got upset easily or got into arguments or physical fights.
16. I had trouble concentrating or paying attention.
17. I had trouble feeling happiness or love.
18. I felt alone even when I was around other people.
19. I had trouble going to sleep, woke up often, or had trouble getting back to sleep.

Behavioral Health Module

Form B

The next questions ask about your feelings.

	Never	Rarely	Sometimes	Often
20. How often do you feel lonely?	A	B	C	D
21. How often do you feel that you are no longer close to anyone?	A	B	C	D
22. When everybody around you gets angry, how relaxed can you stay?				
A) Not relaxed at all				
B) Slightly relaxed				
C) Somewhat relaxed				
D) Quite relaxed				
E) Extremely relaxed				
23. How often are you able to control your emotions when you need to?				
A) Almost never				
B) Once in a while				
C) Sometimes				
D) Frequently				
E) Almost always				
24. When things go wrong for you, how calm are you able to remain?				
A) Not calm at all				
B) Slightly calm				
C) Somewhat calm				
D) Quite calm				
E) Extremely calm				

Behavioral Health Module

Form B

The next questions ask about your feelings about your weight and body shape, dieting, and self-harm behavior.

25. Over the past 30 days, how satisfied have you been with your **weight** and **shape**?

- A) Very Dissatisfied
- B) Dissatisfied
- C) Neither Dissatisfied nor Satisfied
- D) Satisfied
- E) Very Satisfied

26. 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

IF 26 = A OR 26 = C, GO TO 26A; ELSE GO TO 27

During the past 30 days, please indicate which of the following things you did to lose weight or keep from gaining weight:

	No	Yes
26a. Exercise	A	B
26b. Eat less food, fewer calories, or foods low in fat	A	B
26c. Go without eating for 12 hours or more (also called fasting)	A	B
26d. Take diet pills, powders, or liquids without a doctor's advice (do not include meal replacement products such as Ensure, Muscle Milk, or SlimFast)	A	B
26e. Vomit or take laxatives	A	B

Behavioral Health Module

Form B

27. During the past 12 months, how many times did you do something to purposely hurt yourself, such as cutting, scratching, or burning yourself?

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

Below is a list of symptoms that students sometimes have.

*In the last 2 weeks, how much were you **bothered** by the following physical problems?*

	Not at All	A Little	Some	A Lot	A Whole Lot
28. Stomachaches	A	B	C	D	E
29. Headaches	A	B	C	D	E
30. Pains in your lower back	A	B	C	D	E
31. Feeling faint or dizzy	A	B	C	D	E
32. Heart beating too fast (even when you are not exercising)	A	B	C	D	E

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

	Strongly Disagree	Disagree	Agree	Strongly Agree
33. 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
34. People at my school talk openly about mental health.	A	B	C	D
35. My school encourages students to take care of their mental health.	A	B	C	D

Behavioral Health Module

Form B

The next questions ask about when 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
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36. talking to an adult could help them feel better. A B C D

37. kids at my school would be nice to them. A B C D

38. 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 when feeling very sad, stressed, lonely, or depressed.

39. 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

40. 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.

IF 40 = C, GO TO 41; ELSE GO TO 42

Behavioral Health Module

Form B

41. 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

42. In the past year, did an adult at school refer or connect you to a counselor or therapist outside of school to get help?

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

43. 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) I would not know where to go for help
- B) There isn't anyone I can talk to
- C) They wouldn't understand
- D) People would think there is something wrong with me
- E) My parents might find out
- F) Other students might find out
- G) I wouldn't have a way to pay for it
- H) I wouldn'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.

Tobacco Module

SUPPLEMENT 1

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

1. Have you ever vaped tobacco or nicotine?

- A) No
- B) Yes

IF 1=A, GO TO 13; ELSE GO TO 2

2. How old were you when you first tried vaping?

- A) 10 years old or younger
- B) 11 years old
- C) 12 years old
- D) 13 years old
- E) 14 years old
- F) 15 years old
- G) 16 years old
- H) 17 years old
- I) 18 years old or older

3. Why did you first use vapes? (*Mark all that apply.*)

- A) To fit in/peer pressure
- B) A family member used them
- C) To try to quit using other tobacco products, such as cigarettes
- D) They cost less than other tobacco products, such as cigarettes
- E) They were easier to get than other tobacco products, such as cigarettes
- F) They are less harmful than other forms of tobacco, such as cigarettes
- G) They were available in flavors I like
- H) I could use them unnoticed at home or at school
- I) It looks cool
- J) I was curious about them
- K) To relax or relieve stress or anxiety
- L) For the nicotine buzz
- M) To control my weight
- N) For some other reason

4. Have you vaped tobacco or nicotine in the past **30 days**?

- A) No
- B) Yes

IF 4=A, GO TO 13; ELSE GO TO 5

Tobacco Module

SUPPLEMENT 1

5. Why do you currently use vapes? *(Mark all that apply.)*

- A) To fit in/peer pressure
- B) A family member uses them
- C) To try to quit using other tobacco products, such as cigarettes
- D) They cost less than other tobacco products, such as cigarettes
- E) They are easier to get than other tobacco products, such as cigarettes
- F) They are less harmful than other forms of tobacco, such as cigarettes
- G) They are available in flavors I like
- H) I can use them unnoticed at home or at school
- I) It looks cool
- J) To relax or relieve stress or anxiety
- K) To focus or concentrate
- L) For the nicotine buzz
- M) Because I am “hooked”
- N) To control my weight
- O) For some other reason

6. How do you usually get your vapes (or pods or e-liquid)?

- A) I buy them myself
- B) I ask someone else to buy them for me
- C) Someone gives them to me
- D) I take them from someone
- E) I get them some other way

IF 6=A, GO TO 7; ELSE GO TO 8

7. Where do you usually buy your vapes (or pods or e-liquid)?

- A) From someone I know
- B) A store such as a convenience store, supermarket, gas station, or liquor store
- C) A vape shop or tobacco shop
- D) A mall or shopping center kiosk/stand
- E) On the internet (including apps)
- F) Through a delivery service (such as DoorDash or Postmates)
- G) Other

8. Have you ever purchased a vaping device (including disposable devices), pod, cartridge, single hit, or e-liquid refill at school or on school property?

- A) No
- B) Yes

9. Compared to one year ago, are you now vaping more, about the same, or less than before?

- A) More
- B) About the same
- C) Less

Tobacco Module

SUPPLEMENT 1

10. Would you like to quit vaping?

- A) No
- B) Yes

11. How likely are you to try to quit vaping?

- A) Definitely will
- B) Probably will
- C) May or may not
- D) Probably will not
- E) Definitely will not

12. How much control do you have over whether you quit vaping?

- A) No control at all
- B) A little control
- C) Medium control
- D) A lot of control
- E) Total control

IF 12=A, GO TO 15; ELSE GO TO 13

13. How hard would it be for you to refuse or say “no” to a friend who offered you a vape?

- A) Very hard
- B) Hard
- C) Easy
- D) Very easy

14. How likely do you think it is that you will vape at least one time 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

15. Think about a group of 100 students (about three classrooms) in your grade. About how many students do you think vape tobacco or nicotine at least once a month?

A) 0	G) 60
B) 10	H) 70
C) 20	I) 80
D) 30	J) 90
E) 40	K) 100
F) 50	

Tobacco Module

SUPPLEMENT 1

16. How do you feel about someone your age vaping nicotine or tobacco multiple times every day?

- A) Neither approve nor disapprove
- B) Somewhat disapprove
- C) Strongly disapprove

17. How do you think your close friends would feel about you vaping nicotine or tobacco multiple times every day?

- A) Neither approve nor disapprove
- B) Somewhat disapprove
- C) Strongly disapprove

18. Have you ever smoked cigarettes?

- A) No
- B) Yes

IF 18=A, GO TO 29; ELSE GO TO 19

19. How old were you when you first tried cigarettes?

- A) 10 years old or younger
- B) 11 years old
- C) 12 years old
- D) 13 years old
- E) 14 years old
- F) 15 years old
- G) 16 years old
- H) 17 years old
- I) 18 years old or older

20. Have you smoked cigarettes in the past 30 days?

- A) No
- B) Yes

IF 20=A, GO TO 29; ELSE GO TO 21

Tobacco Module

SUPPLEMENT 1

21. Why do you currently smoke cigarettes? (*Mark all that apply.*)

- A) To fit in/peer pressure
- B) A family member smokes them
- C) They are easier to get than other tobacco products, such as vapes
- D) They cost less than other tobacco products, such as vapes
- E) They are less harmful than other forms of tobacco, such as vapes
- F) They are available in flavors I like
- G) It looks cool
- H) To relax or relieve stress or anxiety
- I) To focus or concentrate
- J) For the nicotine buzz
- K) Because I am “hooked”
- L) To control my weight
- M) For some other reason

22. How do you usually get your cigarettes?

- A) I buy them myself
- B) I ask someone else to buy them for me
- C) Someone gives them to me
- D) I take them from someone
- E) I get them some other way

IF 22=A, GO TO 23; ELSE GO TO 24

23. Where do you usually buy your cigarettes?

- A) From someone I know
- B) A store such as a convenience store, supermarket, gas station, or liquor store
- C) A vape shop or tobacco shop
- D) A mall or shopping center kiosk/stand
- E) On the internet (including apps)
- F) Through a delivery service (such as DoorDash or Postmates)
- G) Other

24. Have you ever purchased cigarettes (or one cigarette) from someone at school or on school property?

- A) No
- B) Yes

25. Compared to one year ago, are you now smoking cigarettes more, about the same, or less than before?

- A) More
- B) About the same
- C) Less

26. Would you like to quit smoking cigarettes?

- A) No
- B) Yes

Tobacco Module

SUPPLEMENT 1

27. How likely are you to try to quit smoking cigarettes?

- A) Definitely will
- B) Probably will
- C) May or may not
- D) Probably will not
- E) Definitely will not

28. How much control do you have over whether you quit smoking cigarettes?

- A) No control at all
- B) A little control
- C) Medium control
- D) A lot of control
- E) Total control

IF 28=A, GO TO 31; ELSE GO TO 29

29. 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

30. 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

31. 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	G)	60
B)	10	H)	70
C)	20	I)	80
D)	30	J)	90
E)	40	K)	100
F)	50		

32. 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

Tobacco Module

SUPPLEMENT 1

33. 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

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

	No	Yes	Not Sure
34. Have lessons about tobacco and its effects on the body	A	B	C
35. Practice different ways to refuse or say “no” to tobacco offers	A	B	C
36. During the past <u>12 months</u> , have you talked with at least one of your parents or guardians about the dangers of tobacco use?			

- A) No
- B) Yes

IF 1=B OR 18=B, GO TO 37; ELSE FINISH SURVEY

In the past 12 months, did you do any of the following things at school to get help to quit vaping or smoking cigarettes?

	No	Yes
37. Go to a special group or class	A	B
38. Talk to an adult at your school about how to quit	A	B
39. Talk to a peer helper about how to quit	A	B