

Core Survey

Elementary School Questionnaire

2025-2026

This survey asks about your experiences related to your school and health.

This survey is voluntary. **You do not have to complete this survey**, but we hope that you will. We need your help!

Your answers will help improve your school.

Please read every question carefully.

Thank you for taking this survey!

FOR REFERENCE ONLY

Core Survey

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. Are you female or male?
 - A) Female
 - B) Male
3. What grade are you in?
 - A) 3rd grade
 - B) 4th grade
 - C) 5th grade
 - D) 6th grade
4. 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	
5. Did you eat breakfast this morning?
 - A) No
 - B) Yes
6. How many days a week do you usually go to your school's afterschool program?
 - A) 0 days
 - B) 1 day
 - C) 2 days
 - D) 3 days
 - E) 4 days
 - F) 5 days

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

- A) Before 9:00 pm
- B) Between 9:00 pm and 10:00 pm
- C) Between 10:00 pm and 11:00 pm
- D) Between 11:00 pm and midnight
- E) After 12:00 am

8. 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

The next questions ask about your relationships with people at school and your learning experiences.

9. Do you feel close to people at school?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

10. Are you happy to be at this school?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

11. Do you feel like you are part of this school?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

Core Survey

12. Are the students at your school motivated to learn?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

13. Do teachers treat students fairly at school?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

14. Is your school building neat and clean?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

15. Do the teachers and other grown-ups from your school check on how you are feeling?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

16. Are you given a chance to help decide school activities or rules?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

17. Do the teachers and other grown-ups at school care about you?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

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18. Do the teachers and other grown-ups at school tell you when you do a good job?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

19. Do the teachers and other grown-ups at school ask you about your ideas?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

20. Do the teachers and other grown-ups give you a chance to solve school problems?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

21. Do you get to do interesting activities at school?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

22. Are you given a chance to help decide class activities or rules?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

23. Do your teachers ask you what you want to learn about?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

Core Survey

24. How well do you do in your schoolwork?

- A) I'm one of the best students
- B) I do better than most students
- C) I do about the same as others
- D) I don't do as well as most others

25. Do the teachers and other grown-ups at school listen when you have something to say?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

26. Do the teachers and other grown-ups at school believe that you can do a good job?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

27. Do you do things to be helpful at school?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

28. Do the teachers and other grown-ups at school make an effort to get to know you?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

29. Do the teachers and other grown-ups at school want you to do your best?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

Core Survey

30. Are the school rules fair?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

31. Do teachers and other grown-ups at school treat students with respect?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

32. Are students treated fairly when they break school rules?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

33. Are students at this school well behaved?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

34. Do students know what the rules are?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

35. Does your school help students resolve conflicts with one another?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

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36. Does your school teach students to understand how other students think and feel?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
37. Does your school teach students to feel responsible for how they act?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
38. Does your school teach students to care about each other and treat each other with respect?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
39. Do the teachers and other grown-ups make it clear that bullying is not allowed?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
40. If you tell a teacher that you've been bullied, will the teacher do something to help?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
41. Do students at your school try to stop bullying when they see it happening?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time

Core Survey

42. Do you get really bored at school?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

43. Do you finish all your school assignments?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

44. When you get a bad grade, do you try even harder the next time?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

45. Do you keep working and working on your schoolwork until you get it right?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

46. Do you keep doing your schoolwork even when it's really hard for you?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

47. Do you follow the classroom rules?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

Core Survey

48. Do you follow the playground rules at recess and lunch times?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
49. Do you listen when your teacher is talking?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
50. Are you nice to other students?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
51. During the past 30 days, did kids spread mean rumors or lies, or hurtful pictures, about you online, on social media, or on a cell phone?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
52. Do other kids hit or push you at school when they are not just playing around?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
53. Do other kids at school spread mean rumors or lies about you?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time

Core Survey

54. During the past year, did you ever bring a gun or knife to school?
- A) No
 - B) Yes
55. Do other kids at school call you bad names or make mean jokes about you?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
56. During the past year, have you ever seen another kid with a gun or knife at school?
- A) No
 - B) Yes
57. Do you feel safe at school?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
58. Do you feel safe on your way to and from school?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
59. Have other kids at school ever teased you about what your body looks like?
- A) No
 - B) Yes

Core Survey

**These next questions are about how you felt over the past 30 days.
Please choose the answer that best describes you.**

60. Do you feel good and happy?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

61. Do you feel sad?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

Core Survey

The next questions are about cigarettes, vaping, alcohol, and other drugs.

Keep the following definitions in mind

- **One drink of alcohol** means drinking 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 you use to get “high” or for reasons other than medical (as ordered by a doctor).

62. Have you ever smoked a cigarette?
- A) No
 - B) Yes, I smoked a part of a cigarette, like one or two puffs
 - C) Yes, I smoked a whole cigarette
63. Have you ever vaped?
- A) No
 - B) Yes
64. Have you ever drunk beer, wine, or other alcohol?
- A) No
 - B) Yes, I drank one or two sips
 - C) Yes, I drank a full glass
65. Have you ever sniffed something through your nose to get “high”?
- A) No
 - B) Yes
66. Have you ever used any marijuana (smoke, vape, eat, or drink)?
- A) No
 - B) Yes
 - C) I don’t know what marijuana is
67. Do you think smoking cigarettes is bad for a person’s health?
- A) No, not bad
 - B) Yes, a little bad
 - C) Yes, very bad

Core Survey

68. Do you think vaping is bad for a person's health?

- A) No, not bad
- B) Yes, a little bad
- C) Yes, very bad

69. Do you think drinking alcohol (beer, wine, liquor) is bad for a person's health?

- A) No, not bad
- B) Yes, a little bad
- C) Yes, very bad

70. Do you think using marijuana (smoke, vape, eat, or drink) is bad for a person's health?

- A) No, not bad
- B) Yes, a little bad
- C) Yes, very bad
- D) I don't know what marijuana is

Here are questions about your home.

71. Does a parent or some other grown-up at home care about your schoolwork?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

72. Does a parent or some other grown-up at home believe that you can do a good job?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

73. Does a parent or some other grown-up at home want you to do your best?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

Core Survey

74. Does a parent or some other grown-up at home ask if you did your homework?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

75. Does a parent or some other grown-up at home check your homework?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

76. Does a parent or some other grown-up at home ask you about school?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

77. Does a parent or some other grown-up at home ask you about your grades?

- A) No, never
- B) Yes, some of the time
- C) Yes, most of the time
- D) Yes, all of the time

Social Emotional Health Module

SUPPLEMENT 1

1. **Do you get along or work well with students who are different from you?**
 - A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
2. **Do you enjoy working with other students?**
 - A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
3. **Do you try to understand how other people feel?**
 - A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
4. **Do you feel bad when someone else gets their feelings hurt?**
 - A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
5. **Do you try to understand what other people go through?**
 - A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
6. **Do you feel thankful to go to your school?**
 - A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time

Social Emotional Health Module

SUPPLEMENT 1

7. **Do you listen to other students' ideas?**
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
8. **Can you do most things if you try?**
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
9. **Can you work out your problems?**
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
10. **Are there many things you do well?**
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
11. **Do you know where to go for help with a problem?**
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
12. **Do you try to work out your problems by talking or writing about them?**
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time

Social Emotional Health Module

SUPPLEMENT 1

13. When you need help, do you find someone to talk with about it?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
14. Are you thankful when you get to learn new things at school?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
15. Do you get really excited when you learn something new at school?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
16. When you have a problem at school, do you think it will get better in the future?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
17. Are you thankful to have nice teachers at your school?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
18. Do you expect that you will feel happy during class time?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time

Social Emotional Health Module

SUPPLEMENT 1

19. Do you wake up in the morning excited to go to school?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
20. Do you feel positive that good things will happen to you at school?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
21. Do you get excited about your schoolwork?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time
22. Do you feel positive that you will have fun with your friends at school?
- A) No, never
 - B) Yes, some of the time
 - C) Yes, most of the time
 - D) Yes, all of the time

Please tell us how true each statement is for you.

23. I have a friend my age who really cares about me.
- A) Not at all true
 - B) A little true
 - C) Pretty much true
 - D) Very much true

Social Emotional Health Module

SUPPLEMENT 1

24. I have a friend my age who helps me when I am having a hard time.

- A) Not at all true
- B) A little true
- C) Pretty much true
- D) Very much true

25. I have a friend my age who talks with me about my problems.

- A) Not at all true
- B) A little true
- C) Pretty much true
- D) Very much true

For the next questions, please think about your learning in general.

26. Challenging myself won't make me any smarter.

- A) Not at all true
- B) A little true
- C) Pretty much true
- D) Very much true

27. There are some things I am not capable of learning.

- A) Not at all true
- B) A little true
- C) Pretty much true
- D) Very much true

28. If I am not naturally smart in a subject, I will never do well in it.

- A) Not at all true
- B) A little true
- C) Pretty much true
- D) Very much true

Social Emotional Health Module

SUPPLEMENT 1

The next questions ask you to describe how satisfied you feel about different parts of your life.

29. I would describe my satisfaction with my family life as...
- A) Very dissatisfied
 - B) Dissatisfied
 - C) A little dissatisfied
 - D) A little satisfied
 - E) Satisfied
 - F) Very satisfied
30. I would describe my satisfaction with my friendships as...
- A) Very dissatisfied
 - B) Dissatisfied
 - C) A little dissatisfied
 - D) A little satisfied
 - E) Satisfied
 - F) Very satisfied
31. I would describe my satisfaction with my school experiences as...
- A) Very dissatisfied
 - B) Dissatisfied
 - C) A little dissatisfied
 - D) A little satisfied
 - E) Satisfied
 - F) Very satisfied
32. I would describe my satisfaction with myself as...
- A) Very dissatisfied
 - B) Dissatisfied
 - C) A little dissatisfied
 - D) A little satisfied
 - E) Satisfied
 - F) Very satisfied

Social Emotional Health Module

SUPPLEMENT 1

The questions below ask you how you feel. There are no right or wrong answers. You should just pick the answer which is best for you.

- 33. I feel lonely.**
- A) Never
 - B) Sometimes
 - C) Often
 - D) Always
- 34. I am unhappy.**
- A) Never
 - B) Sometimes
 - C) Often
 - D) Always
- 35. Nobody likes me.**
- A) Never
 - B) Sometimes
 - C) Often
 - D) Always
- 36. I worry a lot.**
- A) Never
 - B) Sometimes
 - C) Often
 - D) Always
- 37. I have problems sleeping.**
- A) Never
 - B) Sometimes
 - C) Often
 - D) Always

Social Emotional Health Module

SUPPLEMENT 1

38. I feel scared.

- A) Never
- B) Sometimes
- C) Often
- D) Always

39. I worry when I am at school.

- A) Never
- B) Sometimes
- C) Often
- D) Always

FOR REFERENCE ONLY

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.**

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

1. **In the past month, how often did you feel very stressed?**
 - A) Never
 - B) Sometimes
 - C) Most of the time
 - D) All of the time
2. **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
3. **Do you know who to get help from at school when you feel very sad, stressed, lonely, or depressed?**
 - A) No
 - B) Yes
4. **If someone your age felt very sad, stressed, lonely, or depressed, could talking to an adult help them feel better?**
 - A) No
 - B) Yes
 - C) I don't know
5. **If someone your age felt very sad, stressed, lonely, or depressed, would kids at your school be nice to them?**
 - A) No
 - B) Yes
 - C) I don't know
6. **If you felt very sad, stressed, lonely, or depressed, could talking to an adult help you feel better?**
 - A) No
 - B) Yes
 - C) I don't know

Mental Health Supports Module

SUPPLEMENT 1

7. **If you felt very sad, stressed, lonely, or depressed, would kids at your school be nice to you?**
- A) No
 - B) Yes
 - C) I don't know
8. **If you felt 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 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?
9. **In the past year, did you want to talk to a counselor or therapist about your feelings?**
- A) No
 - B) Yes
 - C) I don't know
10. **In the past year, did you get help from a counselor or therapist when you needed it?**
- A) No, because 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
11. **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
12. **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

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Alcohol & Other Drugs Module

Form A

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>
1.	A drink of an alcoholic beverage (other than a sip or two)	A	B	C	D	E	F	G	H	I	J
2.	Part or all of a cigarette	A	B	C	D	E	F	G	H	I	J
3.	A vape product such as an e-cigarette (JUUL), vape pen, or mod	A	B	C	D	E	F	G	H	I	J
4.	Marijuana (smoke, vape, eat, or drink)	A	B	C	D	E	F	G	H	I	J
5.	Any other illegal drug or pill to get “high”	A	B	C	D	E	F	G	H	I	J
6.	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										
7.	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

Form A

8. 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 | |

9. 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
10. Having one or two drinks of any alcoholic beverage nearly every day	A	B	C
11. Trying marijuana once or twice	A	B	C
12. Using marijuana <u>once a month or more regularly</u>	A	B	C
13. 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			
14. 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

Form A

How wrong do your parents or guardians feel it would be if you did the following?

		Very Wrong	Wrong	A Little Wrong	Not at All Wrong
15.	Take one or two drinks of alcohol nearly every day	A	B	C	D
16.	Smoke tobacco	A	B	C	D
17.	Use vape products such as e-cigarettes (JUUL), vape pens, or mods	A	B	C	D
18.	Use marijuana (smoke, vape, eat, or drink)	A	B	C	D
19.	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
20.	Take one or two drinks of alcohol nearly every day	A	B	C	D
21.	Smoke tobacco	A	B	C	D
22.	Use vape products such as e-cigarettes (JUUL), vape pens, or mods	A	B	C	D
23.	Use marijuana (smoke, vape, eat, or drink)	A	B	C	D
24.	Use prescription drugs to get high or for reasons other than prescribed	A	B	C	D
25.	During your life, how many times have you ridden in a car driven by someone who had been using alcohol or drugs?				
	A) Never				
	B) 1 time				
	C) 2 times				
	D) 3 to 6 times				
	E) 7 or more times				