



High School Questionnaire

This is a survey about school and health-related behaviors, experiences, and attitudes. It includes questions about use of alcohol, tobacco, and other drugs; bullying and violence; and what you do at school and how you feel about it. **You will be able to answer** whether or not you have done or experienced any of these things.

You do not have to answer these questions, but your answers will be very helpful in improving school and health programs.

Please do not write your name on this form or on the answer sheets. Do not identify yourself in any other way.

Please mark all of your answers on the answer sheet. Do not write on the questionnaire. Mark only one answer unless told to ***“Mark All That Apply.”***

This survey asks about things you may have done during different periods of time, such as during your **lifetime** (for example, did you ever do 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!

First, we would like some background information about you.

A1. How old are you?

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

A2. What is your sex?

- A) Male B) Female

A3. What grade are you in?

- A) 6th grade D) 9th grade G) 12th grade
 B) 7th grade E) 10th grade H) Other grade
 C) 8th grade F) 11th grade I) Ungraded

A4. Are you of Hispanic or Latino origin?

- A) No B) Yes

A5. What is your race?

- A) American Indian or Alaska Native D) Native Hawaiian or Pacific Islander
 B) Asian E) White
 C) Black or African American F) Mixed (two or more races)

A6. If you are Asian or Pacific Islander, which groups best describe you? (*Mark All That Apply*). If you are not of Asian/Pacific Islander background, mark "A. Does not apply."

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

- A7. What best describes where you live? A home includes a house, apartment, trailer, or mobile home (Mark All that Apply).**
- | | |
|---|---|
| A) A home with both parents | G) Hotel or motel |
| B) A home with only one parent | H) Migrant housing |
| C) Other relative's home | I) Shelter |
| D) A home with more than one family | J) On the street (no fixed housing), car or van, park campground or abandoned building |
| E) Friend's home | K) Other transitional or temporary housing |
| F) Foster home, group care, or waiting placement | L) Other living arrangement |
- A8. In the past three years, were you part of the Migrant Education Program or did your family move to find work in agriculture?**
- A)** Yes **B)** No **C)** Don't Know
- A9. Did you eat breakfast today?**
- A)** No **B)** Yes

Please mark on your answer sheet how TRUE you feel each of the following statements are about your SCHOOL and things you might do there.

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

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
A10. I feel close to people at this school.	A	B	C	D	E
A11. I am happy to be at this school.	A	B	C	D	E
A12. I feel like I am part of this school.	A	B	C	D	E
A13. The teachers at this school treat students fairly.	A	B	C	D	E
A14. I feel safe in my school.	A	B	C	D	E

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

	Not At All True	A Little True	Pretty Much True	Very Much True
A15. who really cares about me.	A	B	C	D
A16. who tells me when I do a good job.	A	B	C	D
A17. who notices when I'm not there.	A	B	C	D
A18. who always wants me to do my best.	A	B	C	D
A19. who listens to me when I have something to say.	A	B	C	D
A20. 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
A21. I do interesting activities.	A	B	C	D
A22. I help decide things like class activities or rules.	A	B	C	D
A23. I do things that make a difference.	A	B	C	D

The next statements are about what might occur outside your school or home, such as in your **NEIGHBORHOOD, COMMUNITY**, or with an **ADULT** other than your parents or guardian.

Outside of my home and school, there is an adult...

	Not At All True	A Little True	Pretty Much True	Very Much True
A24. who really cares about me.	A	B	C	D
A25. who tells me when I do a good job.	A	B	C	D
A26. who notices when I am upset about something.	A	B	C	D
A27. who believes I will be a success.	A	B	C	D
A28. who always wants me to do my best.	A	B	C	D
A29. whom I trust.	A	B	C	D

Outside of my home and school,...

	Not At All True	A Little True	Pretty Much True	Very Much True
A30. I am part of clubs, sports teams, church/temple, or other group activities.	A	B	C	D
A31. I am involved in music, art, literature, sports, or a hobby.	A	B	C	D
A32. I help other people.	A	B	C	D

The next questions ask about use of alcohol, tobacco, marijuana, and other drugs without a doctor's orders (prescription for medical reasons).

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, including pills and medications, used to get “high” (“loaded”, “stoned”, or “wasted”) other than alcohol or tobacco.

During your life, how many times have you used or tried the following substances without a doctor's order?

	0 times	1 time	2 times	3 times	4-6 times	7-10 times	11-50 times	51-100 times	Over 100 times
A33. A whole cigarette	A	B	C	D	E	F	G	H	I
A34. Smokeless tobacco (dip, chew or snuff such as Redman™, Skoal™, or Beechnut™)	A	B	C	D	E	F	G	H	I
A35. Hookah (waterpipe, nargilla, hubble-bubble)	A	B	C	D	E	F	G	H	I
A36. Electronic Cigarettes (e-cigarettes, Safe-Cig, Green Smoke, Blu, NJOY)	A	B	C	D	E	F	G	H	I
A37. 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	G	H	I
A38. Marijuana (pot, weed, grass, hash, bud)	A	B	C	D	E	F	G	H	I
A39. 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	G	H	I
A40. Cocaine (any form—coke, crack, rock, base, snort)	A	B	C	D	E	F	G	H	I
A41. Methamphetamine or any amphetamines (meth, speed, crystal, crank, ice)	A	B	C	D	E	F	G	H	I
A42. Derbisol (DB, derbs, or dirt)	A	B	C	D	E	F	G	H	I
A43. LSD or other psychedelics (acid, mescaline, peyote, mushrooms, salvia)	A	B	C	D	E	F	G	H	I
A44. Ecstasy (E, X, EXTc, MDMA)	A	B	C	D	E	F	G	H	I
A45. Heroin (smack, junk, China white, black tar)	A	B	C	D	E	F	G	H	I
A46. Any other illegal drug or pill to get “high”	A	B	C	D	E	F	G	H	I

During your life, how many times have you used or tried the following pills or medications without a doctor's order (to get "high" or "stoned")?

	0 times	1 time	2 times	3 times	4-6 times	7-10 times	11-50 times	51-100 times	Over 100 times
A47. Prescription pain killers (Vicodin™, OxyContin™, Percodan™, Lortab™)?	A	B	C	D	E	F	G	H	I
A48. Barbiturates (Seconol™, Nembutol™, Amital™, reds, yellow jackets)	A	B	C	D	E	F	G	H	I
A49. Tranquilizers or sedatives (tranks, libs, Xanax™, Valium™, Ativan™, Librium™, Klonopin™, benzodiazepine, benzos)	A	B	C	D	E	F	G	H	I
A50. Cold/Cough Medicines (Triple-C's, Coricidin Cough, Sudafed, TheraFlu, Tylenol Cough)	A	B	C	D	E	F	G	H	I
A51. Diet Pills (Didrex, Dexedrine, Zinadrine, Skittles, M&M's)	A	B	C	D	E	F	G	H	I
A52. Ritalin™ or Adderall™ (JIF, R-ball, Skippy, the smart drug)	A	B	C	D	E	F	G	H	I

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

	0 times	1 time	2 times	3 times	4-6 times	7-10 times	11-50 times	51-100 times	Over 100 times
A53. very drunk or sick after drinking alcohol?	A	B	C	D	E	F	G	H	I
A54. "high" (loaded, stoned, or wasted) from using drugs?	A	B	C	D	E	F	G	H	I
A55. drunk on alcohol or "high" on drugs on school property?	A	B	C	D	E	F	G	H	I

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

	Years of Age									
	Never	10 or under	11	12	13	14	15	16	17	18 or over
A56. Had a drink of an alcoholic beverage (other than a sip or two)	A	B	C	D	E	F	G	H	I	J
A57. Smoked part or all of a cigarette	A	B	C	D	E	F	G	H	I	J
A58. Used smokeless tobacco or other tobacco products	A	B	C	D	E	F	G	H	I	J
A59. Used marijuana or hashish	A	B	C	D	E	F	G	H	I	J
A60. Used any other illegal drug, or pill to get "high"	A	B	C	D	E	F	G	H	I	J

During the past month, how many times have you had any of the following happen to you because of drinking alcohol?

	Number of times									
	0	1	2	3	4	5	6	7	8	9 or More
A92. While drinking couldn't remember what happened, felt nauseous, threw up, or passed out?	A	B	C	D	E	F	G	H	I	J
A93. BECAUSE OF ALCOHOL: Didn't get homework done, didn't study for something you should have, got poorer grades on homework or a test, or missed part or all of a school day?	A	B	C	D	E	F	G	H	I	J
A94. BECAUSE OF ALCOHOL: Had a problem or argument with a friend or hurt your relationship with your girlfriend or boyfriend?	A	B	C	D	E	F	G	H	I	J
A95. BECAUSE OF ALCOHOL: Did something you wouldn't usually do?	A	B	C	D	E	F	G	H	I	J
A96. BECAUSE OF ALCOHOL: Did something illegal or got in trouble with the police while drinking?	A	B	C	D	E	F	G	H	I	J
A97. BECAUSE OF ALCOHOL: Got in trouble at school or at a school event?	A	B	C	D	E	F	G	H	I	J
A98. Driven after drinking...	A	B	C	D	E	F	G	H	I	J
A99. Ridden in a car with a driver who had been drinking...	A	B	C	D	E	F	G	H	I	J

A100. During your life, how many times have you ever driven a car when you had been drinking alcohol, or been in a car driven by a friend when he or she had been drinking?

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

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
A101. Smoke cigarettes occasionally	A	B	C	D
A102. Smoke 1-2 packs of cigarettes each day	A	B	C	D
A103. Drink alcohol occasionally	A	B	C	D
A104. Have five or more drinks of an alcoholic beverage once or twice a week	A	B	C	D
A105. Smoke marijuana occasionally	A	B	C	D
A106. Smoke marijuana once or twice a week	A	B	C	D

Last month, did you have any physical, school, relationship, legal, or social problems because of...

	Yes	No
A107. Cigarettes?	A	B
A108. Marijuana?	A	B
A109. Other Drugs?	A	B
A110. Have you been to another student's home from your school where alcohol was being served to underage students and a parent was present who knew about the teen drinking?		
A) Yes		B) No

How difficult is it for students in your grade to get any of the following substances if they really want them?

	Very difficult	Fairly difficult	Fairly easy	Very easy	Don't know
A111. Cigarettes	A	B	C	D	E
A112. Alcohol	A	B	C	D	E
A113. Marijuana	A	B	C	D	E

Think about a group of 100 students (about three classrooms) in your grade.

About how many students have done the following?

	Number of Students											
	0 (None)	1-9	10	20	30	40	50 (Half)	60	70	80	90	100 (All)
A114. Smoke cigarettes at least once a month	A	B	C	D	E	F	G	H	I	J	K	L
A115. Ever tried marijuana	A	B	C	D	E	F	G	H	I	J	K	L
A116. Drank alcohol last month	A	B	C	D	E	F	G	H	I	J	K	L
A117. When students in your grade drink alcohol, on average, how many drinks do you think they have? (# of drinks)												
A118. How many days, on average, do you think students in your grade drank alcohol last month? (00 - 30 days)												

A119. Has using alcohol, marijuana, or other drugs ever caused you to have any of the following problems?

(Mark All That Apply)

- A)** Does not apply; I never used alcohol or drugs
- B)** Have problems with emotions, nerves, or mental health
- C)** Get into trouble or have problems with the police
- D)** Have money problems
- E)** Miss school
- F)** Have problems with schoolwork
- G)** Fight with other kids
- H)** Damage a friendship
- I)** Physically hurt or injure yourself
- J)** Have unwanted or unprotected sex
- K)** Forget what happened or pass out
- L)** Have any other problems
- M)** I've used alcohol or drugs but never had any problems

Neither Approve Nor Disapprove	Somewhat Disapprove	Strongly Disapprove
A	B	C

A120. How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?

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

- A121. Smoking one or more packs of cigarettes a day**
- A122. Having one or two drinks of any alcoholic beverage nearly every day**
- A123. Trying marijuana or hashish once or twice**
- A124. Using marijuana once a month or more**
- A125. Carrying a weapon to school**

Neither Approve Nor Disapprove	Somewhat Disapprove	Strongly Disapprove
A	B	C
A	B	C
A	B	C
A	B	C
A	B	C

A126. If you use alcohol, marijuana, or another drug, have you had any of the following experiences?*(Mark All That Apply)*

- A) Does not apply; I have not used alcohol or drugs
- B) Found you had to increase how much you use to have the same effect as before
- C) Frequently spent a lot of time getting, using, or being hung over from using alcohol or other drugs
- D) Used alcohol or drugs a lot more than you intended
- E) Used alcohol or drugs when you were alone (by yourself)
- F) Your use of alcohol or drugs often kept you from doing a normal activity, like going to school, working, or doing recreational activities or hobbies (sports, music, art, etc.)
- G) Often didn't feel OK unless you had something to drink or used a drug
- H) Thought about reducing (cutting down) or stopping use
- I) Told yourself you were not going to use but found yourself using anyway
- J) Spoke with someone about reducing or stopping use
- K) Attended counseling, a program, or group to help you reduce or stop use
- L) I use alcohol or drugs but have not experienced any of these things

Next are questions about violence, safety, harassment, and bullying.*During the past **12 months**, how many times on school property have you...*

	Happened on School Property			
	0 times	1 time	2-3 times	4 or more
A127. been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	B	C	D
A128. been afraid of being beaten up?	A	B	C	D
A129. been in a physical fight?	A	B	C	D
A130. had mean rumors or lies spread about you?	A	B	C	D
A131. had sexual jokes, comments, or gestures made to you?	A	B	C	D
A132. been made fun of because of your looks or the way you talk?	A	B	C	D
A133. had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
A134. been offered, sold, or given an illegal drug?	A	B	C	D
A135. damaged school property on purpose?	A	B	C	D
A136. carried a gun?	A	B	C	D

During the past **12 months**, how many times on school property have you...

	Happened on School Property			
	0 times	1 time	2-3 times	4 or more
A137. carried any other weapon (such as a knife or club)?	A	B	C	D
A138. been threatened or injured with a weapon (gun, knife, club, etc.)?	A	B	C	D
A139. seen someone carrying a gun, knife, or other weapon?	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 repeatedly shoved, hit, threatened, called mean names, teased in a way you didn't like, or had other unpleasant things done to you. It is **not bullying** when two students of about the same strength quarrel or fight.]

	0 times	1 time	2-3 times	4 or more
A140. Your race, ethnicity, or national origin	A	B	C	D
A141. Your religion	A	B	C	D
A142. Your gender (being male or female)	A	B	C	D
A143. Because you are gay or lesbian or someone thought you were	A	B	C	D
A144. A physical or mental disability	A	B	C	D
A145. Any other reason	A	B	C	D

A146. How safe do you feel when you are at school?

- A) Very safe C) Neither safe or unsafe E) Very unsafe
B) Safe D) Unsafe

A147. Do you consider yourself a member of a gang?

- A) No B) Yes

A148. During the past 12 months, did your boyfriend or girlfriend ever, hit, slap, or physically hurt you on purpose?

- A) Does not apply; I didn't have a boyfriend or girlfriend during the past 12 months B) No C) Yes

A149. 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

A150. During the past 12 months, did you ever seriously consider attempting suicide?

- A) No B) Yes

A151. During the past 12 months, how would you describe the grades you mostly received in school?

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

A152. During the past 12 months, about how many times did you skip school or cut classes?

- A) 0 times C) A few times E) Once a week
 B) 1-2 times D) Once a month F) More than once a week

A153. During the past 12 months, how many times did other students spread mean rumors or lies about you on the internet (i.e. Facebook™, MySpace™, email, instant message)?

- A) 0 times (never) C) 2-3 times
 B) 1 time D) 4 or more times

*During the past **12 months**, how often have you bet/gambled, even casually, for money or valuables in the following ways?*

	Not At All	Less than once a month	1 to 3 times a month	Once a week or more
A154. Card or dice games (such as poker, blackjack, or craps)	A	B	C	D
A155. Personal skill games (such as pool, darts, or video games)	A	B	C	D
A156. Betting on sports	A	B	C	D
A157. Lottery (scratch cards or numbers)	A	B	C	D
A158. Bet or gambled in any other way	A	B	C	D

A159. This school year, have you participated in UCSD Project Options during the lunch period (group discussion or survey only); which of the following format(s) have you gone to?

(Mark All That Apply)

- A) No, not this year C) Yes, I just filled out a survey
 B) Yes, Group Discussion

A160. 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

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

A161. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?

- A) No
- B) Yes

A162. Did you ever smoke to control your weight?

- A) No
- B) Yes

A163. 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 | D) 2 to 5 cigarettes per day |
| B) Less than 1 cigarette per day | E) 6 to 10 cigarettes per day |
| C) 1 cigarette per day | F) 11 to 20 cigarettes per day |
| | G) More than 20 cigarettes per day |

A164. Have you smoked 100 cigarettes in your life?

- A) No
- B) Yes

A165. 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

A166. During the past 30 days, on how many days did you smoke any cigars, cigarillos, or little cigars?

- | | |
|----------------|------------------|
| A) 0 days | D) 6 to 9 days |
| B) 1 to 2 days | E) 10 to 19 days |
| C) 3 to 5 days | F) 20 to 30 days |

A167. If you now smoke cigarettes, would you like to quit smoking?

- A) I don't smoke cigarettes; does not apply
- B) No
- C) Yes

A168. How many times have you tried to quit smoking cigarettes?

- | | |
|---|--------------------|
| A) I don't smoke cigarettes; does not apply | D) 2 to 3 times |
| B) 0 times | E) 4 or more times |
| C) 1 time | |

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
A169. Go to a special group or class	A	B	C
A170. Talk to an adult at your school about how to quit	A	B	C
A171. Talk to a peer helper about how to quit	A	B	C

A172. 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

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

	No	Yes	Not Sure
A173. Have lessons about tobacco and its effects on the body	A	B	C
A174. Practice different ways to refuse or say “no” to tobacco offers	A	B	C

A175. 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

A176. 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
A177. Smoking makes kids look grown up.	A	B	C	D
A178. Smoking makes your teeth yellow.	A	B	C	D
A179. Smoking is cool.	A	B	C	D
A180. Smoking makes you smell bad.	A	B	C	D
A181. Smoking helps you make friends.	A	B	C	D
A182. Smoking is bad for your health.	A	B	C	D
A183. Smoking helps you relax.	A	B	C	D
A184. Smoking helps control your weight.	A	B	C	D

The next questions ask for your height and weight.

How **tall** are you without your shoes on? Write your **height** in **feet and inches** in the answer-form boxes and fill in the bubbles with the matching numbers. **For example:**

If you are **4 feet 9 inches** tall,
you would answer the question as follows:

Feet	Inches
4	9
	(0)
	(1)
	(2)
(3)	(3)
(4)	(4)
(5)	(5)
(6)	(6)
(7)	(7)
	(8)
	(9)
	(10)
	(11)

If you are **5 feet 0 inches** tall,
you would answer the question as follows:

Feet	Inches
5	0
	(0)
	(1)
	(2)
(3)	(3)
(4)	(4)
(5)	(5)
(6)	(6)
(7)	(7)
	(8)
	(9)
	(10)
	(11)

How much do you **weigh** without your shoes on? Write your **weight** in the answer-form boxes and fill in the bubbles with the matching numbers. For example:

If you weigh **87 pounds**, you would answer the question as follows:

Weight		
0	8	7
(0)	(0)	(0)
(1)	(1)	(1)
(2)	(2)	(2)
(3)	(3)	(3)
	(4)	(4)
	(5)	(5)
	(6)	(6)
	(7)	(7)
(8)	(8)	
	(9)	(9)

If you weigh **102 pounds**, you would answer the question as follows:

Weight		
1	0	2
(0)	(0)	(0)
(1)	(1)	(1)
(2)	(2)	(2)
(3)	(3)	(3)
	(4)	(4)
	(5)	(5)
	(6)	(6)
	(7)	(7)
	(8)	(8)
	(9)	(9)