

## Minnesota Student Survey – Level 2

You can help your community and school learn more about the lives and feelings of young people like you. The questions on this survey cover many areas. Some questions might make you feel uncomfortable. You do not have to answer any question you don't want to. You can choose not to complete the survey.

No one will know how you answered these questions. Your answers will be kept private. Thank you for filling out this survey honestly and carefully.

**1. What is your grade in school right now?**

- a. 7th grade
- b. 8th grade

**2. How old are you?**

- a. 11 years old or younger
- b. 12 years old
- c. 13 years old
- d. 14 years old
- e. 15 years old
- f. 16 years old
- g. 17 years old
- h. 18 years old
- i. 19-20 years old
- j. 21 years old or older

**3. How do you describe yourself? (If more than one describes you, mark ALL that apply)**

- a. American Indian or Alaskan Native
- b. Asian or Asian American
- c. Black, African or African American
- d. Hispanic or Latino/Latina
- e. Native Hawaiian or Other Pacific Islander
- f. White

**\* If you are American Indian or Alaskan Native, which group best describes you? (If more than one describes you, mark ALL that apply)**

- a. Anishinaabe/Ojibwe
- b. Dakota/Lakota
- c. Other tribal affiliation

**\* If you are Asian or Asian American, which group best describes you? (If more than one describes you, mark ALL that apply)**

- a. Asian Indian
- b. Burmese
- c. Chinese
- d. Filipino
- e. Hmong
- f. Karen
- g. Korean
- h. Lao
- i. Vietnamese
- j. Other Asian

**\* If you are Black, African or African American, which group best describes you? (If more than one describes you, mark ALL that apply)**

- a. African American
- b. Ethiopian – Oromo
- c. Ethiopian – other
- d. Liberian
- e. Nigerian
- f. Somali
- g. Other Black, African or African American

**\* If you are Hispanic or Latino/Latina, which group best describes you? (If more than one describes you, mark ALL that apply)**

- a. Colombian
- b. Ecuadoran
- c. Guatemalan
- d. Mexican
- e. Puerto Rican
- f. Salvadoran
- g. Spanish/Spanish-American
- h. Other Hispanic or Latino/Latina

**4. What is your biological sex?**

- a. Male
- b. Female

**5. Are you transgender, genderqueer, or genderfluid?**

- a. Yes
- b. No
- c. I am not sure about my gender identity
- d. I am not sure what this question means

**\* How do you describe yourself?**

- a. Male, trans male, trans man, or trans masculine
- b. Female, trans female, trans woman, or trans feminine
- c. Non-binary, genderqueer, or genderfluid
- d. I prefer to describe my gender as something else

**6. What is the MAIN thing you plan to do RIGHT AFTER high school?**

- a. I don't plan to graduate from high school
- b. Get my GED
- c. Go to a two-year community or technical college
- d. Go to a four-year college or university
- e. Get a license or certificate in a career field
- f. Attend an apprenticeship program
- g. Join the military
- h. Work at a job
- i. Other

**7. Do you receive special education services as part of an individual education plan or IEP?**

- a. Yes
- b. No
- c. Not sure

**8. Do you currently get free or reduced-price lunch at school?**

- a. Yes
- b. No
- c. Not sure

**9. How would you describe your grades this school year?**

- a. Mostly As
- b. Mostly Bs
- c. Mostly Cs
- d. Mostly Ds
- e. Mostly Fs
- f. Mostly Incompletes
- g. None of these letter grades

**10. During the last 30 days, how many times did you miss...**

|   | None | Once or twice | 3 to 5 times | 6 to 9 times | 10 or more times |
|---|------|---------------|--------------|--------------|------------------|
| A full day of school? (Do not include school-sponsored activities like field trips, sports, academic or music events.)  |      |               |              |              |                  |
| A part of a day of school such as coming late, leaving early or missing class time during the day? (Do not include school-sponsored activities like field trips, sports, academic or music events.) |      |               |              |              |                  |

**\* What are the reasons you missed a full or part of a day of school in the last 30 days? (Mark ALL that apply)**

- a. Illness (feeling physically sick), including problems with breathing or your teeth
- b. Medical, dental or other health-related appointment
- c. Vacation or trip
- d. Felt very sad, hopeless, anxious, stressed or angry
- e. Didn't get enough sleep
- f. Didn't feel safe at school
- g. Missed your ride or didn't have a way to get to school
- h. Had to work
- i. Had to take care of or help a family member or friend
- j. Had no place to shower or wash clothes
- k. Wanted to use alcohol or drugs
- l. Behind in schoolwork or not prepared for a test or class assignment
- m. Bored with or not interested in school
- n. Suspended from school
- o. Other reason

**11. During the last 30 days, how many times did you get sent out of the classroom for discipline?**

- a. None
- b. Once or twice
- c. 3 to 5 times
- d. 6 to 9 times
- e. 10 or more times

**12. How often do you...**

|                                  | All of the time | Most of the time | Some of the time | None of the time |
|----------------------------------|-----------------|------------------|------------------|------------------|
| Care about doing well in school? |                 |                  |                  |                  |
| Pay attention in class?          |                 |                  |                  |                  |
| Go to class unprepared?          |                 |                  |                  |                  |

**13. How much do you agree or disagree with each of the following statements?**

|   | Strongly agree | Agree | Disagree | Strongly disagree |
|---|----------------|-------|----------|-------------------|
| If something interests me, I try to learn more about it.        |                |       |          |                   |
| I think things I learn at school are useful.                    |                |       |          |                   |
| Being a student is one of the most important parts of who I am. |                |       |          |                   |
| Overall, adults at my school treat students fairly.             |                |       |          |                   |
| Adults at my school listen to the students.                     |                |       |          |                   |
| The school rules are fair.                                      |                |       |          |                   |
| At my school, teachers care about students.                     |                |       |          |                   |
| Most teachers at my school are interested in me as a person.    |                |       |          |                   |

**14. How much do you agree or disagree with each of the following statements?**

|                                       | Strongly agree | Agree | Disagree | Strongly disagree |
|---------------------------------------|----------------|-------|----------|-------------------|
| I feel safe going to and from school. |                |       |          |                   |
| I feel safe at school.                |                |       |          |                   |
| I feel safe in my neighborhood.       |                |       |          |                   |
| I feel safe at home.                  |                |       |          |                   |

**15. Is there a police officer or School Resource Officer (SRO) at your school?**

- a. Yes
- b. No
- c. I don't know

**\* If I knew about something unsafe or illegal at my school, I would tell the SRO or police officer.**

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

**\* I would feel comfortable going to my school's police officer or SRO if I was having problems or needed help.**

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

**\* I think it is a good idea to have an SRO or police officer at our school.**

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

**16. During the last 30 days, how often have other students harassed or bullied you for any of the following reasons?**

|   | Never | Once or twice | About once a week | Several times a week | Every day |
|---|-------|---------------|-------------------|----------------------|-----------|
| Your race, ethnicity or national origin             |       |               |                   |                      |           |
| Your religion                                       |       |               |                   |                      |           |
| Your gender (being male, female, transgender, etc.) |       |               |                   |                      |           |
| A physical or mental disability                     |       |               |                   |                      |           |
| Your size or weight                                 |       |               |                   |                      |           |
| Your physical appearance                            |       |               |                   |                      |           |

**17. During the last 30 days, how often have you been cyberbullied? (Count being bullied through texting, Instagram, Snapchat or other social media)**

- a. Never
- b. Once or twice
- c. About once a week
- d. Several times a week
- e. Every day

**18. During the last 30 days, how often have other students at school...**

|  | Never | Once or twice | About once a week | Several times a week | Every day |
|--|-------|---------------|-------------------|----------------------|-----------|
| Pushed, shoved, slapped, hit or kicked you when they weren't kidding around? |       |               |                   |                      |           |
| Threatened to beat you up?   |       |               |                   |                      |           |
| Spread mean rumors or lies about you?  |       |               |                   |                      |           |
| Made sexual jokes, comments or gestures towards you?                         |       |               |                   |                      |           |
| Excluded you from friends, other students or activities?                     |       |               |                   |                      |           |

**19. During the last 30 days, how many times at school have YOU...**

|   | Never | Once or twice | About once a week | Several times a week | Every day |
|---|-------|---------------|-------------------|----------------------|-----------|
| Pushed, shoved, slapped, hit or kicked someone when you weren't kidding around? |       |               |                   |                      |           |
| Threatened to beat someone up?  |       |               |                   |                      |           |
| Spread mean rumors or lies about someone else?                                  |       |               |                   |                      |           |
| Made sexual jokes, comments or gestures towards someone else?                   |       |               |                   |                      |           |
| Excluded someone from friends, other students or activities?                    |       |               |                   |                      |           |

**20. During a typical week, how often do you go to the following places after school?**

|  | 0 days | 1 day | 2 days | 3 to 4 days | 5 days |
|--|--------|-------|--------|-------------|--------|
| I stay at my school or go to another school                          |        |       |        |             |        |
| My home or another home such as a friend's, relative's or neighbor's |        |       |        |             |        |
| A rec, community or other youth center                               |        |       |        |             |        |
| A park or other outdoor space  |        |       |        |             |        |
| A library  |        |       |        |             |        |
| A church, synagogue, mosque, or other spiritual/religious place      |        |       |        |             |        |

**21. Does your school or community offer a variety of programs for people your age to participate in outside of the regular school day?**

- a. Yes
- b. No
- c. I don't know what programs are available in my community

**22. During a typical week, how often do you participate in the following activities outside of the regular school day?**

|   | 0 days | 1 day | 2 days | 3 to 4 days | 5 or more days |
|---|--------|-------|--------|-------------|----------------|
| Sports teams, such as park and rec teams, school teams, in-house teams or traveling teams             |        |       |        |             |                |
| School sponsored activities or clubs that are not sports, such as drama, music, chess or science club |        |       |        |             |                |
| Tutoring, homework help or academic programs  |        |       |        |             |                |
| Leadership activities such as student government, youth councils or committees                        |        |       |        |             |                |
| Artistic lessons, such as music or dance  |        |       |        |             |                |
| Physical activity lessons, such as tennis or karate   |        |       |        |             |                |
| Other community clubs and programs such as 4-H, Scouts, Y-clubs or Community Ed                       |        |       |        |             |                |
| Religious activities such as religious services, education or youth group                             |        |       |        |             |                |

**23. When you spend time doing activities outside of the regular school day, how often do you...**

|   | Rarely or never | Sometimes | Often | Very often |
|---|-----------------|-----------|-------|------------|
| Feel safe?  |                 |           |       |            |
| Learn skills like teamwork or leadership?           |                 |           |       |            |
| Develop trusting relationships with peers your age? |                 |           |       |            |
| Develop trusting relationships with adults?         |                 |           |       |            |
| Help make decisions?                                |                 |           |       |            |
| Do something that gives you joy and energy?         |                 |           |       |            |
| Learn skills that you can use in a future job?      |                 |           |       |            |

**24. How would you describe your health in general?**

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor

**25. Have you had any of the following dental problems during the past 12 months? (Mark ALL that apply)**

- a. Toothaches or pain
- b. Decayed teeth or cavities
- c. Swollen, painful or bleeding gums
- d. Could not eat certain foods because of a dental problem
- e. Missed one or more school days because of a dental problem
- f. I have not had any of these dental health problems

**\* Have you had this dental problem treated by a dentist?**

- a. Yes
- b. No, but I will see a dentist
- c. No, I am not able to get dental treatment

**26. When was the last time you saw a dentist for a check-up, exam or teeth cleaning or other dental work?**

- a. During the last year
- b. Between 1 and 2 years ago
- c. More than 2 years ago
- d. Never

**27. How tall are you? (Write in whole numbers; no decimals or fractions)**

- a. Feet:
- b. Inches:

**28. About how much do you weigh? (Write in whole numbers; no decimals or fractions)**

Pounds:

**29. Do you have any physical disabilities, or long-term health problems (such as asthma, cancer, diabetes, epilepsy or something else)? Long-term means lasting 6 months or more.**

- a. Yes
- b. No

**30. Do you have any long-term mental health, behavioral or emotional problems? Long-term means lasting 6 months or more**

- a. Yes
- b. No

**31. Have you ever been treated for a mental health, emotional or behavioral problem? (Mark ALL that apply)**

- a. No
- b. Yes, during the last year
- c. Yes, more than a year ago



**32. Have you ever been treated for an alcohol or drug problem? (Mark ALL that apply)**

- a. No
- b. Yes, during the last year
- c. Yes, more than a year ago

**33. During the last 7 days, on how many days were you physically active for a total of AT LEAST 60 MINUTES PER DAY? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time)**

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days
- g. 6 days
- h. 7 days

**34. During the last 30 days, have you had to skip meals because your family did not have enough money to buy food?**

- a. Yes
- b. No

**35. During a typical school week, where do you usually get your lunch? (Mark ALL that apply)**

- a. I usually don't eat lunch
- b. Regular school lunch from the cafeteria
- c. The a la carte line (buy individual items)
- d. School store or vending machine
- e. Fast food restaurant, gas station or somewhere else outside of school
- f. I bring lunch from home

**36. During the last 7 days, how many times did you...**

|  | I did NOT eat or drink this | 1 to 3 times in the last 7 days | 4 to 6 times in the last 7 days | 1 time per day | 2 times per day | 3 times per day | 4 or more times per day |
|--|-----------------------------|---------------------------------|---------------------------------|----------------|-----------------|-----------------|-------------------------|
| Drink <b>100% fruit juices</b> such as orange, apple or grape juice? (Do <b>not</b> count punch, Kool-Aid, sports drinks or other fruit-flavored drinks) |                             |                                 |                                 |                |                 |                 |                         |
| Eat <b>fruit</b> ? (Do <b>not</b> count fruit juice)   |                             |                                 |                                 |                |                 |                 |                         |
| Eat <b>green salad, potatoes, carrots</b> or <b>other vegetables</b> ? (Do <b>not</b> count French fries, fried potatoes, or potato chips)               |                             |                                 |                                 |                |                 |                 |                         |

|   | I did NOT eat or drink this | 1 to 3 times in the last 7 days | 4 to 6 times in the last 7 days | 1 time per day | 2 times per day | 3 times per day | 4 or more times per day |
|---|-----------------------------|---------------------------------|---------------------------------|----------------|-----------------|-----------------|-------------------------|
| Eat from a <b>fast food restaurant</b> , including carry-out or delivery? |                             |                                 |                                 |                |                 |                 |                         |

**37. During the last 7 days, how many times did you drink...**

|   | I did NOT eat or drink this | 1 to 3 times in the last 7 days | 4 to 6 times in the last 7 days | 1 time per day | 2 times per day | 3 times per day | 4 or more times per day |
|---|-----------------------------|---------------------------------|---------------------------------|----------------|-----------------|-----------------|-------------------------|
| A glass of milk? (Count the milk you drank in a cup, from a carton, or with cereal.)  |                             |                                 |                                 |                |                 |                 |                         |
| A can, bottle or glass of pop or soda, such as Coke, Pepsi or Sprite? (Do <b>not</b> count diet pop or diet soda)   |                             |                                 |                                 |                |                 |                 |                         |
| A can, bottle or glass of a sports drink, such as Gatorade or Powerade? (Do <b>not</b> count low-calorie sports drinks such as Propel or G2)  |                             |                                 |                                 |                |                 |                 |                         |
| A can, bottle or glass of an energy drink, such as Rockstar, Red Bull, Monster or Full Throttle?  |                             |                                 |                                 |                |                 |                 |                         |
| A can, bottle or glass of coffee or tea that had sugar, syrups, or honey added to it? (Count coffee and tea you added a sweetener to or already had sweetener, such as Arizona Iced Tea or Frappuccinos. Do <b>not</b> count artificial sweeteners like Splenda, or diet drinks.) |                             |                                 |                                 |                |                 |                 |                         |
| A can, bottle or glass of a sweetened fruit drink, such as Kool-Aid, Capri Sun or lemonade? (Do <b>not</b> count 100% fruit juice, such as 100% pure orange juice.)   |                             |                                 |                                 |                |                 |                 |                         |
| A bottle or glass of water?   |                             |                                 |                                 |                |                 |                 |                         |

**38. Has a doctor or nurse ever told you that you have...**

|   | Yes | No |
|---|-----|----|
| Diabetes?   |     |    |
| Pre-diabetes?                                     |     |    |
| Asthma?   |     |    |
| An allergy that requires you to carry an epi-pen? |     |    |

**39. How often do you wear a seat belt when you are riding in a car, truck or SUV?**

- a. Never
- b. Rarely
- c. Sometimes
- d. Most of the time
- e. Always
- f. I am never in a car, truck or SUV

**40. During a typical school night, how many hours of sleep do you get?**

- a. 4 hours or less
- b. 5 hours
- c. 6 hours
- d. 7 hours
- e. 8 hours
- f. 9 hours
- g. 10 or more hours

**41. During the last 12 months, how many times did you use an indoor tanning device such as a sunlamp, sunbed or tanning booth?**

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 or more times

**42. How much do you feel...**

|   | Not at all | A little | Some | Quite a bit | Very much |
|---|------------|----------|------|-------------|-----------|
| Your parents care about you?                    |            |          |      |             |           |
| Other adult relatives care about you?           |            |          |      |             |           |
| Friends care about you?                         |            |          |      |             |           |
| Teachers/other adults at school care about you? |            |          |      |             |           |
| Adults in your community care about you?        |            |          |      |             |           |

**43. Which of these adults can you talk to about problems you are having? (Mark ALL that apply)**

- a. Parent or guardian
- b. Adult at school
- c. Some other adult
- d. I don't have any adults that I can talk to about problems I am having

**44. In general, how does each of the following statements describe you?**

|   | Not at all or rarely | Somewhat or sometimes | Very or often | Extremely or almost always |
|---|----------------------|-----------------------|---------------|----------------------------|
| I feel in control of my life and future.            |                      |                       |               |                            |
| I feel good about myself.                           |                      |                       |               |                            |
| I say no to things that are dangerous or unhealthy. |                      |                       |               |                            |

|  | Not at all or rarely | Somewhat or sometimes | Very or often | Extremely or almost always |
|--|----------------------|-----------------------|---------------|----------------------------|
| I build friendships with other people.                         |                      |                       |               |                            |
| I express my feelings in proper ways.                          |                      |                       |               |                            |
| I feel good about my future.                                   |                      |                       |               |                            |
| I deal with disappointment without getting too upset.          |                      |                       |               |                            |
| I find good ways to deal with things that are hard in my life. |                      |                       |               |                            |
| I plan ahead and make good choices.                            |                      |                       |               |                            |
| I stay away from bad influences.                               |                      |                       |               |                            |
| I resolve conflicts without anyone getting hurt.               |                      |                       |               |                            |
| I feel valued and appreciated by others.                       |                      |                       |               |                            |
| I accept people who are different from me.                     |                      |                       |               |                            |
| I am thinking about what my purpose is in life.                |                      |                       |               |                            |
| I am included in family tasks and decisions.                   |                      |                       |               |                            |
| I am given useful roles and responsibilities.                  |                      |                       |               |                            |
| I am sensitive to the needs and feelings of others.            |                      |                       |               |                            |

**45. Over the last 2 weeks, how often have you been bothered by:**

|  | Not at all | Several days | More than half the days | Nearly every day |
|--|------------|--------------|-------------------------|------------------|
| Little interest or pleasure in doing things? |            |              |                         |                  |
| Feeling down, depressed or hopeless?         |            |              |                         |                  |
| Feeling nervous, anxious or on edge?         |            |              |                         |                  |
| Not being able to stop or control worrying?  |            |              |                         |                  |

**46. During the last 12 months, how many times did you do something to purposely hurt or injure yourself without wanting to die, such as cutting, burning, or bruising yourself on purpose?**

- a. 0 times
- b. 1 or 2 times
- c. 3 to 5 times
- d. 6 to 9 times
- e. 10 to 19 times
- f. 20 or more times

**47. Have you ever seriously considered attempting suicide? (Mark ALL that apply)**

- a. No
- b. Yes, during the last year
- c. Yes, more than a year ago

**48. Have you ever actually attempted suicide? (Mark ALL that apply)**

- a. No
- b. Yes, during the last year
- c. Yes, more than a year ago

**49. Have you been in a casual or serious relationship where your partner ever:**

|  | Yes | No |
|--|-----|----|
| Physically hurt you on purpose (shoved, kicked, slapped, punched, pulled hair, strangled, injured you with an object or weapon, etc.)?   |     |    |
| Verbally hurt or controlled you (called you names, told you what you could wear or eat, told you who you could see or talk to, threatened you, blamed you for their behavior, etc.)? |     |    |

**50. Have you ever been in foster care? (Mark ALL that apply)**

- a. No
- b. Yes, during the last year
- c. Yes, more than a year ago

**51. During the past 12 months, have you stayed in a shelter, somewhere not intended as a place to live, or someone else's home because you had no other place to stay? (Mark ALL that apply)**

- a. No
- b. Yes, I was with my parents or an adult family member
- c. Yes, I was on my own without any adult family members

**52. Have any of your parents or guardians ever been in jail or prison? (Mark ALL that apply)**

- a. None of my parents or guardians has ever been in jail or prison
- b. Yes, I have a parent or guardian in jail or prison right now
- c. Yes, I have had a parent or guardian in jail or prison in the past

**\* Did you live with a parent or guardian at the time they went to jail or prison?**

- a. Yes
- b. No

**53. Do you live with anyone who drinks too much alcohol?**

- a. Yes
- b. No

**54. Do you live with anyone who uses illegal drugs or abuses prescription drugs?**

- a. Yes
- b. No

**55. Does a parent or other adult in your home regularly swear at you, insult you or put you down?**

- a. Yes
- b. No

**56. Has a parent or other adult in your home ever hit, beat, kicked or physically hurt you in any way?**

- a. Yes
- b. No

**57. Do you live with anyone who is depressed or has any other mental health issues?**

- a. Yes
- b. No

**58. Have your parents or other adults in your home ever slapped, hit, kicked, punched or beat each other up?**

- a. Yes
- b. No

**59. Has anyone who was NOT a relative/family member ever pressured, tricked, or forced you to do something sexual or done something sexual to you against your wishes?**

- a. Yes
- b. No

**60. Has any relative/family member ever pressured, tricked, or forced you to do something sexual or done something sexual to you?**

- a. Yes
- b. No

**61. During the last 12 months, how often have you done the following gambling/betting activities:**

|  | Not at all | Less than once a month | About once a month | About once a week | 2 to 6 times a week | Daily |
|--|------------|------------------------|--------------------|-------------------|---------------------|-------|
| Played cards, bet on sports teams or games of personal skill like video gaming, pool, golf or bowling? |            |                        |                    |                   |                     |       |
| Bought lottery tickets or scratch offs?  |            |                        |                    |                   |                     |       |
| Gambled in a casino?   |            |                        |                    |                   |                     |       |
| Gambled for money online?  |            |                        |                    |                   |                     |       |

**\* During the last 12 months, how often have you:**

|  | Never | Sometimes | Many times | All of the time |
|--|-------|-----------|------------|-----------------|
| Hidden your gambling/betting from your parents, other family members or teachers?                  |       |           |            |                 |
| Felt that you might have a problem with gambling/betting?  |       |           |            |                 |
| Skipped hanging out with friends who do not gamble/bet to hang out with friends who do gamble/bet? |       |           |            |                 |

**62. During the last 12 months, how often have you...**

|   | Never | Once or twice | 3 to 5 times | 6 to 9 times | 10 or more times |
|---|-------|---------------|--------------|--------------|------------------|
| Run away from home?                                 |       |               |              |              |                  |
| Damaged or destroyed property?                      |       |               |              |              |                  |
| Hit or beat up another person?                      |       |               |              |              |                  |
| Taken something from a store without paying for it? |       |               |              |              |                  |

**63. During the last 30 days, on how many days did you...**

|  | 0 day | 1 to 2 days | 3 to 9 days | 10 to 19 days | 20 to 29 days | All 30 days |
|--|-------|-------------|-------------|---------------|---------------|-------------|
| Smoke a cigarette?   |       |             |             |               |               |             |
| Smoke cigars, cigarillos or little cigars?                         |       |             |             |               |               |             |
| Use chewing tobacco, snuff or dip?                                 |       |             |             |               |               |             |
| Vape or use an e-cigarette like JUUL, suorin, blu, VUSE, or logic? |       |             |             |               |               |             |
| Use a hookah or a water pipe to smoke tobacco?                     |       |             |             |               |               |             |

**\* When you vaped or used electronic cigarettes during the last 30 days, how did you get it? (Mark ALL that apply)**

- a. I bought it at gas stations or convenience stores
- b. I bought it at grocery, discount or drug stores
- c. I bought it on the internet
- d. I bought it at vape shops or other stores that sell only e-cigarettes
- e. I got it from friends
- f. I got it from my parents
- g. I got it from other family members
- h. I got it from someone I didn't know
- i. I got it by getting someone else to buy it for me
- j. I took it from my home
- k. I took it from a friend's home
- l. I took it from stores
- m. I got it some other way

**64. During the last 30 days, on how many days did you smoke cigarettes or other tobacco products that were flavored to taste like mint or menthol?**

- a. 0 days
- b. 1 to 2 days
- c. 3 to 9 days
- d. 10 to 19 days
- e. 20 to 29 days
- f. All 30 days

**65. During the last 30 days, on how many days did you use any tobacco product that was some other flavor, like candy, fruit, chocolate, clove, spice or alcoholic drinks?**

- a. 0 days
- b. 1 to 2 days
- c. 3 to 9 days
- d. 10 to 19 days
- e. 20 to 29 days
- f. All 30 days

**66. During the last 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?**

- 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 29 days
- g. All 30 days

**\* When you used alcohol during the last 30 days, how did you get it? (Mark ALL that apply)**

- a. I bought alcohol at gas stations or convenience stores
- b. I bought alcohol at bars or restaurants
- c. I bought alcohol at stores
- d. I bought alcohol on the Internet
- e. I got alcohol from friends
- f. I got alcohol from my parents
- g. I got alcohol from other family members
- h. I got alcohol by getting someone else to buy for me
- i. I got alcohol at parties
- j. I took alcohol from my home
- k. I took alcohol from a friend's home
- l. I took alcohol from stores
- m. I got alcohol some other way

**67. During the last 12 months, on how many occasions (if any) have you had alcoholic beverages to drink?**

- a. 0
- b. 1 to 2
- c. 3 to 5
- d. 6 to 9
- e. 10 to 19
- f. 20 to 39
- g. 40 or more

**\* If you drink beer/wine/wine coolers/liquor, generally how much (if any) do you drink at one time?**

- a. I don't drink beer/wine/wine coolers/liquor
- b. 1 glass/can/drink
- c. 2 glasses/cans/drinks
- d. 3 glasses/cans/drinks
- e. 4 glasses/cans/drinks
- f. 5 or more glasses/cans/drinks

**\* (Females) During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row, that is, within a couple of hours?**

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 to 5 days
- e. 6 to 9 days
- f. 10 to 19 days
- g. 20 or more days



**\* (Males) During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?**

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 to 5 days
- e. 6 to 9 days
- f. 10 to 19 days
- g. 20 or more days

**68. During the last 30 days, on how many days did you use marijuana or hashish? (Do NOT count medical marijuana prescribed for you by a doctor)**

- 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 29 days
- g. All 30 days

**69. During the last 12 months, on how many occasions (if any) have you used marijuana or hashish? (Do NOT count medical marijuana prescribed for you by a doctor)**

- a. 0
- b. 1 to 2
- c. 3 to 5
- d. 6 to 9
- e. 10 to 19
- f. 20 to 39
- g. 40 or more

**70. During the last 12 months, on how many occasions (if any) have you...**

|   | 0 | 1 to 2 | 3 to 5 | 6 to 9 | 10 to 19 | 20 or more |
|---|---|--------|--------|--------|----------|------------|
| Sniffed glue or huffed or inhaled the contents of aerosol spray cans or other gases to get high?                |   |        |        |        |          |            |
| Used LSD (acid), PCP (wet sticks or dipped joints), or other psychedelics (mushrooms, angel dust)?              |   |        |        |        |          |            |
| Used MDMA (E, X, ecstasy, Molly), GHB (G, Liquid E, Liquid X, roofies) or Ketamine (Special K)?                 |   |        |        |        |          |            |
| Used crack, coke or cocaine in any form?  |   |        |        |        |          |            |
| Used heroin (smack, junk, China White)?   |   |        |        |        |          |            |
| Used methamphetamine (meth, glass, crank, crystal meth, ice)?   |   |        |        |        |          |            |
| Used over-the-counter drugs such as cough syrup, cold medicine or diet pills that you took only to get high?    |   |        |        |        |          |            |
| Used synthetic marijuana (K2, Gold) that you took only to get high?   |   |        |        |        |          |            |
| Used any other synthetic drugs such as bath salts (Ivory Wave, White Lightning) that you took only to get high? |   |        |        |        |          |            |

**71. During the last 30 days, on how many days did you use prescription drugs without a doctor's prescription or differently than how a doctor told you to use it?**

- 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 29 days
- g. All 30 days

**72. During the last 12 months, on how many occasions have you used any of the following prescription drugs without a doctor's prescription or differently than how a doctor told you to use it?**

|  | 0 | 1 to 2 | 3 to 5 | 6 to 9 | 10 to 19 | 20 or more |
|--|---|--------|--------|--------|----------|------------|
| Stimulants such as Amphetamines (bennies, speed, uppers) or diet pills?                              |   |        |        |        |          |            |
| ADHD or ADD drugs (Ritalin, Adderall, hyper pills)?  |   |        |        |        |          |            |
| Pain relievers such as OxyContin, Percocet, Vicodin or others?                                       |   |        |        |        |          |            |
| Tranquilizers such as Valium, Xanax, Klonopin, Ativan, anxiety pills, sedatives or benzos (downers)? |   |        |        |        |          |            |

**\* During the last 12 months, have you...**

|  | Yes | No |
|--|-----|----|
| Found that you had to use a lot more alcohol or drugs than before to get the same effect?                        |     |    |
| Tried to cut down on your use of alcohol or drugs but couldn't?  |     |    |
| Continued to use alcohol or drugs even though you knew it was hurting your relationships with friends or family? |     |    |

**\* During the last 12 months, how many times have you...**

|   | 0 times | 1 time | 2 times | 3 or more times |
|---|---------|--------|---------|-----------------|
| Spent all or most of the day using alcohol or drugs, or getting over their effects?   |         |        |         |                 |
| Given up important social or recreational activities like sports or being with friends or relatives to use alcohol or drugs or to get over their effects? |         |        |         |                 |
| Missed work or school, or neglected other major responsibilities because of alcohol or drug use?  |         |        |         |                 |
| Hit someone or become violent while using alcohol or drugs?   |         |        |         |                 |
| Used so much alcohol or drugs that the next day you could not remember what you had said or done?   |         |        |         |                 |
| Used more alcohol or drugs than you intended to?  |         |        |         |                 |

**\* During the last 12 months, were there any times when you felt such a strong desire or urge to drink alcohol or to use a drug that you couldn't resist or could not think of anything else?**

- a. Yes
- b. No

**\* During the last 12 months, how many times has alcohol or drug use left you feeling depressed, agitated, paranoid, or unable to concentrate?**

- a. 0 times
- b. 1 time
- c. 2 times
- d. 3 or more times

**73. How much do you think people risk harming themselves physically or in other ways if they...**

|   | No risk | Slight risk | Moderate risk | Great risk |
|---|---------|-------------|---------------|------------|
| Smoke one or more packs of cigarettes per day?                            |         |             |               |            |
| Have five or more drinks of an alcoholic beverage once or twice per week? |         |             |               |            |
| Use marijuana once or twice per week?                                     |         |             |               |            |
| Use prescription drugs not prescribed for them?                           |         |             |               |            |
| Vape or use e-cigarettes?   |         |             |               |            |

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

|  | Not at all wrong | A little bit wrong | Wrong | Very wrong |
|--|------------------|--------------------|-------|------------|
| Smoke cigarettes?  |                  |                    |       |            |
| Have one or more drinks of an alcoholic beverage nearly every day? |                  |                    |       |            |
| Use marijuana?   |                  |                    |       |            |
| Use prescription drugs not prescribed for you?                     |                  |                    |       |            |
| Vape or use e-cigarettes?  |                  |                    |       |            |

**75. How wrong do your friends feel it would be for you to...**

|  | Not at all wrong | A little bit wrong | Wrong | Very wrong |
|--|------------------|--------------------|-------|------------|
| Smoke cigarettes?  |                  |                    |       |            |
| Have one or more drinks of an alcoholic beverage nearly every day? |                  |                    |       |            |
| Use marijuana?   |                  |                    |       |            |
| Use prescription drugs not prescribed for you?                     |                  |                    |       |            |
| Vape or use e-cigarettes?  |                  |                    |       |            |

**76. How do you feel about each of the following statements:**

|  | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|--|----------------|-------|----------------------------|----------|-------------------|
| Parents and other adults should clearly communicate with their children about the importance of not using alcohol. |                |       |                            |          |                   |
| Drinking alcohol is never a good thing for anyone my age to do.  |                |       |                            |          |                   |

**77. In your opinion, how do you think MOST STUDENTS in your school feel about each of the following statements:**

|  | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|--|----------------|-------|----------------------------|----------|-------------------|
| Parents and other adults should clearly communicate with their children about the importance of not using alcohol. |                |       |                            |          |                   |
| Drinking alcohol is never a good thing for anyone my age to do.  |                |       |                            |          |                   |

**78. How often do you use each of the following:**

|                                  | Never | Tried once or twice | Once or twice a year | Once a month | Twice a month | Once a week | Daily |
|----------------------------------|-------|---------------------|----------------------|--------------|---------------|-------------|-------|
| Tobacco (cigarettes, chew)?      |       |                     |                      |              |               |             |       |
| Alcohol (beer, wine, liquor)?    |       |                     |                      |              |               |             |       |
| Marijuana (pot, hash, hash oil)? |       |                     |                      |              |               |             |       |
| Vaping device or e-cigarette?    |       |                     |                      |              |               |             |       |

**79. In your opinion, how often do you think MOST STUDENTS in your school use each of the following:**

|                                  | Never | Tried once or twice | Once or twice a year | Once a month | Twice a month | Once a week | Daily |
|----------------------------------|-------|---------------------|----------------------|--------------|---------------|-------------|-------|
| Tobacco (cigarettes, chew)?      |       |                     |                      |              |               |             |       |
| Alcohol (beer, wine, liquor)?    |       |                     |                      |              |               |             |       |
| Marijuana (pot, hash, hash oil)? |       |                     |                      |              |               |             |       |
| Vaping device or e-cigarette     |       |                     |                      |              |               |             |       |

*\* indicates question will be skipped if it does not apply to the student based on previous answers*