

6. How many times (if any) have you:

	0 times	1-2 times	3-5 times	More than 5 times
a. had beer, wine, or hard liquor to drink during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. used marijuana (grass, pot, cannabis, weed) or hashish (hash, hash oil) during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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7. How much do you think people risk harming themselves (physically or in other ways) if they:

	No risk	Slight risk	Moderate risk	Great risk
a. smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. have five or more drinks of an alcoholic beverage once or twice each weekend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. have five or more drinks of an alcoholic beverage once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. smoke 1-5 cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. use vape products such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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8. Have you ever tried:

	No	Yes
a. cigarettes, even just one puff?	<input type="radio"/>	<input type="radio"/>
b. vape products containing nicotine (such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars)?	<input type="radio"/>	<input type="radio"/>
c. vape products containing marijuana?	<input type="radio"/>	<input type="radio"/>
d. chewing tobacco, snuff, dip, or snus (moist smokeless tobacco usually sold in small pouches)?	<input type="radio"/>	<input type="radio"/>

9. During the past 30 days, on how many days did you:

	0 days	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20 to 29 days	All 30 days
a. smoke cigarettes?	<input type="radio"/>						
b. use vape products containing nicotine (such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars)?	<input type="radio"/>						
c. use vape products containing marijuana?	<input type="radio"/>						
d. use chewing tobacco, snuff, dip, or snus (moist smokeless tobacco usually sold in small pouches)?	<input type="radio"/>						

10. During the past year, did you drink alcohol at any of the following places? (Mark the number of times for each.)

	0 times	1 or 2 times	3 to 5 times	6 or more times
a. At my home or someone else's home without any parent/caregiver permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. At my home with my parents/caregivers' permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. At someone else's home with their parents/caregivers' permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. In a car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. At or near school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Someplace outside of town (for example, on public lands, in the desert, in a campground, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. In another place _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. How wrong do you think it is for someone your age to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. take a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. steal anything worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. attack someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. stay away from school all day when their parents/caregivers think they are at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. drink beer, wine, or hard liquor (for example, vodka, whiskey, or tequila) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. use LSD, cocaine, amphetamines, or another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



12. What are the chances you would be seen as cool if you:

	No or very little chance	Little chance	Some chance	Pretty good chance	Very good chance
a. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. worked hard at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. defended someone who was being verbally abused at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. regularly volunteered to do community service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. If ever, how many times in the past year (12 months) have you:

	Never	1 to 2 times	3 to 5 times	6 to 9 times	10 to 19 times	20 to 29 times	30 to 39 times	40+ times
a. been suspended from school?	<input type="radio"/>							
b. carried a handgun?	<input type="radio"/>							
c. participated in clubs, organizations or activities at school?	<input type="radio"/>							
d. done extra work on your own for school?	<input type="radio"/>							
e. attacked someone with the idea of seriously hurting them?	<input type="radio"/>							
f. been drunk or high at school?	<input type="radio"/>							
g. volunteered to do community service?	<input type="radio"/>							
h. taken a handgun to school?	<input type="radio"/>							

14. Think back over the last two weeks. If any, how many times have you had five or more alcoholic drinks in a row?

- None
- Once
- Twice
- 3-5 times
- 6-9 times
- 10 or more times

15. In my school, students have lots of chances to help decide things like class activities and rules.

	Definitely No	Somewhat No	Somewhat Yes	Definitely Yes
15. In my school, students have lots of chances to help decide things like class activities and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Teachers ask me to work on special classroom projects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. My teachers notice when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. There are lots of chances for students in my school to talk with a teacher one-on-one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I feel safe at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. The school lets my parents/caregivers know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Are your school grades better than the grades of most students in your class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I have lots of chances to be part of class discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Now thinking back over the past year in school, how often did you:

	Never	Seldom	Sometimes	Often	Almost always
a. enjoy being in school?	<input type="radio"/>				
b. hate being in school?	<input type="radio"/>				
c. try to do your best work in school?	<input type="radio"/>				

26. Putting them all together, what were your grades like last year?

- Mostly F's
- Mostly D's
- Mostly C's
- Mostly B's
- Mostly A's

27. How important do you think the things you are learning in school are going to be for your later life?

- Very important
- Quite important
- Fairly important
- Slightly important
- Not at all important

28. How interesting are most of your courses to you?

- Very interesting and stimulating
- Quite interesting
- Fairly interesting
- Slightly interesting
- Not at all interesting

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29. How often do you feel that the school work you are assigned is meaningful and important?

- Never
- Seldom
- Sometimes
- Often
- Almost Always

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30. During the past 30 days, on how many days (if any) did you NOT go to school because you felt you would be unsafe at school or on your way to or from school?

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

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31. During the LAST FOUR WEEKS, how many (if any) whole days of school have you missed because you skipped or "cut"?

- None
- 1 day
- 2 days
- 3 days
- 4-5 days
- 6-10 days
- 11 or more days

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32. How wrong do your parents/caregivers feel it would be for YOU to:

Not wrong at all
 A little bit wrong
 Wrong
 Very wrong

- a. drink beer, wine, or hard liquor (for example, vodka, whiskey, or tequila) regularly?
- b. smoke cigarettes?
- c. smoke marijuana?
- d. steal something worth more than \$5?
- e. draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?
- f. pick a fight with someone?
- g. have one or two drinks of an alcoholic beverage nearly every day?
- h. use prescription drugs not prescribed to you?
- i. use vape products such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars?

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	Definitely No	Somewhat No	Somewhat Yes	Definitely Yes
33. My parents/caregivers expect me to eat dinner at home with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. People in my family often insult or yell at each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. We argue about the same things in my family over and over.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. People in my family have serious arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. My parents/caregivers have set clear rules and expectations with me about NOT drinking ANY alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. Has anyone in your family ever had severe alcohol or drug problems?

- No
- Yes

39. During a typical week, how many days do all or most of your family eat at least one meal together?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- All 7 days

40. Have any of your brothers or sisters ever:

	I don't have any brothers or sisters	No	Yes
a. drunk beer, wine, or hard liquor (for example, vodka, whiskey, or tequila)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. taken a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. been suspended or expelled from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. used a vape product (e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



41. About how many adults (over 21), if any, have you known personally who in the past year have:

	0 adults	1 adult	2 adults	3-4 adults	5 or more adults
a. used marijuana, crack, cocaine, or other drugs?	<input type="radio"/>				
b. sold or dealt drugs?	<input type="radio"/>				
c. done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging, or assaulting others, etc?	<input type="radio"/>				
d. gotten drunk or high?	<input type="radio"/>				

42. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many (if any) of your best friends have:

	Number of friends				
	0	1	2	3	4
a. participated in clubs, organizations, or activities at school?	<input type="radio"/>				
d. made a commitment to stay drug-free?	<input type="radio"/>				
f. tried to do well in school?	<input type="radio"/>				
h. been suspended from school?	<input type="radio"/>				
i. liked school?	<input type="radio"/>				
j. carried a handgun?	<input type="radio"/>				
k. sold illegal drugs?	<input type="radio"/>				
l. regularly attended religious services?	<input type="radio"/>				
m. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>				
n. been arrested?	<input type="radio"/>				
o. dropped out of school?	<input type="radio"/>				

43. How wrong do your friends feel it would be for YOU to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44. During the past 30 days, how often did you:

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. feel nervous?	<input type="radio"/>				
b. feel hopeless?	<input type="radio"/>				
c. feel restless or fidgety?	<input type="radio"/>				
d. feel so depressed that nothing could cheer you up?	<input type="radio"/>				
e. feel that everything was an effort?	<input type="radio"/>				
f. feel worthless?	<input type="radio"/>				

45. In the past seven days, I have felt:

	Never	Rarely	Sometimes	Often	Always
a. left out.	<input type="radio"/>				
b. that people barely know me.	<input type="radio"/>				
c. isolated from others.	<input type="radio"/>				
d. that people are around me but not with me.	<input type="radio"/>				

46. In the past 12 months, have you ever done something to purposefully hurt yourself without wanting to die, such as cutting or burning yourself on purpose? If so, how many times did you do so?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

	Definitely No	Somewhat No	Somewhat Yes	Definitely Yes
47. Sometimes, I think that life is not worth it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. At times, I think I am no good at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. All in all, I am inclined to think that I am a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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51. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

- No
- Yes

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

- No
- Yes

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53. During the past 12 months, how many times (if any) did you actually attempt suicide?

- 0 times
- 1 time
- 2 to 3 times
- 4 to 5 times
- 6 or more times

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54. This past year, did you experience any of the following?

(Mark ALL that apply.)

- One or more people living in my home lost their job
- I moved or changed homes
- Skipped one or more meals because my family didn't have enough money to buy food
- I had difficulty keeping up with schoolwork because I didn't have access to a reliable computer or internet service
- I did not have a quiet place at home to study
- None of these

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For questions 55 and 56, write your height and weight in the blank boxes and fill in the matching circle below each number.

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55. How tall are you without your shoes on?

feet inches

3	0
4	1
5	2
6	3
7	4
	5
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56. How much do you weigh without your shoes on?

pounds

0	0	0
1	1	1
2	2	2
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	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

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57. On an average school night, how many hours of sleep do you get?

- 4 hours or less
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours
- I don't know

58. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?

- 0 days
- 1 or 2 days
- 3 or 4 days
- 5 or 6 days
- 7 days

	Definitely No	Somewhat No	Somewhat Yes	Definitely Yes
59. Do you think you will smoke a cigarette at any time during the next year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. If one of your best friends offered you a cigarette, would you smoke it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. Do you think you will use a vape product such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars at any time during the next year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

62. During the past 30 days, how did you use marijuana? (Mark ALL that apply.)

- I did not use marijuana during the past 30 days
- I smoked it
- I ate it (in an edible, candy, tincture or other food)
- I used a vaporizer
- I dabbed it
- I used it in some other way

63. During the past 12 months, have you talked with at least one of your parents/caregivers about the dangers of tobacco, alcohol, or drug use? (Mark ALL that apply.)

- No
- Yes, tobacco use
- Yes, alcohol use
- Yes, drug use



64. During the past year (12 months), how often have you talked with at least one of your parents/caregivers about the rules and expectations of NO alcohol use?

- At least once a month
- Every 2 to 3 months
- Every 4 to 6 months
- A few times in the past year
- Talked, but not in the past year
- Never

65. During the past 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.)

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

66. In a typical week, how many days do you walk, ride your bike or scooter (non-motorized), or skateboard to and from school?

- No days
- 1 day
- 2 day
- 3 day
- 4 day
- 5 day

67. How are guns and bullets stored in your home?

- We don't have any guns or bullets
- Unlocked and in plain sight
- Locked or hidden, but I know how to access them
- Locked or hidden, and I DON'T know how to access them
- Don't know

68. How often do you wear a seat belt when riding in a car driven by someone else?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

69. Has a doctor or nurse ever told you that you have asthma?

- No
- Yes

70. Do you still have asthma?

- No
- Yes

71. During the past 12 months, did you have an episode of asthma or an asthma attack?

- No
- Yes

72. An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor or other health professional EVER given you a written asthma action plan?

- I do not have asthma
- Yes
- No
- Not sure

73. During the past 12 months, about how many days of school did you miss because of your asthma?

- I do not have asthma
- 0 days
- 1 to 3 days
- 4 to 9 days
- 10 to 12 days
- 13 or more days

74. Do you have diabetes?

- No
- Yes

75. Has a doctor or other health professional EVER given you a written diabetes care plan to help manage your diabetes in school?

- I do not have diabetes
- Yes
- No
- Not Sure

76. During the past 12 months, about how many days of school did you miss because of your diabetes?

- I do not have diabetes
- 0 days
- 1 to 3 days
- 4 to 9 days
- 10 to 12 days
- 13 or more days

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This section asks questions about screen time not related to school or homework. These questions ask about the time you spend on a cell or smartphone, video games, computers, handheld video game players, TV/video, or tablets/iPads not for school or homework.

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77. Do you have a cell phone?

- No
- Yes

78. What rules does your family have about screen time?

You can choose more than one.

- Content you can't look at (like websites or videos)
- Places you can't use it
- Apps you can't use
- Times you can't use it
- Total time limits
- None of these, but we have other rules
- No rules about screen time

79. How often do your parents/caregivers enforce or make you follow rules about screen time?

- Always
- Often
- Sometimes
- Rarely
- Never

80. On an average school day, how many hours do you use an electronic device for something that is not school work? (Count time spent on things such as Xbox, PlayStation, texting, watching TV or a steaming service, YouTube, Instagram, Snapchat, TikTok or other social media.)

- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

81. During the past 12 months, how often (if at all) have you been threatened or harassed over the internet, by email, or by someone using a cell phone?

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

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bach-harrison.com

82. How honest were you in filling out this survey?

- I was very honest.
- I was honest most of the time.
- I was honest some of the time.
- I was honest once in a while.
- I was not honest at all.

Thank you for completing the survey

Extra Questions Start with 201	Responses								
	a	b	c	d	e	f	g	h	i
201.	<input type="radio"/>								
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