



Answer questions 22 to 27 for both alcohol and drugs.

	Alcohol			Drugs		
	Don't use	Yes	No	Don't use	Yes	No
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61						
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	Very easy			
	Sort of easy	Sort of hard	Very hard	
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43				
41				
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32. Has anyone in your family ever had severe alcohol or drug problems?

No Yes

	Yes	
	No	Yes
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	All 30 days					
	20 to 29 days	10 to 19 days	6 to 9 days	3 to 5 days	1 or 2 days	0 days
34. During the past 30 days, on how many days did you:						
a. smoke cigarettes?						
b. smoke cigars, cigarillos, or little cigars?						
c. smoke tobacco in a hookah or waterpipe?						
d. use vape products containing nicotine (such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars)?						
e. use vape products containing marijuana?						
f. use chewing tobacco, snuff, dip, or snus (moist smokeless tobacco usually sold in small pouches)?						
g. use nicotine pouches like Zyn, On, and Velo?						
h. use nicotine lozenges (small hard or soft tablets containing nicotine that slowly dissolve in the mouth such as Velo or Rogue)?						

	Definitely Yes			
	Somewhat Yes	Somewhat No	Definitely No	
35. If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?				
36. If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or tequila) in your neighborhood, would he or she be caught by the police?				
37. If a kid carried a handgun in your neighborhood, would he or she be caught by the police?				

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

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

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

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

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

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



	Definitely Yes	Somewhat Yes	Somewhat No	Definitely No
41. 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"/>
42. Teachers ask me to work on special classroom projects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. 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"/>
44. 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"/>
45. 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"/>
46. I feel safe at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. 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"/>
48. My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. 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"/>
50. 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"/>

	Almost always	Often	Sometimes	Seldom	Never
51. Now thinking back over the past year in school, how often did you:					
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"/>				

52. How often do you feel that the school work you are assigned is meaningful and important?	<input type="radio"/>				
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53. During the past 12 months, how often (if at all) have you been picked on or bullied by a student ON SCHOOL PROPERTY?

- | | |
|-----------------------------------|--------------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 4 or 5 days |
| <input type="radio"/> 1 day | <input type="radio"/> 6 or more days |
| <input type="radio"/> 2 or 3 days | |

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

- | | |
|------------------------------|---------------------------------------|
| <input type="radio"/> None | <input type="radio"/> 4-5 days |
| <input type="radio"/> 1 day | <input type="radio"/> 6-10 days |
| <input type="radio"/> 2 days | <input type="radio"/> 11 or more days |
| <input type="radio"/> 3 days | |

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

- | | |
|-----------------------------------|--------------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 4 or 5 days |
| <input type="radio"/> 1 day | <input type="radio"/> 6 or more days |
| <input type="radio"/> 2 or 3 days | |

56. How safe do you feel in each of the following areas at your school (before and after school)?

	Very safe	Somewhat safe	Somewhat unsafe	Very unsafe
a. Playgrounds or fields	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Lunchroom/Cafeteria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Classrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Bathrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Parking lots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Stairs and hallways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. On the school bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

57. How worried, if at all, are you about the possibility of each of the following things happening at your school?

	Very worried	Somewhat worried	Not too worried	Not at all worried
a. Getting bullied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Gun violence or active shooter situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Suicide by a student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Gang activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Students using alcohol or drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Earthquake/Fire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

58. My parents/caregivers expect me to eat dinner at home with my family.

	Definitely Yes	Somewhat Yes	Somewhat No	Definitely No
58. 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"/>
59. People in my family often insult or yell at each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. We argue about the same things in my family over and over.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. People in my family have serious arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. 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"/>

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

- | | |
|------------------------------|----------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 4 days |
| <input type="radio"/> 1 day | <input type="radio"/> 5 days |
| <input type="radio"/> 2 days | <input type="radio"/> 6 days |
| <input type="radio"/> 3 days | <input type="radio"/> All 7 days |



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64. 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

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

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

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

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

67. Sometimes, I think that life is not worth it.

68. At times, I think I am no good at all.

69. All in all, I am inclined to think that I am a failure.

70. In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?

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

71. 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

72. 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

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

- No
- Yes

74. During the past 12 months, did you make a plan about how you would attempt suicide?

- No
- Yes

75. 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

76. How often in the last 30 days (if at all) did you talk to an adult (parent/caregiver, doctor, counselor, teacher, etc.) about feeling very sad, hopeless, or suicidal?

- I have not felt this way in the past 30 days
- 0 times
- 1 time
- 2 to 4 times
- 5 or more times

77. Do you think it's OK to seek help and talk to a professional counselor, therapist, or doctor if you've been feeling very sad, hopeless, or suicidal?

- Yes
- No
- I think it's OK for other people to seek help, but not for me to seek help

78. If you have felt very sad, hopeless, or suicidal in the past 30 days, whom did you talk to about it? (Mark ALL that apply.)

- I have not felt this way in the past 30 days
- I felt this way but did not talk to anyone about it
- Parent/Caregiver
- Friend//Peer
- Teacher
- Doctor
- Clergy (e.g. Bishop, Priest or Nun, Minister, Pastor)
- School Counselor
- School Nurse
- Therapist
- Other adult

79. During the past 12 months, how many times (if any) did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)

- I did not date or go out with anyone during the past 12 months
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

80. I do the opposite of what people tell me, just to get them mad.

- Very false
- Somewhat false
- Somewhat true
- Very true

81. I like to see how much I can get away with.

- Very false
- Somewhat false
- Somewhat true
- Very true

82. I ignore rules that get in my way.

- Very false
- Somewhat false
- Somewhat true
- Very true



	Definitely Yes	Somewhat Yes	Somewhat No	Definitely No
83. Do you feel very close to your parents/caregivers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. Do you share your thoughts and feelings with your parents/caregivers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. Do you enjoy spending time with your parents/caregivers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. My parents/caregivers ask me what I think before most family decisions affecting me are made.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. If I had a personal problem, I could ask my parents/caregivers for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. My parents/caregivers give me lots of chances to do fun things with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. My parents/caregivers ask if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. Would your parents/caregivers know if you did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. The rules in my family are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. When I am not at home, one of my parents/caregivers knows where I am and who I am with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. I think sometimes it's okay to cheat at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. I think it is okay to take something without asking if you can get away with it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. It is alright to beat up people if they start the fight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. It is important to be honest with your parents/caregivers even if they become upset or you get punished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. If you drank some beer, wine, or liquor (for example, vodka, whiskey, or tequila) without your parents/caregivers' permission, would you be caught by your parents/caregivers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. My family has clear rules about alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100. If you carried a handgun without your parents/caregivers' permission, would you be caught by your parents/caregivers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101. If you skipped school, would you be caught by your parents/caregivers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

102. My parents/caregivers notice when I am doing a good job and let me know about it.

- Never or almost never
- Sometimes
- Often
- All the time

103. 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"/>				
b. smoked cigarettes?	<input type="radio"/>				
c. tried beer, wine, or hard liquor (for example, vodka, whiskey, or tequila) when their parents/caregivers didn't know about it?	<input type="radio"/>				
d. made a commitment to stay drug-free?	<input type="radio"/>				
e. used marijuana?	<input type="radio"/>				
f. tried to do well in school?	<input type="radio"/>				
g. used LSD, cocaine, amphetamines, or other illegal drugs?	<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"/>				

104. 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"/>	<input type="radio"/>	<input type="radio"/>
b. smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. taken a handgun to school?	<input type="radio"/>	<input type="radio"/>	<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>

	Very easy				
	Sort of easy	Sort of hard	Very hard		
105. If you wanted to get a handgun, how easy would it be for you to get one?	<input type="radio"/>				
106. If you wanted to get vape products such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars, how easy would it be for you to get some?	<input type="radio"/>				



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	Definitely No	Somewhat No	Somewhat Yes	Definitely Yes
107. If I had to move, I would miss the neighborhood I now live in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. My neighbors 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"/>
109. I like my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. I'd like to get out of my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. There are people in my neighborhood who are proud of me when I do something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. There are people in my neighborhood who encourage me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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113. Now think about all the students in your grade at your school. How many of them do you think:

	None (0%)	Few (1-10%)	Some (11-30%)	Some to half (31-50%)	Half to most (51-70%)	Most (71-90%)	Almost all (91-100%)
a. smoke one or more cigarettes a day?	<input type="radio"/>						
b. drank alcohol sometime in the past month?	<input type="radio"/>						
c. used marijuana sometime in the past month?	<input type="radio"/>						
d. used an illegal drug in the past month (not including marijuana)?	<input type="radio"/>						
e. used a vape product (e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars)?	<input type="radio"/>						

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114. 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"/>

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

<input type="radio"/> 4 hours or less	<input type="radio"/> 8 hours
<input type="radio"/> 5 hours	<input type="radio"/> 9 hours
<input type="radio"/> 6 hours	<input type="radio"/> 10 or more hours
<input type="radio"/> 7 hours	<input type="radio"/> I don't know

116. 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"/>				

117. Which is your religious preference? (Choose the ONE religion with which you identify the most.)

<input type="radio"/> Catholic	<input type="radio"/> Protestant (such as Baptists, Presbyterians, or Lutherans)
<input type="radio"/> Jewish	<input type="radio"/> Another religion
<input type="radio"/> LDS (Mormon)	<input type="radio"/> No religious preference

118. During the past 30 days, did you drive a car or other vehicle when you had been drinking alcohol? If so, how many times?

<input type="radio"/> I do not drive.	<input type="radio"/> 2 or 3 times
<input type="radio"/> 0 times	<input type="radio"/> 4 or 5 times
<input type="radio"/> 1 time	<input type="radio"/> 6 or more times

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.

119. Which of these have you used in the past month? You can choose more than one.

<input type="radio"/> Cell phone or smart phone
<input type="radio"/> TV
<input type="radio"/> Laptop or desktop
<input type="radio"/> Video game console
<input type="radio"/> Tablet
<input type="radio"/> Smartwatch
<input type="radio"/> VR

120. How often do you check your phone when you're not asleep or in school?

<input type="radio"/> Every 5 minutes or less
<input type="radio"/> Every 6-15 minutes
<input type="radio"/> Every half hour to hour
<input type="radio"/> Every 2-4 hours
<input type="radio"/> Every 4+ hours

121. What rules does your family have about screen time? You can choose more than one.

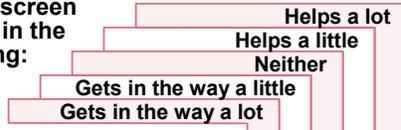
<input type="radio"/> Content you can't look at (like websites or videos)
<input type="radio"/> Places you can't use it
<input type="radio"/> Apps you can't use
<input type="radio"/> Times you can't use it
<input type="radio"/> Total time limits
<input type="radio"/> None of these, but we have other rules
<input type="radio"/> No rules about screen time



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

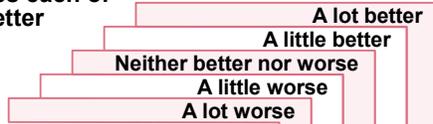
- Always
- Often
- Sometimes
- Rarely
- Never

123. Do you think your screen time helps or gets in the way of the following:



	Helps a lot	Helps a little	Neither	Gets in the way a little	Gets in the way a lot
a. Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Time spent with family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Schoolwork and homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Physical exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Time spent with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

124. Do you think social media (examples include YouTube, Instagram, Snapchat, or TikTok) makes each of the following better or worse?



	A lot better	A little better	Neither better nor worse	A little worse	A lot worse
a. How you feel about your body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Grades in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Family relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Friend relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

125. 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

126. 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

127. 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"/>								
202.	<input type="radio"/>								
203.	<input type="radio"/>								
204.	<input type="radio"/>								
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