



CURRENT SCHOOL CLIMATE STUDENT SURVEY MIDDLE/HIGH SCHOOL

****Do Not Copy****

INSTRUCTIONS: We need your help and honesty! This survey is being used to understand what life is like for you and other students in your school. All responses are anonymous; this means that no one will know your answers to the questions. **Do not put your name on the survey.**

Please check the boxes that best describe you:

1. What grade are you in?

- 6 9
- 7 10
- 8 11
- 12

2. How old are you?

_____ yrs

3. What is your cultural, racial or ethnic background?

- Caucasian/White
- African American/Black
- Latino/Hispanic
- Asian/Pacific Islander
- American Indian/Native American
- Bi-racial/Multi-racial
- Other. Please specify:

- Do not know

4. Are you female or male?

- Female
- Male

5. What kind of grades do you usually get?

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's
- My school does not use this type of grading system

The first set of questions asks how you feel about your school and people in your school.

	Strongly Disagree	Disagree	Agree	Strongly Agree
6. I like school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I look forward to going to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I try hard in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I can't wait to drop out of school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Finishing high school is important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. School is a waste of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. There is graffiti at my school (writing on the wall that is not supposed to be there).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My school building is clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I like the way my school looks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Many things are broken or damaged (e.g., windows, computers, outdoor equipment) at my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Areas in or around my school could use better lighting for safety reasons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I feel safe at my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I feel safe on my way to and from school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Between class periods, most teachers go into the hallways to supervise student behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Between class periods, teachers go into the bathrooms to supervise student behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | 0 days | 1 day | 2 or 3 days | 4 or 5 days | 6 or more days |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 21. During the <u>past 30 days</u> , on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? | <input type="checkbox"/> |

The next 2 questions ask about the past 12 months.

- | | 0 days | 1 day | 2 or 3 days | 4 or 5 days | 6 or more days |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 22. During the <u>past 12 months</u> , on how many days did you stay home from school because you were afraid you would not be safe at school ? | <input type="checkbox"/> |
| 23. During the <u>past 12 months</u> , on how many days did you stay home from school because you were afraid you would not be safe traveling to or from school ? | <input type="checkbox"/> |

These questions ask about students, staff and rules at your school.

The next 4 questions can be tricky for some people. They ask you about students from other cultures or ethnic groups; this means students that are from or have relatives from different cultural or ethnic backgrounds than yours. For example, if you consider yourself Asian, then people from other cultures or ethnic groups would consist of Caucasians/Whites, African Americans/Blacks, Hispanics, etc. Similarly, if you consider yourself Hispanic, then people from other cultures or ethnic groups would consist of Caucasians/Whites, African Americans/Blacks, American Indian, etc.

- | | Strongly Disagree | Disagree | Agree | Strongly Agree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 24. I feel comfortable being around students of other cultures or ethnic groups..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. I try hard not to judge people based on their skin color..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Students in my school respect young people of other cultures or ethnic groups..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Students of other cultures or ethnic groups can succeed in my school..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Almost None of Them Do | Some of Them Do | Most of Them Do | Almost All of Them Do |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 28. Do teachers at your school treat students with respect? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Do teachers at your school show interest in their students as people?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Do teachers at your school try to help students when they are having problems?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Do the principal and the rest of the school staff try to make your school a place students like to be?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Strongly Disagree | Disagree | Agree | Strongly Agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 32. Everyone knows what the school rules are..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. The school rules are fair..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. The punishment for breaking school rules is the same no matter who you are..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. The school rules are strictly enforced | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. If a school rule is broken, students know what kind of punishment will follow. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. I respect the principal in my school..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

	Strongly Disagree	Disagree	Agree	Strongly Agree
38. I respect the teachers in my school.. ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. I care what my teachers think of me... ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. I care what other adults (counselor, school resource officer, etc.) in my school think of me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions ask what you and your friends think about violence and aggression.

	Strongly Disagree	Disagree	Agree	Strongly Agree
41. My friends think it is wrong to hit other people.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. My friends think it is OK to push or shove other people if you are mad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. My friends think it is OK to physically fight to get what you want.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. My friends think it is OK to hit someone back when they hit you first.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. My friends think it is OK to take your anger out on others by using physical force.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. My friends think it is wrong to call other people mean names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. I think it is wrong to hit other people.. ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. It is OK to push or shove other people around if you're mad.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. It is OK to take your anger out on others by using physical force	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Sometimes you have to physically fight to get what you want.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. I think it is OK to hit someone back if they hit you first	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. It is wrong to call other people mean names.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions ask about things you have done.

53. During the <u>past 12 months</u> , have you purposely damaged or destroyed property that did not belong to you (for example, breaking, cutting or marking something)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How many times? _____
54. During the <u>past 12 months</u> , have you stolen or tried to steal money or things worth \$10 or less?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How many times? _____
55. During the <u>past 12 months</u> , have you stolen or tried to steal money or things worth more than \$10?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How many times? _____
56. During the <u>past 12 months</u> , have you been suspended or sent home from school for bad behavior?.....	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How many times? _____
57. During the <u>past 12 months</u> , have you threatened to hit or hurt other students?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How many times? _____
58. During the <u>past 12 months</u> , have you hit someone with the idea of hurting them?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How many times? _____
59. During the <u>past 12 months</u> , have you attacked someone with a weapon with the idea of seriously hurting them?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How many times? _____
60. Have you <u>ever</u> been in trouble with the law?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How many times? _____
61. Have your friends <u>ever</u> been in trouble with the law?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

62. During the past 12 months, how many times were you in a physical fight on school property?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> 0 times | <input type="checkbox"/> 6 or 7 times |
| <input type="checkbox"/> 1 time | <input type="checkbox"/> 8 or 9 times |
| <input type="checkbox"/> 2 or 3 times | <input type="checkbox"/> 10 or 11 times |
| <input type="checkbox"/> 4 or 5 times | <input type="checkbox"/> 12 or more times |

60a. If you were in a physical fight on school property, did **you** hit the other person first?

- I was not in a fight on school property No Yes

The next 2 questions ask about fights that have taken place in any location.

63. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> 0 times | <input type="checkbox"/> 4 or 5 times |
| <input type="checkbox"/> 1 time | <input type="checkbox"/> 6 or more times |
| <input type="checkbox"/> 2 or 3 times | |

64. During the past 12 months, how many times were you in a physical fight in which the person you were fighting with was injured and had to be treated by a doctor or nurse?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> 0 times | <input type="checkbox"/> 4 or 5 times |
| <input type="checkbox"/> 1 time | <input type="checkbox"/> 6 or more times |
| <input type="checkbox"/> 2 or 3 times | |

The next questions ask about things that have happened to you during the past 12 months.

65. During the past 12 months, has another student threatened to hit or hurt you? No Yes How many times? _____

66. During the past 12 months, have you been hit by another student trying to hurt you? No Yes How many times? _____

67. During the past 12 months, has another student attacked you with a weapon trying to seriously hurt you? No Yes How many times? _____

The following questions are about bullying.* You may include behaviors reported in the previous violence and aggression questions if they meet the definition of bullying.

Please be sure to read the definition below before answering the bullying questions!

We say **a student is being bullied when another student, or several other students:**

- say mean and hurtful things, or make fun of him/her
- completely ignore and exclude him/her from their group of friends or leave him/her out of things on purpose
- hit, kick, push, shove around, or lock him/her inside a room
- tell lies or spread false rumors about him/her or send mean notes and try to make other students dislike him/her

When we talk about bullying, these things happen **more than just once**, and **it is difficult for the student being bullied to defend himself/herself.**

We **do not call it bullying** when the teasing is done in a friendly and playful way. Also, it is not bullying when two students of about equal strength or power argue or fight.

68. Have you ever been bullied at school? No Yes

* Bullying Questions are from the Olweus Student Bullying Questionnaire by Dr. Dan Olweus
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Middle/High Student Survey 11/11/08

69. Have you been bullied at school in the past couple of months in one or more of the following ways (If you have never been bullied, mark "Not In The Past Couple of Months"):

	Not In The Past Couple Of Months	Only Once Or Twice	2 or 3 Times A Month	About Once A Week	Several Times A Week
A) I was called mean names, was made fun of, or teased in a hurtful way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Other students left me out of things on purpose, excluded me from their group of friends or completely ignored me ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) I was hit, kicked, pushed, shoved around, or locked indoors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Other students told lies or spread false rumors about me and tried to make others dislike me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) I had money or other things taken away from me or damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F) I was threatened or forced to do things I did not want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G) I was bullied with mean names or comments about my race or color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H) I was bullied with mean names, comments, or gestures with a sexual meaning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I) I was bullied with mean or hurtful messages, calls or pictures, or in other ways on my cell phone or over the Internet (computer). <i>Please remember that it is not bullying when it is done in a friendly and playful way.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ia) If you were bullied on your cell phone or over the internet, how was it done? <input type="checkbox"/> Only on the cell phone <input type="checkbox"/> Only over the internet <input type="checkbox"/> In both ways					
J) I was bullied in another way.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have not been bullied in any of the above ways during the past couple of months, Skip to Q75

70. **Where** have you been bullied in the past couple of months?

- I have not been bullied at school
- I have been **bullied in one or more of the following places.**
Mark all that apply.
- 68a. On the playground/athletic field (during recess or break times)
- In the hallways/stairwells
- In class (when the teacher was in the room)
- In class (when the teacher was **not** in the room)
- In the bathroom
- In gym class or the gym locker room/shower
- In the lunchroom
- On the way to and from school
- At the school bus stop
- On the school bus
- Somewhere else at school

71. Have you **told anyone** that you have been bullied in the past couple of months?

- I have not been bullied at school
- I have been bullied, **but I have not told anyone**
- I have been bullied, and **I have told somebody about it**

69a. **Please mark all the people you have told:**

- Your classroom teacher
- Another adult at school
- Your parent(s)/guardian(s)
- Your brother(s) or sisters(s)
- Your friend(s)
- Somebody else

	Almost Never	Once In A While	Sometimes	Often	Almost Always
72. How often do the teachers or other adults at school try to put a stop to it when a student is being bullied at school?.....	<input type="checkbox"/>				
73. How often do other students try to put a stop to it when a student is being bullied at school?.....	<input type="checkbox"/>				
74. Has any adult at home contacted the school to try to stop your being bullied at school in the <u>past couple of months</u> ?					
<input type="checkbox"/> I have not been bullied at school					
<input type="checkbox"/> No, they have not contacted the school					
<input type="checkbox"/> Yes, they have contacted the school once					
<input type="checkbox"/> Yes, they have contacted the school several times					

The next questions ask about bullying other students.

75. Have you ever taken part in bullying another student(s) at school?..... No Yes

76. Have you bullied another student(s) at school in the past couple of months in one or more of the following ways (If you have never bullied another student, mark "Not In The Past Couple of Months"):

	Not In The Past Couple Of Months	Only Once Or Twice	2 or 3 Times A Month	About Once A Week	Several Times A Week
A) I called another student(s) mean names and made fun of or teased him/her in a hurtful way.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) I kept him/her out of things on purpose, excluded him/her from my group of friends, or completely ignored him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) I hit, kicked, pushed, and shoved him/her around, or locked him/her indoors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) I spread false rumors about him/her and tried to make others dislike him/her.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) I took money or other things from him/her or damaged his/her belongings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F) I threatened or forced him/her to do things he/she did not want to do.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G) I bullied him/her with mean names or comments about his/her race or color.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H) I bullied him/her with mean names, comments, or gestures with a sexual meaning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not In The Past Couple Of Months	Only Once Or Twice	2 or 3 Times A Month	About Once A Week	Several Times A Week
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I) I bullied him/her with mean or hurtful messages, calls or pictures, or in other ways on my cell phone or over the internet (computer)

la) If you bullied another student(s) on your cell phone or over the internet, how was it done?

- Only on the cell phone
- Only over the internet
- In both ways

J) I bullied him/her in another way

If you have not bullied other student(s) in any of the above ways during the past couple of months, Skip to Q79

77. Has your **class or homeroom teacher or any other teacher** talked with you about your bullying another student(s) at school in the past couple of months?

- I have not bullied another student(s) at school
- No, they have not talked with me about it
- Yes, they have talked with me about it once
- Yes, they have talked with me about it several times

78. Has **any adult at home** talked with you about your bullying another student(s) at school in the past couple of months?

- I have not bullied another student(s) at school
- No, they have not talked with me about it
- Yes, they have talked with me about it once
- Yes, they have talked with me about it several times

The questions below are about smoking, drinking alcohol and drug use. Alcohol includes beer, wine, wine coolers, and liquor such as rum, gin, vodka or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

79. During your life, have you smoked cigarettes? No Yes

80. During your life, have you drunk wine, beer or other alcohol? No Yes

81. During your life, have you used marijuana (sometimes called pot or weed)? No Yes

82. During your life, have you used another illegal drug (ecstasy, methamphetamines, heroin, crack, cocaine, etc.)? No Yes

83. During your life, have you taken a prescription drug without a doctor's prescription, such as pain killers (like Oxycontin, codeine, or Percocet), stimulants (like Ritalin or Adderall), or depressants (like Valium, Xanax)? No Yes

84. During the past 30 days, on how many days did you smoke cigarettes?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 10 to 19 days |
| <input type="checkbox"/> 1 or 2 days | <input type="checkbox"/> 20 to 29 days |
| <input type="checkbox"/> 3 to 5 days | <input type="checkbox"/> All 30 days |
| <input type="checkbox"/> 6 to 9 days | |

85. During the past 30 days, on how many days did you have at least one drink of alcohol?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 10 to 19 days |
| <input type="checkbox"/> 1 or 2 days | <input type="checkbox"/> 20 to 29 days |
| <input type="checkbox"/> 3 to 5 days | <input type="checkbox"/> All 30 days |
| <input type="checkbox"/> 6 to 9 days | |

86. 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?

- 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

87. During the past 30 days, how many times did you use marijuana?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

88. During the past 30 days, how many times did you use another illegal drug (ecstasy, methamphetamines, heroin, crack, cocaine, etc.)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

89. During the past 30 days, how many times did you take a prescription drug without a doctor's prescription, such as pain killers (like Oxycontin, codeine, or Percocet), stimulants (like Ritalin or Adderall), or depressants (like Valium, Xanax)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

The next questions ask about smoking, alcohol and other drug use at school.

90. During the past 30 days, on how many days did you smoke cigarettes **on school property**?

- 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

91. During the past 30 days, did you drink alcohol **at school**? No Yes How many times? _____

92. During the past 30 days, did you use illegal drugs **at school**? No Yes How many times? _____

93. During the past 30 days, did you go to class under the influence of alcohol? No Yes How many times? _____

94. During the past 30 days, did you go to class under the influence of drugs? No Yes How many times? _____

	Almost None	A Few	Some	Most of Them
95. How many of the students at your school smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96. How many of the students at your school drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97. How many of the students at your school use marijuana or illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

98. During this school year, did anyone offer, or try to sell or give you an illegal drug other than alcohol or tobacco at your school?. No Yes

	Strongly Disagree	Disagree	Agree	Strongly Agree
99. My friends think it is OK to drink alcohol.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100. My friends drink to get drunk.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101. My friends think that using drugs is a dumb idea.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102. My friends think it is OK to smoke cigarettes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following 2 questions are about skipping school.

103. During the past month, I "cut" or skipped classes without an excuse..... No Yes How many times? _____

If you haven't skipped class in the past month, Go To Q105

104. Why did you cut or skip school in the past month? **Mark all that apply**

- | | |
|---|---|
| <input type="checkbox"/> I wanted to hang out with friends | <input type="checkbox"/> I had a family obligation, or family-related situation |
| <input type="checkbox"/> I wanted to avoid a particular teacher | <input type="checkbox"/> I felt sick, or had a medical/dental appointment |
| <input type="checkbox"/> I didn't want to take a test | <input type="checkbox"/> I don't like school |
| <input type="checkbox"/> I didn't have my homework done for class | <input type="checkbox"/> I wanted to eat, or take a longer lunch |
| <input type="checkbox"/> I wanted to use drugs or alcohol | <input type="checkbox"/> I went to the store/mall |
| <input type="checkbox"/> I thought it would be fun | <input type="checkbox"/> Other. Please specify: _____ |
| <input type="checkbox"/> I was talked into it | |
| <input type="checkbox"/> I was running late, or missed the bus | |

The next 5 questions are about gang activity at your school.

105. Are there any gangs at your school?..... No Yes Don't know
106. Are there gang fights at your school?..... No Yes Don't know
107. Is there pressure to join gangs at your school?..... No Yes Don't know
108. Have you been asked/pressured to join a gang at your school?..... No Yes
109. Do you belong to a gang?..... No Yes
110. Do any of your friends belong to a gang?..... No Yes Don't know

These questions are about your family and other important people in your life. If you do not live with your parents, answer questions with regard to your guardian.

	Strongly Disagree	Disagree	Agree	Strongly Agree
111. I can tell my parents the way I feel about things.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112. I like to do things with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113. I usually have dinner with my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114. My family has rules about where I can go and what I can do.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115. When I'm not home, one of my parents knows who I am with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116. When I'm not home, one of my parents knows where I am.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117. My parents know who my friends are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118. My parents come to activities at my school..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119. My parents make sure I do my homework.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120. My parents notice when I do a good job and let me know.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121. My parents want me to get good grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122. My parents talk to me about doing well in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123. There will always be people in my life I can count on.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124. Besides my family, there is an adult who I can trust.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125. I believe there is some good in everybody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126. Important people in my life often let me down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next 4 questions ask about your views on health.

	Not Too Important	Important	Quite Important	Very Important
127. How important is it to you to be in good shape?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128. How important is it to you to have plenty of energy?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129. How important is it to you to keep yourself fit even if it takes some extra effort?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130. How important is it to you to have good health habits about eating, exercise and sleep?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next section asks about decisions that you make in your daily life.

	Almost Never	Once In A While	Sometimes	Often	Almost Always
131. Can you get a teacher to help you when you get stuck on schoolwork?.....	<input type="checkbox"/>				
132. Can you study when there are other interesting things to do?.....	<input type="checkbox"/>				
133. Can you study a whole chapter for a test?.....	<input type="checkbox"/>				
134. Do you succeed in finishing all your homework every day?.....	<input type="checkbox"/>				
135. Can you pay attention during every class?.....	<input type="checkbox"/>				
136. Do you succeed in passing all subjects?.....	<input type="checkbox"/>				
137. Do you succeed in satisfying your parents with your schoolwork?.....	<input type="checkbox"/>				
138. Do you succeed in passing tests?.....	<input type="checkbox"/>				

These questions ask for your opinions about different behaviors.

	Strongly Disagree	Disagree	Agree	Strongly Agree
139. It's OK to lie if it will keep your friends from getting in trouble with parents, teachers, or police.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140. It's OK to make fun of "geeks".....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141. Vandalism actually helps the school because the insurance will buy new equipment for the wrecked stuff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
142. If people leave things lying around outside their home, it's their own fault if their things are taken/stolen.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
143. Selling marijuana is no worse than selling alcohol to get people drunk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
144. It's OK to get trashed at parties.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
145. A kid shouldn't be blamed too much for just going along with his friends in stealing something.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
146. It's OK to beat someone up if they are being obnoxious and won't stop when you ask them to.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for participating in this survey!