

In-School Core Survey

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

	<u>Number of Times</u>					
	<u>0 Times</u>	<u>1 Time</u>	<u>2 Times</u>	<u>3 Times</u>	<u>4-6 Times</u>	<u>7 or More Times</u>
59. very drunk or sick after drinking alcohol ?	A	B	C	D	E	F
60. “high” (loaded, stoned, or wasted) from using drugs ?	A	B	C	D	E	F
61. drunk on alcohol or “high” on drugs on school property ?	A	B	C	D	E	F

[APPLICABLE FOR LIFETIME MARIJUANA USERS ONLY – Ask of students who reported ever using marijuana [IF Q51 = B, C, D, E, or F]

During your **life**, how many times have you used marijuana in any of the following ways:

	<u>Number of Times</u>					
	<u>0 Times</u>	<u>1 Time</u>	<u>2 Times</u>	<u>3 Times</u>	<u>4-6 Times</u>	<u>7 or More Times</u>
62. Smoke it?	A	B	C	D	E	F
63. In a vaping device (vape pens, mods, or portable vaporizers)?	A	B	C	D	E	F
64. Eat or drink it in products made with marijuana ?	A	B	C	D	E	F

During the past **30 days**, on how many **days** did you use...

	<u>0 Days</u>	<u>1 Day</u>	<u>2 Days</u>	<u>3-9 Days</u>	<u>10-19 Days</u>	<u>20-30 Days</u>
	65. cigarettes ?	A	B	C	D	E
66. smokeless tobacco (dip, chew, or snuff)?	A	B	C	D	E	F
67. vape products ?	A	B	C	D	E	F

[ASKED IF Q67 = B, C, D, E, or F]

67.A Vaped tobacco or nicotine	A	B	C	D	E	F
67.B Vaped marijuana or THC	A	B	C	D	E	F
67.C Vaped other product	A	B	C	D	E	F

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During the past **30 days**, on how many **days** did you use...

	0 Days	1 Day	2 Days	3-9 Days	10-19 Days	20-30 Days
68. one or more drinks of alcohol?	A	B	C	D	E	F
69. five or more drinks of alcohol in a row, that is, within a couple of hours?	A	B	C	D	E	F
70. marijuana (smoke, vape, eat, or drink)?	A	B	C	D	E	F
71. inhalants (things you sniff, huff, or breathe to get “high”)?	A	B	C	D	E	F
72. prescription drugs to get “high” or for reasons other than prescribed?	A	B	C	D	E	F
73. any other drug, pill, or medicine to get “high” or for reasons other than medical?	A	B	C	D	E	F
74. two or more substances at the same time (for example, alcohol with marijuana, ecstasy with mushrooms)?	A	B	C	D	E	F

During the past **30 days**, on how many **days on school property** did you...

	0 Days	1 Day	2 Days	3-9 Days	10-19 Days	20-30 Days
75. smoke cigarettes?	A	B	C	D	E	F
76. use smokeless tobacco (dip, chew, or snuff)?	A	B	C	D	E	F
77. vape?	A	B	C	D	E	F
78. have at least one drink of alcohol?	A	B	C	D	E	F
79. use marijuana (smoke, vape, eat, or drink)?	A	B	C	D	E	F
80. use any other drug, pill, or medicine to get “high” or for reasons other than medical?	A	B	C	D	E	F
81. breathe the smoke or vapor from someone who was using cigarettes or e-cigarettes?	A	B	C	D	E	F

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How much do people risk harming themselves physically and in other ways when they do the following?

	How Much Risk or Harm			
	Great	Moderate	Slight	None
82. Smoke cigarettes occasionally	A	B	C	D
83. Smoke 1 or more packs of cigarettes each day	A	B	C	D
84. Vape tobacco or nicotine occasionally	A	B	C	D
85. Vape tobacco or nicotine several times a day (100 puffs or more)	A	B	C	D
86. Drink alcohol (beer, wine, liquor) occasionally	A	B	C	D
87. Have five or more drinks of alcohol once or twice a week	A	B	C	D
88. Use marijuana occasionally (smoke, vape, eat, or drink)	A	B	C	D
89. Use marijuana daily	A	B	C	D

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

	Very Difficult	Fairly Difficult	Fairly Easy	Very Easy	Don't Know
	A	B	C	D	E
90. Cigarettes	A	B	C	D	E
91. Vape products	A	B	C	D	E
92. Alcohol	A	B	C	D	E
93. Marijuana	A	B	C	D	E
94. Prescription drugs to get "high" or for reasons other than prescribed	A	B	C	D	E

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EACH ITEM APPLICABLE FOR LIFETIME USERS OF THAT SUBSTANCE ONLY

How many times have you tried to quit or stop using...

	Does Not Apply, Don't Use	0 Times	1 Time	2-3 Times	4 or More Times
[IF Q47 = B, C, D, E, or F OR Q49 = B, C, D, E, or F]					
95. smoking or vaping tobacco or nicotine?	A	B	C	D	E
[IF Q50 = B, C, D, E, or F]					
96. alcohol?	A	B	C	D	E
[IF Q51 = B, C, D, E, or F]					
97. marijuana?	A	B	C	D	E
98. Does your school ban tobacco use and vaping on school property and at school sponsored events?	A) No B) Yes C) Don't know				

Next are questions about violence, safety, harassment, & bullying on school property.

99. How safe do you feel when you are at school?
- A) Very safe
 - B) Safe
 - C) Neither safe nor unsafe
 - D) Unsafe
 - E) Very unsafe

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

	Happened on School Property			
	0 Times	1 Time	2 to 3 Times	4 or More Times
100. been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	B	C	D
101. been afraid of being beaten up?	A	B	C	D
102. been in a physical fight?	A	B	C	D
103. had mean rumors or lies spread about you?	A	B	C	D

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	Happened on School Property			
	0 Times	1 Time	2 to 3 Times	4 or More Times
104. had sexual jokes, comments, or gestures made to you?	A	B	C	D
105. been made fun of because of your looks or the way you talk?	A	B	C	D
106. had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
107. been offered, sold, or given an illegal drug?	A	B	C	D
108. damaged school property on purpose?	A	B	C	D
109. carried a gun?	A	B	C	D
110. carried any other weapon (such as a knife or club)?	A	B	C	D
111. been threatened or injured with a weapon (gun, knife, club, etc.)?	A	B	C	D
112. seen someone carrying a gun, knife, or other weapon?	A	B	C	D
113. been threatened with harm or injury?	A	B	C	D
114. been made fun of, insulted, or called names?	A	B	C	D

During the past **12 months**, how many times **on school property** were you harassed or bullied for any of the following reasons? [You were **bullied** if you were shoved, hit, threatened, called mean names, teased, or had other unpleasant physical or verbal things done to you repeatedly or in a severe way. It is **not bullying** when two students of about the same strength or power quarrel or fight.]

	Happened on School Property			
	0 Times	1 Time	2 to 3 Times	4 or More Times
115. Your race, ethnicity, or national origin	A	B	C	D
116. Your religion	A	B	C	D
117. Your gender	A	B	C	D
118. Because you are gay, lesbian, or bisexual or someone thought you were	A	B	C	D
119. A physical or mental disability	A	B	C	D

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		Happened on School Property			
		0 Times	1 Time	2 to 3 Times	4 or More Times
120.	You are an immigrant or someone thought you were	A	B	C	D
121.	Any other reason	A	B	C	D
122.	During the past 12 months , how many times did other students spread mean rumors or lies, or hurtful pictures, about you online, on social media, or on a cell phone? A) 0 times (never) B) 1 time C) 2–3 times D) 4 or more times				
123.	Do you consider yourself a member of a gang? A) No B) Yes				
124.	During the past 12 months , did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities? A) No B) Yes				
125.	During the past 12 months , did you ever seriously consider attempting suicide? A) No B) Yes				

Over the past **30 days**, how true do you feel these statements are about you?

		Not At All True	A Little True	Pretty Much True	Very Much True
126.	I had a hard time relaxing.	A	B	C	D
127.	I felt sad and down.	A	B	C	D
128.	I was easily irritated.	A	B	C	D
129.	It was hard for me to cope and I thought I would panic.	A	B	C	D
130.	It was hard for me to get excited about anything.	A	B	C	D

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Please tell us how true each statement is of you.

		Not At All True	A Little True	Pretty Much True	Very Much True
131.	Each day I look forward to having a lot of fun.	A	B	C	D
132.	I usually expect to have a good day.	A	B	C	D
133.	Overall, I expect more good things to happen to me than bad things.	A	B	C	D

Please describe your level of satisfaction below

I would describe my satisfaction with...

		Very Dissatisfied	Dissatisfied	A Little Dissatisfied	A Little Satisfied	Satisfied	Very Satisfied
134.	my family life as...	A	B	C	D	E	F
135.	my friendships as...	A	B	C	D	E	F
136.	my school experience as...	A	B	C	D	E	F
137.	myself as...	A	B	C	D	E	F
138.	where I live as...	A	B	C	D	E	F
139.	How many questions in this survey did you answer honestly?						

- A) All of them
- B) Most of them
- C) Only some of them
- D) Hardly any