

◆ Module A ◆

High School Questionnaire

2007-08

This is a survey about school and health-related behaviors, experiences, and attitudes. It includes questions about use of alcohol, tobacco, and other drugs; bullying and violence; and what you do at school and how you feel about it. **You will be able to answer** whether or not you have done or experienced any of these things.

You do not have to answer these questions, but your answers will be very helpful in improving school and health programs.

Please do not write your name on this form or the answer sheet. Do not identify yourself in any other way.

Please mark all of your answers on the answer sheet. Do not write on the questionnaire. Mark only one answer unless told to ***“Mark All That Apply.”***

This survey asks about things you may have done during different periods of time, such as during your **lifetime** (for example, did you ever do something?), or the past **12 months**, or **30 days**. Each provides different information. Please pay careful attention to these time periods.

Thank you for taking this survey!

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Begin by writing your school's name at the top of the answer sheet.

- A1. Fill in the bubble for the letter H.
- A2. Fill in the bubble for the number 2.

Next, we would like some background information about you.

A3. How old are you?

- | | |
|----------------------------|--------------------------|
| A) 10 years old or younger | F) 15 years old |
| B) 11 years old | G) 16 years old |
| C) 12 years old | H) 17 years old |
| D) 13 years old | I) 18 years old or older |
| E) 14 years old | |

A4. What is your sex?

- A) Male
B) Female

A5. What grade are you in?

- | | |
|---------------|----------------|
| A) 6th grade | F) 11th grade |
| B) 7th grade | G) 12th grade |
| C) 8th grade | H) Other grade |
| D) 9th grade | I) Ungraded |
| E) 10th grade | |

A6. How do you describe yourself? (*Mark All That Apply.*)

- | | |
|---|--------------------------------------|
| A) American Indian or Alaska Native | E) Hispanic or Latino/Latina |
| B) Native Hawaiian or Pacific Islander | F) White or Caucasian (non-Hispanic) |
| C) Asian or Asian American | G) Other |
| D) Black or African American (non-Hispanic) | |

A7. If you are Asian or Pacific Islander, which groups best describe you? (*Mark All That Apply.*) If you are **not** of Asian/Pacific Islander background, mark "A. Does not apply."

- | | |
|---|--|
| A) Does not apply; I am not Asian or Pacific Islander | G) Korean |
| B) Asian Indian | H) Laotian |
| C) Cambodian | I) Vietnamese |
| D) Chinese | J) Native Hawaiian, Guamanian, Samoan, or other Pacific Islander |
| E) Filipino | K) Other Asian |
| F) Japanese | |

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- A8. If you are Hispanic or Latino/Latina, which groups best describe you? (*Mark All That Apply.*) If you are **not** of Hispanic background, mark "A. Does not apply."
- A) Does not apply; I am not Hispanic or Latino/Latina
 - B) Central American
 - C) South American
 - D) Cuban
 - E) Mexican
 - F) Puerto Rican
 - G) Other Hispanic
- A9. What best describes where you live? A home includes a house, apartment, trailer, or mobile home. (*Mark All That Apply.*)
- A) A home with both parents
 - B) A home with only one parent
 - C) Other relative's home
 - D) A home with more than one family
 - E) Friend's home
 - F) Foster home, group care, or waiting placement
 - G) Hotel or motel
 - H) Migrant housing
 - I) Shelter
 - J) On the street (no fixed housing), car or van, park campground or abandoned building
 - K) Other transitional or temporary housing
 - L) Other living arrangement

Please mark on your answer sheet how TRUE you feel each of the following statements are about your SCHOOL and things you might do there.

How strongly do you agree or disagree with the following statements about your school?

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
A10. I feel close to people at this school.	A	B	C	D	E
A11. I am happy to be at this school.	A	B	C	D	E
A12. I feel like I am part of this school.	A	B	C	D	E
A13. The teachers at this school treat students fairly.	A	B	C	D	E
A14. I feel safe in my school.	A	B	C	D	E

At my school, there is a teacher or some other adult ...

	Not At All True	A Little True	Pretty Much True	Very Much True
A15. who really cares about me.	A	B	C	D
A16. who tells me when I do a good job.	A	B	C	D
A17. who notices when I'm not there.	A	B	C	D
A18. who always wants me to do my best.	A	B	C	D
A19. who listens to me when I have something to say.	A	B	C	D
A20. who believes that I will be a success.	A	B	C	D

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At school, ...

	Not At All True	A Little True	Pretty Much True	Very Much True
A21. I do interesting activities.	A	B	C	D
A22. I help decide things like class activities or rules.	A	B	C	D
A23. I do things that make a difference.	A	B	C	D

The next statements are about what might occur outside your school or home, such as in your NEIGHBORHOOD, COMMUNITY, or with an ADULT other than your parents or guardian.

Outside of my home and school, there is an adult ...

	Not At All True	A Little True	Pretty Much True	Very Much True
A24. who really cares about me.	A	B	C	D
A25. who tells me when I do a good job.	A	B	C	D
A26. who notices when I am upset about something.	A	B	C	D
A27. who believes that I will be a success.	A	B	C	D
A28. who always wants me to do my best.	A	B	C	D
A29. whom I trust.	A	B	C	D

Outside of my home and school, ...

	Not At All True	A Little True	Pretty Much True	Very Much True
A30. I am part of clubs, sports teams, church/temple, or other group activities.	A	B	C	D
A31. I am involved in music, art, literature, sports, or a hobby.	A	B	C	D
A32. I help other people.	A	B	C	D
A33. Did you eat breakfast today?				
A) No				
B) Yes				

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The next questions ask about the use of alcohol, tobacco, marijuana, and other drugs *without a doctor’s order* (prescription for medical reasons).

Keep the following definitions in mind.

- **One drink of ALCOHOL**, or alcoholic drink (beverage), means one regular size can/bottle of beer or wine cooler, one glass of wine, one mixed drink, or one shot glass of liquor.
- Questions about alcohol do **not** include drinking a few sips of wine for religious purposes.
- **DRUG** means any substance, including pills and medications, used to get “high”(“loaded”, “stoned”, or “wasted”) other than alcohol or tobacco.

During your life, how many times have you used or tried the following substances without a doctor’s order?

		<u>Number of Times</u>					
		<u>0</u> <u>times</u>	<u>1</u> <u>time</u>	<u>2</u> <u>times</u>	<u>3</u> <u>times</u>	<u>4-6</u> <u>times</u>	<u>7 or</u> <u>more</u> <u>times</u>
A34.	A whole cigarette	A	B	C	D	E	F
A35.	Smokeless tobacco (dip, chew or snuff such as Redman, Skoal, or Beechnut)	A	B	C	D	E	F
A36.	One full drink of alcohol (such as a can of beer, glass of wine, wine cooler, or shot of liquor)	A	B	C	D	E	F
A37.	Marijuana (pot, weed, grass, hash, bud)	A	B	C	D	E	F
A38.	Inhalants (things you sniff, huff, or breathe to get “high” such as glue, paint, aerosol sprays, gasoline, poppers, gases)	A	B	C	D	E	F
A39.	Cocaine (any form, coke, crack, rock, base, snort)	A	B	C	D	E	F
A40.	Methamphetamine or any amphetamines (meth, speed, crystal, crank, ice)	A	B	C	D	E	F
A41.	Derbisol (DB, derbs, dirt)	A	B	C	D	E	F
A42.	LSD or other psychedelics (acid, mescaline, peyote, mushrooms)	A	B	C	D	E	F
A43.	Ecstasy (E, X, EXTC, MDMA)	A	B	C	D	E	F
A44.	Heroin (smack, junk, China white, black tar)	A	B	C	D	E	F
A45.	Any other illegal drug or pill to get “high”	A	B	C	D	E	F

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During your life, how many times have you used or tried the following pills or medications without a doctor's order (to get "high" or "stoned")?

	Number of Times					
	0 times	1 time	2 times	3 times	4-6 times	7 or more times
A46. Prescription pain killers (Vicodin™, OxyContin™, Percodan™, Lortab™)	A	B	C	D	E	F
A47. Barbiturates (Seconol™, Nembutol™, Amital™, reds, yellow jackets)	A	B	C	D	E	F
A48. Tranquilizers, or sedatives, (tranks, libs, Xanax™, Valium™, Ativan™, Librium™, Klonopin™, benzodiazepine (benzos))	A	B	C	D	E	F
A49. Cold/Cough Medicines (Triple-C's, Coricidin Cough, Sudafed, TheraFlu, Tylenol Cough)	A	B	C	D	E	F
A50. Diet Pills (Didrex, Dexedrine, Zinadrine, Skittles, M&M's)	A	B	C	D	E	F
A51. Ritalin™ or Adderall™ (JIE, R-ball, Skippy, the smart drug)	A	B	C	D	E	F

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

	Number of Times					
	0 times	1 time	2 times	3 times	4-6 times	7 or more times
A52. very drunk or sick after drinking alcohol?	A	B	C	D	E	F
A53. "high" (loaded, stoned, or wasted) from using drugs?	A	B	C	D	E	F
A54. drunk on alcohol or "high" on drugs on school property?	A	B	C	D	E	F

About how old were you the first time you did any of these things?

	Never	10 or under	Years of Age							18 or over
			11	12	13	14	15	16	17	
A55. Had a drink of an alcoholic beverage (other than a sip or two)	A	B	C	D	E	F	G	H	I	J
A56. Smoked part or all of a cigarette	A	B	C	D	E	F	G	H	I	J
A57. Used smokeless tobacco or other tobacco products	A	B	C	D	E	F	G	H	I	J
A58. Used marijuana or hashish	A	B	C	D	E	F	G	H	I	J
A59. Used any other illegal drug, or pill to get "high"	A	B	C	D	E	F	G	H	I	J

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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
A60. cigarettes?	A	B	C	D	E	F
A61. smokeless tobacco (dip, chew or snuff)?	A	B	C	D	E	F
A62. at least one drink of alcohol?	A	B	C	D	E	F
A63. five or more drinks of alcohol in a row, that is, within a couple of hours?	A	B	C	D	E	F
A64. marijuana (pot, weed, grass, hash, bud)?	A	B	C	D	E	F
A65. inhalants (things you sniff, huff, or breathe to get "high")?	A	B	C	D	E	F
A66. cocaine (any form, coke, crack, rock, base, snort)?	A	B	C	D	E	F
A67. methamphetamine or amphetamines (meth, speed, crystal, crank, ice)?	A	B	C	D	E	F
A68. ecstasy, LSD or other psychedelics (acid, mescaline, peyote, mushrooms)?	A	B	C	D	E	F
A69. any other illegal drug or pill to get "high"?	A	B	C	D	E	F
A70. two or more drugs 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
A71. smoke cigarettes?	A	B	C	D	E	F
A72. have at least one drink of alcohol?	A	B	C	D	E	F
A73. smoke marijuana?	A	B	C	D	E	F
A74. use any other illegal drug or pill to get "high"?	A	B	C	D	E	F
A75. How do you like to drink alcohol?						
A) I don't drink alcohol						
B) Just a sip or two						
C) Enough to feel it a little						
D) Enough to feel it moderately						
E) Until I feel it a lot or get really drunk						
A76. If you use marijuana or other drugs, how "high" (stoned, faded, wasted, trashed) do you usually like to get?						
A) I don't use drugs						
B) Not high at all						
C) A little high						
D) Moderately high						
E) Really high or wasted						

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

	Great	How Much Risk or Harm		None
		Moderate	Slight	
A77. Smoke cigarettes occasionally	A	B	C	D
A78. Smoke 1-2 packs of cigarettes each day	A	B	C	D
A79. Drink alcohol occasionally	A	B	C	D
A80. Have five or more drinks of an alcoholic beverage once or twice a week	A	B	C	D
A81. Smoke marijuana occasionally	A	B	C	D
A82. Smoke marijuana once or twice a week	A	B	C	D

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

	Very Difficult	Fairly Difficult	Fairly Easy	Very Easy	Don't Know
	A83. Cigarettes	A	B	C	D
A84. Alcohol	A	B	C	D	E
A85. Marijuana	A	B	C	D	E

Think about a group of 100 students (about three classrooms) in your grade. About how many students have done the following?

	Number of Students										
	0 (none)	10	20	30	40	50 (half)	60	70	80	90	100 (all)
A86. Smoke cigarettes at least once a month	A	B	C	D	E	F	G	H	I	J	K
A87. Ever tried marijuana	A	B	C	D	E	F	G	H	I	J	K
A88. During your <u>life</u> , how many times have you ever driven a car when you had been drinking alcohol, or been in a car driven by a friend when he or she had been drinking?											
A) Never											
B) 1 time											
C) 2 times											
D) 3 to 6 times											
E) 7 or more times											

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A89. Has using alcohol, marijuana, or other drugs ever caused *you* to have any of the following problems?

(Mark All That Apply.)

- A) Doesn't apply; I never used alcohol or drugs
- B) Have problems with emotions, nerves, or mental health
- C) Get into trouble or have problems with the police
- D) Have money problems
- E) Miss school
- F) Have problems with schoolwork
- G) Fight with other kids
- H) Damage a friendship
- I) Physically hurt or injure yourself
- J) Have unwanted or unprotected sex
- K) Forget what happened or pass out
- L) Have any other problems
- M) I've used alcohol or drugs but never had any problems

How do you feel about someone your age doing the following?

	<u>Neither Approve Nor Disapprove</u>	<u>Somewhat Disapprove</u>	<u>Strongly Disapprove</u>
A90. Smoking one or more packs of cigarettes a day	A	B	C
A91. Having one or two drinks of any alcoholic beverage nearly every day	A	B	C
A92. Trying marijuana or hashish once or twice	A	B	C
A93. Using marijuana once a month or more	A	B	C
A94. Carrying a weapon to school	A	B	C

A95. How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?

- A) Neither Approve Nor Disapprove
- B) Somewhat Disapprove
- C) Strongly Disapprove

A96. If you use alcohol, marijuana, or another drug, have you had any of the following experiences? *(Mark All That Apply.)*

- A) Does not apply; I have not used alcohol or drugs
- B) Found you had to increase how much you use to have the same effect as before
- C) Frequently spent a lot of time getting, using, or being hung over from using alcohol or other drugs
- D) Used alcohol or drugs a lot more than you intended
- E) Used alcohol or drugs when you were alone (by yourself)
- F) Your use of alcohol or drugs often kept you from doing a normal activity, like going to school, working, or doing recreational activities or hobbies (sports, music, art, etc.)
- G) Often didn't feel OK unless you had something to drink or used a drug
- H) Thought about reducing (cutting down) or stopping use
- I) Told yourself you were not going to use but found yourself using anyway
- J) Spoke with someone about reducing or stopping use
- K) Attended counseling, a program, or group to help you reduce or stop use
- L) I use alcohol or drugs but have not experienced any of these things

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- A97. During the past 12 months, have you talked with at least one of your parents or guardians about the dangers of tobacco, alcohol, or drug use?
 A) Yes
 B) No
- A98. During the past 12 months, have you heard, read, or watched any messages about not using alcohol, tobacco, or drugs?
 A) Yes
 B) No

Next are questions about violence, safety, harassment, & bullying.

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

		<u>Happened on School Property</u>			
		<u>0 times</u>	<u>1 time</u>	<u>2 to 3 times</u>	<u>4 or more</u>
A99.	been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	B	C	D
A100.	been afraid of being beaten up?	A	B	C	D
A101.	been in a physical fight?	A	B	C	D
A102.	had mean rumors or lies spread about you?	A	B	C	D
A103.	had sexual jokes, comments, or gestures made to you?	A	B	C	D
A104.	been made fun of because of your looks or the way you talk?	A	B	C	D
A105.	had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
A106.	been offered, sold, or given an illegal drug?	A	B	C	D
A107.	damaged school property on purpose?	A	B	C	D
A108.	carried a gun?	A	B	C	D

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

		<u>Happened on School Property</u>			
		<u>0 times</u>	<u>1 time</u>	<u>2 to 3 times</u>	<u>4 or more</u>
A109.	carried any other weapon (such as a knife or club)?	A	B	C	D
A110.	been threatened or injured with a weapon (gun, knife, club, etc.)?	A	B	C	D
A111.	seen someone carrying a gun, knife, or other weapon?	A	B	C	D

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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 repeatedly shoved, hit, threatened, called mean names, teased in a way you didn't like, or had other unpleasant things done to you. It is **not bullying** when two students of about the same strength quarrel or fight.]

	0 times	1 time	2 to 3 times	4 or more
A112. Your race, ethnicity, or national origin	A	B	C	D
A113. Your religion	A	B	C	D
A114. Your gender (being male or female)	A	B	C	D
A115. Because you are gay or lesbian or someone thought you were	A	B	C	D
A116. A physical or mental disability	A	B	C	D
A117. Any other reason	A	B	C	D
A118. Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis?				
	A) More likely			
	B) Less likely			
	C) Would make no difference			
A119. 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			
A120. Do you consider yourself a member of a gang?				
	A) No			
	B) Yes			
A121. During the past 12 months , did your boyfriend or girlfriend ever, hit slap, or physically hurt you on purpose?				
	A) Does not apply; I didn't have a boyfriend or girlfriend during the past 12 months			
	B) No			
	C) Yes			
A122. During the past 12 months , did you ever feel so sad or hopeless almost everyday for two weeks or more that you stopped doing some usual activities?				
	A) No			
	B) Yes			

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- A123. During the past 12 months, how would you describe the grades you mostly received in school?
- A) Mostly A's
 - B) A's and B's
 - C) Mostly B's
 - D) B's and C's
 - E) Mostly C's
 - F) C's and D's
 - G) Mostly D's
 - H) Mostly F's
- A124. During the past 12 months, about how many times did you skip school or cut classes?
- A) 0 times
 - B) 1-2 times
 - C) A few times
 - D) Once a month
 - E) Once a week
 - F) More than once a week
- A125. 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