



PREVENTION NEEDS ASSESSMENT SURVEY

Form B

1. Thank you for agreeing to participate in this survey. The purpose of this survey is to learn how students in our schools feel about their community, family, peers, and school. The survey also asks about health behaviors.
2. The survey is completely voluntary and anonymous. **DO NOT** put your name on the questionnaire.
3. This is not a test, so there are no right or wrong answers. We would like you to work quickly so you can finish.
4. All of the questions should be answered by completely filling in one of the answer spaces. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank. You can skip any question that you do not wish to answer.
5. Please mark each question by completely filling in the circle or circles. **ONLY USE A #2 PENCIL.**

Please fill in the following information with the help of your teacher/survey assistant.

School District:

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Charter School Letter:

A
 B
 C
 D
 E
 F
 G
 H
 I
 J
 K

School Number:

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

What is the ZIP code where you live?

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

1. Thinking about your gender, which of the following best describes you?
 - Woman/Girl
 - Man/Boy
 - Transgender
 - Other
2. Which of the following best describe you?
 - Heterosexual (straight)
 - Gay or lesbian
 - Bisexual
 - Not sure/Other
3. What grade are you in?
 - 6th
 - 7th
 - 8th
 - 9th
 - 10th
 - 11th
 - 12th
4. How old are you?
 - 10 or younger
 - 11
 - 12
 - 13
 - 14
 - 15
 - 16
 - 17
 - 18
 - 19 or older
5. What is your race? (Select one or more)
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - Native Hawaiian or Other Pacific Islander
 - White
6. Think of where you live most of the time. Which of the following people live there with you? (Mark ALL that apply.)
 - Mother
 - Stepmother
 - Father
 - Stepfather
 - Foster Parent(s)
 - Grandparent(s)
 - Aunt
 - Uncle
 - Other Adult(s)
 - Brother(s)
 - Stepbrother(s)
 - Sister(s)
 - Stepsister(s)
 - Other Children

7. Think of the adults you live with. What is the highest level of schooling any of them completed?
 - Completed grade school or less
 - Some high school
 - Completed high school
 - Some college
 - Completed college
 - Graduate or professional school after college
 - Don't know
 - Does not apply
8. Putting them all together, what were your grades like last year?
 - Mostly F's
 - Mostly D's
 - Mostly C's
 - Mostly B's
 - Mostly A's
9. How important do you think the things you are learning in school are going to be for your later life?
 - Very important
 - Quite important
 - Fairly important
 - Slightly important
 - Not at all important
10. How interesting are most of your courses to you?
 - Very interesting and stimulating
 - Quite interesting
 - Fairly interesting
 - Slightly interesting
 - Not at all interesting
11. During the LAST FOUR WEEKS, how many (if any) whole days of school have you missed because you skipped or "cut"?
 - None
 - 1 day
 - 2 days
 - 3 days
 - 4-5 days
 - 6-10 days
 - 11 or more days

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

	Definitely No	Somewhat No	Somewhat Yes	Definitely Yes
12. 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"/>
13. Teachers ask me to work on special classroom projects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. 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"/>
15. 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"/>
16. 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"/>
17. I feel safe at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. The school lets my parents know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. 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"/>
21. 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"/>
22. Now thinking back over the past year in school, how often did you:	Never	Seldom	Sometimes	Almost always
a. enjoy being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. hate being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. try to do your best work in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. How often do you feel that the school work you are assigned is meaningful and important?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. During the past 30 days, on how many days (if any) did you NOT go to school because you felt you would be unsafe at school or on your way to or from school?	<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			
25. 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?	<input type="radio"/> 0 times <input type="radio"/> 4 or 5 times <input type="radio"/> 1 time <input type="radio"/> 6 or more times <input type="radio"/> 2 or 3 times			
26. 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			

	Very unsafe	Somewhat unsafe	Somewhat safe	Very safe
27. How safe do you feel in each of the following areas at your school (before and after school)?				
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"/>
28. How worried, if at all, are you about the possibility of each of the following things happening at your school?	Not at all worried	Somewhat worried	Very 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"/>
29. How much do you think people risk harming themselves (physically or in other ways) if they:	No risk	Slight risk	Moderate risk	Great risk
a. smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. have five or more drinks of an alcoholic beverage once or twice each weekend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. have five or more drinks of an alcoholic beverage once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. smoke 1-5 cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. use vape products such as e-cigarettes, vape pens, or mods?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Think back over the last two weeks. If any, how many times have you had five or more alcoholic drinks in a row?	<input type="radio"/> None <input type="radio"/> 3-5 times <input type="radio"/> Once <input type="radio"/> 6-9 times <input type="radio"/> Twice <input type="radio"/> 10 or more times			



OCCASIONS

On how many occasions (if any) have you:

	0	1-2	3-5	6-9	10-19	20-39	40+
42. had alcoholic beverages (beer, wine, or hard liquor) to drink in your lifetime -- more than just a few sips?	<input type="radio"/>						
43. had beer, wine, or hard liquor to drink during the past 30 days ?	<input type="radio"/>						
44. used marijuana (grass, pot, cannabis, weed) or hashish (hash, hash oil) during the past 30 days ?	<input type="radio"/>						
45. used LSD (acid) or other hallucinogens (like PCP, mescaline, "shrooms" or psilocybin) during the past 30 days ?	<input type="radio"/>						
46. used cocaine (like cocaine powder) or "crack" (cocaine in chunk or rock form) during the past 30 days ?	<input type="radio"/>						
47. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high during the past 30 days ?	<input type="radio"/>						
48. used phenoxydine (pox, px, breeze) during the past 30 days ?	<input type="radio"/>						
49. used methamphetamines (meth, speed, crank, crystal meth) in the past 30 days ?	<input type="radio"/>						
50. used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>						
51. used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>						
52. used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>						
53. used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them, during the past 30 days ?	<input type="radio"/>						
54. used heroin during the past 30 days ?	<input type="radio"/>						
55. used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in the past 30 days ?	<input type="radio"/>						
56. used synthetic marijuana or herbal incense products (such as K2, Spice, or Gold) in the past 30 days ?	<input type="radio"/>						

Answer questions 57 to 62 for both alcohol and drugs.

	Alcohol			Drugs		
	Don't use	Yes	No	Don't use	Yes	No
In the past 12 months:						
57. have you spent more time using alcohol or drugs than you intended?	<input type="radio"/>					
58. have you neglected some of your usual responsibilities because of using alcohol or drugs?	<input type="radio"/>					
59. have you wanted to cut down on your alcohol or drug use?	<input type="radio"/>					
60. has anyone objected to your alcohol or drug use?	<input type="radio"/>					
61. did you frequently find yourself thinking about using alcohol or drugs?	<input type="radio"/>					
62. did you use alcohol or drugs to relieve feelings such as sadness, anger, or boredom?	<input type="radio"/>					

63. Have you ever tried:	No	Yes
a. cigarettes, even just one puff?	<input type="radio"/>	<input type="radio"/>
b. cigars, cigarillos, or little cigars, even a puff?	<input type="radio"/>	<input type="radio"/>
c. tobacco in a hookah or waterpipe?	<input type="radio"/>	<input type="radio"/>
d. vape products such as e-cigarettes, vape pens, or mods?	<input type="radio"/>	<input type="radio"/>
e. chewing tobacco, snuff, dip, or snus (moist smokeless tobacco usually sold in small pouches)?	<input type="radio"/>	<input type="radio"/>

64. How frequently (if ever) have you smoked cigarettes during the past 30 days?

Not at all
 Less than one cigarette per day
 One to five cigarettes per day
 About one-half pack per day
 About one pack per day
 About one and one-half packs per day
 Two packs or more per day

65. Have you ever belonged to a gang?

No
 No, but would like to
 Yes, in the past
 Yes, belong now
 Yes, but would like to get out



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

	0 days	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20 to 29 days	All 30 days
a. smoke cigarettes?	<input type="checkbox"/>						
b. smoke cigars, cigarillos, or little cigars?	<input type="checkbox"/>						
c. smoke tobacco in a hookah or waterpipe?	<input type="checkbox"/>						
d. use vape products such as e-cigarettes, vape pens, or mods?	<input type="checkbox"/>						
e. use chewing tobacco, snuff, dip, or snus (moist smokeless tobacco usually sold in small pouches)?	<input type="checkbox"/>						

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

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

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

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

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

- 0 1 2 3 4 5 6 7

70. How wrong do your parents feel it would be for YOU to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. drink beer, wine, or hard liquor (for example, vodka, whiskey, or tequila) regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. steal something worth more than \$5?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. pick a fight with someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. have one or two drinks of an alcoholic beverage nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. use prescription drugs not prescribed to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. use vape products such as e-cigarettes, vape pens, or mods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- No Yes

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

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

73. If you have been bullied in the past 12 months, why do you think you were you bullied? (Mark ALL that apply.)

- I have not been made fun of by other students
- I don't know why
- The color of my skin
- My religion
- My size (height, weight, etc.)
- My accent or the country I (or my family) was born in
- The way I look (clothing, hairstyle, etc.)
- How much money my family has or does not have
- My gender
- My grades or school achievement
- My social standing or for being "unpopular"
- Social conflict
- My sexual-orientation
- I have a disability (learning or physical disability)
- Some other reason

74. If you have ever tried a tobacco product, which one did you try first?
- I have never tried any tobacco product
 - Cigarettes
 - Cigars, cigarillos, or little cigars
 - Tobacco in a hookah or waterpipe
 - Vape products such as e-cigarettes, vape pens, or mods
 - Chewing tobacco, snuff, or dip
 - Snus (moist smokeless tobacco usually sold in small pouches)
 - Other

75. If you smoked cigarettes or used vape products in the past 30 days, how did you usually get your own cigarettes or vape products? (CHOOSE ONLY ONE ANSWER FOR EACH TOBACCO TYPE.)

	Regular cigarettes	Vape products
I did not use cigarettes or vape products (e-cigarettes, vape pens, or mods) in the past 30 days.	<input type="radio"/>	<input type="radio"/>
I bought them in a convenience store, supermarket, discount store, or gas station.	<input type="radio"/>	<input type="radio"/>
I bought them at a tobacco specialty store or smoke shop.	<input type="radio"/>	<input type="radio"/>
I bought them at a vape shop.	<input type="radio"/>	<input type="radio"/>
I bought them on the Internet.	<input type="radio"/>	<input type="radio"/>
I gave someone else money to buy them for me.	<input type="radio"/>	<input type="radio"/>
I borrowed or bummed them from somebody else.	<input type="radio"/>	<input type="radio"/>
A person 18 years old or older gave them to me.	<input type="radio"/>	<input type="radio"/>
I took them from a store or family member.	<input type="radio"/>	<input type="radio"/>
I got them some other way.	<input type="radio"/>	<input type="radio"/>

76. Do you think that you will try a cigarette soon?
- I have already tried smoking cigarettes.
 - No Yes

77. If you ever used a tobacco or vape product, was the first product you used flavored to taste like menthol, mint, clove, spice, candy, fruit, chocolate, alcohol (such as wine or cognac), or other sweets?
- I have never used a tobacco or vape product
 - Yes
 - No
 - Not sure

78. If you smoked during the past 12 months, did you ever stop smoking for one day or longer because you were trying to quit smoking?
- I have not smoked in the past 12 months.
 - Yes
 - No

79. If you used a vape product such as e-cigarettes, vape pens or mods in the past 12 months, what did you put in it? (Mark ALL that apply.)
- I did not use a vape product in the past 12 months
 - E-juice with zero nicotine
 - E-juice with nicotine
 - Marijuana
 - Other
 - Not sure

80. If you used a vape product in the past 30 days, what type did you use? (Mark ALL that apply.)
- I did not use a vape product in the past 30 days
 - A vape product that can be refilled with bottles of e-liquid
 - A vape product that uses disposable cartridges
 - JUUL or another vape product that looks like a USB flash drive
 - Other

81. If you used a vape product (e-cigarettes, vape pens, or mods) in the past 30 days, where did you use it? (Mark ALL that apply.)
- I did not use a vape product in the past 30 days
 - On school grounds
 - Inside my house
 - Outside my house
 - At work
 - Inside restaurants, vapor lounges, or stores
 - At parties or social situations
 - In the car
 - At parks or other outdoor recreational areas
 - Other

	Definitely not	Probably not	Probably yes	Definitely yes
82. Do you think you will smoke a cigarette at any time during the next year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. If one of your best friends offered you a cigarette, would you smoke it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. Do you think people can get addicted to using tobacco just like they can get addicted to using cocaine or heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. Do you think young people who smoke cigarettes have more friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Do you think the smoke from other people's cigarettes is harmful to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. Do you think that people can get addicted to vape products (e-cigarettes, vape pens, or mods)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. Do you think you will use a vape product such as e-cigarettes, vape pens, or mods at any time during the next year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. If one of your best friends offered you a vape product such as an e-cigarette, vape pen, or mod, would you use it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

90. During this school year, were you taught in any of your classes about the dangers of tobacco use?
- No Yes Not sure

91. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?
- 0 days 5 or 6 days
 - 1 or 2 days 7 days
 - 3 or 4 days

92. During the past 7 days, on how many days did you ride in a car with someone who was smoking cigarettes?
- 0 days 5 or 6 days
 - 1 or 2 days 7 days
 - 3 or 4 days

93. Does anyone who lives with you now: (Mark ALL that apply.)
- Smoke cigarettes
 - Use vape products (e-cigarettes, vape pens, or mods)
 - Use other tobacco products
 - No one lives with me now who uses any form of tobacco

94. In the past 30 days, how often have you seen or heard any advertising or campaigns against smoking?
- Never
 - Rarely
 - Sometimes
 - Often
 - Very often

95. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use?
- No
 - Yes

96. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? (Mark ALL that apply.)
- No
 - Yes, tobacco use
 - Yes, alcohol use
 - Yes, drug use

97. During the past year (12 months), how often have you talked with at least one of your parents about the rules and expectations of NO alcohol use?
- At least once a month
 - Every 2 to 3 months
 - Every 4 to 6 months
 - A few times in the past year
 - Talked, but not in the past year
 - Never

98. In a typical week, how many days do you walk, ride your bike or scooter (non-motorized), or skateboard to and from school?
- No days
 - 1
 - 2
 - 3
 - 4
 - 5

99. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days

100. 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

101. During the past 12 months, did you ever seriously consider attempting suicide?
- No
 - Yes

102. During the past 12 months, did you make a plan about how you would attempt suicide?
- No
 - Yes

103. 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

	No	Yes
104. Has a doctor or nurse ever told you that you have asthma?	<input type="radio"/>	<input type="radio"/>
105. Do you still have asthma?	<input type="radio"/>	<input type="radio"/>
106. During the past 12 months, did you have an episode of asthma or an asthma attack?	<input type="radio"/>	<input type="radio"/>
107. Do you have diabetes?	<input type="radio"/>	<input type="radio"/>

108. An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor or other health professional EVER given you a written asthma action plan?
- I do not have asthma
 - Yes
 - No
 - Not sure

109. Has a doctor or other health professional EVER given you a written diabetes care plan to help manage your diabetes in school?
- I do not have diabetes
 - Yes
 - No
 - Not Sure

110. During the past 12 months, about how many days of school did you miss because of your asthma?
- I do not have asthma
 - 0 days
 - 1 to 3 days
 - 4 to 9 days
 - 10 to 12 days
 - 13 or more days

111. During the past 12 months, about how many days of school did you miss because of your diabetes?
- I do not have diabetes
 - 0 days
 - 1 to 3 days
 - 4 to 9 days
 - 10 to 12 days
 - 13 or more days

	Never	Rarely	Sometimes	Often	Always
112. In the past seven days, I have felt left out.	<input type="radio"/>				
113. In the past seven days, I have felt that people barely know me.	<input type="radio"/>				
114. In the past seven days, I have felt isolated from others.	<input type="radio"/>				
115. In the past seven days, I have felt that people are around me but not with me.	<input type="radio"/>				

116. How are guns and bullets stored in your home?
- We don't have any guns or bullets
 - Unlocked and in plain sight
 - Locked or hidden, but I know how to access them
 - Locked or hidden, and I DON'T know how to access them
 - Don't know

117. If you have a religious preference, choose one which you identify with the most.
- Catholic
 - Jewish
 - LDS (Mormon)
 - Protestant (such as Baptists, Presbyterians, or Lutherans)
 - Another religion
 - No religious preference



For questions 118 and 119, write your height and weight in the blank boxes and fill in the matching circle below each number.

118. How tall are you without your shoes on?

feet	inches
3	0
4	1
5	2
6	3
7	4
	5
	6
	7
	8
	9
	10
	11

119. How much do you weigh without your shoes on?

0	0	0
1	1	1
2	2	2
3	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

120. During the past 30 days, how often (if at all) 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?					
b. feel hopeless?					
c. feel restless or fidgety?					
d. feel so depressed that nothing could cheer you up?					
e. feel that everything was an effort?					
f. feel worthless?					

121. If ever, during the past 30 days, what type of alcohol did you usually drink? (Select only one response.)

- I did not drink alcohol during the past 30 days
- I do not have a usual type
- Beer
- Wine
- Vodka
- Other liquor, such as rum, scotch, bourbon, whiskey, or tequila
- Flavored alcoholic beverages, such as Smirnoff Ice, Bacardi Silver, Mike's Hard Lemonade, Four Loko, Blast, or Hard Apple Cider
- Some other type

122. How often do you do the following things on your cell phone or tablet?

	Never				
	Monthly or less				
	Weekly				
	Once a day				
	Multiple times per day				
	I don't have either				
a. Communicate or catch up with family and friends					
b. Use a social media app like Snapchat, Instagram, or Facebook					
c. Play games					

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

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

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

- I do not drive.
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

125. During the past 30 days, did you drive a car or other vehicle when you were talking on a cell phone? If so, on how many days?

- I did not drive a car or other vehicle during the past 30 days
- 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

126. During the past 30 days, did you text or e-mail while driving a car or other vehicle? If so, on how many days?

- I did not drive a car or other vehicle during the past 30 days
- 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

127. 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, YouTube, Instagram, Facebook, 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

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

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

129. 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.

Responses

	a	b	c	d	e	f	g	h	i
201.									
202.									
203.									
204.									
205.									
206.									
207.									
208.									
209.									
210.									
211.									
212.									
213.									
214.									
215.									
216.									
217.									
218.									
219.									
220.									

Extra Questions Start with 201

Thank you for completing the survey

Bach Harrison, L.L.C. Phone: 801-359-2064 116 South 500 East Salt Lake City, Utah 84102

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