

11. Have you changed schools (including changing from elementary to middle and middle to high school) in the past year?

- Yes No

12. How many times have you changed homes since kindergarten?

- Never 5 or 6 times
 1 or 2 times 7 or more times
 3 or 4 times

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

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

14. During the LAST FOUR WEEKS how many whole days of school have you missed because you skipped or "cut"?

- None
 1 day
 2 days
 3 days
 4 to 5 days
 6 to 10 days
 11 days or more

15. How do you like school?

- I like school very much
 I like school
 I neither like nor dislike school
 I dislike school
 I dislike school very much

16. 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

17. How often do you feel that the schoolwork you are assigned is meaningful and important?

- Almost always
 Sometimes
 Often
 Seldom
 Never

18. Thinking back over the past school year, how often did you try to do your best work in school?

How much do you agree with the following statements about school?

- Strongly disagree
 Somewhat disagree
 Somewhat agree
 Strongly agree

19. 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"/>
20. 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"/>
21. I respect most of my teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. 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"/>
23. I can talk to my teachers openly and freely about my concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. In my school, teachers treat students with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Most students at my school help each other when they are hurt or upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. In my school, students that work hard to get good grades are picked on by other students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past 12 months, on how many days did you...

- 6 or more days
 4 or 5 days
 2 or 3 days
 1 day
 0 days

27. not go to school because you felt you would be unsafe at school or on your way to or from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. carry a gun as a weapon on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. carry a weapon (other than a gun) such as a knife or club on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past 12 months, how many times...

- 12 or more times
 10 or 11 times
 8 or 9 times
 6 or 7 times
 4 or 5 times
 2 or 3 times
 1 time
 0 times

30. were you in a physical fight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. were you in a physical fight on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. did you bully someone (such as hitting, kicking, pushing, saying mean things, spreading rumors, or making sexual comments that bothered them)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. have you been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. has someone threatened you with a weapon such as a gun, knife, or club on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?

- Yes
 No

The next questions ask about drinking alcohol. This includes drinking beer, wine/wine coolers, flavored beverages such as Mike's Hard Lemonade and liquor "shots" such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

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
61. have at least one drink of alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. have 5 or more drinks of alcohol in a row, that is, within a couple of hours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past 30 days, on how many days do you think most students in your school...

63. had at least one drink of alcohol? (your best estimate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. had 5 or more drinks of alcohol in a row, that is, within a couple of hours? (your best estimate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

65. During the past 30 days, how many times did you ride in a vehicle driven by a parent or other adult who had been drinking alcohol?

	0 times	1 time	2 or 3 times	4 or 5 times	6 or more times
66. During the past 30 days, how many times did <u>most students in your school</u> ride in a vehicle driven by a parent or other adult who had been drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
67. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. use other tobacco products such as snuf, dip or chewing tobacco (Redman Copenhagen, Marlboro Snuff etc)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

69. 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

If you wanted to get some, how easy would it be for you to...

	Very hard	Sort of hard	Very easy
70. get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. get some cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. get some marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. get some synthetic marijuana, example: K2, Spice etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. get a drug like cocaine, LSD, or amphetamines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. get prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How old were you...

	Never have	8 years old or younger	9 years old	10 years old	11 years old	12 years old	13 years old	14 years old	15 years old
76. when you had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin) for the first time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. when you first began drinking alcoholic beverages regularly, that is at least once or twice a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. when you smoked a whole cigarette for the first time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. the first time you used tobacco products other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from pipe?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. when you tried marijuana for the first time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. when you used synthetic marijuana (also called K2, Spice, etc.) for the first time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you think people risk harming themselves (physically or in other ways)...

	No risk	Slight risk	Moderate risk	Great risk
82. if they have 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"/>
83. when they 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"/>
84. if they smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. if they try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. if they smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. if they use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
88. sniff glue, breathe the contents of aerosol spray cans, or inhale any paints or sprays to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. use synthetic marijuana, example: K2, Spice etc?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. use a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's orders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

123. How much do you weigh without your shoes on?
Directions: Write your weight in the shaded blank boxes.
 Fill in the matching circle below each number on the answer sheet.

Weight Pounds		
0	9	5
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Weight Pounds		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Thank you for your participation!