

In-School Core Survey

	Number of Times					
	0 Times	1 Time	2 Times	3 Times	4-6 Times	7 or More Times
61. drunk on alcohol or “high” on drugs <u>on school property</u> ?	A	B	C	D	E	F

[APPLICABLE FOR LIFETIME MARIJUANA USERS ONLY – Ask of students who reported ever using marijuana [IF Q55 = B, C, D, E, or F]

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

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

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
	65. cigarettes?	A	B	C	D	E
66. smokeless tobacco (dip, chew, snuff, snus, or nicotine pouches)?	A	B	C	D	E	F
67. vape products?	A	B	C	D	E	F
[ASKED IF Q67 = B, C, D, E, or F]						
67A. Vaped tobacco or nicotine	A	B	C	D	E	F
67B. Vaped marijuana or THC	A	B	C	D	E	F
67C. Vaped other product	A	B	C	D	E	F
68. one or more drinks of alcohol?	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
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. any other drug, pill, or medicine to get “high” or for reasons other than medical?	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
73. smoke cigarettes?	A	B	C	D	E	F
74. use smokeless tobacco (dip, chew, snuff, snus, or nicotine pouches)?	A	B	C	D	E	F
75. vape?	A	B	C	D	E	F
[ASKED IF Q75 = B, C, D, E, or F]						
75A. vape tobacco or nicotine	A	B	C	D	E	F
75B. vape marijuana or THC	A	B	C	D	E	F
75C. vape other product	A	B	C	D	E	F
76. have at least one drink of alcohol?	A	B	C	D	E	F
77. use marijuana (smoke, vape, eat, or drink)?	A	B	C	D	E	F
78. use any other drug, pill, or medicine to get “high” or for reasons other than medical?	A	B	C	D	E	F
79. 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
80. Smoke cigarettes occasionally	A	B	C	D
81. Smoke 1 or more packs of cigarettes each day	A	B	C	D
82. Vape tobacco or nicotine occasionally	A	B	C	D
83. Vape tobacco or nicotine several times a day (100 puffs or more)	A	B	C	D
84. Drink alcohol (beer, wine, liquor) occasionally	A	B	C	D
85. Have five or more drinks of alcohol once or twice a week	A	B	C	D
86. Use marijuana occasionally (smoke, vape, eat, or drink)	A	B	C	D
87. 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
88. Cigarettes	A	B	C	D	E
89. Vape products	A	B	C	D	E
90. Alcohol	A	B	C	D	E
91. Marijuana	A	B	C	D	E
92. Prescription drugs to get “high” or for reasons other than prescribed	A	B	C	D	E
93. Does your school ban tobacco use and vaping on school property and at school sponsored events?					
A) No					
B) Yes					
C) Don't know					

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94. In a normal week, how many days are you home after school for at least one hour without an adult there?
- A) Never
 - B) 1 day
 - C) 2 days
 - D) 3 days
 - E) 4 days
 - F) 5 days

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

95. 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
96. been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	B	C	D
97. been afraid of being beaten up?	A	B	C	D
98. been in a physical fight?	A	B	C	D
99. had mean rumors or lies spread about you?	A	B	C	D
100. had sexual jokes, comments, or gestures made to you?	A	B	C	D
101. been made fun of because of your looks or the way you talk?	A	B	C	D
102. had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
103. been offered, sold, or given an illegal drug?	A	B	C	D
104. damaged school property on purpose?	A	B	C	D

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	Happened on School Property			
	0 Times	1 Time	2 to 3 Times	4 or More Times
105. carried a gun?	A	B	C	D
106. carried any other weapon (such as a knife or club)?	A	B	C	D
107. been threatened or injured with a weapon (gun, knife, club, etc.)?	A	B	C	D
108. seen someone carrying a gun, knife, or other weapon?	A	B	C	D
109. been threatened with harm or injury?	A	B	C	D
110. 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
111. Your race, ethnicity, or national origin	A	B	C	D
112. Your religion	A	B	C	D
113. Your gender	A	B	C	D
114. Because you are gay, lesbian, or bisexual or someone thought you were	A	B	C	D
115. A physical or mental disability	A	B	C	D
116. You are an immigrant or someone thought you were	A	B	C	D
117. Any other reason	A	B	C	D
118. 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			

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119. Do you consider yourself a member of a gang?
- A) No
 - B) Yes
120. 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
121. 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
122. I had a hard time relaxing.	A	B	C	D
123. I felt sad and down.	A	B	C	D
124. I was easily irritated.	A	B	C	D
125. It was hard for me to cope and I thought I would panic.	A	B	C	D
126. It was hard for me to get excited about anything.	A	B	C	D

Please tell us how true each statement is of you.

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

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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
130. my family life as...	A	B	C	D	E	F
131. my friendships as...	A	B	C	D	E	F
132. my school experience as...	A	B	C	D	E	F
133. myself as...	A	B	C	D	E	F
134. where I live as...	A	B	C	D	E	F
135. 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		