PRIDE Surveys

• Use a No. 2 pencil only
CORRECT: ● INCORRECT: ✓ ⊗ ◒ ◔

THE PRIDE SURVEY PLUS FOR GRADES 6-12

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PERSONAL AND FAMILY INFORMATION

1. Ethnic Origin:
- ○ White
- ○ African American
- ○ Hispanic/Latino
- ○ Asian/Pacific Islander
- ○ Native American
- ○ Mixed Origin
- ○ Other

2. Sex:
- ○ Male
- ○ Female

3. Age:
- ○ 10 years old or less
- ○ 11 years old
- ○ 12 years old
- ○ 13 years old
- ○ 14 years old
- ○ 15 years old
- ○ 16 years old
- ○ 17 years old
- ○ 18 years old
- ○ 19 years old or more

4. Grade:
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10
- ○ 11
- ○ 12

5. Do you live with...
- ○ both parents
- ○ mother only
- ○ father only
- ○ mother & stepfather
- ○ father & stepmother
- ○ other

6. Do you have a job?
- ○ Yes, full-time
- ○ Yes, part-time
- ○ No

7. Do your parents have a job?

Father		Mother
○	Yes, full-time	○
○	Yes, part-time	○
○	No	○

8. What is the educational level of your...

father?		mother?
○	Some high school	○
○	High school graduate	○
○	Some college	○
○	College graduate	○

STUDENT INFORMATION

1. Do you make good grades?	○ ○ ○ ○ ○
2. Do you get into trouble at school?	○ ○ ○ ○ ○
3. Do you take part in school sports teams?	○ ○ ○ ○ ○
4. Do you take part in school activities such as band, clubs, etc?	○ ○ ○ ○ ○
5. Do you take part in community activities such as scouts, rec. teams, youth clubs, etc.?	○ ○ ○ ○ ○
6. Do you attend church, synagogue, etc.?	○ ○ ○ ○ ○
7. Do your parents talk with you about the problems of tobacco, alcohol and drug use?	○ ○ ○ ○ ○
8. Do your teachers talk with you about the problems of tobacco, alcohol and drug use?	○ ○ ○ ○ ○
9. Have you skipped school without your parents' permission in the past year?	○ ○ ○ ○ ○
10. Does your school set clear rules on using drugs at school?	○ ○ ○ ○ ○
11. Does your school set clear rules on bullying or threatening other students at school?	○ ○ ○ ○ ○
12. Do your parents set clear rules for you?	○ ○ ○ ○ ○
13. Do your parents punish you when you break the rules?	○ ○ ○ ○ ○
14. Have you been in trouble with the police?	○ ○ ○ ○ ○
15. Do you take part in gang activities?	○ ○ ○ ○ ○
16. Have you thought about committing suicide?	○ ○ ○ ○ ○
17. Do your friends use tobacco (cigarettes, etc.)?	○ ○ ○ ○ ○
18. Do your friends use alcohol (beer, liquor, etc.)?	○ ○ ○ ○ ○
19. Do your friends use marijuana (pot, hash, etc.)?	○ ○ ○ ○ ○
20. Do your friends use prescription drugs not prescribed to them?	○ ○ ○ ○ ○
21. Have you had 5 or more glasses of beer, coolers, breezers or liquor within a few hours?	○ ○ ○ ○ ○

	YES	NO
22. Do you think that you are overweight?	○	○
23. Has a doctor told you that you are overweight?	○	○
24. Have you bought or sold drugs AT school?	○	○
25. Have you bought or sold drugs when NOT at school?	○	○
26. Have you carried a gun for protection or as a weapon when NOT at school in the past year?	○	○
27. Do you own a cell phone?	○	○
28. In the past year have you tried to cut down on the time you were on your cell phone?	○	○
29. Do you think that any of your friends use their cell phones too much?	○	○

WITHIN THE PAST YEAR HOW OFTEN HAVE YOU...

1. Used tobacco (cigarettes, cigars, dip, etc.)?	○ ○ ○ ○ ○ ○ ○ ○
2. Drunk alcohol (beer, coolers, liquor, etc.)?	○ ○ ○ ○ ○ ○ ○ ○
3. Smoked marijuana (pot, hash, etc.)?	○ ○ ○ ○ ○ ○ ○ ○
4. Used cocaine (crack, etc.)?	○ ○ ○ ○ ○ ○ ○ ○
5. Used inhalants (glue, gas, etc.)?	○ ○ ○ ○ ○ ○ ○ ○
6. Used hallucinogens (PCP, LSD, etc.)?	○ ○ ○ ○ ○ ○ ○ ○
7. Used heroin (opiates)?	○ ○ ○ ○ ○ ○ ○ ○
8. Used steroids?	○ ○ ○ ○ ○ ○ ○ ○
9. Used ecstasy (MDMA, Molly)?	○ ○ ○ ○ ○ ○ ○ ○
10. Used meth (crystal, ice, crank, etc.)?	○ ○ ○ ○ ○ ○ ○ ○

WITHIN THE PAST YEAR HOW OFTEN HAVE YOU...

11. Used prescription drugs not prescribed to you (such as Ritalin, Xanax or OxyContin)?	○ ○ ○ ○ ○ ○ ○ ○
12. Used over-the-counter drugs (to get high)?	○ ○ ○ ○ ○ ○ ○ ○
13. Used synthetic marijuana (K2, Spice, etc.)?	○ ○ ○ ○ ○ ○ ○ ○
14. Used an e-cigarette, vape pen, e-liquid rig, (JUUL, N2, Joytech etc.) excluding marijuana products?	○ ○ ○ ○ ○ ○ ○ ○
15. Used prescription opioid painkillers for any reason (OxyContin, Vicodin, Percocet, Codeine etc.)?	○ ○ ○ ○ ○ ○ ○ ○

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HOW WRONG DO YOUR PARENTS FEEL IT WOULD BE FOR YOU TO...

1. Smoke tobacco?	○
2. Have one or two drinks of an alcoholic beverage nearly every day?	○
3. Smoke marijuana?	○
4. Use prescription drugs not prescribed to you?	○
5. Use an e-cigarette, vape pen, e-liquid rig, (JUUL, N2, Joytech etc.) excluding marijuana products?	○
6. Use prescription opioid painkillers to get high (OxyContin, Vicodin, Percocet, Codeine etc.)?	○

HOW WRONG DO YOUR FRIENDS FEEL IT WOULD BE FOR YOU TO...

1. Smoke tobacco?	○
2. Have one or two drinks of an alcoholic beverage nearly every day?	○
3. Smoke marijuana?	○
4. Use prescription drugs not prescribed to you?	○
5. Use an e-cigarette, vape pen, e-liquid rig, (JUUL, N2, Joytech etc.) excluding marijuana products?	○
6. Use prescription opioid painkillers to get high (OxyContin, Vicodin, Percocet, Codeine etc.)?	○

WHERE DO YOU USUALLY...

(You may mark more than one response for each question)

1. Use tobacco?	○
2. Drink alcohol?	○
3. Smoke marijuana (pot, hash, etc.)?	○
4. Use prescription drugs not prescribed to you?	○
5. Use an e-cigarette, vape pen, e-liquid rig, (JUUL, N2, Joytech etc.) excluding marijuana products?	○
6. Use prescription opioid painkillers to get high (OxyContin, Vicodin, Percocet, Codeine etc.)?	○

WHEN DO YOU USUALLY...

(You may mark more than one response for each question)

1. Use tobacco?	○
2. Drink alcohol?	○
3. Smoke marijuana (pot, hash, etc.)?	○
4. Use prescription drugs not prescribed to you?	○
5. Use an e-cigarette, vape pen, e-liquid rig, (JUUL, N2, Joytech etc.) excluding marijuana products?	○
6. Use prescription opioid painkillers to get high (OxyContin, Vicodin, Percocet, Codeine etc.)?	○

If you attempted suicide in the past 12 months, did any attempt result in injury, poisoning, or overdose that had to be treated by a doctor or nurse?

- ○ I did not attempt suicide during the past 12 months
- ○ Yes
- ○ No

WHAT EFFECT DO YOU MOST OFTEN GET WHEN YOU...

1. Drink alcohol?	○
2. Smoke marijuana (pot, hash, etc.)?	○
3. Use prescription drugs not prescribed to you?	○
4. Use prescription opioid painkillers to get high (OxyContin, Vicodin, Percocet, Codeine etc.)?	○

VEHICLE SAFETY

1. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?	○
2. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?	○
3. During the past 30 days, how many times did you drive a car or other vehicle when you had been using marijuana?	○
4. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been using marijuana?	○

5. How often do you wear a seatbelt when driving a car?
   - ○ Never
   - ○ Sometimes
   - ○ Always
   - ○ Seldom
   - ○ Most of the time
   - ○ I don't drive

6. How often do you wear a seat belt when riding in a car driven by someone else?
   - ○ Never
   - ○ Sometimes
   - ○ Always
   - ○ Seldom
   - ○ Most of the time

IN MY SCHOOL, I FEEL SAFE...

1. In the classroom.	○
2. In the cafeteria (lunchroom).	○
3. In the halls.	○
4. In the bathroom.	○
5. In the gym.	○
6. On the school bus.	○
7. At school events (ballgames, etc.).	○
8. In the parking lot.	○
9. On the way to or from school.	○

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