CALIFORNIA healthy kids SURVEY

In-School Core Survey

High School Questionnaire

2025–2026

This survey asks about your behavior, experiences, and attitudes related to your school, health, and well-being. The survey also includes questions about use of alcohol, tobacco, and other drugs, and bullying and violence.

The survey is **anonymous** and **confidential**. No one will ever be able to connect you with your answers. Your answers are private.

You do not have to answer these questions, but your answers will be very helpful in improving school and health programs. **You will be able to answer** whether or not you have done or experienced any of these things.

This survey asks about things you may have done during different periods of time, such as during your **lifetime** (you ever did 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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Your School Schedule

1. Which of the following best describes your school schedule during the past 30 days?

- **A)** I went to school in person at my school building for the entire day, Monday through Friday. [**In-School Model**]
- **B)** I participated in school from home for the entire day on most or all weekdays and did not go to school in person. [**Remote Learning Model**]

Next, we would like some background information about you.

2. What grade are you in?

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

3. What is your gender?

- **A)** Male
- **B)** Female
- **C)** Nonbinary
- **D)** Something else

4. Some people describe themselves as transgender when how they think or feel about their gender is different from the sex they were assigned at birth. Are you transgender?

- **A)** No, I am not transgender
- **B)** Yes, I am transgender
- **C)** I am not sure if I am transgender
- **D)** Decline to respond

5. Which of the following best describes you?

- **A)** Heterosexual (straight)
- **B)** Lesbian or Gay
- **C)** Bisexual
- **D)** Something else
- **E)** Not sure
- **F)** Decline to respond

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6. What is your race or ethnicity? ***(Mark All That Apply.)***

- **A)** American Indian or Alaska Native
- **B)** Asian or Asian American
- **C)** Black or African American
- **D)** Hispanic or Latino/a
- **E)** Native Hawaiian or Pacific Islander
- **F)** White
- **G)** Something else

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

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

8. If you are Hispanic or Latino/a , which groups best describe you? ***(Mark All That Apply.)***
If you are **not** of Hispanic or Latino/a background, mark "A) Does not apply."

- **A)** Does not apply; I am not Hispanic or Latino/a
- **B)** Colombian
- **C)** Cuban
- **D)** Dominican
- **E)** Guatemalan
- **F)** Honduran
- **G)** Mexican
- **H)** Puerto Rican
- **I)** Salvadoran
- **J)** Other Hispanic or Latino/a

9. What best describes where you live? A home includes a house, apartment, trailer, or mobile home.

- **A)** A home with one or more parent or guardian
- **B)** Other relative's home
- **C)** A home with more than one family
- **D)** Friend's home
- **E)** Foster home, group care, or waiting placement
- **F)** Hotel or motel
- **G)** Shelter, car, campground, or other transitional or temporary housing
- **H)** Other living arrangement

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10. What is the highest level of education your parents or guardians completed? ***(Mark the educational level of the parent or guardian who went the furthest in school.)***

- **A)** Did not finish high school
- **B)** Graduated from high school
- **C)** Attended college but did not complete four-year degree
- **D)** Graduated from college
- **E)** Don't know

11. Is your father, mother, or guardian currently in the military (Army, Navy, Marines, Air Force, National Guard, or Reserves)?

- **A)** No
- **B)** Yes
- **C)** Don't know

12. What language is spoken most of the time in your home?

- **A)** English
- **B)** Spanish
- **C)** Mandarin
- **D)** Cantonese
- **E)** Taiwanese
- **F)** Tagalog
- **G)** Vietnamese
- **H)** Korean
- **I)** Arabic
- **J)** Other

APPLICABLE FOR NON-ENGLISH LANGUAGE AT HOME. [IF Q12 = B–J]

How well do you understand, speak, read, and write English?

		Very Well	Well	Not Well	Not At All
12A.	Understand English	A	B	C	D
12B.	Speak English	A	B	C	D
12C.	Read English	A	B	C	D
12D.	Write English	A	B	C	D

13. Are you in the English Learner Program at school?

- **A)** No
- **B)** Yes
- **C)** Don't know

IF 13 = B, THEN 14; ELSE GO TO 15

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14. How many years have you been in the English Learner Program across all schools you've attended?

- **A)** Less than 3 years
- **B)** 3 to 4 years
- **C)** 5 to 6 years
- **D)** 7 or more years

15. Do you have an IEP (Individualized Education Plan) or get special education services?

- **A)** No
- **B)** Yes
- **C)** Don't know
- **D)** Prefer not to say

16. What time did you go to bed last night?

- **A)** Before 7:00 pm
- **B)** 7:00–7:59 pm
- **C)** 8:00–8:59 pm
- **D)** 9:00–9:59 pm
- **E)** 10:00–10:59 pm
- **F)** 11:00–11:59 pm
- **G)** 12:00–12:59 am
- **H)** After 1:00 am

17. Did you eat breakfast today?

- **A)** No
- **B)** Yes

18. In the past **30 days**, how often did you miss an entire day of school for any reason?

- **A)** I did not miss any days of school in the past 30 days
- **B)** 1 day
- **C)** 2 days
- **D)** 3 or more days

19. How many days a week do you usually go to your school's afterschool program?

- **A)** I do not attend my school's afterschool program
- **B)** 1 day
- **C)** 2 days
- **D)** 3 days
- **E)** 4 days
- **F)** 5 days

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The next questions ask about your experiences with school in general.

20. 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

21. In the past **30 days**, did you miss a day of school for any of the following reasons? ***(Mark All That Apply.)***

A) Does not apply; I didn't miss any school
B) Illness (feeling physically sick), including problems with breathing or your teeth
C) Were being bullied or mistreated at school
D) Felt very sad, hopeless, anxious, stressed, or angry
E) Didn't get enough sleep
F) Didn't feel safe at school or going to and from school
G) Had to take care of or help a family member or friend
H) Wanted to spend time with friends
I) Used alcohol or drugs
J) Were behind in schoolwork or weren't prepared for a test or class assignment
K) Were bored or uninterested in school
L) Had no transportation to school
M) Other reason

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

		Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
22.	I feel close to people at this school.	A	B	C	D	E
23.	I am happy to be at this school.	A	B	C	D	E
24.	I feel like I am part of this school.	A	B	C	D	E
25.	The teachers at this school treat students fairly.	A	B	C	D	E
26.	I feel safe in my school.	A	B	C	D	E
27.	My school is usually clean and tidy.	A	B	C	D	E
28.	Teachers at this school communicate with parents about what students are expected to learn in class.	A	B	C	D	E
29.	Parents feel welcome to participate at this school.	A	B	C	D	E

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		Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
30.	School staff take parent concerns seriously.	A	B	C	D	E
31.	It is hard for me to stay focused when doing my schoolwork.	A	B	C	D	E
32.	I try hard to make sure that I am good at my schoolwork.	A	B	C	D	E
33.	I try hard on my schoolwork because I am interested in it.	A	B	C	D	E
34.	I work hard to try to understand new things when doing my schoolwork.	A	B	C	D	E
35.	I am always trying to do better in my schoolwork.	A	B	C	D	E

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

		Strongly Disagree										Strongly Agree
		0	1	2	3	4	5	6	7	8	9	10
36.	School is really boring.	A	B	C	D	E	F	G	H	I	J	K
37.	School is worthless and a waste of time.	A	B	C	D	E	F	G	H	I	J	K

Please mark on your answer sheet how TRUE you feel each of the following statements is about your SCHOOL.

There is a teacher or some other adult from my school…

		Not At All True	A Little True	Pretty Much True	Very Much True
38.	who really cares about me.	A	B	C	D
39.	who tells me when I do a good job.	A	B	C	D
40.	who notices when I'm not there.	A	B	C	D

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		Not At All True	A Little True	Pretty Much True	Very Much True
41.	who always wants me to do my best.	A	B	C	D
42.	who checks on how I am feeling.	A	B	C	D
43.	who listens to me when I have something to say.	A	B	C	D
44.	who believes that I will be a success.	A	B	C	D

At school,…

		Not At All True	A Little True	Pretty Much True	Very Much True
45.	I do interesting activities.	A	B	C	D
46.	I help decide things like **class** activities or rules.	A	B	C	D
47.	I do things that make a difference.	A	B	C	D
48.	I have a say in how things work.	A	B	C	D
49.	I help decide **school** activities or rules.	A	B	C	D

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The next questions ask about the use of alcohol, tobacco, marijuana, and other drugs, including pills or medications, to get "high" or for reasons other than medical, as ordered or prescribed by a doctor.

Keep the following definitions in mind:

- **One drink of ALCOHOL**, or alcoholic drink (beverage), means one regular size can/bottle of beer or hard seltzer, 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 other than alcohol or tobacco, including pills and medications, used to get "high" ("loaded," "stoned," or "wasted") or for purposes other than prescribed by a doctor.
- **VAPES or VAPE PRODUCTS**: Electronic devices like vape pens, e-cigarettes, e-hookah, hookah pens, e-vaporizers, tanks, pods, or mods used to inhale a vapor. Can be used to vape many things, including nicotine or just flavoring. Popular brands are Elf Bar, Esco Bar, Geek Bar, JUUL, Lost Mary, Mr. Fog, and Vuse.

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*During your **life**, how many times have you used the following?*

		Number of Times					
		0 Times	1 Time	2 Times	3 Times	4–6 Times	7 or More Times
50.	A **whole** cigarette	A	B	C	D	E	F
51.	**Smokeless tobacco** (dip, chew, snuff, snus, or nicotine pouches)	A	B	C	D	E	F
52.	**Vape products**	A	B	C	D	E	F
[ASKED IF Q52 = B, C, D, E, or F]							
52A.	Vaped tobacco or nicotine	A	B	C	D	E	F
52B.	Vaped marijuana or THC	A	B	C	D	E	F
52C.	Vaped other product	A	B	C	D	E	F
53.	One **full drink of alcohol** (such as a can of beer, glass of wine, hard seltzer, or shot of liquor)	A	B	C	D	E	F
54.	**Marijuana** (smoke, vape, eat, or drink)	A	B	C	D	E	F
55.	**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
56.	**Cocaine, methamphetamine, or any amphetamines** (meth, speed, crystal, crank, ice)	A	B	C	D	E	F
57.	**Relevan**	A	B	C	D	E	F
58.	**Ecstasy, LSD, or other psychedelics** (acid, mescaline, peyote, mushrooms)	A	B	C	D	E	F
59.	**Prescription pain medication** (Vicodin, OxyContin, Percodan, Fentanyl)	A	B	C	D	E	F
60.	**Cold/cough medicines** or other over-the-counter medicines to get "high"	A	B	C	D	E	F
61.	**Any other drug, pill, or medicine** to get "high" or for reasons other than medical	A	B	C	D	E	F

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*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
62.	very drunk or sick after drinking **alcohol?**	A	B	C	D	E	F
63.	"high" (loaded, stoned, or wasted) from using **drugs?**	A	B	C	D	E	F
64.	drunk on alcohol or "high" on drugs **on school property?**	A	B	C	D	E	F

[APPLICABLE FOR LIFETIME MARIJUANA USERS ONLY – Ask of students who reported ever using marijuana [IF Q54 = 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
65.	**Smoke** it?	A	B	C	D	E	F
66.	In a **vaping device** (vape pens, mods, or portable vaporizers)?	A	B	C	D	E	F
67.	Eat or drink it in products made with **marijuana?**	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
68.	**cigarettes?**	A	B	C	D	E	F
69.	**smokeless tobacco** (dip, chew, snuff, snus, or nicotine pouches)?	A	B	C	D	E	F
70.	**vape products?**	A	B	C	D	E	F

[ASKED IF Q70 = B, C, D, E, or F]

70A.	Vaped tobacco or nicotine	A	B	C	D	E	F
70B.	Vaped marijuana or THC	A	B	C	D	E	F
70C.	Vaped other product	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
71. **one or more** drinks of alcohol?	A	B	C	D	E	F
72. **five or more drinks of alcohol** in a row, that is, within a couple of hours?	A	B	C	D	E	F
73. **marijuana** (smoke, vape, eat, or drink)?	A	B	C	D	E	F
74. **inhalants** (things you sniff, huff, or breathe to get "high")?	A	B	C	D	E	F
75. **prescription drugs to get "high" or for reasons other than prescribed?**	A	B	C	D	E	F
76. **any other drug, pill, or medicine** to get "high" or for reasons other than medical?	A	B	C	D	E	F
77. **two or more substances 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
78. **smoke cigarettes?**	A	B	C	D	E	F
79. use **smokeless tobacco** (dip, chew, snuff, snus, or nicotine pouches)?	A	B	C	D	E	F
80. **vape?**	A	B	C	D	E	F

[ASKED IF Q80 = B, C, D, E, or F]

80A. vape tobacco or nicotine	A	B	C	D	E	F
80B. vape marijuana or THC	A	B	C	D	E	F
80C. vape other product	A	B	C	D	E	F
81. have **at least one drink of alcohol?**	A	B	C	D	E	F
82. use **marijuana** (smoke, vape, eat, or drink)?	A	B	C	D	E	F

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		0 Days	1 Day	2 Days	3-9 Days	10–19 Days	20–30 Days
83.	use **any other drug, pill, or medicine** to get "high" or for reasons other than medical?	A	B	C	D	E	F
84.	breathe **the smoke or vapor from someone who was using cigarettes or e-cigarettes?**	A	B	C	D	E	F

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
85.	Smoke cigarettes occasionally	A	B	C	D
86.	Smoke 1 or more packs of cigarettes each day	A	B	C	D
87.	Vape tobacco or nicotine occasionally	A	B	C	D
88.	Vape tobacco or nicotine several times a day (100 puffs or more)	A	B	C	D
89.	Drink alcohol (beer, wine, liquor) occasionally	A	B	C	D
90.	Have five or more drinks of alcohol once or twice a week	A	B	C	D
91.	Use marijuana occasionally (smoke, vape, eat, or drink)	A	B	C	D
92.	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
93.	Cigarettes	A	B	C	D	E
94.	Vape products	A	B	C	D	E
95.	Alcohol	A	B	C	D	E
96.	Marijuana	A	B	C	D	E
97.	Prescription drugs to get "high" or for reasons other than prescribed	A	B	C	D	E

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EACH ITEM APPLICABLE FOR LIFETIME USERS OF THAT SUBSTANCE ONLY

How many times have you tried to quit or stop using…

		Does Not Apply, Don't Use	0 Times	1 Time	2–3 Times	4 or More Times
[IF Q50 = B, C, D, E, or F OR Q52 = B, C, D, E, or F]						
98.	smoking or vaping tobacco or nicotine?	A	B	C	D	E
[IF Q53 = B, C, D, E, or F]						
99.	alcohol?	A	B	C	D	E
[IF Q54 = B, C, D, E, or F]						
100.	marijuana?	A	B	C	D	E

101. Does your school ban tobacco use and vaping on school property and at school sponsored events?

A) No
B) Yes
C) Don't know

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

102. 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
103.	been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	B	C	D
104.	been afraid of being beaten up?	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.	been in a physical fight?	A	B	C	D
106.	had mean rumors or lies spread about you?	A	B	C	D
107.	had sexual jokes, comments, or gestures made to you?	A	B	C	D
108.	been made fun of because of your looks or the way you talk?	A	B	C	D
109.	had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
110.	been offered, sold, or given an illegal drug?	A	B	C	D
111.	damaged school property on purpose?	A	B	C	D
112.	carried a gun?	A	B	C	D
113.	carried any other weapon (such as a knife or club)?	A	B	C	D
114.	been threatened or injured with a weapon (gun, knife, club, etc.)?	A	B	C	D
115.	seen someone carrying a gun, knife, or other weapon?	A	B	C	D
116.	been threatened with harm or injury?	A	B	C	D
117.	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
118.	Your race, ethnicity, or national origin	A	B	C	D
119.	Your religion	A	B	C	D
120.	Your gender	A	B	C	D

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		Happened on School Property			
		0 Times	1 Time	2 to 3 Times	4 or More Times
121.	Because you are gay, lesbian, or bisexual or someone thought you were	A	B	C	D
122.	A physical or mental disability	A	B	C	D
123.	You are an immigrant or someone thought you were	A	B	C	D
124.	Any other reason	A	B	C	D

125. 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

126. Do you consider yourself a member of a gang?

A) No
B) Yes

127. 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

128. 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
129.	I had a hard time relaxing.	A	B	C	D
130.	I felt sad and down.	A	B	C	D
131.	I was easily irritated.	A	B	C	D

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		Not At All True	A Little True	Pretty Much True	Very Much True
132.	It was hard for me to cope and I thought I would panic.	A	B	C	D
133.	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
134.	Each day I look forward to having a lot of fun.	A	B	C	D
135.	I usually expect to have a good day.	A	B	C	D
136.	Overall, I expect more good things to happen to me than bad things.	A	B	C	D

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
137.	my **family life** as...	A	B	C	D	E	F
138.	my **friendships** as...	A	B	C	D	E	F
139.	my **school experience** as...	A	B	C	D	E	F
140.	**myself** as...	A	B	C	D	E	F
141.	**where I live** as...	A	B	C	D	E	F

142. 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

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CALIFORNIA healthy kids SURVEY

Alcohol & Other Drugs Module

Form A

These questions ask about the use of alcohol, tobacco, marijuana, and other drugs, including pills or medications, to get "high" or for reasons other than medical, as ordered or prescribed by a doctor.

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

		Years of Age									
		Never	10 or Under	11	12	13	14	15	16	17	18 or Over
1.	**A drink of an alcoholic beverage (other than a sip or two)**	A	B	C	D	E	F	G	H	I	J
2.	**Part or all of a cigarette**	A	B	C	D	E	F	G	H	I	J
3.	**A vape product such as an e-cigarette (JUUL), vape pen, or mod**	A	B	C	D	E	F	G	H	I	J
4.	**Marijuana (smoke, vape, eat, or drink)**	A	B	C	D	E	F	G	H	I	J
5.	**Any other illegal drug or pill to get "high"**	A	B	C	D	E	F	G	H	I	J

During your life, how many times have you used the following?

		Number of Times					
		0 Times	1 Time	2 Times	3 Times	4–6 Times	7 or More Times
6.	**Heroin**	A	B	C	D	E	F
7.	**Tranquilizers or sedatives (Xanax, Klonopin, Ativan, Valium)**	A	B	C	D	E	F
8.	**Appetite suppressants (Didrex, Dexedrine, Xenadrine, Skittles, M&Ms)**	A	B	C	D	E	F
9.	**Ritalin or Adderall or other prescription stimulant**	A	B	C	D	E	F

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Alcohol & Other Drugs Module

Form A

10. If you drink alcohol, how much do you usually drink?

- **A)** I don't drink alcohol
- **B)** Just enough to feel it a little
- **C)** Enough to feel it moderately
- **D)** Until I feel it a lot or get really drunk

11. 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)** Just enough to feel a little high
- **C)** Enough to feel it moderately
- **D)** Until I feel it a lot or get really high

12. Have you used alcoholic beverages, marijuana, or other drugs in the past 12 months for any of the following reasons? ***(Mark All That Apply.)***

- **A)** Does not apply, I haven't used alcohol, marijuana, or other drugs in the past 12 months.
- **B)** To experiment (try using)
- **C)** To get high
- **D)** To have a good time with friends
- **E)** To fit in with a group you like
- **F)** Because of boredom
- **G)** To relax
- **H)** To get away from problems
- **I)** Because of anger or frustration
- **J)** To get through the day
- **K)** Because it made you feel better
- **L)** To seek deeper insights and understanding
- **M)** None of the above

13. Has using alcohol, marijuana, or other drugs ever caused you to have any of the following problems? ***(Mark All That Apply.)***

- **A)** Does not apply; I've 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 others
- **H)** Damage a friendship
- **I)** Physically hurt or injure yourself
- **J)** Have unwanted or unprotected sex
- **K)** Forget what happened or pass out
- **L)** Been suspended from school
- **M)** I've used alcohol or drugs but never had any of these problems

FOR REFERENCE ONLY

Alcohol & Other Drugs Module

Form A

14. 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) You 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

15. Have you <u>ever</u> felt that you needed help (such as counseling or treatment) for your alcohol *or* other drug use?

A) No, I never used alcohol or other drugs

B) No, but I do use alcohol or other drugs

C) Yes, I have felt that I needed help

16. In your opinion, how likely is it that a student could find help at your school from a counselor, teacher, or other adult to stop or reduce using alcohol or other drugs?

A) Very likely

B) Likely

C) Not likely

D) Don't know

17. In your opinion, how likely is it that a student will be suspended, expelled, or transferred if caught on school property using or possessing alcohol or other drugs?

A) Very likely

B) Likely

C) Not likely

D) Don't know

FOR REFERENCE ONLY

Alcohol & Other Drugs Module

Form A

18. How do *most* students at your school who drink alcohol usually get it? *(Mark All That Apply.)*

- **A)** At school
- **B)** At parties
- **C)** At concerts or other social events
- **D)** At their own home
- **E)** From adults at friends' homes
- **F)** From friends or another teenager
- **G)** Get adults to buy it for them
- **H)** Buy it themselves from a store
- **I)** At bars, clubs, or gambling casinos
- **J)** Other
- **K)** Don't know

19. How do *most* kids at your school who use marijuana usually get it? *(Mark All That Apply.)*

- **A)** At school
- **B)** At parties
- **C)** At concerts or other social events
- **D)** At their own home
- **E)** From an adult acquaintance
- **F)** From friends or another teenager
- **G)** Buy it at a marijuana dispensary
- **H)** At bars or clubs
- **I)** Other
- **J)** Don't know

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

		Neither Approve Nor Disapprove	Somewhat Disapprove	Strongly Disapprove
20.	**Having one or two drinks of any alcoholic beverage nearly every day**	A	B	C
21.	**Trying marijuana once or twice**	A	B	C
22.	**Using marijuana <u>once a month or more regularly</u>**	A	B	C

23. During the past <u>12 months</u>, have you talked with at least one of your parents or guardians about the dangers of alcohol or drug use?

- **A)** No
- **B)** Yes

24. During the past <u>12 months</u>, have you heard, read, or watched any messages about not using alcohol or drugs?

- **A)** No
- **B)** Yes

FOR REFERENCE ONLY

Alcohol & Other Drugs Module

Form A

How wrong do your parents or guardians feel it would be if you did the following?

		Very Wrong	Wrong	A Little Wrong	Not at All Wrong
25.	**Take one or two drinks of alcohol nearly every day**	A	B	C	D
26.	**Smoke tobacco**	A	B	C	D
27.	**Use vape products such as e-cigarettes (JUUL), vape pens, or mods**	A	B	C	D
28.	**Use marijuana (smoke, vape, eat, or drink)**	A	B	C	D
29.	**Use prescription drugs to get high or for reasons other than prescribed**	A	B	C	D

How wrong would your close friends feel it would be if you did the following?

		Very Wrong	Wrong	A Little Wrong	Not at All Wrong
30.	**Take one or two drinks of alcohol nearly every day**	A	B	C	D
31.	**Smoke tobacco**	A	B	C	D
32.	**Use vape products such as e-cigarettes (JUUL), vape pens, or mods**	A	B	C	D
33.	**Use marijuana (smoke, vape, eat, or drink)**	A	B	C	D
34.	**Use prescription drugs to get high or for reasons other than prescribed**	A	B	C	D

35. During your <u>life</u>, how many times have you ever driven a car when you had been using alcohol or drugs, or been in a car driven by a friend when he or she had been using?

- **A)** Never
- **B)** 1 time
- **C)** 2 times
- **D)** 3 to 6 times
- **E)** 7 or more times

FOR REFERENCE ONLY

CALIFORNIA healthy kids SURVEY

Behavioral Health Module

Form B

The first question asks about your phone use.

1. On average, how much time do you spend using a smartphone on a typical weekday?

A) None
B) Less than 1 hour
C) 1–2 hours
D) 2–3 hours
E) 3–4 hours
F) 4–5 hours
G) 5–6 hours
H) More than 6 hours

The next set of questions asks about your family, friends, and neighborhood.

How true do you feel these statements are about your family?

*In my home, there is a **parent or some other adult** who…*	Not at all True	A Little True	Pretty Much True	Very Much True
2. talks with me about my problems.	A	B	C	D
3. helps me when I am upset.	A	B	C	D
4. makes me feel good about myself.	A	B	C	D

How true do you feel these statements are about your friends?

*I have a **friend** my age who…*	Not at all True	A Little True	Pretty Much True	Very Much True
5. talks with me about my problems.	A	B	C	D
6. helps me when I am upset.	A	B	C	D
7. makes me feel good about myself.	A	B	C	D

*How true do you feel these statements are about a **teacher or other adult at school**?*

*At my school, there is a **teacher or other adult** who…*	Not at all True	A Little True	Pretty Much True	Very Much True
8. would understand my problems if I shared them.	A	B	C	D
9. would be helpful to me if I came to school upset.	A	B	C	D

FOR REFERENCE ONLY

Behavioral Health Module

Form B

*At my school, there is a **teacher or other adult** who…*	Not at all True	A Little True	Pretty Much True	Very Much True
10. makes me feel good about myself.	A	B	C	D

*How true do you feel these statements are about your **feelings at school**?*

*At my **school,**…*	Not at all True	A Little True	Pretty Much True	Very Much True
11. I feel socially accepted.	A	B	C	D
12. I feel that I matter to others.	A	B	C	D

The following questions ask about how safe you feel in your neighborhood and at home where you live.

	Very Safe	Safe	Neither Safe nor Unsafe	Unsafe	Very Unsafe
13. How safe do you feel at home or the place where you live?	A	B	C	D	E
14. How safe do you feel in the neighborhood where you live?	A	B	C	D	E

These questions ask about how you felt or what you did in <u>the past 30 days</u>.

	Never	1–3 Times a **Month**	1–2 Times a **Week**	2–3 Times a **Week**	Almost Every Day
15. I got upset easily or got into arguments or physical fights.	A	B	C	D	E
16. I had trouble concentrating or paying attention.	A	B	C	D	E
17. I had trouble feeling happiness or love.	A	B	C	D	E
18. I felt alone even when I was around other people.	A	B	C	D	E
19. I had trouble going to sleep, woke up often, or had trouble getting back to sleep.	A	B	C	D	E

FOR REFERENCE ONLY

Behavioral Health Module

Form B

The next questions ask about your feelings.

		Never	Rarely	Sometimes	Often
20.	How often do you feel lonely?	A	B	C	D
21.	How often do you feel that you are no longer close to anyone?	A	B	C	D

22. When everybody around you gets angry, how relaxed can you stay?

- **A)** Not relaxed at all
- **B)** Slightly relaxed
- **C)** Somewhat relaxed
- **D)** Quite relaxed
- **E)** Extremely relaxed

23. How often are you able to control your emotions when you need to?

- **A)** Almost never
- **B)** Once in a while
- **C)** Sometimes
- **D)** Frequently
- **E)** Almost always

24. When things go wrong for you, how calm are you able to remain?

- **A)** Not calm at all
- **B)** Slightly calm
- **C)** Somewhat calm
- **D)** Quite calm
- **E)** Extremely calm

FOR REFERENCE ONLY

Behavioral Health Module

Form B

The next questions ask about your feelings about your weight and body shape, dieting, and self-harm behavior.

25. Over the past 30 days, how satisfied have you been with your **weight** and **shape**?

A) Very Dissatisfied
B) Dissatisfied
C) Neither Dissatisfied nor Satisfied
D) Satisfied
E) Very Satisfied

26. Which of the following are you trying to do about your weight?

A) Lose weight
B) Gain weight
C) Stay the same weight
D) I am not trying to do anything about my weight

IF 26 = A OR 26 = C, GO TO 26A; ELSE GO TO 27

During the past 30 days, please indicate which of the following things you did to lose weight or keep from gaining weight:

		No	Yes
26a.	Exercise	A	B
26b.	Eat less food, fewer calories, or foods low in fat	A	B
26c.	Go without eating for 12 hours or more (also called fasting)	A	B
26d.	Take diet pills, powders, or liquids without a doctor's advice (do not include meal replacement products such as Ensure, Muscle Milk, or SlimFast)	A	B
26e.	Vomit or take laxatives	A	B

FOR REFERENCE ONLY

Behavioral Health Module

Form B

27. During the past 12 months, how many times did you do something to purposely hurt yourself, such as cutting, scratching, or burning yourself?

A) 0 times
B) 1 time
C) 2 or 3 times
D) 4 or 5 times
E) 6 or more times

Below is a list of symptoms that students sometimes have.

*In the **last 2 weeks**, how much were you **bothered by** the following physical problems?*

		Not at All	A Little	Some	A Lot	A Whole Lot
28.	Stomachaches	A	B	C	D	E
29.	Headaches	A	B	C	D	E
30.	Pains in your lower back	A	B	C	D	E
31.	Feeling faint or dizzy	A	B	C	D	E
32.	Heart beating too fast (even when you are not exercising)	A	B	C	D	E

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

		Strongly Disagree	Disagree	Agree	Strongly Agree
33.	I know where to go or who to contact at school for help when I am very sad, stressed, lonely, or depressed.	A	B	C	D
34.	People at my school talk openly about mental health.	A	B	C	D
35.	My school encourages students to take care of their mental health.	A	B	C	D

FOR REFERENCE ONLY

Behavioral Health Module

Form B

The next questions ask about when someone you know was having a hard time and feeling very sad, stressed, lonely, or depressed.

If someone my age felt very sad, stressed, lonely, or depressed,…		Strongly Disagree	Disagree	Agree	Strongly Agree
36.	talking to an adult could help them feel better.	A	B	C	D
37.	kids at my school would be nice to them.	A	B	C	D

38. If you were feeling very sad, stressed, lonely, or depressed, would you… (*Mark All That Apply.*)

- **A)** talk to a teacher or another adult from your school?
- **B)** talk to your parents or someone else in your family?
- **C)** get help from a counselor or therapist?
- **D)** talk to your friends?
- **E)** be afraid to get help?
- **F)** not know what to do?

The next questions ask about talking to a counselor or therapist when feeling very sad, stressed, lonely, or depressed.

39. In the past year, did you want to talk to a counselor or therapist about feeling very sad, stressed, lonely, or depressed?

- **A)** No
- **B)** Yes
- **C)** I don't know

40. In the past year, did you get help from a counselor or therapist when you needed it?

- **A)** Does not apply, I didn't need help.
- **B)** No, I didn't get help when I needed it.
- **C)** Yes, I got help when I needed it.

IF 40 = C, GO TO 41; ELSE GO TO 42

FOR REFERENCE ONLY

Behavioral Health Module

Form B

41. In the past year, where did you get help from a counselor or therapist? (*Mark All That Apply.*)

A) Nowhere
B) At school (in person, by phone, or online)
C) From a counselor or therapist not from my school (in person, by phone, or online)
D) Somewhere else
E) I don't know

42. In the past year, did an adult at school refer or connect you to a counselor or therapist outside of school to get help?

A) No
B) Yes
C) I don't know

43. If you were very sad, stressed, lonely, or depressed, would any of these things stop you from talking to a counselor or therapist? (*Mark All That Apply.*)

A) I would not know where to go for help
B) There isn't anyone I can talk to
C) They wouldn't understand
D) People would think there is something wrong with me
E) My parents might find out
F) Other students might find out
G) I wouldn't have a way to pay for it
H) I wouldn't want to talk to a counselor or therapist
I) Other reasons
J) Does not apply, none of these things would stop me from talking to a counselor or therapist.

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