

**I. PERSONAL AND FAMILY INFORMATION**

<p><b>1. Ethnic Origin:</b></p> <input type="radio"/> White <input type="radio"/> African American <input type="radio"/> Hispanic/Latino <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Native American <input type="radio"/> Mixed Origin <input type="radio"/> Other	<p><b>3. Age:</b></p> <input type="radio"/> 10 years old or less <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 years old or more	<p><b>4. Grade:</b></p> <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	<p><b>5. Do you live with...</b></p> <input type="radio"/> Both parents <input type="radio"/> Mother only <input type="radio"/> Father only <input type="radio"/> Mother & stepfather <input type="radio"/> Father & stepmother <input type="radio"/> Grandparents <input type="radio"/> Foster parents <input type="radio"/> Other	<p><b>7. Do your parents have a job?</b></p> <p><b>Father?</b></p> <input type="radio"/> Yes, full-time <input type="radio"/> Yes, part-time <input type="radio"/> No <p><b>Mother?</b></p> <input type="radio"/> Yes, full-time <input type="radio"/> Yes, part-time <input type="radio"/> No	
<p><b>2. Sex:</b></p> <input type="radio"/> Male <input type="radio"/> Female				<p><b>6. Do you have a job?</b></p> <input type="radio"/> Yes, full-time <input type="radio"/> Yes, part-time <input type="radio"/> No	<p><b>8. What is the educational level of you?</b></p> <p><b>Father?</b></p> <input type="radio"/> Some high school <input type="radio"/> High school graduate <input type="radio"/> Some college <input type="radio"/> College graduate <p><b>Mother?</b></p> <input type="radio"/> Some high school <input type="radio"/> High school graduate <input type="radio"/> Some college <input type="radio"/> College graduate

**II. STUDENT INFORMATION**

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

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

	Never	Sometimes	Often	A Lot
2. Do you get into trouble at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do you take part in school sports teams?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do you take part in school activities such as band, clubs, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you take part in community activities such as scouts, recreation teams, youth clubs, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you attend church, synagogue, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Does your school set clear rules on bullying?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Do your parents set clear rules for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Do your parents punish you when you break the rules?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Have you been in trouble with the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Do you take part in gang activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Have you thought about committing suicide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Have you skipped school without your parents' permission in the past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Does your school set clear rules on using drugs at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

  

	No	Yes
15. Have you had 5 or more glasses of beer, coolers, breezers or liquor within a few hours?	<input type="radio"/>	<input type="radio"/>
16. Have you changed schools (including changing from elementary to middle or middle to high school) in the past year?	<input type="radio"/>	<input type="radio"/>
17. In the past year, have you received an out-of-school suspension?	<input type="radio"/>	<input type="radio"/>
18. In the past year, have you received an in-school suspension?	<input type="radio"/>	<input type="radio"/>

**III. SCHOOL LIFE**

To answer the next set of questions, think about what happens in your school.

	Not True At All	Somewhat Not True	Very True
1. Students have lots of chances to help decide things like class activities and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Students are picked on by other students for working hard at our school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I trust my teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. At least one adult in my school really cares about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I can talk to teachers openly and freely about my concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I can go to a teacher to get help solving problems at home or school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I have a healthy relationship with at least one adult at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Students help each other when they are hurt or upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I know that my teachers care about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Students have lots of chances to talk with a teacher one-on-one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My best friends would rather be somewhere else than in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. My emotions cause problems in my life at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Most kids don't care about their school grades.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The thing I like about my school is that most students get along well together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. My school is a good place for me to learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Students at my school care about learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Students come to school prepared to learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Students treat teachers in my school with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Parents treat teachers in my school with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I feel like I am part of this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Students at my school have pride in our school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. My school is clean and kept in good condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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23. Do you feel your school work is important?

- Very important
- Quite important
- Fairly important
- Somewhat important
- Not important at all

	Somewhat Not True	Somewhat True	Very True	
	Not True At All			

24. I feel a lot of stress during the standardized achievement testing period.

25. I take pride in my academic accomplishments.

26. Most of my classes challenge me academically.

27. One or more of my teachers encourages me to achieve more than I ever thought I could.

28. We have plenty of textbooks and other supplies for our lessons.

29. My class sizes are too large for me to learn well.

30. We don't learn much when a substitute teacher is in the classroom.


**To what degree do the following interfere with your class work:**

31. Bullying (verbal, physical, emotional).

32. Cyber bullying.

33. Student absences.

34. Fights and other violence.

	Not At All	A Little	Some	A Lot

**This year at school, how many times have:**

35. You been left out of things on purpose by other students, excluded from their group of friends, or completely ignored?

36. You been called mean names, been made fun of, or been teased in a hurtful way?

37. Other students told lies or spread false rumors about you?

38. Other students threatened or forced you to do things you did not want to do?

39. Other students used the Internet or a cell phone to threaten or embarrass you by posting mean messages or photos of you?

	Not At All	2 or 3/month	Several times/week	Several times/week

**Thinking back over the past year in school, how often did you:**

40. Enjoy being in school?

41. Hate being in school?

42. Try to do your best work in school?

	Never	Sometimes	Often	A Lot

43. How many times in the past year (12 months) have you done extra work on your own for school?

- Never
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-29 times
- 30-39 times
- 40 or more times

44. In the past year (12 months), how many of your four best friends have tried to do well in school?

- None
- 1
- 2
- 3
- 4

45. During the LAST FOUR WEEKS, how many whole days 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

46. What are the chances you would be seen as cool if you defended someone who was being verbally abused at school?

- None or very little chance
- Little chance
- Some chance
- Pretty good chance
- Very good chance

**Thinking back over the past year in school, I think:**

47. My teachers liked their job of teaching students.

48. My teachers get stressed out during the time we take our standardized achievement tests.

49. My teachers spend a lot of time helping students with their personal problems.

50. My teachers tell me that I will be successful in the future.

51. My teachers complain about having a lot of work to do at home after school.

52. My teachers call my home to talk to my parents about how I'm doing at school.

53. My teachers notice when I am doing a good job and let me know about it.

54. My principal enforces school rules and backs up my teacher when needed.

55. Teachers treat one another with respect in my school.

56. Teachers help one another when one of them is feeling overwhelmed.

57. Our teachers work together to plan classroom activities.

58. Teachers talk to students like me about going to college.

59. Teachers care about students in this school.

60. Teachers make all students feel like they belong at school.

61. Teachers help make decisions about school policies and activities.

62. Teachers allow students to say what they really think about school.

63. Teachers in our school tell me that it's OK to have my feelings.

64. Teachers treat students with respect.

65. Teachers encourage students to stay in school.

66. Teachers help students cope with stress.

	Somewhat Not True	Somewhat True	Very True	
	Not True At All			

Please continue to the next page 



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

*Not At All Wrong*    *A Little Bit Wrong*    *Wrong*    *Very Wrong*

1. Smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**XIV. HOW DO YOU FEEL ABOUT SOMEONE YOUR AGE HAVING ONE OR TWO DRINKS OF AN ALCOHOLIC BEVERAGE NEARLY EVERY DAY?**

- Neither approve nor disapprove
- Somewhat disapprove
- Strongly disapprove
- Don't know or can't say

**XV. WHERE DO YOU USUALLY:**

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

*Do Not Use*    *At Home*    *At School*    *In A Car*    *Friend's House*    *Other*

1. Smoke cigarettes?	<input type="checkbox"/>					
2. Drink beer, wine or hard liquor?	<input type="checkbox"/>					
3. Smoke marijuana (pot, hashish, etc.)?	<input type="checkbox"/>					
4. Use prescription drugs not prescribed to you?	<input type="checkbox"/>					

**XVI. WHEN DO YOU USUALLY:**

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

*Do Not Use*    *During School*    *After School*    *Week Night*    *Weekend*

1. Smoke cigarettes?	<input type="checkbox"/>					
2. Drink beer, wine or hard liquor?	<input type="checkbox"/>					
3. Smoke marijuana (pot, hashish, etc.)?	<input type="checkbox"/>					
4. Use prescription drugs not prescribed to you?	<input type="checkbox"/>					

**XVII. ADDITIONAL QUESTIONS**

1.     A     B     C     D     E     F     G     H
2.     A     B     C     D     E     F     G     H
3.     A     B     C     D     E     F     G     H
4.     A     B     C     D     E     F     G     H
5.     A     B     C     D     E     F     G     H
6.     A     B     C     D     E     F     G     H
7.     A     B     C     D     E     F     G     H
8.     A     B     C     D     E     F     G     H
9.     A     B     C     D     E     F     G     H
10.  A     B     C     D     E     F     G     H

**THANK YOU FOR PARTICIPATING!**