# I. 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
   - 12
   - 13
   - 14
   - 15
   - 16
   - 17
   - 18
   - 19 years old or more

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

5. Do you live with...
   - Both parents
   - Father only
   - Mother only
   - Mother & stepfather
   - Father & stepmother
   - Grandparents
   - Foster parents

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

7. Do your parents have a job?
   - Father?
   - Mother?

8. What is the educational level of your:
   - Father?
   - Mother?

- Some high school
- High school graduate
- Some college
- 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

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, recreation teams, youth clubs, etc.?

6. Do you attend church, synagogue, etc.?

7. Does your school set clear rules on bullying?

8. Do your parents set clear rules for you?

9. Do your parents punish you when you break the rules?

10. Have you been in trouble with the police?

11. Do you take part in gang activities?

12. Have you thought about committing suicide?

13. Have you skipped school without your parents’ permission in the past year?

14. Does your school set clear rules on using drugs at school?

15. Have you had 5 or more glasses of beer, coolers, breezers or liquor within a few hours?

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

17. In the past year, have you received an out-of-school suspension?

18. In the past year, have you received an in-school suspension?

# III. SCHOOL LIFE

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

1. Students have lots of chances to help decide things like class activities and rules.

2. Students are picked on by other students for working hard at our school.

3. I trust my teachers.

4. At least one adult in my school really cares about me.

5. I can talk to teachers openly and freely about my concerns.

6. I can go to a teacher to get help solving problems at home or school.

7. I have a healthy relationship with at least one adult at my school.

8. Students help each other when they are hurt or upset.

9. I know that my teachers care about me.

10. Students have lots of chances to talk with a teacher one-on-one.

11. My best friends would rather be somewhere else than in school.

12. My emotions cause problems in my life at school.

13. Most kids don’t care about their school grades.

14. The thing I like about my school is that most students get along well together.

15. My school is a good place for me to learn.


17. Students come to school prepared to learn.

18. Students treat teachers in my school with respect.

19. Parents treat teachers in my school with respect.

20. I feel like I am part of this school.

21. Students at my school have pride in our school.

22. My school is clean and kept in good condition.

Please continue to the next page.
23. Do you feel your school work is important?
   - Very important
   - Quite important
   - Fairly important
   - Somewhat important
   - Not important 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.

31. Bullying (verbal, physical, emotional).

32. Cyber bullying.

33. Student absences.

34. Fights and other violence.

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?

40. Enjoy being in school?

41. Hate being in school?

42. Try to do your best work in school?

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.

Please continue to the next page
### IV. WHILE AT SCHOOL
#### HAVE YOU (Past Year):

1. Carried a handgun? [ ]
2. Threatened to hurt a student by hitting, slapping or kicking? [ ]
3. Hurt a student by hitting, slapping or kicking? [ ]
4. Had a student threaten to hit, slap or kick you? [ ]
5. Been afraid a student may hurt you? [ ]
6. Been hurt by a student who hit, slapped or kicked you? [ ]

### V. 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. On the playground [ ]
9. In the parking lot [ ]

### VI. GENERAL FEELINGS

How much of the time during the past month, have you:

1. Been a very nervous person? [ ]
2. Have you felt downhearted and blue? [ ]
3. Felt so down in the dumps that nothing could cheer you up? [ ]
4. Been a happy person? [ ]
5. Felt calm and peaceful? [ ]

### VII. WITHIN THE PAST YEAR HOW OFTEN HAVE YOU:

1. Smoked cigarettes? [ ]
2. Used smokeless tobacco (chew, etc.)? [ ]
3. smoked cigars? [ ]
4. Drunk beer? [ ]
5. Drunk coolers, breezers, hard lemonade, etc.? [ ]
6. Drunk liquor (for example, vodka, whiskey or gin)? [ ]
7. Smoke marijuana (pot, hashish, etc.)? [ ]
8. Used prescription drugs (such as Ritalin, Adderall, or Xanax) to get high? [ ]
9. Used prescription pain killers (like Vicodin, OxyContin, or Percocet) to get high? [ ]
10. Used over-the-counter drugs to get high? [ ]

### VIII. DURING THE PAST 30 DAYS:

1. Did you smoke part or all of a cigarette? [ ]
2. Did you drink one or more drinks of an alcoholic beverage? [ ]
3. Have you used marijuana or hashish? [ ]
4. Have you used prescription drugs not prescribed to you? [ ]

### IX. WHAT EFFECT DO YOU MOST OFTEN GET WHEN YOU:

1. Drink beer? [ ]
2. Drink coolers, breezers, etc.? [ ]
3. Drink hard liquor (for example, vodka, whiskey, or gin)? [ ]
4. Smoke marijuana (pot, hashish, etc.)? [ ]

### X. HOW OLD WERE YOU WHEN YOU:

1. First had a drink of beer, wine or hard liquor (for example, vodka, whiskey, or gin)? [ ]
2. First smoked part or all of a cigarette? [ ]
3. First used marijuana or hashish? [ ]

### XI. HOW MUCH DO YOU THINK PEOPLE RISK HARMING THEMSELVES (PHYSICALLY OR IN OTHER WAYS):

1. If they smoke one or more packs of cigarettes per day? [ ]
2. When they have five or more drinks of an alcoholic beverage once or twice a week? [ ]
3. If they take one or two drinks of an alcoholic beverage nearly every day? [ ]
4. If they smoke marijuana once or twice a week? [ ]
5. If they use prescription drugs not prescribed to them? [ ]

### XII. 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? [ ]

Please continue to the next page
XIII. 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?

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)

1. Smoke cigarettes?
2. Drink beer, wine or hard liquor?
3. Smoke marijuana (pot, hashish, etc.)?
4. Use prescription drugs not prescribed to you?

XVI. WHEN DO YOU USUALLY:

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

1. Smoke cigarettes?
2. Drink beer, wine or hard liquor?
3. Smoke marijuana (pot, hashish, etc.)?
4. Use prescription drugs not prescribed to you?

XVII. ADDITIONAL QUESTIONS

1. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
2. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
3. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
4. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
5. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
6. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
7. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
8. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
9. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
10. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐