



ILLINOIS YOUTH SURVEY

D1. How old are you?

- 9 10 11 12 13 14 or older

D2. What grade are you in?

- 6th 7th 8th

D3. What sex were you assigned at birth?

- Female Male Prefer not to answer

Note: Questions D4 and D5 will only be asked on your school's survey if your school chooses to ask them.

D4. Does your current gender identity match your sex assigned at birth?

- Yes No Prefer not to answer

D5. What sexual orientation do you most identify with?

- Asexual Queer
 Bisexual Questioning
 Gay Other
 Heterosexual or straight I don't know what this question is asking
 Lesbian Prefer not to answer
 Pansexual

D6. What is your race?

- White Native American/American Indian
 Black/African American Multi-racial
 Latino/Latina Other
 Asian American

D7. Who do you live with MOST OF THE TIME? (select one)

- Both parents Legal guardian
 Parent and step parent Foster parent (including relatives if they are your foster parent)
 Mother only Group home or residential care
 Father only Grandparents only
 Split time between parents

D8. During the past 30 days, where did you usually sleep?

- In my parent's or guardian's home
 In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing
 In a shelter or emergency housing
 In a motel or hotel
 In a car, park, campground, or other public place
 I do not have a usual place to sleep
 Somewhere else

D9. What is your zip code?

D10. At school, are you eligible to receive: (select one)

- Free lunch Reduced price lunch Neither

D11. About how many days are you absent from school during an entire year?

- 0-9 days 20-30 days
 10-19 days More than 30 days

The following questions ask about your ACTIVITIES

A1. In which of the following activities do you participate?

Yes	No	
<input type="radio"/>	<input type="radio"/>	School sports team
<input type="radio"/>	<input type="radio"/>	Other sports
<input type="radio"/>	<input type="radio"/>	School clubs
<input type="radio"/>	<input type="radio"/>	Service clubs or volunteer projects (e.g., Scouting, 4H)
<input type="radio"/>	<input type="radio"/>	Other activity clubs (e.g., Boys & Girls, YMCA, etc.)
<input type="radio"/>	<input type="radio"/>	Church or other faith-based youth group

The following questions ask about what you THINK or FEEL

P1. If you wanted to get any of the following, how easy would it be for you to get some?

	Very hard	Sort of hard	Sort of easy	Very easy
a. Beer, wine, or hard liquor (e.g., vodka, whiskey, or gin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. E-cigarettes or other vaping products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Prescription drugs not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Opioid medications from your home (Opioids include methadone, opium, morphine, fentanyl, Vicodin, MS Contin, codeine, Demerol, Roxicodone, hydrocodone (Lortab, Lorcet, Norco), Suboxone, OxyContin, Percocet, Tylox, Percodan, Ultram, and tramadol.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P2. How wrong do you think it is for someone your age to:

- a. drink beer, wine, or hard liquor (e.g., vodka, whiskey or gin) regularly?**
 Very wrong Wrong A little bit wrong Not wrong at all
- b. use e-cigarettes or other vaping products?**
 Very wrong Wrong A little bit wrong Not wrong at all
- c. smoke cigarettes?**
 Very wrong Wrong A little bit wrong Not wrong at all
- d. use marijuana?**
 Very wrong Wrong A little bit wrong Not wrong at all
- e. use prescription drugs not prescribed to them?**
 Very wrong Wrong A little bit wrong Not wrong at all

P3. How wrong do your parents feel it would be for you to:

- a. **drink beer, wine, or hard liquor (e.g., vodka, whiskey, or gin) regularly (at least once or twice a month)?**
 Very wrong Wrong A little bit wrong Not wrong at all
- b. **have one or two drinks of an alcoholic beverage nearly every day?**
 Very wrong Wrong A little bit wrong Not wrong at all
- c. **use e-cigarettes or other vaping products?**
 Very wrong Wrong A little bit wrong Not wrong at all
- d. **smoke tobacco?**
 Very wrong Wrong A little bit wrong Not wrong at all
- e. **use marijuana?**
 Very wrong Wrong A little bit wrong Not wrong at all
- f. **use prescription drugs not prescribed to you?**
 Very wrong Wrong A little bit wrong Not wrong at all

P4. How wrong do your friends feel it would be for you to:

- a. **have one or two drinks of an alcoholic beverage nearly every day?**
 Very wrong Wrong A little bit wrong Not wrong at all
- b. **use e-cigarettes or other vaping products?**
 Very wrong Wrong A little bit wrong Not wrong at all
- c. **smoke tobacco?**
 Very wrong Wrong A little bit wrong Not wrong at all
- d. **use marijuana?**
 Very wrong Wrong A little bit wrong Not wrong at all
- e. **use prescription drugs not prescribed to you?**
 Very wrong Wrong A little bit wrong Not wrong at all

P5. How much do you think people risk harming themselves (physically or in other ways) if they:

- a. **smoke one or more packs of cigarettes per day?**
 No risk Slight risk Moderate risk Great risk
- b. **use e-cigarettes or other vaping products?**
 No risk Slight risk Moderate risk Great risk
- c. **take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?**
 No risk Slight risk Moderate risk Great risk
- d. **have five or more drinks of an alcoholic beverage once or twice a week?**
 No risk Slight risk Moderate risk Great risk
- e. **use marijuana once or twice a week?**
 No risk Slight risk Moderate risk Great risk
- f. **use prescription drugs that are not prescribed to them?**
 No risk Slight risk Moderate risk Great risk

P6. What are the chances you would be seen as cool if you:

	No or very little chance	Little chance	Some chance	Pretty good chance	Very good chance
a. used e-cigarettes or other vaping products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. began drinking alcohol regularly, that is, at least once or twice a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Think about the PAST 30 DAYS

U2. How frequently have you:

- a. used smokeless tobacco such as chewing tobacco, snuff, dip, or snus during the past 30 days?**
 Never About once a day Once or twice per week
 Once or twice More than once a day
- b. smoked tobacco products other than cigarettes such as cigars, cigarillos, or little cigars during the past 30 days?**
 Never About once a day Once or twice per week
 Once or twice More than once a day
- c. used e-cigarettes or other vaping products during the past 30 days?**
 Never About once a day Once or twice per week
 Once or twice More than once a day
- d. smoked cigarettes during the past 30 days?**
 Never About once a day Once or twice per week
 Once or twice More than once a day

U3. On how many occasions (if any) have you had beer, wine, or hard liquor during the past 30 days?

- 0 occasion 3-5 occasions 10-19 occasions
 1-2 occasions 6-9 occasions 20 or more occasions

U4. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?

- Never Twice 6-9 times
 Once 3-5 times 10 or more times

U5. Did you drink any of the following types of alcohol in the past 30 days?

	Yes	No
a. Beer from bottles, cans, or a keg	<input type="radio"/>	<input type="radio"/>
b. Wine	<input type="radio"/>	<input type="radio"/>
c. Hard liquor (vodka, whiskey, or gin)	<input type="radio"/>	<input type="radio"/>
d. Alcopops (wine coolers, hard lemonade, hard cider, or hard seltzers)	<input type="radio"/>	<input type="radio"/>

U6. On how many occasions (if any) have you used marijuana during the past 30 days?

- 0 occasion 3-5 occasions 10-19 occasions
 1-2 occasions 6-9 occasions 20 or more occasions

U7. In the past 30 days, have you used marijuana in any of the following ways?

	Yes	No
a. Smoked it (in a joint, bong, pipe, blunt)	<input type="radio"/>	<input type="radio"/>
b. Vaporized it (e.g., vapor pen)	<input type="radio"/>	<input type="radio"/>
c. Ate it (in brownies, cakes, candy, etc.)	<input type="radio"/>	<input type="radio"/>
d. Dabbed it	<input type="radio"/>	<input type="radio"/>

U8. During the past 30 days have you used prescription drugs not prescribed to you?

- Yes No

Now think about the PAST YEAR or 12 MONTHS

U9. In the past year, on how many occasions (if any) have you:

	0 occasions	1-2 occasions	3-5 occasions	6-9 occasions	10-19 occasions	20 or more occasions
a. had beer, wine, or liquor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. used any tobacco product including smokeless tobacco, tobacco smoked through cigarettes or cigars/cigarillos, or tobacco used in a hookah water pipe?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. used MDMA ("ecstasy")?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. used LSD or other psychedelics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. used cocaine or crack?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. used nazuphan ("narz", "fan", "zee")?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. used meth (methamphetamine)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. used heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. used e-cigarettes or other vaping products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. used synthetic marijuana (K2, spice, or fake weed)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. used marijuana and alcohol at the same time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. used alcohol and energy drinks at the same time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

U10. During the past year have you used prescription drugs NOT PRESCRIBED TO YOU?

Yes

No

U11. During the past 12 months, how often have you used:

	Never	1-2 times	3-5 times	6 or more times
a. prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine/"lean", Vicodin, OxyContin, hydrocodone, and Percocet.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. something you bought in a store to get high? (e.g., cough syrup, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. prescription painkillers to get high? (e.g., OxyContin, Vicodin, Lortab, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. other prescription drugs to get high? (e.g., Ritalin, Adderall, Xanax, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

U12. In the past year, did you get prescription drugs NOT PRESCRIBED TO YOU from any of the following sources?

	Yes	No
a. I bought them from someone (friend, relative, stranger, etc.)	<input type="radio"/>	<input type="radio"/>
b. I took them from home without the knowledge of my parents/guardians	<input type="radio"/>	<input type="radio"/>
c. I took them from someone else's home	<input type="radio"/>	<input type="radio"/>
d. My parents gave them to me	<input type="radio"/>	<input type="radio"/>
e. Someone other than my parents gave them to me (friend, relative, friends' parent, etc.)	<input type="radio"/>	<input type="radio"/>

U13. During the past year, did you get any tobacco products, e-cigarettes, or other vaping products from the following sources?

	Yes	No
a. I bought them at a gas station, store, or mall	<input type="radio"/>	<input type="radio"/>
b. A friend gave them to me	<input type="radio"/>	<input type="radio"/>
c. My older brother or sister gave them to me	<input type="radio"/>	<input type="radio"/>
d. Bought online	<input type="radio"/>	<input type="radio"/>
e. My parents WITH their permission	<input type="radio"/>	<input type="radio"/>
f. My parents WITHOUT their permission	<input type="radio"/>	<input type="radio"/>

U14. In the past year, did you get your own marijuana from any of the following sources?

	Yes	No
a. A friend gave it to me	<input type="radio"/>	<input type="radio"/>
b. My parents WITH their permission	<input type="radio"/>	<input type="radio"/>
c. My parents WITHOUT their permission	<input type="radio"/>	<input type="radio"/>
d. My older brother or sister gave it to me	<input type="radio"/>	<input type="radio"/>
e. I bought it from someone who sells drugs	<input type="radio"/>	<input type="radio"/>
f. An adult (other than my parents) WITH that adult's permission	<input type="radio"/>	<input type="radio"/>
g. Someone else's medical marijuana prescription	<input type="radio"/>	<input type="radio"/>
h. My own medical marijuana prescription	<input type="radio"/>	<input type="radio"/>
i. I gave a stranger money to buy it at a marijuana dispensary	<input type="radio"/>	<input type="radio"/>

U15. During the past year, how often did you usually get your own beer, wine, or liquor from the following sources?

	Never	Sometimes	Often
a. I bought it at a gas station or store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I bought it at a bar or restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I gave a stranger money to buy it for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A friend gave it to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. My older brother or sister gave it to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. My parents WITH their permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. My parents WITHOUT their permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. An adult (other than my parents) WITH that adult's permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. An adult (other than my parents) WITHOUT that adult's permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I got it at a party	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Curbside/Home delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Next, a few questions about your EXPERIENCES WITH FAMILY

H1. In the past year have your parents/guardians talked to you about not using the following:

	Yes	No	Don't remember
a. Tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Opioids for non-medical reasons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

H2. My family has clear rules about alcohol and drug use.

- Yes No

H3. How many days each week do you take care of yourself after school without an adult being there?

- None 2 days 4+ days
 1 day 3 days

H4. Think of those days that you are home after school without an adult being there. How many hours a day do you usually take care of yourself after school?

- Does not apply to me 1-2 hours 5+ hours
 Less than one per day 3-5 hours

H5. If you drank some beer, wine, or liquor (e.g., vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?

- Never Sometimes Most of the time Always

H6. If you go to a party where alcohol is served, would you be caught by your parents?

- Never Sometimes Most of the time Always

H7. When I am not at home, one of my parents / guardians knows where I am and who I am with.

- Never Sometimes Most of the time Always

H8. My parents/guardians ask if I've gotten my homework done.

- Never Sometimes Most of the time Always

H9. Would your parents/guardians know if you did not come home on time?

- Never Sometimes Most of the time Always

The following questions are about SAFETY

V1. How many times in the past year (12 months) have you:

	Never	1-2 times	3-5 times	6 or more times
a. been in a physical fight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. carried a weapon such as a handgun, knife, or club?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. been drunk or high at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

V2. In the past 12 months at school, how often have you been bullied, harassed, or made fun of because of your appearance or a disability?

- Never 1-2 times 3-5 times 6 or more times

V3. During the past 12 months, has another student at school:

	Yes	No
a. bullied you by calling you names?	<input type="radio"/>	<input type="radio"/>
b. threatened to hurt you?	<input type="radio"/>	<input type="radio"/>
c. bullied you by hitting, punching, kicking, or pushing you?	<input type="radio"/>	<input type="radio"/>
d. bullied, harassed, or spread rumors about you on the Internet, social media, or through text messages?	<input type="radio"/>	<input type="radio"/>

V4. During the past 30 days, how many days did you not go to school because you felt you would be unsafe?

- 0 days 1 day 2 or 3 days 4 or 5 days 6 or more days

V5. In the past 12 months, have you been slapped, kicked, punched, hit, or threatened in a dating relationship?

- I have not begun to date No Yes Not sure

Now, some questions about your SCHOOL EXPERIENCES

S1. Putting them all together, what were your grades like for the last year?

- Mostly A Mostly A and B Mostly B Mostly B and C
 Mostly C Mostly C and D Mostly D Mostly F

S2. How true are the following statements?

At my school, there is a teacher or some other adult:

	Not at all true	A little true	Pretty much true	Very much true
a. who really cares about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. who notices when I'm not there.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. who listens to me when I have something to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. who notices if I have trouble learning something.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. who tells me when I do a good job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. who always wants me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. who believes I will be a success.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. who encourages me to work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

S3. How true are the following statements?

	Not at all true	A little true	Pretty much true	Very much true
a. At school, I do interesting activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. At school, I help decide things like class activities or rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. At school, I do things that make a difference.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

S4. How strongly do you agree or disagree with the following statements about your school?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I feel close to people at this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am happy to be at this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I feel safe in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The teachers at this school treat students fairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

S5. The next questions are about substance use education or advertisements you have seen in your school.

To what extent have you seen ads or participated in these activities in the past 12 months?

	Never	Rarely	Sometimes	Often
a. Played interactive games to learn about alcohol and other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Saw posters or messages displayed at school encouraging students not to use alcohol or other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Had films, lectures, discussions, or printed information about drugs or alcohol IN one of your regular classes, such as health or physical education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Had films, lectures, discussions, or printed information about drugs or alcohol OUTSIDE OF your regular classes, such as in a special assembly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions are about WHAT YOU EAT and your PHYSICAL ACTIVITY

N1. How tall are you without your shoes on?

Height – Feet

Height – Inches

N2. How much do you weigh without your shoes on?

Weight - Pounds

N3. During the past 7 days, on how many days did you eat dinner at home with at least one of your parents or guardians?

- 0 days 2 days 4 days 6 days
 1 day 3 days 5 days 7 days

N4. During the past 7 days, how many times did you eat fruit?

- I did not eat fruit during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

N5. During the past 7 days, how many times did you eat vegetables?

- I did not eat vegetables during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

N6. During the past 30 days, how often did you go hungry because there was not enough food in your home?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

N7. On an average school day, how many hours do you spend on NON-SCHOOL RELATED "screen time"? (e.g., TV, videos, streaming, gaming (Xbox, PlayStation, or internet-based games), smart phone use, texting, social media, or the Internet)

- No screen time on an average school day
- Less than 2 hours per day
- 2-3 hours per day
- 4-6 hours per day
- 7 or more hours per day

N8. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

How honest were you in filling out this survey?

- I was very honest
- I was honest pretty much of the time
- I was honest some of the time
- I was honest once in a while
- I was not honest at all