



ILLINOIS YOUTH SURVEY

D1. How old are you?

- 13 14 15 16 17 18 19+

D2. What grade are you in?

- 9th 10th 11th 12th

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 Living independently

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

A2. On the average over the school year, how many hours per week do you work in a paid or unpaid job?

- None 6 to 10 hours 16 to 20 hours 26 to 30 hours
 5 or less hours 11 to 15 hours 21 to 25 hours More than 30 hours

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. What percent of students at your school do you think:

	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
a. have smoked cigarettes in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. have had beer, wine, or hard liquor in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. have used marijuana in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P6. 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

P7. 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"/>

P8. How much do you think people YOUR AGE risk harming themselves (physically or in other ways) if they use alcohol once or twice per month?

- No risk Slight risk Moderate risk Great risk

P9. During the past 12 months did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

- Yes No

P10. Is there an adult you know (other than your parent) you could talk to about important things in your life?

- No Yes, one adult Yes, more than one adult

The next question asks about DRUG USE

U1. How old were you when you first:

a. had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?

- Never have 14
 10 or younger 15
 11 16
 12 17
 13 18 or older

b. smoked a cigarette, even just a puff?

- Never have 14
 10 or younger 15
 11 16
 12 17
 13 18 or older

c. used an e-cigarette or other vaping product?

- Never have 14
 10 or younger 15
 11 16
 12 17
 13 18 or older

d. used marijuana?

- Never have 14
 10 or younger 15
 11 16
 12 17
 13 18 or older

e. **began drinking alcoholic beverages regularly, that is, at least once or twice a month?**

- Never have
- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18 or older

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
- Once or twice
- About once a day
- More than once a day
- Once or twice per week

b. **smoked tobacco products other than cigarettes such as cigars, cigarillos, or little cigars during the past 30 days?**

- Never
- Once or twice
- About once a day
- More than once a day
- Once or twice per week

c. **used e-cigarettes or other vaping products during the past 30 days?**

- Never
- Once or twice
- About once a day
- More than once a day
- Once or twice per week

d. **smoked cigarettes during the past 30 days?**

- Never
- Once or twice
- About once a day
- More than once a day
- Once or twice per week

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

- 0 occasion
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 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
- Once
- Twice
- 3-5 times
- 6-9 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
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 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"/>

U16. During the past 12 months, how often have you experienced the following WHILE or AFTER DRINKING ALCOHOL:

	Never	1-2 times	3-5 times	6 or more times
a. Performed poorly on a test or important project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Been in trouble with the police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Damaged property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Got into an argument or fight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Been hurt or injured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Been a victim of a violent crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Been treated in a hospital Emergency Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. A friend who is about your age said they were worried about your alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

U17. During the past 12 months:

	Yes	No
a. did you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?	<input type="radio"/>	<input type="radio"/>
b. did you ever use alcohol or drugs while you are by yourself, ALONE?	<input type="radio"/>	<input type="radio"/>
c. did you ever FORGET things you did while using alcohol or drugs?	<input type="radio"/>	<input type="radio"/>
d. did your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?	<input type="radio"/>	<input type="radio"/>
e. have you ever gotten into TROUBLE while you were using alcohol or drugs?	<input type="radio"/>	<input type="radio"/>
f. have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	<input type="radio"/>	<input type="radio"/>

U18. During the past 12 months, how many times did you drive a car or other vehicle when you had been:

	Never	1-2 times	3-5 times	6 or more times
a. drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. using marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions are about RECOVERY FROM SUBSTANCE USE

U19. Besides nicotine, did you used to have a problem with drugs or alcohol, but no longer do?

- Yes No

U20. With which substance do you no longer have a problem? (select all that apply)

- Does not apply to me Marijuana Other substance
 Alcohol Opioids

U21. Do you consider yourself to be in recovery?

- Yes No

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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Opioids for non-medical reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Yes No

H3. In the past year, have your parents/guardians talked with you about not drinking and driving or riding with a drunk driver?

- Yes No

H4. 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

H5. If you go to a party where alcohol is served, would you be caught by your parents?

- Never Sometimes Most of the time Always

H6. If you drank and drove, would you be caught by your parents/guardians?

- Never Sometimes Most of the time Always

H7. If you rode in a car driven by a teen driver who had been drinking, would you be caught by your parents/guardians?

- Never Sometimes Most of the time Always

H8. 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

H9. My parents/guardians ask if I've gotten my homework done.

- Never Sometimes Most of the time Always

H10. 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:

a. what someone assumed about your religion, sexual orientation, or race/ethnicity?

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

b. 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. During the past 12 months, did you ever seriously consider attempting suicide?

- Yes No

V6. 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

V7. In the past 12 months, has someone put you down or tried to control you in a dating relationship?

- I have not begun to date No Yes Not sure

The next questions are about GAMBLING

G1. During the past 12 months, how often have you bet/gambled for money in the following ways?

	Never	Less than once a month	1-3 times per month	Once a week or more
a. At a gambling machine in a bar, restaurant, gas station, or gambling establishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Online (internet) gambling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G2. In the past 12 months, have you ever felt bad about the amount of money you bet, or about what happens when you bet money?

- Yes No

G3. In the past 12 months, have you ever gambled more than you had planned to?

- Yes No

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 likely is it that you will complete a post high school program such as vocational training program, military service, community college, or 4-year college?

- Definitely will not Probably will Not sure
 Probably will not Definitely will

S3. 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"/>

S4. 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"/>

S5. 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"/>

S6. 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 2 times per day
 1 to 3 times during the past 7 days 3 times per day
 4 to 6 times during the past 7 days 4 or more times per day
 1 time 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 2 times per day
 1 to 3 times during the past 7 days 3 times per day
 4 to 6 times during the past 7 days 4 or more times per day
 1 time 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 medial, 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