

OMB #: 1850-0808  
Expiration Date: MM/DD/YY

## Health Behavior and School Experiences Survey

This survey asks for information about your participation in school activities and your health knowledge, attitudes, and behaviors.  
Please answer all of the questions honestly.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx (expiration date: xx/xx/xx). The time required to complete this information collection is estimated to average 1/2 hour, including the time to review instructions, search existing data resources, gather the data needed, and complete the information collection. **If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please contact Paul Strasberg, U.S. Department of Education, Institute of Education Sciences, 555 New Jersey Avenue NW, Washington, DC 20208, paul.strasberg@ed.gov. If you have comments or concerns regarding the status of your individual submission of this form, e-mail directly to XXXXX.XXXXX.**

Personally identifiable information in this questionnaire will not be released to anyone or any organization, except as required by law.

## Health Behavior and School Experiences Survey

Thank you for taking the time to complete this survey. This survey is very important because it will help the U.S. Department of Education and schools understand student participation in school activities and attitudes toward school and substance use. The survey has questions about your school, your family, and your attitudes and experiences with alcohol and other drugs.

Your answers to all of the questions are will be kept *confidential*. Neither school staff, your parents, nor anyone else outside the study team will see your answers to any questions on this form. *This survey is completely voluntary*. You may skip any question and you may stop at any time. *There will be no negative consequences related to your answers on this survey*. Some of the questions are personal and some students may find them upsetting. You will be given a list of numbers to call if you want to talk to someone about the survey or feelings it brings up. *Please read the instructions below before starting.*

### Instructions—Please Follow Carefully

Please Answer the Questions Honestly and Return Your Completed Survey to the Researcher Who Gave it to You.

→ **DO NOT WRITE YOUR NAME ANYWHERE ON THIS SURVEY.**

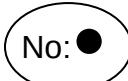
→ Use only a blue (preferred) or black pen.

→ Mark only one circle for each question, unless the question says otherwise.

→ Make your marks dark, like this: ●

Incorrect way to fill in circles: 

→ If you fill in the wrong circle, go ahead and fill in the corrected (right) answer, and circle it.

Example:    Yes: ●     No: ●

(In this example, “no” is the correct answer; the student accidentally filled out the “yes” circle).

→ If you have a question about the survey as you are filling it out, please ask the researcher who is administering the survey.

**Section 1: This section asks about you and your participation in school activities.**

1. How old are you?
 

|  |                       |                       |                       |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 12 or<br>younger      | 13                    | 14                    | 15                    | 16                    | 17                    | 18                    | 19 or<br>older        |
|  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
  
2. Are you male or female?
 

|  |                       |                       |
|--|-----------------------|-----------------------|
|  | Male                  | Female                |
|  | <input type="radio"/> | <input type="radio"/> |
  
3. What grade are you in?
 

|  |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 9                     | 10                    | 11                    | 12                    |
|  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
  
4. Are you Hispanic or Latino?
  - a) Yes, I am Hispanic or Latino
  - b) No, I am not Hispanic or Latino
  
5. Which of the following groups best describes you? Select one or more.
 

|  |  |                       |                                 |   |                       |
|--|--|-----------------------|---------------------------------|---|-----------------------|
|  | American<br>Indian or<br>Alaska Native | Asian                 | Black or<br>African<br>American | Native Hawaiian<br>or Other Pacific<br>Islander | White                 |
|  | <input type="radio"/>                  | <input type="radio"/> | <input type="radio"/>           | <input type="radio"/>                           | <input type="radio"/> |
  
6. What language is usually spoken in your home?
 

|  |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
|  | English               | Spanish               | An Asian<br>language  | Other                 |
|  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
  
7. What is the highest level of schooling you think you will reach?
 

|  |                                   |                         |                            |                       |  |
|--|-----------------------------------|-------------------------|----------------------------|-----------------------|--|
|  | Some<br>high<br>school<br>credits | Complete<br>high school | Some<br>college<br>credits | A college<br>degree   | Graduate or<br>professional<br>school after<br>college |
|  | <input type="radio"/>             | <input type="radio"/>   | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/>                                  |
  
8. Which category best describes your grades last year?
 

|  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | Mostly As             | Mostly Bs             | Mostly Cs             | Mostly Ds             | Mostly Fs             |
|  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
  
9. Some **school sports** are listed below. For each activity, mark the answer that describes your participation. Remember, this question is only about **school sports**. **Mark all the circles that apply to you.**

|  | I participated <b>last school year (2005–2006)</b> | I have participated, am participating, or will participate <b>this school year (2006–2007)</b> | I plan to participate <b>next school year (2007–2008)</b> |
|--|--|--|---|
| a. Football  | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| b. Volleyball  | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| c. Cross country   | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| d. Soccer  | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| e. Basketball  | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| f. Wrestling   | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| g. Swimming or diving  | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| h. Track and field   | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| i. Tennis  | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| j. Golf  | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| k. Softball  | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| l. Baseball  | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| m. Gymnastics  | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| n. Weightlifting   | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| o. Field hockey  | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| p. Lacrosse  | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| q. Rowing  | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| r. Squash  | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| s. Other (write the name of any school sports you participate in that are not listed above). |  |  |   |
| i) _____   | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| ii) _____  | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| iii) _____   | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |

If you did not participate in any school sports **last year (2005–2006)**, mark this circle.

If you are not participating in any school sports any time **this year (2006–2007)**, mark this circle.

If you do not plan to participate in any school sports **next year (2007–2008)**, mark this circle.

10. Listed below are some other **school activities** that are not sports. For each activity, mark the answer that describes your participation. Remember, this question is only about **school** activities. **Mark all the circles that apply to you.**

|   | I participated <b>last school year (2005–2006)</b> | I have participated, am participating, or will participate <b>this school year (2006–2007)</b> | I plan to participate <b>next school year (2007–2008)</b> |
|---|--|--|---|
| a. Drama  | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| b. Band   | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| c. Choir  | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| d. Cheerleading or rally  | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| e. Dance  | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| f. Drill  | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| g. Academic clubs (math team, debate, science bowl)   | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| h. Student Council/Government (class officer, peer counselor, task force member)  | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| i. Yearbook/Newspaper   | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| j. Vocational club  | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| k. Other clubs (Future Farmers of America, Future Business Leaders of America) or activities (write the names of the clubs or activities below) |  |  |   |
| i) _____  | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |
| ii) _____   | <input type="radio"/>                              | <input type="radio"/>  | <input type="radio"/>                                     |

If you did not participate in any non-sport school activities **last year (2005–2006)**, mark this circle.

If you are not participating in any non-sport school activities any time **this year (2006–2007)**, mark this circle.

If you do not plan to participate in any non-sport school activities **next year (2007–2008)**, mark this circle.

**Section 2: This section asks about your school and how you feel about it.**

11. Please indicate whether you agree with the following statements about you and your school.

|   | Strongly Agree        | Agree                 | Disagree              | Strongly Disagree     |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. When students have an emergency someone is there to help.            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I feel like I belong at this school.                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. The principal at this school asks students about their ideas.        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. We do not waste time in my classes.                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. I can be myself at this school.                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Adults at this school listen to student concerns.                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Adults at this school act on student concerns.                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. It pays to follow the rules at my school.                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. I have many opportunities to make decisions at my school.            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Students of all racial and ethnic groups are respected at my school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. I can be a success at this school.                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. I can reach my goals through this school.                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. The rules at my school are fair.                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| n. I have friends at this school.                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| o. I am comfortable talking with adults at this school about problems.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| p. My schoolwork helps with things that I do outside of school.         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| q. I like being at this school.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| r. I feel safe at this school.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Section 3: This section asks about your use of and attitudes toward different types of drugs. Remember, your answers are confidential. Mark only one circle per row.**

|     |  | Number of Occasions   |                       |                       |                       |                       |                       |                       |
|-----|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|     |  | 0                     | 1-2                   | 3-5                   | 6-9                   | 10-19                 | 20-39                 | 40 or more            |
| 12. | On how many occasions (if any) have you...   |                       |                       |                       |                       |                       |                       |                       |
| a.  | smoked cigarettes?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|     | In your lifetime?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|     | In the last 6 months?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b.  | used chewing tobacco, snuff, or dip?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|     | In your lifetime?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|     | In the last 6 months?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c.  | had a glass, can, or bottle of alcohol to drink (beer, wine, wine coolers, hard liquor)?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|     | In your lifetime?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|     | In the last 6 months?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d.  | used marijuana (grass, pot) or hashish (hash, hash oil)?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|     | In your lifetime?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|     | In the last 6 months?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e.  | used cocaine in any form (crack, rock, or powder)?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|     | In your lifetime?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|     | In the last 6 months?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f.  | used steroids or other muscle-building drugs (muscle builders, androstenedione [andro], human growth hormone) illegally without a doctor's prescription?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|     | In your lifetime?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|     | In the last 6 months?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g.  | sniffed glue, breathed the contents of aerosol spray cans, or inhaled any other gases or sprays to get high?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|     | In your lifetime?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|     | In the last 6 months?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h.  | used narcotic drugs such as heroin, methadone, opium, codeine, or Demerol without a doctor's prescription?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|     | In your lifetime?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|     | In the last 6 months?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i.  | used amphetamines, methamphetamines, or Ritalin without a prescription? (Also called uppers, ups, speed, bennies, dexies, ice, meth, or pep pills. These drugs are sometimes taken to help lose weight or to increase energy.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|     | In your lifetime?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|     | In the last 6 months?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j.  | used any other illegal drug?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|     | In your lifetime?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|     | In the last 6 months?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k.  | been offered drugs or alcohol outside of school?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|     | In your lifetime?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|     | In the last 6 months?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l.  | been offered drugs or alcohol at school?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|     | In your lifetime?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|     | In the last 30 days?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

13. Think back to September 2006. During that month, how many times (if any) did you...

|  | 0                     | 1 or 2                | 3-5                   | 6-9                   | 10-19                 | 20-39                 | 40 or more            |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. smoke cigarettes?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. use chewing tobacco, snuff, or dip?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. have a glass, can, or bottle of alcohol to drink (beer, wine, wine coolers, hard liquor)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. use marijuana (grass, pot) or hashish (hash, hash oil)?                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. not counting alcohol, tobacco, or marijuana, use another illegal drug?                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

14. Do you think you will use any of the substances listed below within the next year?

|   | Definitely Not        | Probably Not          | Maybe                 | Probably Will         | Definitely Will       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. cigarettes?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. chewing tobacco, snuff, or dip?                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. alcohol (beer, wine, wine coolers, hard liquor)?           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. marijuana (grass, pot) or hashish (hash, hash oil)?        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. an illegal drug other than alcohol, tobacco, or marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



|   |  | Number of Occasions          |                       |                       |                       |                       |                       |                       |
|---|--|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   |  | 0                            | 1-2                   | 3-5                   | 6-9                   | 10-19                 | 20-39                 | 40 or more            |
| 15. On how many occasions (if any) have you...                        | <b>In your lifetime?</b>               | <input type="radio"/>        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|   | a. been in a physical fight at school? | <b>In the last 6 months?</b> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|   |  | <b>In the last 30 days?</b>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. been in a physical fight outside of school?                        | <b>In your lifetime?</b>               | <input type="radio"/>        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|   |  | <b>In the last 6 months?</b> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|   |  | <b>In the last 30 days?</b>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. carried a weapon such as a gun, knife, or club on school property? | <b>In your lifetime?</b>               | <input type="radio"/>        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|   |  | <b>In the last 6 months?</b> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|   |  | <b>In the last 30 days?</b>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

16. Please indicate whether you agree or disagree with each statement.

|  | Strongly Disagree     | Disagree              | Don't Agree or Disagree | Agree                 | Strongly Agree        |
|--|-----------------------|-----------------------|-------------------------|-----------------------|-----------------------|
| a. Using illegal drugs leads to serious health problems.                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> |
| b. Drinking alcohol leads to serious health problems.                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> |
| c. If I used illegal drugs, I would get into trouble.                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> |
| d. If I drank, I would get into trouble.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> |
| e. Using illegal drugs or alcohol makes it easier to be part of a group.             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> |
| f. Using illegal drugs or drinking is cool.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> |
| g. Using illegal drugs or drinking makes everything seem better.                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> |
| h. Using illegal drugs or drinking makes it easier to have a good time with friends. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> |
| i. If I were to be drug tested, I would try to beat the drug test.                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> |
| j. Drug testing is helpful to keep students healthy and off drugs.                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> |
| k. I have close friends who use illegal drugs.                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> |
| l. My friends would disapprove if I drank alcohol.                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> |
| m. My friends would disapprove if I used illegal drugs.                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> |

**Section 4: This section asks about activities at your school.**

17. Please indicate whether the following statements are true or false.

|  | True                  | False                 | Don't Know            |
|--|-----------------------|-----------------------|-----------------------|
| a. My school offers mentoring services.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. In the past 6 months I or someone I know participated in activities with a mentor.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. My school has clearly defined rules about alcohol, drugs, fighting, and weapon carrying.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. In the past 6 months I or someone I know got in trouble for violating my school's rules about alcohol, drugs, fighting, or weapon carrying. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. At my school students who participate in some sports or other activities may be randomly tested for drugs.                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. My school plans to test students for drugs in the near future.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. In the past 6 months I could have been tested for drugs by my school.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. In the past 6 months I or someone I know was tested for drugs by my school.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. My school offers after-school or evening activities for students.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. In the past 6 months I or someone I know participated in my school's after-school or evening activities for students.                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. My school has organizations that promote substance use prevention.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. In the past 6 months I or someone I know participated in my school's organizations that promote substance use prevention.                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

18. 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.

*Thank you! You have completed the survey. Please check to make sure your name does not appear on any page then place it in the envelope provided and turn it in.*

## If you need to talk to someone . . .

If the survey upset you for any reason, or if you just want to talk about a problem you or someone else about is having with alcohol or drugs, we suggest you do one of these things right away:

→ Talk to an adult you trust in your family or community, such as your parents or religious leader.

→ Talk to an adult you trust at school, such as a teacher, counselor, nurse, intervention specialist, or principal.

→ Call one or more of the places listed below.

| Name  | Number         | Spanish Speaking           | Confidential | Cost |
|---|----------------|----------------------------|--------------|------|
| CSAT Alcohol/Drug Referral Line (National 24-hour Help Line)    | (800) 662-4357 | Yes                        | Yes          | None |
| Care Crisis Response Services                                   | (800) 584-3578 | Tele-Interpreter Available | Yes          | None |
| Girls' and Boys' Town (alcohol and other drugs) 24-Hour Hotline | (800) 448-3000 | Yes                        | Yes          | None |

**For questions about the survey:** Eric Einspruch or Chandra Lewis, RMC Research Corporation, 800-788-1887.

**For questions about your rights as a study participant:** Human Subjects Research Review Committee in the Office of Research and Sponsored Projects, 111 Cramer Hall, Portland State University 503-725-4288.