

Attachment 11 – Community Member, Survey – Youth Instruments

Document E.2: C-KABS Youth

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Evaluation of the Native Aspirations Project

Document E.2: Community Knowledge, Awareness, and Behaviors – Youth Version Ages 11 and older (C-KABS-Y)

You are being asked to participate in this survey because your community, along with other tribal communities across the country, received federal funding to prevent violence, bullying, and suicide among Native American youth. As part of the Cross-community Evaluation of the Native Aspirations Project, we are asking that you complete this Community Knowledge, Awareness, and Behaviors Survey (C-KABS). This survey includes a series of questions asking you about your experiences, behaviors, attitudes, and beliefs. The survey also asks about things in your life that both help you grow and create challenges. The information you give will be used to help Native American youth, Native American communities, and the Native Aspirations Project.

This is not a test. There are not right or wrong answers to this survey. Please answer the questions based on what you really think and do. Your honest answers will help us, your community, and other Indian communities to better understand the needs of young people. DO NOT write your name on this survey. The answers you give will be anonymous. No one will know what you write. The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name.

Completing this survey is voluntary. Whether or not you answer the questions will not affect your grades in school. If you are not comfortable answering a questions, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Please read every question and fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

Contact information: If you have any concerns about your participation in this survey or have any questions about the evaluation, please contact Christine Walrath at CWalrath@macrointernational.com (646-695-8154) or Kara Riehman at Kara.S.Riehman@macrointernational.com (404-592-2148). If you feel upset because of any items on the survey, please see Mr/Mrs NAME who is here today.

Thank you very much for your help.

Directions:

- Use a #2 pencil.
- Make dark marks
- Fill in a response like this:
 - Yes
 - No

If you change your answer, erase your old answer completely

This section asks about your experiences and involvement in school. Please mark the answer that most closely fits your experience or how you feel.

1. Do you like school?
 - I like school very much
 - I like school quite a bit
 - I like school a bit
 - I don't like school very much
 - I hate school

2. On average, how well do you think you are doing in your school work?
 - Very well
 - Well
 - Average
 - Poor
 - Very poorly
 - Not sure

3. How important is it to you to do the following in school:

| | Very Important | Somewhat Important | Not very Important | Not Important at all |
|--|-----------------------|-----------------------|-----------------------|-------------------------|
| Make friends | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Get good grades | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Participate in extra- curricular activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Learn new things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. In the next statements, parents can also mean guardians. They are the ones who live with you at home, take care of your needs, and influence your life.

| | NEVER | RARELY | SOME OF THE TIME | MOST OF THE TIME | ALL THE TIME |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| If I have a problem at school, my parents are ready to help. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My parents encourage me to do well at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My parents expect too much of me at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

5. Please read the next three statements and mark how much you agree or disagree.

| | STRONGLY DISAGREE | DISAGREE | NEUTRAL | AGREE | STRONGLY AGREE |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| At my school, there is a teacher or some other adult who believes that I will be a success. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My teacher(s) notice when I am doing a good job and lets me know about it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There are lots of chances for students in my school to get involved in sports, clubs, and other activities outside of class. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There is someone in my life that can help me if I need help. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

6. Read the following statements and choose the answer that best describes how you feel.

| | NEVER | RARELY | SOME OF THE TIME | MOST OF THE TIME | ALL THE TIME |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I feel safe at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel safe on my way to and from school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other young people say mean things to me at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am bullied in my classroom(s) at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am bullied outside of my classroom(s) at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am bullied on my way to and from school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel like an outsider (or left out of things) at my school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

We would like to ask you about your family and your experiences with your family. Please mark the answer that best fits your experiences or how you feel.

7. Including yourself, how many people live in your home? _____

8. Please mark all of the adults that live with you in your home.

- Mother
- Father
- Guardian
- Step-mother
- Step-father
- Grandmother
- Grandfather
- Uncle
- Aunt
- Older brother or sister
- Other (Please specify) _____
- None of above

9. Read the following statements and how much you agree or disagree with the statement about your family life and involvement with your family.

| | STRONGLY DISAGREE | DISAGREE | NEUTRAL | AGREE | STRONGLY AGREE |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| When I am not at home, one of my family members knows where I am. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I regularly share my thoughts and feelings with someone in my family. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If I had a personal problem, I could ask someone in my family for help. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Someone in my family notices when I am feeling upset or sad. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My parent/guardian or someone in my family notices when I am doing well in school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| People in my family support each other when times get rough. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My parent/guardian knows the friends that I hang around with. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am very close with my family. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

We'd like to get a better sense of the community you live in. Some of the statements below may apply to your community and others will not. Please mark the answer that best matches how you feel.

10. Please read the following statements about the community you live in and mark how much you agree or disagree.

| | STRONGLY DISAGREE | DISAGREE | NEUTRAL | AGREE | STRONGLY AGREE | DON'T KNOW |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| If I needed the advice or help from someone in the community (not part of your family), it would be easy for me to get it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I take pride in my community. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel like I belong in my community. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If I needed mental health services, I would know where to go. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I seek advice from elders when I have a personal problem. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If I wanted to get some alcohol (beer, wine, or hard liquor), it would be easy for me to get it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If I wanted to get some marijuana, it would be easy for me to get it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If I wanted to get other illegal drugs (cocaine, heroin, or crystal meth), it would be easy for me to get it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gangs are a serious problem in my community. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Suicide is a frequent problem in my community. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Violence is a frequent problem in my community. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If I wanted to find someone to do a traditional Native ceremony, I could find a person easily. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If I had a personal challenge or struggle I would feel comfortable talking to a counselor. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

We’d like to ask you some questions about how you might respond in various situations with friends. There are no right or wrong answers. Please mark the answer that best fits how you think you would react.

11. If a friend began to lose interest in activities, other friends, and sometimes said things like “I’m not much good to anyone,” how likely would you be to:

| | DEFINITELY WOULD NOT | PROBABLY WOULD NOT | PROBABLY WOULD | DEFINITELY WOULD | DON'T KNOW |
|--|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Mind your own business and let him/her have privacy? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ask him/her if something was bothering him/her? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Try to get him/her to go talk to a trusted adult about what’s bothering him/her? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Tell an elder about what you noticed about your friend? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Tell an adult (not an elder) about what you noticed about your friend? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Tell another friend about what you noticed about your friend? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

12. If a friend was being threatened, bullied, picked on, or physically attacked by another student on a regular basis, how likely would you be to:

| | DEFINITELY WOULD NOT | PROBABLY WOULD NOT | PROBABLY WOULD | DEFINITELY WOULD | DON'T KNOW |
|--|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Mind your own business and let your friend handle the situation on his/her own? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Report the situation to an adult at school (teacher, principal, school officer)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Try to get him/her to go talk to a trusted adult? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Tell an elder about what you noticed about your friend? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Tell an adult you trust (not an elder) about what you noticed about your friend? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Tell another friend about what you noticed about your friend? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

13. If a friend told you he/she was thinking about committing suicide how likely would you be to:

| | DEFINITELY WOULD NOT | PROBABLY WOULD NOT | PROBABLY WOULD | DEFINITELY WOULD | DON'T KNOW |
|---|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Tell your friend to call a hotline? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Believe your friend is serious? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Talk to an elder about your friend? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Talk to an adult (not an elder) about your friend? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Talk to that friend without getting anyone else's help? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Get advice from another friend? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Respect your friend's privacy and keep it a secret? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

The next section asks about your thoughts about people who get mental health treatment. There are no right or wrong answers and your responses will be kept private.

14. Please read the following and indicate how much you agree or disagree.

| | STRONGLY DISAGREE | DISAGREE | NEUTRAL | AGREE | STRONGLY AGREE |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| It is a sign of personal weakness to receive treatment for suicidal thoughts and behaviors. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I would think less of a person if I found out that person received treatment for suicidal thoughts and behaviors. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If you receive mental health treatment, you shouldn't tell anyone about it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I wouldn't trust someone who received mental health treatment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

We'd like to know a little bit more about your life and experiences. These next questions will ask you about alcohol and drug use. There are no right or wrong answers. No one except the study team will see your responses, and your name will not be linked with your answers.

15. In the *past 12 months*, how often have you: (Please mark the answer using the legend below.)

| | NOT AT ALL | LESS THAN ONCE PER MONTH | 1-3 TIMES PER MONTH (FOR EXAMPLE, EVERY OTHER WEEKEND) | 1-2 TIMES PER WEEK (FOR EXAMPLE, EVERY WEEKEND) | 3-6 TIMES PER WEEK | DAILY |
|--|-----------------------|--------------------------|--|---|-----------------------|-----------------------|
| Smoked cigarettes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Had a drink of alcohol, other than a few sips? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Had more than 5 alcoholic drinks in one sitting? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Used marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Used methamphetamine (meth, crystal meth, crank)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sniffed glue, breathed the contents of spray paint cans, or inhaled any paints or fumes to get high? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Used Derbisol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Used other drugs such as cocaine, heroin, or LSD? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Used other people's prescription drugs to get high, such as Vicodin, OxyContin, Xanax, Valium, Ritalin, or Ambien) ? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Been in the ER under the influence of drugs or alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

16. In the **last 4 weeks**, how often have you:

| | 0 TIMES | 1-2 TIMES | 3-4 TIMES | 5-6 TIMES | 7 OR MORE TIMES |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Smoked cigarettes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Had a drink of alcohol, other than a few sips? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Had more than 5 alcoholic drinks in one sitting? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Used marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Used methamphetamine (meth, crystal meth, crank)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sniffed glue, breathed the contents of spray paint cans, or inhaled any paints or fumes (like gasoline) to get high? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Used Derbisol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Used other drugs such as cocaine, heroin, or LSD? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Used other people's prescription drugs to get high, such as Vicodin, OxyContin, Xanax, Valium, Ritalin, or Ambien) ? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Been in the ER under the influence of drugs or alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Next we'd like to learn a little more about specific activities that you may or may not have done in the last 12 months.

17. In the past **12 months**, how often have you:

| | NEVER | ONCE | MORE THAN ONCE |
|---|-----------------------|-----------------------|-----------------------|
| Been active in sports, clubs, or other activities at school and/or in my community? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Been honored for something good you did in your community? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Spent at least one day learning or practicing traditional Native languages, arts, crafts, or music? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Got an A on an assignment in class? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Set goals for yourself? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Talked to an adult about a challenge you were facing?

Questions 18–22 ask about some serious topics. We know that these are sensitive issues, but your answers are important to our understanding of your community. If you feel upset by the questions, Mr./Mrs. NAME, who is here today, can assist you.

First, we'd like to ask you about how you interact with others and your exposure to violence. No one will know how you answered the questions.

18. For each of the following statements, choose how many times you did this activity or it happened to you in the last **12 months**.

| | 0 TIMES | 1–2 TIMES | 3–4 TIMES | 5–6 TIMES | 7 OR MORE TIMES |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I upset other students for the fun of it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I made other students scared. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| In a group, I teased other students. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I fought students I could easily beat. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other students picked on me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other students called me names. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I got hit and pushed by other students. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I enjoyed helping other students. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I helped harass other students. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I cooperated with others. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I teased other students. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I pushed, shoved, slapped, or kicked other students. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I got in a physical fight. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I threatened to hurt or hit another student. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I got into a physical fight because I was angry. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I took my anger out on an innocent person. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I hit back when someone hit me first. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I was mean to someone when I was angry. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I spread rumors about other students. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I started arguments or conflicts. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I encouraged people to fight. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I excluded other students from my group of friends. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

19. In the past **12 months**, how often have you:

| | 0 TIMES | 1-2 TIMES | 3-4 TIMES | 5-6 TIMES | 7 OR MORE TIMES |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Used words or physically threatened another student to get what you wanted? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Been in a physical fight in which you were hurt and had to be treated by a doctor or nurse? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Been in a physical fight that did not involve a weapon? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Been in a physical fight that did involve a weapon? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Carried a weapon, such as a gun or knife, to school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Been hit, slapped, or physically hurt by a parent, caregiver, or an adult who lives in your home? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

20. Have you ever been hit, slapped, or physically hurt by a boyfriend or girlfriend?

- Yes
 No
 I have never had a boyfriend or girlfriend

21. Has anyone ever touched or messed with you or forced you to do something sexually that you did not want to do?

- Yes
 No

Next, we would like to ask you questions about suicide. Again, we recognize that some of these questions might be difficult to answer, but your answers are very important to understanding your community.

22. In the **past 12 months**, how often have you:

| | NEVER | ONCE | MORE THAN ONCE |
|------------------------------|-----------------------|-----------------------|-----------------------|
| Thought of killing yourself? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- Made a plan to kill yourself?
- Tried to kill yourself?

This next section asks about kinds of things you do in your community.

23. How often have you done the following? [ITEMS WILL BE TAILORED TO FIT COMMUNITY SPECIFIC ACTIVITIES]

| | NEVER | RARELY | SOME OF THE TIME | MOST OF THE TIME | ALL THE TIME |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Gone hunting? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gone fishing? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gone digging for roots or gathered herbs or medicines in a traditional Native way? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gathered berries in a traditional Native way? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gathered materials for baskets and done basket weaving in a traditional Native way? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gone canoeing? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Been to a pow-wow? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Participated in community celebrations? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Participated in potlatches? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gone to church? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Done traditional native beading? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gone to a sweat? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Smudged? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Participated in other cultural or spiritual activities? Please describe | <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"/> | <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"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

24. Mark each activity that you participated in during the ***past 12 months***. Mark all that apply.
[ITEMS WILL BE TAILORED TO COMMUNITY SPECIFIC NATIVE ASPIRATIONS ACTIVITIES]

- Community Specific Activity 1
- Community Specific Activity 2
- Community Specific Activity 3
- Community Specific Activity 4
- Community Specific Activity 5
- Other (Please specify) _____
- I did not attend any of these activities

25. Please indicate whether you have been exposed to the following in your community in the ***past 12 months***. **[ITEMS WILL BE TAILORED TO COMMUNITY SPECIFIC NATIVE ASPIRATIONS ACTIVITIES]**

- Community Specific Product 1
- Community Specific Product 2
- Community Specific Product 3
- Community Specific Product 4
- Community Specific Product 5
- Other (Please specify) _____
- I was not exposed to any of these

You are almost finished with the survey. We would like to ask you a few questions about yourself that will help us understand the whole group of students who take the survey. This information will not be used to identify you or any individual student.

26. What is your gender?

- Female
- Male

27. What is your age?

- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

28. What grade are you in?

- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12 grade
- Ungraded

29. Are you Hispanic or Latino?

- Yes [go to question 36]
- No [go to question 37]

30. Which Hispanic or Latino group represents you? Are you...(Mark all that apply.)

- Mexican, Mexican-American, or Chicano
- Puerto Rican
- Cuban
- Dominican
- Central American
- South American
- Other Hispanic Origin, please describe _____

31. What is your race? (Mark all that apply.)

- American Indian
- Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

32. What languages are spoken in your home?

| | NEVER | RARELY | SOME OF THE TIME | MOST OF THE TIME | ALL THE TIME |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Tribal language | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| English | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Spanish | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other language Please specify _____ | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

33. Do you practice traditional Indian/Native beliefs and values?
- Yes
 - No
 - I don't know

Thank you for your time and attention to this survey. The information you have provided is extremely important to suicide, violence, substance use, and bullying prevention efforts in your community.

To request additional information or if you or someone you know is in need of help, please contact your school counselor or dial 1-800-273-TALK