

In-School Core Survey

High School Questionnaire

2020-2021

This survey asks about your behavior, experiences, and attitudes related to your school, health, and well-being. It also asks about your experiences learning and doing schoolwork from home if you are not attending school in person due to the novel coronavirus (COVID-19). The survey also includes questions about use of alcohol, tobacco, and other drugs, and bullying and violence.

You do not have to answer these questions, but your answers will be very helpful in improving school and health programs. **You will be able to answer** whether or not you have done or experienced any of these things.

Please do not write your name on this form or the answer sheet. Do not identify yourself in any other way.

Please mark all of your answers on the answer sheet. Fill in the bubbles neatly with a **#2 pencil**. Do not write on the questionnaire. Mark only one answer unless told to **“Mark All That Apply.”**

This survey asks about things you may have done during different periods of time, such as during your **lifetime** (you ever did something), or the past **12 months**, or **30 days**. Each provides different information. Please pay careful attention to these time periods.

Thank you for taking this survey!

In-School Core Survey

Your School Schedule

This year, some students have returned to their school buildings to attend school. Some students are working from home and not going to the school buildings at all. And some students are doing a combination of both.

1. Which of the following best describes your school schedule during the past 30 days?
 - A) I went to school in person at my school building for the entire day, Monday through Friday. [**In-School Model**]
 - B) I participated in school from home for the entire day on most or all weekdays and did not go to school in person. [**Remote Learning Model**]
 - C) I went to school in person at my school building for the entire day on some weekdays and participated in school from home on other weekdays. [**Hybrid Model**]
 - D) I went to school in person at my school building for half of the day and participated in classes from home during the other half of the day on most or all weekdays. [**Hybrid Model**]

Next, we would like some background information about you.

2. What grade are you in?
 - A) 6th grade
 - B) 7th grade
 - C) 8th grade
 - D) 9th grade
 - E) 10th grade
 - F) 11th grade
 - G) 12th grade
 - H) Other grade
 - I) Ungraded
3. What is your gender?
 - A) Male
 - B) Female
 - C) Nonbinary
 - D) Something else
4. Some people describe themselves as transgender when how they think or feel about their gender is different from the sex they were assigned at birth. Are you transgender?
 - A) No, I am not transgender
 - B) Yes, I am transgender
 - C) I am not sure if I am transgender
 - D) Decline to respond

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5. Which of the following best describes you?
- A) Straight (not gay)
 - B) Lesbian or Gay
 - C) Bisexual
 - D) Something else
 - E) Not sure
 - F) Decline to respond
6. What is your race or ethnicity? (*Mark All That Apply.*)
- A) American Indian or Alaska Native
 - B) Asian or Asian American
 - C) Black or African American
 - D) Hispanic or Latinx
 - E) Native Hawaiian or Pacific Islander
 - F) White
 - G) Something else
7. If you are Asian or Pacific Islander, which groups best describe you? (*Mark All That Apply.*)
If you are **not** of Asian or Pacific Islander background, mark “A) Does not apply.”
- A) Does not apply; I am not Asian or Pacific Islander
 - B) Asian Indian
 - C) Cambodian
 - D) Chinese
 - E) Filipino
 - F) Hmong
 - G) Japanese
 - H) Korean
 - I) Laotian
 - J) Vietnamese
 - K) Native Hawaiian, Guamanian, Samoan, Tahitian, or other Pacific Islander
 - L) Other Asian
8. If you are Hispanic or Latinx, which groups best describe you? (*Mark All That Apply.*)
If you are **not** of Hispanic or Latinx background, mark “A) Does not apply.”
- A) Does not apply; I am not Hispanic or Latinx
 - B) Columbian
 - C) Cuban
 - D) Dominican
 - E) Guatemalan
 - F) Honduran
 - G) Mexican
 - H) Puerto Rican
 - I) Salvadoran
 - J) Other Hispanic or Latinx

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9. What best describes where you live? A home includes a house, apartment, trailer, or mobile home.
- | | |
|---|---|
| A) A home with one or more parent or guardian | E) Foster home, group care, or waiting placement |
| B) Other relative's home | F) Hotel or motel |
| C) A home with more than one family | G) Shelter, car, campground, or other transitional or temporary housing |
| D) Friend's home | H) Other living arrangement |
10. What is the highest level of education your parents or guardians completed? (*Mark the educational level of the parent or guardian who went the furthest in school.*)
- A) Did not finish high school
 - B) Graduated from high school
 - C) Attended college but did not complete four-year degree
 - D) Graduated from college
 - E) Don't know
11. Is your father, mother, or guardian currently in the military (Army, Navy, Marines, Air Force, National Guard, or Reserves)?
- A) No
 - B) Yes
 - C) Don't know
12. Do you receive free or reduced-price lunches at school? (*Receiving free or reduced-price lunches means that lunch at school is provided to you for free or you pay less for it.*)
- A) No
 - B) Yes
 - C) Don't know
13. What language is spoken most of the time in your home?
- | | |
|--------------|---------------|
| A) English | F) Tagalog |
| B) Spanish | G) Vietnamese |
| C) Mandarin | H) Korean |
| D) Cantonese | I) Arabic |
| E) Taiwanese | J) Other |

In-School Core Survey

How well do you understand, speak, read, and write English?

- | | Very Well | Well | Not Well | Not At All |
|------------------------|-----------|------|----------|------------|
| 14. Understand English | A | B | C | D |
| 15. Speak English | A | B | C | D |
| 16. Read English | A | B | C | D |
| 17. Write English | A | B | C | D |
18. What time did you go to bed last night?
- | | |
|-------------------|-------------------|
| A) Before 7:00 pm | E) 10:00–10:59 pm |
| B) 7:00–7:59 pm | F) 11:00–11:59 pm |
| C) 8:00–8:59 pm | G) 12:00–12:59 am |
| D) 9:00–9:59 pm | H) After 1:00 am |
19. What time did you wake up this morning?
- | | |
|-------------------|-------------------|
| A) Before 5:00 am | F) 9:00–9:59 am |
| B) 5:00–5:59 am | G) 10:00–10:59 am |
| C) 6:00–6:59 am | H) 11:00–11:59 am |
| D) 7:00–7:59 am | I) 12 pm or later |
| E) 8:00–8:59 am | |
20. Did you eat breakfast today?
- | |
|--------|
| A) No |
| B) Yes |
21. In the past **30 days**, how often did you miss an entire day of school for any reason?
- | | |
|--|-------------------|
| A) I did not miss any days of school in the past 30 days | C) 2 days |
| B) 1 day | D) 3 or more days |
22. In the past **30 days**, how many classes did you miss for any reason?
- | |
|-------------------------------|
| A) I did not miss any classes |
| B) 1–2 classes |
| C) 3–4 classes |
| D) 5 or more classes |

In-School Core Survey

23. How many days a week do you usually go to your school's afterschool program?
- A) I do not attend my school's afterschool program
 - B) 1 day
 - C) 2 days
 - D) 3 days
 - E) 4 days
 - F) 5 days
24. During the past **12 months**, how would you describe the grades you mostly received in school?
- A) Mostly A's
 - B) A's and B's
 - C) Mostly B's
 - D) B's and C's
 - E) Mostly C's
 - F) C's and D's
 - G) Mostly D's
 - H) Mostly F's
25. In the past **30 days**, did you miss a day of school for any of the following reasons? (*Mark All That Apply.*)
- A) Does not apply; I didn't miss any school
 - B) Illness (feeling physically sick), including problems with breathing or your teeth
 - C) Were being bullied or mistreated at school
 - D) Felt very sad, hopeless, anxious, stressed, or angry
 - E) Didn't get enough sleep
 - F) Didn't feel safe at school or going to and from school
 - G) Had to take care of or help a family member or friend
 - H) Wanted to spend time with friends
 - I) Used alcohol or drugs
 - J) Were behind in schoolwork or weren't prepared for a test or class assignment
 - K) Were bored or uninterested in school
 - L) Had no transportation to school
 - M) Other reason

In-School Core Survey

How strongly do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
26. I feel close to people at this school.	A	B	C	D	E
27. I am happy to be at this school.	A	B	C	D	E
28. I feel like I am part of this school.	A	B	C	D	E
29. The teachers at this school treat students fairly.	A	B	C	D	E
30. I feel safe in my school.	A	B	C	D	E
31. My school is usually clean and tidy.	A	B	C	D	E
32. Teachers at this school communicate with parents about what students are expected to learn in class.	A	B	C	D	E
33. Parents feel welcome to participate at this school.	A	B	C	D	E
34. School staff take parent concerns seriously.	A	B	C	D	E
35. It is hard for me to stay focused when doing my schoolwork.	A	B	C	D	E
36. I try hard to make sure that I am good at my schoolwork.	A	B	C	D	E
37. I try hard on my schoolwork because I am interested in it.	A	B	C	D	E
38. I work hard to try to understand new things when doing my schoolwork.	A	B	C	D	E
39. I am always trying to do better in my schoolwork.	A	B	C	D	E

In-School Core Survey

Please mark on your answer sheet how **TRUE** you feel each of the following statements is about your **SCHOOL**.

There is a teacher or some other adult from my school...

	Not At All True	A Little True	Pretty Much True	Very Much True
40. who really cares about me.	A	B	C	D
41. who tells me when I do a good job.	A	B	C	D
42. who notices when I'm not there.	A	B	C	D
43. who always wants me to do my best.	A	B	C	D
44. who checks on how I am doing.	A	B	C	D
45. who listens to me when I have something to say.	A	B	C	D
46. who believes that I will be a success.	A	B	C	D

At school,...

	Not At All True	A Little True	Pretty Much True	Very Much True
47. I do interesting activities.	A	B	C	D
48. I help decide things like class activities or rules.	A	B	C	D
49. I do things that make a difference.	A	B	C	D
50. I have a say in how things work.	A	B	C	D
51. I help decide school activities or rules.	A	B	C	D

In-School Core Survey

On how many of the past 7 days did you...

	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
52. talk to your friends by phone, computer, or tablet (iPad)?	A	B	C	D	E	F	G	H
53. exercise or do a physical activity for at least 20 minutes that made you sweat and breathe hard? (For example, basketball, soccer, running, fast bicycling, fast dancing, or similar aerobic activities.)	A	B	C	D	E	F	G	H
54. participate in a physical activity for at least 30 minutes that did not make you sweat and breathe hard? (For example, fast walking, slow bicycling, shooting baskets, raking leaves, or mopping floors.)	A	B	C	D	E	F	G	H

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In-School Core Survey

The next questions ask about the use of alcohol, tobacco, marijuana, and other drugs, including pills or medications, to get “high” or for reasons other than medical, as ordered or prescribed by a doctor.

Keep the following definitions in mind:

- **One drink of ALCOHOL**, or alcoholic drink (beverage), means one regular size can/bottle of beer or wine cooler, one glass of wine, one mixed drink, or one shot glass of liquor.
- Questions about alcohol do **not** include drinking a few sips of wine for religious purposes.
- **DRUG** means any substance other than alcohol or tobacco, including pills and medications, used to get “high” (“loaded,” “stoned,” or “wasted”) or for purposes other than prescribed by a doctor.
- **VAPES or VAPE PRODUCTS**: Electronic devices like vape pens, e-cigarettes, e-hookah, hookah pens, e-vaporizers, tanks, pods, or mods used to inhale a vapor. Can be used to vape many things, including nicotine or just flavoring. Popular brands are JUUL, Suorin, SMOK, Zodiac Constellation, and Stiiizy.

In-School Core Survey

During your **life**, how many times have you used the following?

	Number of Times					7 or More Times
	0 Times	1 Time	2 Times	3 Times	4-6 Times	
55. A whole cigarette	A	B	C	D	E	F
56. Smokeless tobacco (dip, chew, or snuff)	A	B	C	D	E	F
57. Vape products	A	B	C	D	E	F
58. One full drink of alcohol (such as a can of beer, glass of wine, wine cooler, or shot of liquor)	A	B	C	D	E	F
59. Marijuana (smoke, vape, eat, or drink)	A	B	C	D	E	F
60. Inhalants (things you sniff, huff, or breathe to get “high” such as glue, paint, aerosol sprays, gasoline, poppers, gases)	A	B	C	D	E	F
61. Cocaine, methamphetamine, or any amphetamines (meth, speed, crystal, crank, ice)	A	B	C	D	E	F
62. Derbisol	A	B	C	D	E	F
63. Heroin	A	B	C	D	E	F
64. Ecstasy, LSD, or other psychedelics (acid, mescaline, peyote, mushrooms)	A	B	C	D	E	F
65. Prescription pain medication (Vicodin, OxyContin, Percodan, Fentanyl)	A	B	C	D	E	F
66. Tranquilizers or sedatives (Xanax, Klonopin, Ativan, Valium)	A	B	C	D	E	F
67. Diet pills (Didrex, Dexedrine, Xenadrine, Skittles, M&M’s)	A	B	C	D	E	F
68. Ritalin or Adderall or other prescription stimulant	A	B	C	D	E	F
69. Cold/cough medicines or other over-the-counter medicines to get “high”	A	B	C	D	E	F
70. Any other drug, pill, or medicine to get “high” or for reasons other than medical	A	B	C	D	E	F

In-School Core Survey

During your **life**, how many times have you been...

	Number of Times					
	0 Times	1 Time	2 Times	3 Times	4-6 Times	7 or More Times
71. very drunk or sick after drinking alcohol ?	A	B	C	D	E	F
72. “high” (loaded, stoned, or wasted) from using drugs ?	A	B	C	D	E	F
73. drunk on alcohol or “high” on drugs on school property ?	A	B	C	D	E	F

During your **life**, how many times have you used marijuana in any of the following ways:

	Number of Times					
	0 Times	1 Time	2 Times	3 Times	4-6 Times	7 or More Times
74. Smoke it?	A	B	C	D	E	F
75. In a vaping device (vape pens, mods, portable vaporizers)?	A	B	C	D	E	F
76. Eat or drink it in products made with marijuana ?	A	B	C	D	E	F

During the past **30 days**, on how many **days** did you use...

	0 Days	1 Day	2 Days	3-9 Days	10-19 Days	20-30 Days
	77. cigarettes ?	A	B	C	D	E
78. smokeless tobacco (dip, chew, or snuff)?	A	B	C	D	E	F
79. vape products ?	A	B	C	D	E	F
80. one or more drinks of alcohol?	A	B	C	D	E	F
81. five or more drinks of alcohol in a row, that is, within a couple of hours?	A	B	C	D	E	F

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During the past **30 days**, on how many **days** did you use...

	0 Days	1 Day	2 Days	3-9 Days	10-19 Days	20-30 Days
82. marijuana (smoke, vape, eat, or drink)?	A	B	C	D	E	F
83. inhalants (things you sniff, huff, or breathe to get “high”)?	A	B	C	D	E	F
84. prescription drugs to get “high” or for reasons other than prescribed?	A	B	C	D	E	F
85. any other drug, pill, or medicine to get “high” or for reasons other than medical?	A	B	C	D	E	F
86. two or more substances at the same time (for example, alcohol with marijuana, ecstasy with mushrooms)?	A	B	C	D	E	F

During the past **30 days**, on how many days **on school property** did you...

	0 Days	1 Day	2 Days	3-9 Days	10-19 Days	20-30 Days
87. smoke cigarettes?	A	B	C	D	E	F
88. use smokeless tobacco (dip, chew, or snuff)?	A	B	C	D	E	F
89. vape?	A	B	C	D	E	F
90. have at least one drink of alcohol?	A	B	C	D	E	F
91. use marijuana (smoke, vape, eat, or drink)?	A	B	C	D	E	F
92. use any other drug, pill, or medicine to get “high” or for reasons other than medical?	A	B	C	D	E	F
93. breathe the smoke or vapor from someone who was using cigarettes or e-cigarettes?	A	B	C	D	E	F

In-School Core Survey

How much do people risk harming themselves physically and in other ways when they do the following?

	How Much Risk or Harm			
	Great	Moderate	Slight	None
94. Smoke cigarettes occasionally	A	B	C	D
95. Smoke 1 or more packs of cigarettes each day	A	B	C	D
96. Use vape products occasionally	A	B	C	D
97. Use vape products several times a day (100 puffs or more)	A	B	C	D
98. Drink alcohol (beer, wine, liquor) occasionally	A	B	C	D
99. Have five or more drinks of alcohol once or twice a week	A	B	C	D
100. Use marijuana occasionally (smoke, vape, eat, or drink)	A	B	C	D
101. Use marijuana daily	A	B	C	D

How difficult is it for students in your grade to get any of the following if they really want them?

	Very Difficult	Fairly Difficult	Fairly Easy	Very Easy	Don't Know
102. Cigarettes	A	B	C	D	E
103. Vape products	A	B	C	D	E
104. Alcohol	A	B	C	D	E
105. Marijuana	A	B	C	D	E

How many times have you tried to quit or stop using...

	Does Not Apply, Don't Use	0 Times	1 Time	2-3 Times	4 or More Times
106. cigarettes?	A	B	C	D	E
107. vapes?	A	B	C	D	E
108. alcohol?	A	B	C	D	E
109. marijuana?	A	B	C	D	E

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110. Does your school have a policy that bans tobacco use and vaping on school property and at school sponsored events?
- A) No
 - B) Yes
 - C) Don't know
111. During your **life**, how many times have you ever driven a car when you had been using alcohol or drugs, or been in a car driven by a friend when he or she had been using?
- A) Never
 - B) 1 time
 - C) 2 times
 - D) 3 to 6 times
 - E) 7 or more times

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In-School Core Survey

**Next are questions about violence, safety, harassment, & bullying
on school property.**

112. How safe do you feel when you are at school?

- A) Very safe
- B) Safe
- C) Neither safe nor unsafe
- D) Unsafe
- E) Very unsafe

During the past **12 months**, how many times ***on school property*** have you...

	Happened on School Property			
	0 Times	1 Time	2 to 3 Times	4 or More Times
113. been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	B	C	D
114. been afraid of being beaten up?	A	B	C	D
115. been in a physical fight?	A	B	C	D
116. had mean rumors or lies spread about you?	A	B	C	D
117. had sexual jokes, comments, or gestures made to you?	A	B	C	D
118. been made fun of because of your looks or the way you talk?	A	B	C	D
119. had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
120. been offered, sold, or given an illegal drug?	A	B	C	D
121. damaged school property on purpose?	A	B	C	D
122. carried a gun?	A	B	C	D
123. carried any other weapon (such as a knife or club)?	A	B	C	D
124. been threatened or injured with a weapon (gun, knife, club, etc.)?	A	B	C	D
125. seen someone carrying a gun, knife, or other weapon?	A	B	C	D
126. been threatened with harm or injury?	A	B	C	D
127. been made fun of, insulted, or called names?	A	B	C	D

In-School Core Survey

During the past **12 months**, how many times **on school property** were you harassed or bullied for any of the following reasons? [You were **bullied** if you were shoved, hit, threatened, called mean names, teased, or had other unpleasant physical or verbal things done to you repeatedly or in a severe way. It is **not bullying** when two students of about the same strength or power quarrel or fight.]

	Happened on School Property			
	0 Times	1 Time	2 to 3 Times	4 or More Times
128. Your race, ethnicity, or national origin	A	B	C	D
129. Your religion	A	B	C	D
130. Your gender	A	B	C	D
131. Because you are gay, lesbian, or bisexual or someone thought you were	A	B	C	D
132. A physical or mental disability	A	B	C	D
133. You are an immigrant or someone thought you were	A	B	C	D
134. Any other reason	A	B	C	D
135. During the past 12 months , how many times did other students spread mean rumors or lies, or hurtful pictures, about you online, on social media, or on a cell phone?				
A) 0 times (never)				
B) 1 time				
C) 2–3 times				
D) 4 or more times				
136. Do you consider yourself a member of a gang?				
A) No				
B) Yes				
137. During the past 12 months , did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities?				
A) No				
B) Yes				
138. During the past 12 months , did you ever seriously consider attempting suicide?				
A) No				
B) Yes				

In-School Core Survey

Over the past **30 days**, how true do you feel these statements are about you?

	Not At All True	A Little True	Pretty Much True	Very Much True
139. I had a hard time breathing because I was anxious.	A	B	C	D
140. I worried that I would embarrass myself in front of others.	A	B	C	D
141. I was tense and uptight.	A	B	C	D
142. I had a hard time relaxing.	A	B	C	D
143. I felt sad and down.	A	B	C	D
144. I was easily irritated.	A	B	C	D
145. It was hard for me to cope and I thought I would panic.	A	B	C	D
146. It was hard for me to get excited about anything.	A	B	C	D
147. I was easily annoyed and sensitive.	A	B	C	D
148. I was scared for no good reason.	A	B	C	D

Please tell us how true each statement is of you.

	Not At All True	A Little True	Pretty Much True	Very Much True
149. I can work out my problems.	A	B	C	D
150. I can do most things if I try.	A	B	C	D
151. There are many things that I do well.	A	B	C	D
152. There is a purpose to my life.	A	B	C	D
153. I understand my moods and feelings.	A	B	C	D
154. I understand why I do what I do.	A	B	C	D
155. When I need help I find someone to talk with.	A	B	C	D
156. Each day I look forward to having a lot of fun.	A	B	C	D

In-School Core Survey

Please tell us how true each statement is of you.

	Not At All True	A Little True	Pretty Much True	Very Much True
157. I usually expect to have a good day.	A	B	C	D
158. Overall, I expect more good things to happen to me than bad things.	A	B	C	D
159. I try to work out my problems by talking or writing about them.	A	B	C	D
160. I trust my ability to solve difficult problems.	A	B	C	D
161. On most days I feel GRATEFUL.	A	B	C	D
162. On most days I feel THANKFUL.	A	B	C	D
163. On most days I feel APPRECIATIVE.	A	B	C	D

How true do you feel these statements are about your family and friends?

	Not At All True	A Little True	Pretty Much True	Very Much True
164. There is an adult who really cares about me.	A	B	C	D
165. There is an adult who talks with me about my problems.	A	B	C	D
166. There is an adult who helps me when I am having a hard time.	A	B	C	D
167. I have a friend my age who really cares about me.	A	B	C	D
168. I have a friend my age who talks with me about my problems.	A	B	C	D
169. I have a friend my age who helps me when I am having a hard time.	A	B	C	D

170. How many questions in this survey did you answer honestly?

- A) All of them
- B) Most of them
- C) Only some of them
- D) Hardly any