Attitudes	R	Behaviors	Surve

Instructions: Your answers on this questionnaire will be kept strictly confidential. No one will be able to find out how you or anyone else answered. Your school or program will receive a report that combines many students' answers together. Therefore, no one will be able to connect your answers with your name.

This is not a test you take for grades. You are just being asked to tell about yourself, your experiences, and your feelings. Please be as honest as you can

Some of the questions in this survey ask about your parents. In this survey, "parents" (and "father" or "mother" refer to the adults who are now most responsible for raising you. They could be foster parents, stepparents, or relative/guardians. If you live in a one-parent family, answer for that adult.

1. How old are you?		11 or younger 12 13 14		15 16 17 18 19 or older	
2. What is your grade in school?		5th 6th 7th 8th		9th 10th 11th 12th	
3. Which of the following best describes you?		Female Male Prefer to self-describe			_
4. Question Omitted					
5. How do you describe yourself? Mark each that applies to you from this list:		American Indian or Alaska Native Asian Black or African American Hispanic or Latino/Latina		Native Hawaiian or Other Pacific Islander White Other	
6. Which of the following best describes your family?		I live with my two birth/biological parents Sometimes I live with my mom and sometimes my dad I live with one parent and one stepparent I live with foster parents Other		I live with my two adoptive parents I live with one parent I live with one birth parent and one adoptive parent I live with my grandparents or other adult relatives who take care of me	
How important is each of the following to you in your life? Mark one answer for each.	Not Important	Somewhat Important	Not Sure	Quite Important	Extremely Important
7. Helping other people	- C	Î.		Î.	Ô
8. Helping to reduce hunger and poverty in the world					
9. Helping to make the world a better place in which to live		0			
10. Being religious or spiritual					
11. Helping to make sure that all people are treated fairly		0		0	
12. Getting to know people who are of a different race or ethnic group than I am					
13. Speaking up for equality (everyone should have the same rights and opportunities)		0		0	
14. Giving time or money to make life better for other people		0		0	
15. Doing what I believe is right, even if my friends make fun of me		0			
16. Standing up for what I believe, even when it's unpopular to do so				0	

18. Accepting responsibility for my actions when I make a mistake or get in trouble					
19. Doing my best, even when I have to do a job I don't like					
20. On an average school day, how much time do you spend doing homework outside of school?	0	None Between a half hour and an hour	0	Half hour or less 1 hour	
21. What grades do you earn in school?		2 hours Mostly As Mostly Bs Mostly Cs Mostly Ds		3 hours or more About half As and half Bs About half Bs and half Cs About half Cs and half Ds Mostly below Ds	
For each of the following, mark <u>one</u> response. How often does one of your parents ?	Very Often	Often	Sometime	e Seldom	Never
22. Help you with your school work					
23. Talk to you about what you are doing in school					
24. Ask you about homework					
25. Go to meetings or events at your school					
How much do you agree or disagree with the following? Mark <u>one</u> answer for each.	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
26. At school I try as hard as I can to do my best work					
27. My teachers really care about me					
28. It bothers me when I don't do something well					
29. I get a lot of encouragement at my school					
30. Teachers at school push me to be the best I can be					
31. My parents push me to be the best I can be					
32. During the last four weeks, how many days of school have you missed because you skipped or "ditched"?		None		1 day	
		2 days		3 days	
		4-5 days		6-10 days	
		11 or more days			
33. During this school year, have you received special help in school for your class work or behavior on a daily or weekly basis?		Yes		No	
For each of the following, mark one answer. How often do you ?	Usually	Sometimes	Never		
34. Feel bored at school					
35. Come to classes without the supplies I need (for example, paper, computer, books)					
36. Come to classes without your homework finished					
37. Feel interested in what you are learning at school					
How much do you agree or disagree with the following? Mark one answer for each.	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
38. On the whole, I like myself					
39. It is against my values to drink alcohol while I am a teenager					
40. I like to do exciting things, even if they are dangerous					
41. At times, I think I am no good at all					
12 Last along well with my parents					

43. All in all, I am glad I am me						
44. I feel I do not have much to be proud of						
45. If I break one of my parents' rules, there are consequences such as not being allowed to do the things I like to do						
46. My parents give me help and support when I need it		0				
47. It is against my values to have sex while I am a teenager						
48. In my school there are clear rules about what students can and cannot do						
49. I care about the school I go to						
50. My parents often tell me they love me						
51. In my family, I feel useful and important						
52. Students in my school care about me						
53. In my family, there are clear rules about what I can and cannot do						
54. In my neighborhood, there are a lot of people who care about me	_	_	_	_	_	
55. At my school, everyone knows that you'll get in trouble for using alcohol or other drugs						
56. If one of my neighbors saw me do something wrong, he or she would tell one of my parents						
During the last 12 months, how many times have you ?	Never	Once	Twice	3-4 Times	5 or More Times	
57. Been a leader in a group or organization						
58. Stolen something from a store						
59. Gotten into trouble with the police						
60. Hit or beat up someone						
61. Damaged property just for fun (such as breaking windows, scratching a car, putting paint on walls, etc.)						
During an average week, how many hours do you spend ?	0	1	2	3-5	6-10	11 or More
62. Playing on or helping with sports teams at school or in the community						
63. In clubs or organizations other than sports at school (for example, school newspaper, student government, school plays, language clubs, hobby clubs, drama club, debate, etc.)						
64. In clubs or organizations other than sports outside of school (such as 4-H, Scouts, Boys and Girls Clubs, YWCA, YMCA, etc.)		0				
65. Reading just for fun (not part of your school work)						
66. Going to programs, groups, or services at a church, synagogue, mosque, or other religious or spiritual place						
During an average week, how many hours do you spend ?	0	1	2	3-5	6-10	11 or More
67. Helping other people without getting paid (such as helping out at a hospital, daycare center, food shelf/pantry, youth program, community service agency, or doing other things) to make your city a better place for people to live						
68. Helping friends or neighbors						
69. Practicing or taking lessons in music, art, drama, or dance, after school or on weekends						

People who know me would say that this is	Not at All Like Me	A Little Like Me	Somewh at Like Me	Quite Like Me	Very Much Like Me		
70. Knowing how to say "no" when someone wants me to do things I know are wrong or dangerous							
71. Caring about other people's feelings							
72. Thinking through the possible good and bad results of different choices before I make decisions							
73. Saving my money for something special rather than spending it all right away							
74. Respecting the values and beliefs of people who are of a different race or culture than I am							
75. Giving up when things get hard for me							
76. Staying away from people who might get me in trouble							
77. Feeling really sad when one of my friends is unhappy							
78. Being good at making and keeping friends							
79. Knowing a lot about people of other races or ethnic groups							
80. Enjoying being with people who are of a different race or ethnic group than I am							
81. Being good at planning ahead							
82. Taking good care of my body (such as, eating foods that are good for me, exercising regularly, and eating three good meals a day)							
On how many occasions (if any) have you had more than just a few sips of alcoholic beverages (beer, wine, or hard liquor) to drink?	0	1-2	3-5	6-9	10-19	20-39	40+
. , ,							
83. In your <u>lifetime</u>							
		0					0
83. In your <u>lifetime</u>							
83. In your <u>lifetime</u> 84. During the <u>past 30 days</u> 85. Think back over the past two weeks. How many times have you had five or more drinks in a row? (A							
<ul><li>83. In your <u>lifetime</u></li><li>84. During the <u>past 30 days</u></li><li>85. Think back over the past two weeks. How many</li></ul>	0	None		Once			
83. In your <u>lifetime</u> 84. During the <u>past 30 days</u> 85. Think back over the past two weeks. How many times have you had five or more drinks in a row? (A "drink" is a glass of wine, a bottle or can of beer, a shot glass of liquor, or a mixed drink.)		None Twice 6 to 9 times		Once 3 to 5 times			
83. In your <u>lifetime</u> 84. During the <u>past 30 days</u> 85. Think back over the past two weeks. How many times have you had five or more drinks in a row? (A "drink" is a glass of wine, a bottle or can of beer, a shot glass of liquor, or a mixed drink.)  86. How frequently have you used nicotine products during the past 30 days? (Nicotine products include		None Twice		Once 3 to 5 times 10 or more times			
83. In your <u>lifetime</u> 84. During the <u>past 30 days</u> 85. Think back over the past two weeks. How many times have you had five or more drinks in a row? (A "drink" is a glass of wine, a bottle or can of beer, a shot glass of liquor, or a mixed drink.)  86. How frequently have you used nicotine products		None Twice 6 to 9 times  I have never used nicotine pr		Once 3 to 5 times 10 or more times  Not at all			
83. In your <u>lifetime</u> 84. During the <u>past 30 days</u> 85. Think back over the past two weeks. How many times have you had five or more drinks in a row? (A "drink" is a glass of wine, a bottle or can of beer, a shot glass of liquor, or a mixed drink.)  86. How frequently have you used nicotine products during the past 30 days? (Nicotine products include		None Twice 6 to 9 times  I have never used nicotine pr A few times		Once 3 to 5 times 10 or more times  Not at all More than once a week			
83. In your lifetime 84. During the past 30 days  85. Think back over the past two weeks. How many times have you had five or more drinks in a row? (A "drink" is a glass of wine, a bottle or can of beer, a shot glass of liquor, or a mixed drink.)  86. How frequently have you used nicotine products during the past 30 days? (Nicotine products include vapes, pouches, cigarettes, and chew/dip.)  87. During the past 30 days, have you used marijuana? (Marijuana includes pot, weed, flower,	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	None Twice 6 to 9 times  I have never used nicotine pr A few times Daily		Once 3 to 5 times 10 or more times  Not at all More than once a week Several times a day			
83. In your lifetime 84. During the past 30 days  85. Think back over the past two weeks. How many times have you had five or more drinks in a row? (A "drink" is a glass of wine, a bottle or can of beer, a shot glass of liquor, or a mixed drink.)  86. How frequently have you used nicotine products during the past 30 days? (Nicotine products include vapes, pouches, cigarettes, and chew/dip.)  87. During the past 30 days, have you used marijuana? (Marijuana includes pot, weed, flower, bud in any form - smoking, vaping, dabs, or edibles.)  88. During the past 30 days, have you used		None Twice 6 to 9 times  I have never used nicotine pr A few times Daily Yes		Once 3 to 5 times 10 or more times  Not at all More than once a week Several times a day  No			
83. In your lifetime 84. During the past 30 days  85. Think back over the past two weeks. How many times have you had five or more drinks in a row? (A "drink" is a glass of wine, a bottle or can of beer, a shot glass of liquor, or a mixed drink.)  86. How frequently have you used nicotine products during the past 30 days? (Nicotine products include vapes, pouches, cigarettes, and chew/dip.)  87. During the past 30 days, have you used marijuana? (Marijuana includes pot, weed, flower, bud in any form - smoking, vaping, dabs, or edibles.)  88. During the past 30 days, have you used prescription drugs not prescribed to you?	Very	None Twice 6 to 9 times  I have never used nicotine pr A few times Daily  Yes	C C C C C C C C C C C C C C C C C C C	Once 3 to 5 times 10 or more times  Not at all More than once a week Several times a day  No			
83. In your lifetime 84. During the past 30 days  85. Think back over the past two weeks. How many times have you had five or more drinks in a row? (A "drink" is a glass of wine, a bottle or can of beer, a shot glass of liquor, or a mixed drink.)  86. How frequently have you used nicotine products during the past 30 days? (Nicotine products include vapes, pouches, cigarettes, and chew/dip.)  87. During the past 30 days, have you used marijuana? (Marijuana includes pot, weed, flower, bud in any form - smoking, vaping, dabs, or edibles.)  88. During the past 30 days, have you used prescription drugs not prescribed to you?  How wrong do your parents feel it would be for you to?	O O O O O O O O O O O O O O O O O O O	None Twice 6 to 9 times  I have never used nicotine pr A few times Daily  Yes  Wrong	A Little	Once 3 to 5 times 10 or more times  Not at all More than once a week Several times a day  No  No  No  No  Not at all Wrong			
83. In your lifetime 84. During the past 30 days  85. Think back over the past two weeks. How many times have you had five or more drinks in a row? (A "drink" is a glass of wine, a bottle or can of beer, a shot glass of liquor, or a mixed drink.)  86. How frequently have you used nicotine products during the past 30 days? (Nicotine products include vapes, pouches, cigarettes, and chew/dip.)  87. During the past 30 days, have you used marijuana? (Marijuana includes pot, weed, flower, bud in any form - smoking, vaping, dabs, or edibles.)  88. During the past 30 days, have you used prescription drugs not prescribed to you?  How wrong do your parents feel it would be for you to?  89. Have one or two drinks of an alcoholic beverage nearly every day  90. Use nicotine products (including vapes, pouches,	O O O O O O O O O O O O O O O O O O O	None Twice 6 to 9 times  I have never used nicotine pr A few times Daily  Yes  Wrong	A Little Bit Wrong	Once 3 to 5 times 10 or more times  Not at all More than once a week Several times a day  No  No  No  Not at all Wrong			

How wrong do your friends feel it would be for you to $\dots$ ?	Very Wrong	Wrong	A Little Bit Wrong	Not at all Wrong				
93. Have one or two drinks of an alcoholic beverage nearly every day								
94. Use nicotine products (including vapes, pouches, cigarettes, chew/dip)								
95. Use marijuana (including pot, weed, flower, bud in any form - smoking, vaping, dabs, or edibles)								
96. Use prescription drugs not prescribed to you								
How much do you think people risk harming themselves (physically or in other ways) if they?	No Risk	Slight Risk	Moderat e Risk	Great Risk				
97. Have five or more drinks of an alcoholic beverage once or twice a week				0				
98. Use nicotine products more than once per day								
99. Use any form of marijuana once or twice a week								
100. Use prescription drugs that are not prescribed to you								
How many times, if any, have you used cocaine (crack, coke) in your lifetime?	0	1	2	3-5	6-9	10-19	20-39	40+
101. Number of times								
During the last 12 months, how many times have you ?	Never	Once	Twice	3-4 Times	5 or More Times			
102. Been to a party where other kids your age were drinking				0				
103. Driven a car after you had been drinking								
104. Ridden in a car whose driver had been drinking								
How many times during the <u>last 30 days</u> , if any, ha	0	1	2	3-5	6-9	10-19	20-39	40+
105. Number of Times								
106. In an average week, how many times do all of the people in your family who live with you eat dinner together?		None Twice a week 4 times a week 6 times a week	0	Once a week Three times a week 5 times a week 7 times a week				
107. How often did you feel sad or depressed during the last month?		All of the time Some of the time Not at all		Most of the time Once in a while				
108. Have you ever tried to kill yourself?		No Yes, twice		Yes, once Yes, more than two times				
109. Have you ever had sexual intercourse ("gone all the way," "made love")?		No		Once				
		Twice 4 times I prefer not to answer		3 times 5 times				
Conditional Question:								
110. When you have sex, how often do you and/or your partner use a birth control method such as birth control pills, Depo-Provera shot, an implant, ring, patch, male or female condom (rubber), foam, diaphragm, or IUD?		Never Sometimes Always	0	Seldom Often				

How many times, if any, in the last 12 months have you used?	0	1	2	3-5	6-9
111. Kratom, mushrooms, Delta 8 THC or similar products					
112. Heroin or other narcotics (like opioids or meth)					
How much do you agree or disagree with the following? Mark <u>one</u> answer for each.	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
113. Sometimes I feel like my life has no purpose					
114. Adults in my town or city make me feel					
important  115. Adults in my town or city listen to what I have to say				0	
116. I'm given lots of chances to help make my town or city a better place in which to live				0	
117. Adults in my town or city don't care about people my age				0	
118. In my town or city, I feel like I matter to people					
119. When things don't go well for me, I am good at finding a way to make things better					
120. When I am an adult, I'm sure I will have a good life					
During the last 12 months, how many times have you ?	Never	Once	Twice	3-4 Times	5 or More Times
121. Taken part in a fight where a group of your friends fought another group					
122. Hurt someone badly enough to need bandages or a doctor					
123. Used a knife, gun, or other weapon to get something from a person					
124. If you had an important concern about drugs, alcohol, sex, or some other serious issue, would you talk to your parent(s) about it?		Yes I'm not sure No		Probably Probably not	
125. How much of the time do your parents ask you where you are going or with whom you will be?		Never		Seldom	
		Some of the time All of the time		Most of the time	
Among the people you consider to be your closest friends, how many would you say ?	None	A few	Some	Most	All
126. Drink alcohol once a week or more					
127. Have used drugs such as marijuana or cocaine					
128. Do well in school					
129. Get into trouble at school					
How often do you feel afraid of	Never	Once in a while	Sometimes	Often	Always
130. Walking around your neighborhood					
131. Getting hurt by someone at your school					
132. Getting hurt by someone in your home					
133. On the average, how many evenings per week		0		1	
do you go out to activities at a school, youth group,		2		3	
congregation, or other organization?		4		5	
		6		7	
134. On the average, how many evenings per week		0		1	
do you go out just to be with your friends without anything special to do?		2		3	
		4 6		5 7	
		0		1	

10-19

20-39

40+

135. Imagine that someone at your school hit you or pushed you for no reason. What would you do? Mark one answer.		I'd hit or push them right back.		I'd try to hurt them worse than they hurt me.		
		I'd try to talk to this person and work out our differences.		I'd talk to a teacher or other adult.		
		I'd just ignore it and do nothing.				
How much do you agree or disagree with the following? Mark one answer for each.	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	
136. Students help decide what goes on in my school						
137. I don't care how I do in school						
138. I have lots of good conversations with my parents						
139. If I break a school rule, there are consequences such as not being allowed to do the things I like to do						
140. My parents spend a lot of time helping other people						
141. I have little control over the things that will happen in my life						
During the last 12 months, how many times have you?	Never	Once	Twice	3-4 Times	5 or more times	
142. Carried a knife or gun to protect yourself						
143. Threatened to physically hurt someone						
144. Gambled (for example, bought lottery tickets or tabs, bet money on sports teams or card games, etc.)						
How many adults have you known for two or more years who ?	0	1	2	3-4	5 or more	
145. Give you lots of encouragement whenever they see you		0		0		
146. You look forward to spending time with						
147. Spend a lot of time helping other people						
148. Do things that are wrong or dangerous						
149. Talk with you at least once a month				0		
On an average school day, how many hours do you spend ?	None	Less than 1 hour	1 hour	2 hours	3 hours	4 or more hours
150. Watching TV or videos						
151. Using a computer, cell phone, or tablet to email, play games, surf the web, message, or text with friends						
152. At home with no adult there with you						
153. Have you ever been physically harmed (that is where someone caused you to have a scar, black and blue marks, welts, bleeding, or a broken bone) by someone in your family or someone living with you?	0	Never 2-3 times More than 10 times	0	Once 4-10 times		
154. How many times in the last 2 years have you been the victim of physical violence where someone caused you physical pain or injury?		Never Twice 4 or more times		Once 3 times		
155. Where does your family now live?		On a farm		In the country, but not on a farm		
		On an American Indian Reservation In a town (2,500 to 9,999 population)		In a small town (under 2,500 in population) In a small city (10,000 to 49,999)		
		In a medium size city (50,000 to 250,000)		In a large city (over 250,000)		

156. How many years have you lived in the city where you live now?	П	All my life	П	10 or more years, but I've lived in at least one other place	
		5-9 years		3-4 years	
		1-2 years		Less than one year	
157. How often do you binge eat (eat a lot of food in		Never		Once in a while	
a short period of time) and then make yourself throw		Sometimes		Often	
158. Have you ever gone several months where you cut down on how much you ate and lost so much weight or became so thin that other people became		Yes		No	
159. What is the highest level of schooling your father (or stepfather or male foster parent/guardian)		Completed grade school or less		Some high school	
completed?		Completed high school		Some college	
		Graduate or professional school after college		Don't know, or does not apply	
How much do you agree or disagree with the following:	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
I have enough access to broadband or wifi to complete my school work and other essential online tasks.					
I understand the risks to me and information about me online and take steps to protect myself (e.g. through passwords, avoiding risky chatrooms, avoiding sharing personal information with					
I have been a victim of bullying, harassment or crime online or through social media.					
I have targeted or bullied someone online or through social media (alone or with others).					
On a typical day, how much time do you spend doi	None	Less than 1 hour	1 hour	2 hours	or more hours
Using social media apps (Instagram, Snapchat, etc.)					
Playing games on a game or VR console (Xbox, Nintendo Switch, PlayStation, Oculus, etc.)					
Watching videos (TikTok, YouTube, etc.)					
Working on school-related projects					
Reading for pleasure or information					
Which of these activities have you participated in in the last year (select all that apply):		A school club or extracurricular activity		A CTE (Career & Technical Ed) program	
		A school-sponsored sports team		A school-sponsored summer program	
		Received support from a counselor or social worker at school			
In the past month, how often did worrying make it hard for you to do tasks that you needed or wanted to do?		Not at all Some of the time All of the time		Once in a while Most of the time	
Which, if any, nicotine products have you used (check all that apply):	0	I don't use nicotine products Nicotine pouches Cigarettes		Vape/e-cigarette Chew/Dip	