



Survey Preview

Directions

- Click on the response that best describes you.
- To change your answer, click on another option.
- You will only be able to choose one answer for each question (except question 6).
- Once you proceed to the next section, you will not be able to change your responses.

How old are you?

- ☐ 10 years old or younger
- ☐ 11 years old
- ☐ 12 years old
- ☐ 13 years old
- ☐ 14 years old
- ☐ 15 years old
- ☐ 16 years old or older

What is your sex?

- ☐ Female
- ☐ Male

In what grade are you?

- ☐ 6th grade
- ☐ 7th grade
- ☐ 8th grade
- ☐ Ungraded

Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

- ☐ Yes
- ☐ No

Are you of Arab or Chaldean origin?

- ☐ Yes
- ☐ No

Please check your answers, then click the 'Continue' button once to proceed to the next page. [Continue](#)



Survey Preview

Click on the response that best describes you.

What is your race? (Select one or more responses. View definition by placing mouse arrow on the response.)

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

How tall are you without your shoes on? (Click on your height in feet and inches. Example: 5 Feet 11 Inches.)

-- Feet 0 inches

How much do you weigh without your shoes on? (Enter your weight in pounds. Example: 153 pounds.)

During the past 12 months, how would you describe your grades in school?

- ☐ Mostly A's
- ☐ Mostly B's
- ☐ Mostly C's
- ☐ Mostly D's
- ☐ Mostly F's
- ☐ None of these grades
- ☐ Not sure

Please check your answers, then click the 'Continue' button once to proceed to the next page.



Survey Preview

The next questions ask about safety and violence.

Have you ever ridden in a car driven by someone who had been drinking alcohol?

- ☐ Yes
☐ No
☐ Not sure

Have you ever...	Yes	No
...carried a weapon, such as a gun, knife, or club?	<input type="radio"/>	<input type="radio"/>
...carried a weapon, such as a gun, knife, or club on school property?	<input type="radio"/>	<input type="radio"/>
...been in a physical fight?	<input type="radio"/>	<input type="radio"/>
...been in a physical fight on school property?	<input type="radio"/>	<input type="radio"/>

During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?

- ☐ 0 days
☐ 1 day
☐ 2 or 3 days
☐ 4 or 5 days
☐ 6 or more days

During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?

- ☐ 0 times
☐ 1 time
☐ 2 or 3 times
☐ 4 or 5 times
☐ 6 or 7 times
☐ 8 or 9 times
☐ 10 or 11 times
☐ 12 or more times

During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books on school property?

- ☐ 0 times
☐ 1 time
☐ 2 or 3 times
☐ 4 or 5 times
☐ 6 or 7 times
☐ 8 or 9 times
☐ 10 or 11 times
☐ 12 or more times



Survey Preview

The next questions ask about bullying. Bullying is when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when two students of about the same strength or power argue or fight or tease each other in a friendly way.

During the past 12 months, have you ever been bullied on school property?

- ☐ Yes
☐ No

During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)

- ☐ Yes
☐ No

During the past 12 months, how many times at your school have you...	0 times	1 time	2 or 3 times	4 or 5 times	6 or 7 times	8 or 9 times	10 or 11 times	12 or more times
...seen students get pushed, hit, kicked, or punched?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...heard students get called mean names or get "put down"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...heard rumors or lies being spread about other students?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...seen students left out of activities or games on purpose?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...heard students threaten to hurt other students?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...seen students wreck or damage other students' things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...read e-mail or website messages that spread rumors about other students?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...read e-mail or website messages that contained threats to other students?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please check your answers, then click the 'Continue' button once to proceed to the next page. [Continue](#)



Survey Preview

These questions ask about attitudes toward safety and violence.

How wrong do your friends feel it would be for you to carry a weapon to school?

- ☐ Very wrong
 - ☐ Wrong
 - ☐ A little bit wrong
 - ☐ Not wrong at all
-

How wrong do your friends feel it would be for you to be in a physical fight?

- ☐ Very wrong
 - ☐ Wrong
 - ☐ A little bit wrong
 - ☐ Not wrong at all
-

How safe do you feel when you are at school?

- ☐ Very safe
 - ☐ Safe
 - ☐ Neither safe nor unsafe
 - ☐ Unsafe
 - ☐ Very unsafe
-

How safe do you feel when you are in the neighborhood where you live?

- ☐ Very safe
- ☐ Safe
- ☐ Neither safe nor unsafe
- ☐ Unsafe
- ☐ Very unsafe

Please check your answers, then click the 'Continue' button once to proceed to the next page. [Continue](#)



Survey Preview

These questions ask about tobacco, alcohol, and other drug use.

Alcohol use includes drinking beer, wine, wine coolers, and liquor such as rum, gin vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

Electronic vapor products, such as JUUL, Vuse, MarkTen, and blu, include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.

Marijuana is also called pot, weed, or cannabis. Do not count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone.

Remember, your answers will be confidential. This means your answers will not be shared.

How old were you when you...	Never did it	8 years old or younger	9 years old	10 years old	11 years old	12 years old	13 years old	14 years old or older
...first tried cigarette smoking, even one or two puffs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...had your first 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"/>	<input type="radio"/>	<input type="radio"/>
...got drunk for the first time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...tried marijuana for the first time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please check your answers, then click the 'Continue' button once to proceed to the next page. [Continue](#)



Exit Survey!

Survey Preview

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Marijuana is also called pot, weed, or cannabis. Do not count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone.

Remember, your answers will be confidential. This means your answers will not be shared.

During the past 30 days, on how many days did you...	0 days	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20 to 29 days	All 30 days
...smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...smoke cigarettes on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus, General Snus, Ariva, Stonewall, or Camel Orbs? (Do not count any electronic vapor products.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...use chewing tobacco, snuff, or dip on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...smoke cigars, cigarillos, or little cigars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...use an electronic vapor product?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...have at least one drink of alcohol (more than just a few sips)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...have 4 or more drinks of alcohol in a row (if you are female) or 5 or more drinks of alcohol in a row (if you are male), that is, within a couple of hours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please check your answers, then click the 'Continue' button once to proceed to the next page. [Continue](#)



[Exit Survey!](#)

Survey Preview

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Marijuana is also called pot, weed, or cannabis. Do not count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone.

Remember, your answers will be confidential. This means your answers will not be shared.

During the past 30 days, on how many days did you...	0 days	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20 to 29 days	All 30 days
...use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...use marijuana on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...use derbisol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...sniff glue, or breathe the contents of spray cans, or inhale any paints 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"/>
...take a prescription drug (such as Ritalin, Adderall, or Xanax) 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"/>
...take painkillers (such as OxyContin, Codeine, Vicodin, or Percocet) 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"/>

Have you ever...	Yes	No
...used any form of cocaine, including powder, crack, or freebase?	<input type="radio"/>	<input type="radio"/>
...used methamphetamines (also called speed, crystal, crank, or ice)?	<input type="radio"/>	<input type="radio"/>
...used a needle to inject any illegal drug into your body?	<input type="radio"/>	<input type="radio"/>

Please check your answers, then click the 'Continue' button once to proceed to the next page. [Continue](#)

Survey Preview

These questions ask about tobacco, alcohol, and other drug availability.

During the past 30 days, how did you usually get your own cigarettes?

- ☐ I did not smoke cigarettes during the past 30 days
 - ☐ I bought them in a store such as a convenience store, supermarket, discount store, or gas station
 - ☐ I bought them from a vending machine
 - ☐ I gave someone else money to buy them for me
 - ☐ I borrowed (or bummed) them from someone else
 - ☐ A person 18 years old or older gave them to me
 - ☐ I took them from a store
 - ☐ I took them from a family member
 - ☐ I got them some other way
-

During the past 30 days, how did you usually get your own electronic vapor products? (Select only one response.)

- ☐ I did not use any electronic vapor products during the past 30 days
 - ☐ I bought them in a store such as a convenience store, supermarket, discount store, gas station, or vape store
 - ☐ I got them on the Internet
 - ☐ I gave someone else money to buy them for me
 - ☐ I borrowed them from someone else
 - ☐ A person 18 years old or older gave them to me
 - ☐ I took them from a store or another person
 - ☐ I got them some other way
-

During the past 30 days, how did you usually get the alcohol you drank?

- ☐ I did not drink alcohol during the past 30 days
- ☐ I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
- ☐ I bought it at a restaurant, bar, or club
- ☐ I bought it at a public event such as a concert or sporting event
- ☐ I gave someone else money to buy it for me
- ☐ Someone gave it to me
- ☐ I took it from a store
- ☐ I took it from a family member
- ☐ I got it some other way

Please check your answers, then click the 'Continue' button once to proceed to the next page. [Continue](#)



Survey Preview

These questions ask about tobacco, alcohol, and other drug availability.

During the past 30 days, where did you usually drink alcohol? (Select only one response.)

- ☐ I did not drink alcohol during the past 30 days
- ☐ At my home
- ☐ At another person's home
- ☐ While riding in or driving a car or other vehicle
- ☐ At a restaurant, bar, or club
- ☐ At a public place such as a park, beach, or parking lot
- ☐ At a public event such as a concert or sporting event
- ☐ On school property

If you wanted to, how easy would it be for you to get some...	Very hard	Sort of hard	Sort of easy	Very easy
...cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?

- ☐ Yes
- ☐ No

Please check your answers, then click the 'Continue' button once to proceed to the next page. [Continue](#)



Exit Survey!

Survey Preview

These questions ask your opinion about certain things.

How much do you think people risk harming themselves (physically or in other ways) if they...	No risk	Slight risk	Moderate risk	Great risk	Can't say/Drug unfamiliar
...smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...take one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...have five or more drinks of alcohol once or twice each weekend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...try methamphetamines once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These questions ask your opinion about certain things.

How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?

- ☐ Neither approve nor disapprove
☐ Somewhat disapprove
☐ Strongly disapprove
☐ Don't know / can't say

How wrong do your friends feel it would be for you to...	Very wrong	Wrong	A little bit wrong	Not wrong at all
...smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please check your answers, then click the 'Continue' button once to proceed to the next page. [Continue](#)



Survey Preview

These questions ask about your family. For questions that refer to parents, please think about the person(s) who take(s) care of you.

How wrong do your parents feel it would be for you to...	Very wrong	Wrong	A little bit wrong	Not wrong at all
...smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have your parents or other adults in your family ever talked with you about what they expect you to do or not to do when it comes to alcohol or other drug use?

- ☐ Yes
☐ No
☐ Not sure

These questions ask about your friends.

How many of your closest friends do you think have...	All of them	Most of them	Some of them	None of them
...smoked cigarettes during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...been drunk during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...used marijuana during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please check your answers, then click the 'Continue' button once to proceed to the next page. [Continue](#)



Survey Preview

These questions ask about body weight.

How do you describe your weight?

- ☐ Very underweight
- ☐ Slightly underweight
- ☐ About the right weight
- ☐ Slightly overweight
- ☐ Very overweight

Which of the following are you trying to do about your weight?

- ☐ Lose weight
- ☐ Gain weight
- ☐ Stay the same weight
- ☐ I am not trying to do anything about my weight

These questions ask about the food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

During the past 7 days, how many times did you...	Never during the past 7 days	1 to 3 times during the past 7 days	4 to 6 times during the past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
...drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...eat fruit? (Do not count fruit juice.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...eat green salad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...eat potatoes? (Do not count french fries, fried potatoes, or potato chips.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...eat carrots?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...eat other vegetables? (Do not count green salad, potatoes, or carrots.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not include diet soda or diet pop.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past 7 days, how many days did you eat breakfast?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days

These questions ask about physical activity.

During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)

- ☐ 0 days
 - ☐ 1 day
 - ☐ 2 days
 - ☐ 3 days
 - ☐ 4 days
 - ☐ 5 days
 - ☐ 6 days
 - ☐ 7 days
-

In an average week when you are in school, on how many days do you go to physical education (PE) classes?

- ☐ 0 days
 - ☐ 1 day
 - ☐ 2 days
 - ☐ 3 days
 - ☐ 4 days
 - ☐ 5 days
-

During the past 12 months, how many times did you have a concussion from playing a sport or being physically active?

- ☐ 0 times
 - ☐ 1 time
 - ☐ 2 times
 - ☐ 3 times
 - ☐ 4 or more times
-

On an average school day, how many hours do you spend in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media (also called "screen time")? (Do not count time spent doing schoolwork.)

- ☐ Less than 1 hour per day
- ☐ 1 hour per day
- ☐ 2 hours per day
- ☐ 3 hours per day
- ☐ 4 hours per day
- ☐ 5 or more hours per day

Please check your answers, then click the 'Continue' button once to proceed to the next page. Continue



Survey Preview

These questions ask about your experiences at school.

How often do you feel that the school work you are assigned is meaningful and important?

- ☐ Never
- ☐ Seldom
- ☐ Sometimes
- ☐ Often
- ☐ Almost Always

How interesting are most of your courses to you?

- ☐ Very interesting and stimulating
- ☐ Quite interesting
- ☐ Fairly interesting
- ☐ Slightly dull
- ☐ Very dull

How important do you think the things you are learning in school are going to be for your later life?

- ☐ Very important
- ☐ Quite important
- ☐ Fairly important
- ☐ Slightly important
- ☐ Not at all important

Now thinking back over the past year in school, how often did you...	Never	Seldom	Sometimes	Often	Almost always
...enjoy being at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...hate being at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...try to do your best work in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please check your answers, then click the 'Continue' button once to proceed to the next page. [Continue](#)



Survey Preview

These questions ask about your experiences at school.

Mark the Big "NO!" if you think the statement is definitely not true for you.

Make the little "no" if you think the statement is mostly not true for you.

Mark the little "yes" if you think the statement is mostly true for you.

Mark the Big "YES!" if you think the statement is definitely true for you.

At school...	Not at all true	A little true	Pretty much true	Very much true
...I do interesting activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I help decide things like class activities or rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I do things that make a difference.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Choose the best answer to the following statements:	NO!	no	yes	YES!
In my school, students have lots of chances to help decide things like class activities and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are lots of chances for students in my school to talk with a teacher one-on-one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers ask me to work on special classroom projects.	<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 school activities outside of class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have lots of chances to be part of class discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teacher(s) notices 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"/>
The school lets my parents know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teacher(s) praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please check your answers, then click the 'Continue' button once to proceed to the next page. [Continue](#)



Survey Preview

These questions ask about your community.

Mark the Big "NO!" if you think the statement is definitely not true for you.
Mark the little "no" if you think the statement is mostly not true for you.
Mark the little "yes" if you think the statement is mostly true for you.
Mark the Big "YES!" if you think the statement is definitely true for you.

Choose the best answer to the following statements:	NO!	no	yes	YES!
There are adults in my neighborhood I could talk to about something important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My neighbors notice when I am doing a good job and let me know.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are people in my neighborhood who encourage me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are people in my neighborhood who are proud of me when I do something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These questions ask about your family. For questions that refer to parents, mother, or father, please think about the person(s) who take(s) care of you. If the question does not apply to you, please leave it blank.

Mark the Big "NO!" if you think the statement is definitely not true for you.
Mark the little "no" if you think the statement is mostly not true for you.
Mark the little "yes" if you think the statement is mostly true for you.
Mark the Big "YES!" if you think the statement is definitely true for you.

Choose the best answer to the following statements:	Never or almost never	Sometimes	Often	Always
My parents notice when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do your parents tell you they're proud of you for something you've done?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Choose the best answer to the following statements:	NO!	no	yes	YES!
My parents ask me what I think before most family decisions affecting me are made.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you enjoy spending time with your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you enjoy spending time with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I had a personal problem, I could ask my mom or dad for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents give me lots of chances to do fun things with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents ask if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my family have serious arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would your parents know if you did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please check your answers, then click the 'Continue' button once to proceed to the next page. [Continue](#)



[Exit Survey!](#)

Survey Preview

These questions ask about health and safety.

Has a doctor or nurse ever told you that you have asthma?

- ☐ Yes
- ☐ No
- ☐ Not sure

Do you still have asthma?

- ☐ I have never had asthma
- ☐ Yes
- ☐ No
- ☐ Not sure

When was the last time you saw a doctor or nurse for a check-up or physical exam when you were not sick or injured?

- ☐ During the past 12 months
- ☐ Between 12 and 24 months ago
- ☐ More than 24 months ago
- ☐ Never
- ☐ Not sure

When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?

- ☐ During the past 12 months
- ☐ Between 12 and 24 months ago
- ☐ More than 24 months ago
- ☐ Never
- ☐ Not sure

Please check your answers, then click the 'Continue' button once to proceed to the next page. [Continue](#)



Exit Survey!

Survey Preview

These questions ask about health and safety.

During the past 30 days, where did you usually sleep?

- ☐ In my parent's or guardian's home
 - ☐ In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing
 - ☐ In a shelter or emergency housing
 - ☐ In a motel or hotel
 - ☐ In a car, park, campground, or other public place
 - ☐ I do not have a usual place to sleep
 - ☐ Somewhere else
-

During the past 30 days, did you ever sleep away from your parents or guardians because you were kicked out, ran away, or were abandoned?

- ☐ Yes
 - ☐ No
-

During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or more times

Please check your answers, then click the 'Continue' button once to proceed to the next page. [Continue](#)



Exit Survey!

Survey Preview

These questions ask your estimates about certain things and for more information about your friends.

Now think about all the students in your grade at your school. How many of them do you think...	None (0%)	Few (1-10%)	Some (11-30%)	Half or less (31-50%)	Half or more (51-70%)	Most (71-90%)	Almost all (91-100%)
...smoke one or more cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...drank alcohol sometime in the past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...used marijuana sometime in the past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...used an illegal drug in the past month (not including marijuana)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Think about your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have...	None of my friends	1 of my friends	2 of my friends	3 of my friends	4 of my friends
...participated in clubs, organizations, or activities at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...made a commitment to stay drug-free?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...liked school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...regularly attended religious services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...tried to do well in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please check your answers, then click the 'Continue' button once to proceed to the next page. [Continue](#)



[Exit Survey!](#)

Survey Preview

The next questions ask about experiences with parents or other adults in your home.

During your life, how often has a parent or other adult in your home sworn at you, insulted you, or put you down?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Most of the time
- ☐ Always

During your life, how often has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Most of the time
- ☐ Always

Have you ever lived with someone who was having a problem with alcohol or drug use?

- ☐ Yes
- ☐ No

Have you ever lived with someone who was depressed, mentally ill, or suicidal?

- ☐ Yes
- ☐ No

Please check your answers, then click the 'Continue' button once to proceed to the next page. [Continue](#)



Survey Preview

Survey preview complete!

Thank you for previewing the "MiPHY Basic - Middle School (2023-2024)".
To ensure confidentiality, please close the internet browser you are using.

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