

1. Are you:

Male

☐

Female

☐

2. What grade are you in?

7

☐

8

☐

9

☐

10

☐

11

☐

12

☐

3. Do you live with both of your parents?

Yes

☐

No

☐

4. How old are you?

11 or
younger

☐

12

☐

13

☐

14

☐

15

☐

16

☐

17

☐

18

☐

19+

☐

5a. Are you Hispanic or Latino?

Yes

☐

No

☐

5b. What is your race? (DARKEN ONE BUBBLE ONLY)

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Some other race

☐ More than one race

6. On average, what grades do you get?

(DARKEN ONE BUBBLE ONLY)

Mostly
A's

☐

Mostly
B's

☐

Mostly
C's

☐

Mostly
D's

☐

Mostly
F's

☐

7. Do you have a job?

Yes

☐

No

☐

8. During the current school year, do you qualify for a free or reduced price school lunch?

☐ Yes

☐ No

☐ Don't Know

9. Do you regularly participate in any of the following extra-curricular activities? (DARKEN ONE BUBBLE FOR EACH LINE: a-i.)

Yes

No

a. ☐

☐

School athletics (UIL, Varsity, Junior Varsity)

b. ☐

☐

School band/orchestra

c. ☐

☐

School choir

d. ☐

☐

Drill team or cheerleading squad

e. ☐

☐

Student government, newspaper, or yearbook

f. ☐

☐

Academic clubs, societies, or competition groups (UIL, Language Club, Math Club, etc.)

g. ☐

☐

Other school clubs or student groups

h. ☐

☐

Athletic teams OUTSIDE of school

i. ☐

☐

Other clubs or groups OUTSIDE of school

10. How safe do you feel when you are:

(DARKEN ONE BUBBLE FOR EACH LINE: a-c.)

Very
Safe

Somewhat
Safe

Not Very
Safe

Not Safe
At All

Don't
Know

a. in your home?

☐☐☐☐☐

b. out in your neighborhood?

☐☐☐☐☐

c. at school?

☐☐☐☐☐

The next two questions ask about your parents. If you were raised by a foster parent, step-parent, grandparent, or someone else - please answer for those who have been the most involved in raising you.

11. What is the highest level of schooling completed by...
(DARKEN ONE BUBBLE FOR EACH LINE: a-b.)

Completed
grade
school or
less

Some high
school

Completed
high school

Some college

Completed
college

Graduate or
professional
school after
college

Don't
know or
doesn't
apply

a. ...your FATHER?

☐☐☐☐☐☐☐

b. ...your MOTHER?

☐☐☐☐☐☐☐

12. Do one or both of your parents usually attend school-sponsored open houses or PTA meetings? ☐ Yes ☐ No

13. How many of your FRIENDS would you say: (DARKEN ONE BUBBLE FOR EACH LINE: a-e.)

	None	A Few	Some	Most	All
a. Feel close to their parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Care about making good grades?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Wish they could drop out of school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Sometimes carry weapons like a knife or gun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Belong to a gang or are interested in becoming a gang member?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Below is a list of things some people sniff to get high. They are called INHALANTS.

14. How recently, if ever, have you sniffed, huffed, or inhaled the following INHALANTS for “kicks” or to get “high”: (DARKEN ONE BUBBLE FOR EACH LINE: a-h.)

	Never heard of/Never used it	Used at least once in the Past Month	Used at least once Since School Began in the Fall	Used at least once In Your Lifetime
a. Spray paint to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Whiteout, correction fluid, magic markers to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Computer dusting sprays to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Helium, butane, propane, whippets (nitrous oxide), refrigerants/Freon gas to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Glue to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Toluene/tolly, paint thinner, other solvents to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Gasoline, octane booster, carburetor cleaner to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Other aerosols/sprays (deodorant spray, Pam, hair spray, room spray, etc.) to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. How recently, if ever, have you used the following TOBACCO, ALCOHOL, and INHALANT products even one time: (DARKEN ONE BUBBLE FOR EACH LINE: a-h.)

	Never heard of/ Never used it	Used at least once In the Past Month	Used at least once Since School Began in the Fall	Used at least once In Your Lifetime
a. Cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Smokeless Tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Beer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Wine Coolers (hard lemonade, hard sodas, hard cider, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Wine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Liquor (vodka, rum, whiskey, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Inhalants (Whiteout, spray paint, glue, gas, etc.) to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Electronic Vapor Products (E-Cigarettes, E-Cigars, Vaping pens, Vape pipes, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. How recently, if ever, have you used the following DRUGS even one time: (DARKEN ONE BUBBLE FOR EACH LINE: a-k.)

	Never heard of/ Never used it	Used at least once In the Past Month	Used at least once Since School Began in the Fall	Used at least once In Your Lifetime
a. Marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cocaine (not crack)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Crack?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Blamaryl?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Hallucinogens (LSD, Mushrooms, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Synthetic Cathinones (Bath Salts, MDPV, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Steroids?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Ecstasy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Heroin (black tar, cheese, chiva, brown heroin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Methamphetamine (speed, crystal meth, ice, or crank)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Synthetic Marijuana (spice, K2)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA

- Codeine cough syrup (Leans, Nods, AC/DC)?
- OxyContin, Percodan, Percocet, Oxycodone, Vicodin, Lortab, Lorcet, or Hydrocodone?
- Valium, Diazepam, Xanax, or other benzodiazepines?
- Adderall, Ritalin, Dexedrine, Concerta, or Focalin?
- Any other prescription drug not listed above?

Never heard of/Never used it	Used at least once in the Past Month	Used at least once Since School Began in the Fall	Used at least once In Your Lifetime
<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"/>

- a. DXM, Triple C's, Skittles, or Coricidin?**

Never heard of/ Never used it	Used at least once in the Past Month	Used at least once Since School Began in the Fall	Used at least once In Your Lifetime
10%	20%	30%	40%

- a. Tobacco?
- b. Alcohol?
- c. Inhalants (Whiteout, spray paint, glue, gas, etc.) to get high?
- d. Marijuana?
- e. Cocaine (not crack)?
- f. Crack?

Frequency	Count
Never heard of/ Not used it	4
1 - 2 Times	4
3 - 10 Times	4
11+ Times	4

- Tobacco?
- Alcohol?
- Inhalants (Whiteout, spray paint, glue, gas, etc.)?
- Marijuana?

	Never heard of/ None	A few	Some	Most	All
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Tobacco?
- Alcohol?
- Inhalants (Whiteout, spray paint, glue, gas, etc.)?
- Marijuana?
- Cocaine (not crack)?
- Crack?
- Blamaryl?
- Steroids?
- Ecstasy?
- Heroin (black tar, cheese, chiva, brown heroin)?
- Methamphetamine (speed, crystal meth, ice, or crank)?
- Synthetic Marijuana (spice, K2)?

[illegible]

PLEASE DO NOT WRITE IN THIS AREA

24. When you drink alcoholic beverages, how many drinks do you usually have AT ONE TIME, on average: (DARKEN ONE BUBBLE FOR EACH LINE: a-d.)

		Never heard of it	Impossible	Very difficult	Somewhat difficult	Somewhat easy	Very easy
a.	Tobacco?	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
b.	Alcohol?	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c.	Inhalants (Whiteout, spray paint, glue, gas, etc.)?	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
d.	Marijuana?	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
e.	Cocaine (not crack)?	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
f.	Crack?	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
g.	Blamaryl?	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
h.	Steroids?	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
i.	Ecstasy?	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
j.	Heroin (black tar, cheese, chiva, brown heroin)?	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
k.	Methamphetamine (speed, crystal meth, ice, or crank)?	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
l.	Synthetic Marijuana (spice, K2)?	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

[illegible]

a. Alcohol ☐ Never had 5 or more drinks in a two-hour period ☐ Zero days ☐ 1 day ☐ 2 days ☐ 3 to 5 days ☐ 6 to 9 days ☐ 10 or more days

[illegible]

	<i>Do Not Drink</i>	<i>Never</i>	<i>Seldom</i>	<i>Most of the time</i>	<i>Always</i>
a. At home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. From friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. From a store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. At parties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Other source	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(DARKEN ONE BUBBLE FOR EACH LINE: a-m.)

	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not Dangerous At All	Don't Know
a. Tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Inhalants (Whiteout, spray paint, glue, gas, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Cocaine (not crack)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Crack?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Ecstasy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Steroids?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Heroin (black tar, cheese, chiva, brown heroin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Methamphetamine (speed, crystal meth, ice, or crank)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Synthetic Marijuana (spice, K2)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Any prescription drug not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Electronic Vapor Products (E-Cigarettes, E-Cigars, Vaping pens, Vape pipes, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(DARKEN ONE BUBBLE FOR EACH LINE: a-e.)

(DARKEN ONE BUBBLE FOR EACH LINE: a-e.)	None	1-3 days	4-9 days	10+ days
a. missed a whole day of school because you "skipped" or "cut"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. missed a whole day of school because you were ill?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. missed a whole day of school for some other reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. been sent by a teacher to someone like the Principal, Dean, or Guidance Counselor because of your conduct or attitude?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. had someone from your home be called to school because of your conduct or attitude?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(DARKEN ONE BUBBLE FOR EACH LINE: a-d.)

DURING THE PAST 12 MONTHS, how many TIMES (if any) have you... (DARKEN ONE BUBBLE FOR EACH LINE: a-d.)	None	1-3 times	4-9 times	10+ times
a. gotten into difficulties of any kind with your friends because of your drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. driven a car when you've had a good bit to drink?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. gotten into difficulties of any kind with your friends because of your drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. driven a car when you've felt high from drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(DARKEN ONE BUBBLE FOR EACH LINE: a-d.)

(DARKEN ONE BUBBLE FOR EACH LINE: a-d.)	None	1-3 days	4-9 days	10+ days
a. beer, wine coolers (hard lemonade, hard sodas, hard cider), wine, or hard liquor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. inhalants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. some other drug(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(DARKEN ONE BUBBLE FOR EACH LINE: a-b.)

	(DARKEN ONE BUBBLE FOR EACH LINE: a-b.)	Never	Seldom	Half the time	Most of the time	Always	Don't Know	Didn't attend any parties
a.	how often was alcohol used?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	how often were marijuana and/or other drugs used?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[illegible]

SUPPLEMENTAL SURVEY QUESTIONS

S-1 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)	S-2 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)	S-3 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)	S-4 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)	S-5 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)	S-6 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)	S-7 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)	S-8 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)	S-9 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)	S-10 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)
S-11 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)	S-12 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)	S-13 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)	S-14 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)	S-15 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)	S-16 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)	S-17 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)	S-18 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)	S-19 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)	S-20 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)
S-21 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)	S-22 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)	S-23 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)	S-24 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)	S-25 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)	S-26 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)	S-27 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)	S-28 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)	S-29 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)	S-30 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)

**THANK YOU FOR BEING PART OF THIS
IMPORTANT PROJECT**

V4

[illegible]

PLEASE DO NOT WRITE IN THIS AREA

SERIAL #