

Introduction

This survey is part of a student support project designed to understand the kinds of issues students are experiencing these days and how those things affect their school experience.

Some of the questions in the survey are sensitive and personal. Please be assured the answers you provide are completely anonymous. Be honest and as complete as possible - we need accurate information from you.

Completing this survey is voluntary. The survey has nothing to do with your academics. There is no risk to you if you decide not to fill it out.

The questions we ask about your personal information will only be used to describe the kinds of students who filled out the survey. There is no way the information can be used to find out your name.

Try to fill in every question. If a question bothers or concerns you, simply skip it. Once again, be as honest as you can as you answer the questions.

About You

How old are you?

- 12 years old or younger 14 years old
 13 years old 15 years old

What is your sex?

- Female Male

In what grade are you?

- 6th Grade 8th Grade
 7th Grade

About you continued

What is your race? (Select one or more responses)

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

Employment and average numbers of hours per week.

- I am currently not employed I have a job and work 10 - 20 hours a week
 I have a job and work 2 - 10 hours a week I have a job and work more than 20 hours a week

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

- Mostly A's
- A's and B's
- Mostly B's
- B's and C's
- Mostly C's
- C's and D's
- Mostly D's
- D's and F's
- Mostly F's

About you continued

Which of the following describes your family?

- I live with both my parents
- I live with one parent (mother)
- I live with one parent (father)
- I live with one parent and a step-parent
- Other (please specify)
- My parents do not live together and I split time between them
- I don't live with my parents - I live with another relative
- I don't live with my parents - I live in fostercare

How far do you expect to go in your education?

- Some high school
- Graduate from high school
- Go to a technical school
- Graduate from a junior college
- Graduate from college
- Go to graduate school (to earn a Masters or Ph.D.)

Support in Your Life

How often does one of your parents or caretaker...

	Never	Seldom	Sometimes	Often	Very Often
Help you with school work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to you about what you are doing in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask you about your homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go to meetings or events at your school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make you follow certain rules at home or when you are out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to you about alcohol and drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to you about sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to you about your personal problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to you about life, in general	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

School support

Statements about your school

	Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
I feel close to people at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am happy to be at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I am a part of my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am good at making friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I help other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I ask others if I can be of help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get along well with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Activities

Please indicate your level of involvement in the following activities.

	Not Involved at all	Involved to Some extent	Actively Involved
Student government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Athletics (Any sport, Intramural, Cheerleading, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Performing Arts (Plays, Band, Chorus, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Clubs or Organizations (Science club, Media club, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Volunteering (Nursing Home, Child Care Centers, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Church Related Groups and Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Boy or Girls Scouts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Performing Arts (Plays, Band, Chorus, Dance, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Mentoring (In School or the Community)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Personal support

How much support do you get from...

	Not at all	Some	A lot
A parent or caretaker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A brother or sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A personal friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A boy or girl friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A family friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A coach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another school staff member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A minister/youth leader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A physician/doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Nutrition and Exercise

Think about all the meals and snacks you eat on a typical day from the time you get up until you go to bed. Include all the food you ate at home, school, restaurants, or anywhere else.

How many servings of each of the following food groups did you eat?

	None	1	2	3	4 or more
Dairy (glass of milk, yogurt, cheese)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grains (bread, cereal, bagels, pasta, rice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruits (whole fruit, juice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetables (do not count French fries or Fried potatoes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meat/Protein (chicken, turkey, nuts, fish, beef, pork, peanut butter)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On how many of the last 7 days did you do any of these things?

	0	1	2	3	4	5	6	7
Exercise or participate in sports for at least 20 minutes that made you sweat and breathe hard (such as basketball, jogging, swimming, tennis, fast bicycling, or similar aerobic activities.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participate in other physical activity for at least 20 minutes (such as walking, bicycling, skating, or physical chores.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Substance Use - Tobacco

In the past 30 days, on how many days, if any, did you smoke cigarettes, cigars, cigarillos, or use electronic cigarettes, chewing tobacco, snuff, or dip?

- 0 Days
- 1-2 Days
- 3-5 Days
- 6-9 Days
- 10-19 Days
- 20-29 Days
- All 30 Days

Tobacco Where?

Where did you get this substance?

	Where	How
Tobacco	<input type="text"/>	<input type="text"/>

Tobacco disapproval/risk

How wrong do your parents feel it would be for you to use tobacco products?

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

How wrong do your friends think it would be for you to use tobacco products?

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

How much do you think people risk harming themselves physically or in other ways if they use tobacco?

- No risk
- Slight Risk
- Moderate Risk
- Great Risk

Substance Use - Alcohol

In the past 30 days, on how many days, if any, did you have at least one drink of alcohol, including beer, wine, wine coolers, or liquor such as rum, gin, vodka, or whiskey?

- 0 Days
- 1-2 Days
- 3-5 Days
- 6-9 Days
- 10-19 Days
- 20-29 Days
- All 30 Days

Alcohol Where?

Where did you get this substance?

	Where	How
Alcohol	<input type="text"/>	<input type="text"/>

Alcohol parents and peer perceptions

How wrong do your parents feel it would be for you to drink alcohol?

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

How wrong do your friends think it would be for you to drink alcohol?

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

How much do you think people risk harming themselves physically or in other ways if they drink alcohol?

- No risk
- Slight Risk
- Moderate Risk
- Great Risk

Substance Use - Marijuana

In the past 30 days, on how many days, if any, did you use marijuana

- 0 Days
- 1-2 Days
- 3-5 Days
- 6-9 Days
- 10-19 Days
- 20-29 Days
- All 30 Days

Marijuana Where?

Where did you get this substance?

	Where		How
Marijuana	<input type="text"/>		<input type="text"/>

Marijuana: parents and peer perceptions

How wrong do your parents feel it would be for you to use marijuana?

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

How wrong do your friends think it would be for you to use marijuana?

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

How much do you think people risk harming themselves physically or in other ways if they use marijuana?

- No risk
- Slight Risk
- Moderate Risk
- Great Risk

Substance Use - Prescription Drugs

In the past 30 days, how many times, if any, have you taken a prescription drug either not as prescribed or without a doctor's prescription? (i.e.OxyContin, Percocet, Vicodin, codein, Adderall, Ritalin, or Xanax)

- 0 Times
- 1-2 Times
- 3-5 Times
- 6-9 Times
- 10-19 Times
- 20-29 Times
- 30 or more

Prescription Drugs Where?

Where did you get this substance?

Where

How

Prescription Drugs

Prescription drugs: parents and peer perceptions

How wrong do your parents feel it would be for you to misuse prescription drugs?

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

How wrong do your friends think it would be for you to misuse prescription drugs?

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

How much do you think people risk harming themselves physically or in other ways if they misuse prescription drugs?

- No risk
- Slight Risk
- Moderate Risk
- Great Risk

Inhalants

In the past 30 days, on how many days, if any, did you sniff glue, breathe the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

- 0 Days
- 1-2 Days
- 3-5 Days
- 6-9 Days
- 10-19 Days
- 20-29 Days
- All 30 Days

Inhalants Where?

Where did you get this substance?

	Where		How
Inhalants	<input type="text"/>	<input type="text"/>	<input type="text"/>

Guardian Use

In the past 30 days, on how many days, if any, did an adult living in your home (parents, grandparents, aunts, uncles, other caregivers or guardians)...

	0 Days	1-2 Days	3-5 Days	6-9 Days	10-19 Days	20-29 Days	All 30 Days
Smoke cigarettes, cigars, cigarillose, or little cigars or use electronic cigarettes, chewing tobacco, snuff, or dip?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have 3 or more drinks of alcohol, including beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Substance Use - Cocaine

During the past 12 months, how many times, if any, have you used any form of cocaine, including powder, crack, or freebase?

- 0 Times
- 1-2 Times
- 3-9 Times
- 10-19 Times
- 20-39 Times
- 40-59 Times
- 60 or More Times

Cocaine Where?

Where did you get this substance?

	Where		How
Cocaine	<input type="text"/>		<input type="text"/>

Substance Use - Heroin

During the past 12 months, how many times, if any, have you used heroin (also called smack, junk, or China White)?

- 0 Times
- 1-2 Times
- 3-9 Times
- 10-19 Times
- 20-39 Times
- 40-59 Times
- 60 or More Times

Heroin Where?

Where did you get this substance?

	Where	How
Heroin	<input type="text"/>	<input type="text"/>

Substance Use - Hallucinogenic Drugs

During the past 12 months, how many times, if any, have you used hallucinogenic drugs, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms?

- 0 Times
- 1-2 Times
- 3-9 Times
- 10-19 Times
- 20-39 Times
- 40-59 Times
- 60 or More Times

Hallucinogenic Where?

Where did you get this substance?

	Where	How
Hallucinogenic	<input type="text"/>	<input type="text"/>

Substance Use - Steroids

During the past 12 months, how many times, if any, have you taken steroid pills or shots without a doctor's prescription?

- 0 Times
- 1-2 Times
- 3-9 Times
- 10-19 Times
- 20-39 Times
- 40-59 Times
- 60 or More Times

Steroids Where?

Where did you get this substance?

	Where	How
Steroids	<input type="text"/>	<input type="text"/>

Substance Use - Over the Counter Drugs

During the past 12 months, how many times, if any, have you misused an over the counter drug to get high?

- 0 Times
- 1-2 Times
- 3-9 Times
- 10-19 Times
- 20-39 Times
- 40-59 Times
- 60 or More Times

OTC Where?

Where did you get this substance?

	Where	How
Over the Counter Medications	<input type="text"/>	<input type="text"/>

Substance Use - Needles

During the past 12 months, how many times, if any, have you used a needle to inject any illegal drug into your body?

- 0 Times
- 1-2 Times
- 3-9 Times
- 10-19 Times
- 20-39 Times
- 40-59 Times
- 60 or More Times

Safety and Violence

Please answer the following questions

	Yes	No
During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?	<input type="radio"/>	<input type="radio"/>
During the past 12 months, have you ever been bullied on school property?	<input type="radio"/>	<input type="radio"/>
During the past 12 months, have you ever been electronically bullied, such as through email, chat rooms, text messaging, or on websites?	<input type="radio"/>	<input type="radio"/>
During the past 12 months, have you ever been physically forced to have sexual intercourse or any other sexual contact when you did not want to?	<input type="radio"/>	<input type="radio"/>
During the past 12 months, have you ever been in any legal trouble other than traffic offenses?	<input type="radio"/>	<input type="radio"/>
During the past 12 months, have you been suspended from school?	<input type="radio"/>	<input type="radio"/>

safety and violence continued

During the past 30 days, how many days did you...

	0 Days	1 Day	2 or 3 Days	4 or 5 Days	6 or More Days
Carry a weapon such as a gun, knife, or club on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not go to school because you felt you would be unsafe at school or on your way to or from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past 12 months, how many times...

	0 Times	1 Time	2-5 Times	6-8 Times	9-11 Times	12 or More Times
Has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has someone stolen or deliberately damaged your property such as your car, clothing, or books on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you in a physical fight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you in a physical fight on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Stress

Stress. Middle or high school can be a time of stress for some students. For the next set of questions, please fill in the one circle that best indicates how much stress you have felt in that particular area within the last month.

	1 (No Stress)	2	3	4 (Some Stress)	5	6	7 (Lots of Stress)
Relationship with parents/guardians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationships with brothers/sisters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationships with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with boyfriend/girlfriend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health and wellbeing of a close friend or relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time demands of extra-curricular activities (sports, band, plays, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multiple tests on one school day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multiple papers/projects due in one week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time management pressures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of study skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
College search/application process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Class rank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent pressures for academic performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic planning/scheduling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic competition between peers/students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall pressures of school work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family financial trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent or caregiver employment status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your overall feeling of stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Depression

Blank area for student responses to the Depression section.

How are you feeling? The following questions are concerned with how you have been feeling lately. Read each question carefully and fill in the one circle that best describes how often you felt or behaved this way during the past week.

	Rarely (less than 1 day)	Some (1-2 days)	Occasionally (3-4 days)	All of the time
I was bothered by things that usually don't bother me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not feel like eating, my appetite was poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I could not shake off the blues even with help from my family or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I was just as good as other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had trouble keeping my mind on what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that everything I did was an effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt hopeful about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I thought my life had been a failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sleep was restless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I talked less than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People were unfriendly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoyed life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had crying spells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that people disliked me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could not get 'going'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Self-harm

Please read each of the following questions carefully and fill in the circle that applies to you.

	Yes	No
During the past 12 months, was there ever a time when things were so bad you thought about attempting suicide?	<input type="radio"/>	<input type="radio"/>
During the past 12 months, did you make a plan about how you would attempt suicide?	<input type="radio"/>	<input type="radio"/>
During the past 12 months, have you made a serious attempt at suicide?	<input type="radio"/>	<input type="radio"/>
During the past 12 months, have you intentionally harmed yourself in any way such as: cutting, burning, interference with wound healing, hitting yourself, scratching, attempting to break your bones, pulling your hair out, swallowing sharp objects or any other way?	<input type="radio"/>	<input type="radio"/>

Car Safety

How often do you wear a seat belt when riding in a car driven by someone else?

- Never
- Rarely
- Sometimes
- Most of the Time
- Always

How often do you ride in a car when the driver is texting, checking or sending emails on their phone while driving a car?

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

Drinking and driving

During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had consumed 3 or more alcoholic beverages?

- 0 Times
- 1 Time
- 2 or 3 Times
- 4 or 5 Times
- 6 or More Times

During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

- I don't have a license/I don't drive
- 0 Times
- 1 Time
- 2 or 3 Times
- 4 or 5 Times
- 6 or More Times

The following set of questions is in regards to sexting. Here, we define sexting as any sexually suggestive text or a sexually suggestive nude or nearly nude photo or video.

In the past 30 days, how often have you:

	0 Times	1 Time	2 or 3 Times	4 or 5 Times	6 or More Times
Been asked to send a picture, video, or text that could be considered sexting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sent a picture, video, or text that could be considered sexting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received a picture, video, or text that could be considered sexting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receive an unwanted picture, video, or text that could be considered sexting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During your life, with how many people have you had sexual intercourse?

- I have never had sexual intercourse
- 1 Person
- 2 People
- 3 People
- 4 People
- 5 People
- 6 People or More

Sexual Behaviors

How old were you when you first had sexual intercourse?

- I have never had sexual intercourse
- 11 Years or Younger
- 12 Years Old
- 13 Years Old
- 14 Years Old
- 15 Years Old
- 16 Years Old
- 17 Years Old or Older

How often do you or your partner use a condom when having sexual intercourse?

- I have never had sexual intercourse
- Never
- Rarely
- Sometimes
- Most of the Time
- Always

How often do you drink alcohol or use drugs before you have sexual intercourse?

- I have never had sexual intercourse
- Never
- Rarely
- Sometimes
- Most of the Time
- Always

Pregnancy

Have you ever been pregnant or caused someone to become pregnant?

- Yes
- No
- Unsure

The last time you had sexual intercourse, what methods did you or your partner use to prevent pregnancy?

- I have never had sexual intercourse
- No method was used
- Birth control
- Condoms
- Depo-Provera (injectable birth control)
- Withdrawal
- Some other method

Thank You Page

This is the End of the Survey. Thank you Very Much for your Help!