























## In-School Core Survey

[APPLICABLE FOR LIFETIME MARIJUANA USERS ONLY – Ask of students who reported ever using marijuana [IF Q53 = B, C, D, E, or F]

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

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

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

	0 Days	1 Day	2 Days	3-9 Days	10-19 Days	20-30 Days
	63. cigarettes?	A	B	C	D	E
64. smokeless tobacco (dip, chew, or snuff)?	A	B	C	D	E	F
65. vape products?	A	B	C	D	E	F
[ASKED IF Q65 = B, C, D, E, or F]						
65.A Vaped tobacco or nicotine	A	B	C	D	E	F
65.B Vaped marijuana or THC	A	B	C	D	E	F
65.C Vaped other product	A	B	C	D	E	F
66. one or more drinks of alcohol?	A	B	C	D	E	F
67. five or more drinks of alcohol in a row, that is, within a couple of hours?	A	B	C	D	E	F
68. marijuana (smoke, vape, eat, or drink)?	A	B	C	D	E	F
69. inhalants (things you sniff, huff, or breathe to get “high”)?	A	B	C	D	E	F

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

	0 Days	1 Day	2 Days	3-9 Days	10-19 Days	20-30 Days
<b>70. any other drug, pill, or medicine</b> to get “high” or for reasons other than medical?	A	B	C	D	E	F

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

	0 Days	1 Day	2 Days	3-9 Days	10-19 Days	20-30 Days
<b>71. smoke cigarettes?</b>	A	B	C	D	E	F
<b>72. use smokeless tobacco</b> (dip, chew, or snuff)?	A	B	C	D	E	F
<b>73. vape?</b>	A	B	C	D	E	F
<b>74. have at least one drink of alcohol?</b>	A	B	C	D	E	F
<b>75. use marijuana</b> (smoke, vape, eat, or drink)?	A	B	C	D	E	F
<b>76. use any other drug, pill, or medicine</b> to get “high” or for reasons other than medical?	A	B	C	D	E	F
<b>77. breathe the smoke or vapor from someone who was using cigarettes or e-cigarettes?</b>	A	B	C	D	E	F

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

	How Much Risk or Harm			
	Great	Moderate	Slight	None
<b>78. Smoke cigarettes occasionally</b>	A	B	C	D
<b>79. Smoke 1 or more packs of cigarettes each day</b>	A	B	C	D
<b>80. Vape tobacco or nicotine occasionally</b>	A	B	C	D
<b>81. Vape tobacco or nicotine several times a day</b> (100 puffs or more)	A	B	C	D
<b>82. Drink alcohol</b> (beer, wine, liquor) occasionally	A	B	C	D

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	How Much Risk or Harm			
	Great	Moderate	Slight	None
83. Have five or more drinks of alcohol once or twice a week	A	B	C	D
84. Use marijuana occasionally (smoke, vape, eat, or drink)	A	B	C	D
85. Use marijuana daily	A	B	C	D

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

	Very Difficult	Fairly Difficult	Fairly Easy	Very Easy	Don't Know
	86. Cigarettes	A	B	C	D
87. Vape products	A	B	C	D	E
88. Alcohol	A	B	C	D	E
89. Marijuana	A	B	C	D	E
90. Prescription drugs to get "high" or for reasons other than prescribed	A	B	C	D	E
91. Does your school ban tobacco use and vaping on school property and at school sponsored events?					
A) No					
B) Yes					
C) Don't know					
92. In a normal week, how many days are you home after school for at least one hour without an adult there?					
A) Never					
B) 1 day					
C) 2 days					
D) 3 days					
E) 4 days					
F) 5 days					

## In-School Core Survey

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

93. How safe do you feel when you are at school?
- A) Very safe
  - B) Safe
  - C) Neither safe nor unsafe
  - D) Unsafe
  - E) Very unsafe

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

	Happened on School Property			
	0 Times	1 Time	2 to 3 Times	4 or More Times
94. been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	B	C	D
95. been afraid of being beaten up?	A	B	C	D
96. been in a physical fight?	A	B	C	D
97. had mean rumors or lies spread about you?	A	B	C	D
98. had sexual jokes, comments, or gestures made to you?	A	B	C	D
99. been made fun of because of your looks or the way you talk?	A	B	C	D
100. had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
101. been offered, sold, or given an illegal drug?	A	B	C	D
102. damaged school property on purpose?	A	B	C	D
103. carried a gun?	A	B	C	D
104. carried any other weapon (such as a knife or club)?	A	B	C	D
105. been threatened or injured with a weapon (gun, knife, club, etc.)?	A	B	C	D
106. seen someone carrying a gun, knife, or other weapon?	A	B	C	D
107. been threatened with harm or injury?	A	B	C	D
108. been made fun of, insulted, or called names?	A	B	C	D

## In-School Core Survey

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

	Happened on School Property			
	0 Times	1 Time	2 to 3 Times	4 or More Times
109. Your race, ethnicity, or national origin	A	B	C	D
110. Your religion	A	B	C	D
111. Your gender	A	B	C	D
112. Because you are gay, lesbian, or bisexual or someone thought you were	A	B	C	D
113. A physical or mental disability	A	B	C	D
114. You are an immigrant or someone thought you were	A	B	C	D
115. Any other reason	A	B	C	D
116. During the past <b>12 months</b> , how many times did other students spread mean rumors or lies, or hurtful pictures, about you online, on social media, or on a cell phone?				
A) 0 times (never)				
B) 1 time				
C) 2–3 times				
D) 4 or more times				
117. Do you consider yourself a member of a gang?				
A) No				
B) Yes				
118. During the past <b>12 months</b> , did you ever feel so sad or hopeless almost every day for <b>two weeks or more</b> that you stopped doing some usual activities?				
A) No				
B) Yes				
119. During the past <b>12 months</b> , did you ever seriously consider attempting suicide?				
A) No				
B) Yes				

## In-School Core Survey

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

	Not At All True	A Little True	Pretty Much True	Very Much True
120. I had a hard time relaxing.	A	B	C	D
121. I felt sad and down.	A	B	C	D
122. I was easily irritated.	A	B	C	D
123. It was hard for me to cope and I thought I would panic.	A	B	C	D
124. It was hard for me to get excited about anything.	A	B	C	D

Please tell us how true each statement is of you.

	Not At All True	A Little True	Pretty Much True	Very Much True
125. Each day I look forward to having a lot of fun.	A	B	C	D
126. I usually expect to have a good day.	A	B	C	D
127. Overall, I expect more good things to happen to me than bad things.	A	B	C	D



## In-School Core Survey

**Please describe your level of satisfaction below**

*I would describe my satisfaction with...*

	Very Dissatisfied	Dissatisfied	A Little Dissatisfied	A Little Satisfied	Satisfied	Very Satisfied
128. my <b>family life</b> as...	A	B	C	D	E	F
129. my <b>friendships</b> as...	A	B	C	D	E	F
130. my <b>school experience</b> as...	A	B	C	D	E	F
131. <b>myself</b> as...	A	B	C	D	E	F
132. <b>where I live</b> as...	A	B	C	D	E	F
133. How many questions in this survey did you answer honestly?						
	A) All of them	B) Most of them	C) Only some of them	D) Hardly any		