

**DIRECTIONS:** We need your help and honesty! This survey is being used to understand what life is like for you and other students in your school. All responses are anonymous; this means that no one will know your answers to the questions. **Do not enter your name anywhere on the survey.**

**SCHOOL CLIMATE**  
Students



Please check the boxes that best describe you:

1. What grade are you in?
  - 6
  - 7
  - 8
  - 9
  - 10
  - 11
  - 12
2. How old are you?  
\_\_\_\_\_ years
3. Do you consider yourself to be of Hispanic, Latino, or Spanish origin?
  - No
  - Yes
4. Which of the following groups describe your race? (You may select more than one.)
  - White
  - African American/Black
  - American Indian or Alaska Native
  - Asian
  - Native Hawaiian or Other Pacific Islander
  - Don't know
5. Are you female or male?
  - Female
  - Male
6. What kinds of grades do you usually get?
  - Mostly A's (4's)
  - Mostly B's (3's)
  - Mostly C's (2's)
  - Mostly D's (1's)
  - Mostly F's
  - My school does not use this type of grading system

The questions on the next few pages ask how you feel about your school and people in your school.

	Strongly Disagree	Disagree	Agree	Strongly Agree
7. I like school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I look forward to going to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I try hard in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I can't wait to drop out of school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Finishing high school is important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. School is a waste of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do you feel:

	Hardly Ever	Some of the Time	Most of the Time	All of the Time
13. Welcome and comfortable at your school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Close to other students at your school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Happy at your school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree	Disagree	Agree	Strongly Agree
16. I feel safe at my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I feel safe on my way to and from school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Between class periods, teachers go into the hallways to supervise student behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Between class periods, teachers go into the bathrooms to supervise student behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. There is an anonymous (without anyone knowing it was me) way to report unsafe or dangerous behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. If another student was involved in unsafe or dangerous behavior, I would report it anonymously (without anyone knowing it was me).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. If I report unsafe or dangerous behavior, I can be sure that the problem will be take care of as soon as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. My school has a <b>simple</b> vocabulary about what to do in the event of an emergency (e.g., lockout, lockdown, evacuate, shelter).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. My school has a <b>shared</b> vocabulary that is used by police, staff, and students about what to do in the event of an emergency (e.g., lockout, lockdown, evacuate, shelter).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I know what to do in an emergency when instructed (e.g., lockout, lockdown, evacuate, shelter).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

26. During the <b>past 30 days</b> , on how many days did you <b>not</b> go to school because you felt you would be unsafe at school or on your way to or from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*These next questions ask about the **past 12 months**.*

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

27. During the <b>past 12 months</b> , on how many days did you stay home from school because you were afraid you would not be safe <b>at school</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. During the <b>past 12 months</b> , on how many days did you stay home from school because you were afraid you would not be safe <b>traveling to or from school</b> ?					

*These questions ask about your friends.*

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
29.	I have a friend my age who cares about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	I spend most of my free time at school with my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	I feel lonely at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	My friends are interested in what I think and how I feel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	When I have personal problems, my friends try to understand and let me know they care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*The next questions can be tricky for some people. They ask you about students from other cultures or ethnic groups; this means students that are from or have relatives from different cultural or ethnic backgrounds than yours. For example, if you consider yourself Asian, then people from other cultures or ethnic groups would consist of Caucasians / Whites, African Americans / Blacks, Hispanics, etc. Similarly, if you consider yourself Hispanic, then people from other cultures or ethnic groups would consist of Caucasians / Whites, African Americans / Blacks, American Indian, etc.*

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
34.	I feel comfortable being around students of other cultures or ethnic groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.	I try hard not to judge people based on their skin color.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36.	Students in my school respect young people of other cultures or ethnic groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37.	Students of other cultures or ethnic groups can succeed in my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		<b>Almost None of Them Do</b>	<b>Some of Them Do</b>	<b>Most of Them Do</b>	<b>Almost All of Them Do</b>
38.	Do teachers at your school treat students with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.	Do teachers at your school show interest in their students as people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.	Do teachers at your school try to help students when they are having problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.	Do the principal and the rest of the school staff try to make your school a place students like to be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
42.	Everyone knows what the school rules are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.	The school rules are fair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44.	The punishment for breaking school rules is the same no matter who you are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45.	The school rules are consistently enforced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46.	If a school rule is broken, students know what kind of punishment will follow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47.	Students are treated with respect even when they are in trouble.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48.	Students receive support when they have broken a rule/are in trouble.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
49. I respect the principal in my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. I respect the teachers in my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. I care what my teachers think of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. I care what other adults (counselor, school resource officer, etc.) in my school think of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*How well do the following statements describe your school?*

	<b>Not at All</b>	<b>A Little</b>	<b>Somewhat Well</b>	<b>Very Well</b>
53. Students treat each other respectfully.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Teachers treat students respectfully.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Students treat teachers respectfully.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. The rules of the school are clear to everyone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. If there is a problem in the school, teachers know how to deal with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*These questions ask you about school activities.*

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
58. In my school, students have lots of chances to help decide things like class activities and rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. There are lots of chances for students in my school to talk with a teacher one-on-one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Teachers ask me to work on special classroom projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. There are lots of chances to be part of class discussions or activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*These questions ask about things that happen at school.*

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
63. My teacher(s) notice when I am doing a good job and let me know about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. The school lets my parents know when I have done something well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. My teachers praise me when I work hard in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*These questions ask about your best friends. In the past year (12 months), how many of your best friends have...*

	<b>None of my friends</b>	<b>1 of my friends</b>	<b>2 of my friends</b>	<b>3 of my friends</b>	<b>4 of my friends</b>
66. participated in clubs, organizations or activities at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. made a commitment to stay drug-free?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. liked school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. regularly attended religious services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. tried to do well in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*The next questions ask what you and your friends think about violence and aggression.*

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
71. My friends think it is wrong to hit other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. My friends think it is OK to push or shove other people if you are mad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. My friends think it is OK to physically fight to get what you want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. My friends think it is OK to hit someone back when they hit you first.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. My friends think it is OK to take your anger out on others by using physical force.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. My friends think it is wrong to call other people mean names.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>Definitely Would Not</b>	<b>Probably Would Not</b>	<b>Probably Would</b>	<b>Definitely Would</b>
77. If you were going to do something people think is wrong, would your friends try to stop you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. If you were making fun of or picking on other kids, would your friends criticize you or try to get you to stop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. If you were doing something that is bad for your health, would your friends try to get you to stop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. If you were going to do something that's against the law, would your friends try to talk you out of it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*These questions ask for your opinions about different behaviors.*

	Strongly Disagree	Disagree	Agree	Strongly Agree
81. It's OK to lie if it will keep your friends from getting in trouble with parents, teachers or police.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. It's OK to make fun of "geeks."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Vandalism actually helps the school because the insurance will buy new equipment for the wrecked stuff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. If people leave things lying around outside their home, it's their own fault if their things are taken/stolen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. Selling marijuana illegally is no worse than selling alcohol to get people drunk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. It's OK to get trashed at parties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. A kid shouldn't be blamed too much for just going along with his friends in stealing something.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. It's OK to beat someone up if they are being obnoxious and won't stop when you ask them to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
89. ...been suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. ...carried a handgun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. ...stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. ...sold illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. ...been arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. ...dropped out of school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*These following questions ask about things you have done during the past 12 months.*

95. During the **past 12 months**, have you purposely damaged or destroyed property that did not belong to you (for example, breaking, cutting, or marking something)?

- No
- Yes

96. How many times?

- Never
- 1 time
- 2 or 3
- 4 or 5
- 6 or 7
- 8 or 9
- 10 or 11
- More than 12

97. During the **past 12 months**, have you stolen or tried to steal money or things worth \$10 or less?

- No
- Yes

98. How many times?

- Never
- 1 time
- 2 or 3
- 4 or 5
- 6 or 7
- 8 or 9
- 10 or 11
- More than 12

99. During the **past 12 months**, have you stolen or tried to steal money or things worth more than \$10?

- No
- Yes

100. How many times?

- Never
- 1 time
- 2 or 3
- 4 or 5
- 6 or 7
- 8 or 9
- 10 or 11
- More than 12

101. During the **past 12 months**, have you been suspended or sent home from school for bad behavior?

- No
- Yes

102. How many times?

- Never
- 1 time
- 2 or 3
- 4 or 5
- 6 or 7
- 8 or 9
- 10 or 11
- More than 12

103. Have you **ever** been in trouble with the law?

- No
- Yes

104. How many times?

- Never
- 1 time
- 2 or 3
- 4 or 5
- 6 or 7
- 8 or 9
- 10 or 11
- More than 12

105. Have your friends **ever** been in trouble with the law?

- No
- Yes

106. During the **past 12 months**, have you threatened to hit or hurt other students?

- No
- Yes

107. How many times?

- Never
- 1 time
- 2 or 3
- 4 or 5
- 6 or 7
- 8 or 9
- 10 or 11
- More than 12

108. During the **past 12 months**, have you hit someone with the idea of hurting them?

- No
- Yes

109. How many times?

- Never
- 1 time
- 2 or 3
- 4 or 5
- 6 or 7
- 8 or 9
- 10 or 11
- More than 12

110. During the **past 12 months**, have you attacked someone with a weapon with the idea of seriously hurting them?

- No
- Yes

111. How many times?

- Never
- 1 time
- 2 or 3
- 4 or 5
- 6 or 7
- 8 or 9
- 10 or 11
- More than 12

112. During the **past 12 months**, how many times were you in a physical fight **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



113. If you were in a physical fight on school property, did **you** hit the other person first?

- I was not in a physical fight on school property
- No
- Yes

*These questions ask about fights that have taken place in **any location**.*

	0 times	1 time	2 or 3 times	4 or 5 times	6 or more times
114. During the <b>past 12 months</b> , how many times were you in a physical fight in which <b>you</b> were injured and had to be treated by a doctor or nurse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115. During the <b>past 12 months</b> , how many times were you in a physical fight in which <b>the person you were fighting with</b> was injured and had to be treated by a doctor or a nurse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*These next questions ask about things that have happened to you during the past 12 months.*

116. During the **past 12 months**, has another student threatened to hit or hurt you?

- No
- Yes

117. How many times?

- Never
- 1 time
- 2 or 3
- 4 or 5
- 6 or 7
- 8 or 9
- 10 or 11
- More than 12

118. During the **past 12 months**, have you been hit by another student trying to hurt you?

- No
- Yes

119. How many times?

- Never
- 1 time
- 2 or 3
- 4 or 5
- 6 or 7
- 8 or 9
- 10 or 11
- More than 12

120. During the **past 12 months**, has another student attacked you with a weapon trying to seriously hurt you?

- No
- Yes

121. How many times?

- Never
- 1 time
- 2 or 3
- 4 or 5
- 6 or 7
- 8 or 9
- 10 or 11
- More than 12

The following questions are about bullying.\* You may include behaviors reported in the previous violence and aggression questions if they meet the definition of bullying. *Please be sure to read the definition below before answering the bullying questions!*

We say a **student is being bullied when another student, or several other students:**

- say mean and hurtful things, or make fun of him/her
- completely ignore and exclude him/her from their group of friends or leave him/her out of things on purpose
- hit, kick, push, shove around, or lock him/her inside a room
- tell lies or spread false rumors about him/her or send mean notes and try to make other students dislike him/her

When we talk about bullying, these things happen **more than just once**, and **it is difficult for the student being bullied to defend himself/herself**.

We **do not call it bullying** when the teasing is done in a friendly and playful way. Also, it is not bullying when two students of about equal strength or power argue or fight.

\* Bullying Questions are from the Olweus Student Bullying Questionnaire by Dr. Dan Olweus © 2007 Hazelden Foundation. Reprinted with permission for Hazelden Foundation, Center City, MN.

122. Have you ever been bullied at school?

- No
- Yes

123. Have you been bullied at school in the **past couple of months** in one or more of the following ways? (If you have never been bullied, mark "Not in the past couple of months".)

	Not in the Past Couple of Months	Only Once or Twice	2 or 3 Times a Month	About Once a Week	Several Times a Week
a) I was called mean names, was made fun of, or teased in a hurtful way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Other students left me out of things on purpose, excluded me from their group of friends, or completely ignored me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I was hit, kicked, pushed, and shoved around, or locked indoors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Other students told lies or spread false rumors about me and tried to make others dislike me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I had money or other things taken away from me or damaged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I was threatened or forced to do things I did not want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I was bullied with mean names or comments about my race or color.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I was bullied because I am gay, lesbian, bisexual, or transgender (or someone thought I was).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I was bullied with mean names, comments, or gestures with a sexual meaning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I was bullied with mean or hurtful messages, calls or pictures, or in other ways on my cell phone or over the internet (computer). <i>Please remember that it is not bullying when it is done in a friendly and playful way.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>j.a) If you were bullied on your cell phone or over the internet, how was it done?</b> <input type="checkbox"/> I have not been cyber bullied in the past couple of months <input type="checkbox"/> Only on the cell phone <input type="checkbox"/> Only over the internet <input type="checkbox"/> In both ways					
k) I was bullied in another way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

124. **Where** have you been bullied in the **past couple of months**?

- I have not been bullied at school in the **past couple of months**.
- I have been bullied in one or more of the following places in the **past couple of months**.

Please mark all the places where you have been bullied:

- On the playground/athletic field (during recess or break times)
- In the hallways/stairwells
- In class (when the teacher was in the room)
- In class (when the teacher was not in the room)
- In the bathroom
- In gym class or the gym locker room/shower

- In the lunchroom
- On the way to and from school
- At the school bus stop
- On the school bus
- Somewhere else at school

125. Have you **told anyone** that you have been bullied in the **past couple of months**?

- I have not been bullied at school.
- I have been bullied, **but I have not told anyone.**
- I have been bullied, and **I have told somebody about it.**

126. Please mark all the people you have told:

- Your class or homeroom teacher
- Another adult at school
- Your parent(s)/guardian(s)
- Your brother(s) or sisters(s)
- Your friend(s)
- Somebody else

	Almost never	Once in a while	Sometimes	Often	Almost always
<b>127.</b> How often do <b>the teachers or other adults at school</b> try to put a stop to it when a student is being bullied at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>128.</b> How often do <b>other students</b> try to put a stop to it when a student is being bullied at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

129. Has **any adult at home** contacted the school to try to stop your being bullied at school in the **past couple of months**?

- I have not been bullied at school.
- No, they have not contacted the school.
- Yes, they have contacted the school once.
- Yes, they have contacted the school several times.

*The next questions ask about bullying other students.*

130. Have you **ever taken part in bullying another student(s)** at school?

- No
- Yes

131. Have you bullied another student(s) at school in the **past couple of months** in one or more of the following ways? (If you have never bullied another student, mark "Not in the past couple of months".)

	Not in the Past Couple of Months	Only Once or Twice	2 or 3 Times a Month	About Once a Week	Several Times a Week
a) I called another student mean names, made fun of or teased him/her in a hurtful way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I kept him/her out of things on purpose, excluded him/her from my group of friends, or completely ignored him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I hit, kicked, pushed, and shoved him/her around, or locked him/her indoors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I spread false rumors about him/her and tried to make others dislike him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I took money or other things away from him/her or damaged his/her belongings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I threatened or forced him/her to do things he/she did not want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I bullied him/her with mean names or comments about his/her race or color.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I bullied him/her because he/she is gay, lesbian, bisexual, or transgender (or I thought he/she was).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I bullied him/her with mean names, comments, or gestures with a sexual meaning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I bullied him/her with mean or hurtful messages, calls or pictures, or in other ways on my cell phone or over the internet (computer).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.a) If you bullied another student(s) on your cell phone or over the internet, how was it done? <input type="checkbox"/> I have not cyber bullied another student in the past couple of months <input type="checkbox"/> Only on the cell phone <input type="checkbox"/> Only over the internet <input type="checkbox"/> In both ways					
k) I bullied him/her in another way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

132. Has **your class or homeroom teacher or any other teacher** talked with you about your bullying another student(s) at school in the **past couple of months**?

- I have not bullied another student(s) at school in the past couple of months.
- No, they have not talked with me about it.
- Yes, they have talked with me about it once.
- Yes, they have talked with me about it several times.

133. Has **any adult at home** talked with you about your bullying another student(s) at school in the **past couple of months**?

- I have not bullied another student(s) at school in the past couple of months.
- No, they have not talked with me about it.
- Yes, they have talked with me about it once.
- Yes, they have talked with me about it several times.

The next questions are about smoking, drinking alcohol, and drug use. Alcohol includes 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.

	No	Yes
134. During <b>your life</b> , have you smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>
135. During <b>your life</b> , have you used an electronic vapor product (like an e-cigarette, vaporizer, or vape pen)?	<input type="checkbox"/>	<input type="checkbox"/>
136. During <b>your life</b> , have you drunk wine, beer, or other alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
137. During <b>your life</b> , have you used marijuana (sometimes called pot or weed)?	<input type="checkbox"/>	<input type="checkbox"/>
138. During <b>your life</b> , have you used another illegal drug (ecstasy, methamphetamine, heroin, crack, cocaine, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
139. During <b>your life</b> , have you taken a prescription drug without a doctor's prescription, such as pain killers (like Oxycontin, codeine, or Percocet), stimulants (like Ritalin or Adderall), or depressants (like Valium or Xanax)?	<input type="checkbox"/>	<input type="checkbox"/>

  

	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
140. During the <b>past 30 days</b> , on how many days did you smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141. During the <b>past 30 days</b> , on how many days did you use an electronic vapor product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
142. During the <b>past 30 days</b> , on how many days did you have at least one drink of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
143. During the <b>past 30 days</b> , on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

	0 times	1 or 2 times	3 to 9 times	10 to 19 times	20 to 39 times	40 or more times
144. During the <b>past 30 days</b> , how many times did you use marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
145. During the <b>past 30 days</b> , how many times did you use an illegal drug such as ecstasy, methamphetamines, heroin, crack, cocaine, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
146. During the <b>past 30 days</b> , how many times did you take a prescription drug without a doctor's prescription, such as pain killers (like Oxycontin, codeine, or Percocet), stimulants (like Ritalin or Adderall), or depressants (like Valium or Xanax)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	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
147. During the <b>past 30 days</b> , on how many days did you smoke cigarettes <b>on school property</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
148. During the <b>past 30 days</b> , on how many days did you use an electronic vapor product <b>on school property</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No	Yes				
149. During the <b>past 30 days</b> , did you drink alcohol at <b>school</b> ?	<input type="checkbox"/>	<input type="checkbox"/>					
		Never	1 or 2	3 to 9	10 to 19	20 to 39	40 or more
150. How many times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No	Yes				
151. During the <b>past 30 days</b> , did you use illegal drugs or prescription drugs taken without a doctor's prescription <b>at school</b> ?	<input type="checkbox"/>	<input type="checkbox"/>					
		Never	1 or 2	3 to 9	10 to 19	20 to 39	40 or more
152. How many times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No	Yes				
153. During the <b>past 30 days</b> , did you <b>go to class</b> under the influence of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>					
		Never	1 or 2	3 to 9	10 to 19	20 to 39	40 or more
154. How many times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No	Yes				
155. During the <b>past 30 days</b> , did you <b>go to class</b> under the influence of illegal drugs or prescription drugs taken without a doctor's prescription?	<input type="checkbox"/>	<input type="checkbox"/>					
		Never	1 or 2	3 to 9	10 to 19	20 to 39	40 or more
156. How many times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Almost none	A few	Some	Most of them
157. How many of the students at your school smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
158. How many of the students at your school use electronic vapor products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
159. How many of the students at your school drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160. How many of the students at your school use marijuana or illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

161. During **this school year**, did anyone offer, or try to sell or give you an illegal drug other than alcohol or tobacco at your school?

- No
- Yes

The next questions are about skipping school.

162. During the past month, I “cut” or skipped classes without an excuse.  No  Yes How many times? \_\_\_\_

*If you haven't skipped class in the past month, SKIP THE NEXT QUESTION*

163. Why did you cut or skip school in the past month? **Mark all that apply.**

- I wanted to hang out with friends.
- I wanted to avoid a bully.
- I wanted to avoid a particular teacher.
- I didn't want to take a test.
- I didn't have my homework done for class.
- I wanted to use drugs or alcohol.
- I thought it would be fun.
- I was talked into it.
- I was running late, or missed the bus.
- I had a family obligation, or family-related situation.
- I felt sick, or had a medical/dental appointment.
- I don't like school.
- I wanted to eat, or take a longer lunch.
- I went to the store/mall.
- Other. Please specify \_\_\_\_\_

*When we use the term "mental health problems," we mean that sometimes students have a hard time with feelings like worry, sadness, feeling alone, or anger. Students may also have a hard time managing their behavior, like not following directions, not being able to get along with others, not being able to pay attention or sit in their seats, or hurting themselves or others. These next questions ask about how you think your school is doing, and what you have seen, or has happened to you at school.*

	Strongly Disagree	Disagree	Agree	Strongly Agree
164. I think staff at this school do a good job talking with us about mental health problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
165. We learn and talk about mental health problems in classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
166. I feel like I could talk to my teacher or someone at my school if I was having a mental health problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
167. There is a staff member I can talk to here if I was worried about someone else's mental health problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
168. Teachers don't seem to notice a kid's sadness and worry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
169. Teachers don't seem to notice a kid having a hard time behaving in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170. Teachers ignore kids' mental health problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
171. I have seen teachers/staff help kids with mental health problems at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
172. Some of my teachers lose their cool when a kid has a mental health problem that gets in the way of class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly disagree	Disagree	Agree	Strongly agree
173. There will always be people in my life I can count on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
174. Besides my family, there is an adult who I can trust.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175. I believe there is some good in everybody.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
176. Important people in my life often let me down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
177. There is someone at school I can talk to if I have a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



The next set of questions ask about talents and interests that you may have.

	Strongly disagree	Disagree	Agree	Strongly agree
178. I have at least one special talent or interest I really care about.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
179. There is no one talent, interest, or activity that I really enjoy doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	0 hours	A small amount (about 1 hour)	A medium amount (2-4 hours)	A big amount (5-9 hours)	A huge amount (10 or more hours)
180. In a typical week, how much of your time is spent on your main talent or interest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many times in the past month have you talked about your main talent or interest with the following people?

	Never	About once a month	About 2-3 times per month	Once a week	More than once a week
Your parents or guardians?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A teacher or other adult at your school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An adult in your community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your friend(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you agree with the following statements about students in your school?

Most students in my school:	Strongly disagree	Disagree	Agree	Strongly agree
181. Stop and think before doing anything when they get angry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
182. Do their share of the work when we have group projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
183. Give up when they can't solve a problem easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
184. Get into arguments when they disagree with people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
185. Do their best, even when their school work is difficult.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
186. Think it's OK to fight if someone insults them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
187. Do all their homework.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
188. Say mean things to other students when they think the other students deserve it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
189. Try to work out their disagreements with other students by talking to them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
190. Think it's OK to cheat if other students are cheating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
191. Try to do a good job on school work even when it is not interesting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions about yourself and your friends.

192. Do your parents expect you to do well at school?

- Most of the time
- Sometimes
- Rarely/never

193. Are your grades mostly... Please check all that apply.

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

194. Have you been suspended from school in the last year?

- No
- Yes

195. How many physical fights have you been in during the last year?

- 0
- 1
- 2
- 3
- More than 3

	No	Yes
<b>196.</b> Have you ever smoked marijuana or used other drugs?	<input type="checkbox"/>	<input type="checkbox"/>
<b>197.</b> Have you or your friends ever been in trouble with the law?	<input type="checkbox"/>	<input type="checkbox"/>
<b>198.</b> Are you or your friends involved with a gang or tagging crew?	<input type="checkbox"/>	<input type="checkbox"/>
<b>199.</b> Do you feel you are hyperactive, or have you ever been diagnosed with ADHD?	<input type="checkbox"/>	<input type="checkbox"/>
<b>200.</b> Have you had any friends that have committed suicide?	<input type="checkbox"/>	<input type="checkbox"/>
<b>201.</b> Have you ever been injured in a fight?	<input type="checkbox"/>	<input type="checkbox"/>

202. When was the last time you hurt someone else in a fight?

- Never
- In the past month
- Between 1-6 months ago
- Between 6-12 months ago
- Over one year ago

203. When was the last time you watched a fight?

- Never
- In the past month
- Between 1-6 months ago
- Between 6-12 months ago
- Over one year ago

204. How many times has someone beat you up in the last 6 months?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- More than 6 times

205. How many times has someone asked you to fight in the last 6 months?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- More than 6 times