

Minnesota Student Survey – Level 3

You can help your community and school learn more about the lives and feelings of young people like you. The questions on this survey cover many areas. Some questions might make you feel uncomfortable. You do not have to answer any question you don't want to. You can choose not to complete the survey.

No one will know how you answered these questions. Your answers will be kept private. Thank you for filling out this survey honestly and carefully.

1. What is your grade in school right now?

- a. 7th grade
- b. 8th grade
- c. 9th grade
- d. 10th grade
- e. 11th grade
- f. 12th graded
- g. Not applicable

2. How old are you?

- a. 11 years old or younger
- b. 12 years old
- c. 13 years old
- d. 14 years old
- e. 15 years old
- f. 16 years old
- g. 17 years old
- h. 18 years old
- i. 19-20 years old
- j. 21 years old or older

3. How do you describe yourself? (Mark ALL that apply)

- a. American Indian or Alaskan Native
- b. Asian, South Asian or Asian American
- c. Black, African or African American
- d. Hispanic or Latino/Latina
- e. Middle Eastern or North African
- f. Native Hawaiian or Other Pacific Islander
- g. White

4. If you are American Indian or Alaskan Native, which group best describes you? (If more than one describes you, mark ALL that apply)

- a. Anishinaabe/Ojibwe
- b. Dakota/Lakota
- c. Other tribal affiliation

5. **If you are Asian, South Asian or Asian American, which group best describes you? (If more than one describes you, mark ALL that apply)**
- a. Bangladeshi
 - b. Burmese
 - c. Chinese
 - d. Filipino
 - e. Hmong
 - f. Indian
 - g. Karen
 - h. Korean
 - i. Lao
 - j. Nepali
 - k. Pakistani
 - l. Vietnamese
 - m. Other Asian
6. **If you are Black, African or African American, which group best describes you? (If more than one describes you, mark ALL that apply)**
- a. African American
 - b. Ethiopian – Oromo
 - c. Ethiopian – other
 - d. Liberian
 - e. Nigerian
 - f. Somali
 - g. Other Black, African or African American
7. **If you are Hispanic or Latino/Latina, which group best describes you? (If more than one describes you, mark ALL that apply)**
- a. Colombian
 - b. Ecuadoran
 - c. Guatemalan
 - d. Mexican
 - e. Puerto Rican
 - f. Salvadoran
 - g. Spanish/Spanish-American
 - h. Other Hispanic or Latino/Latina
8. **If you are Middle Eastern or North African, which group best describes you? (if more than one describes you, mark ALL that apply)**
- a. Egyptian
 - b. Iranian
 - c. Iraqi
 - d. Lebanese
 - e. Palestinian
 - f. Other Middle Eastern or North African

9. **What was your sex assigned at birth (as on your original birth certificate)?**
- Male
 - Female
10. **What is your gender identity? (Mark ALL that apply)**
- Agender
 - Boy/man (**cisgender**, which means your gender identity matches your sex assigned at birth)
 - Boy/man (**transgender**, which means your gender identity does **not** match your sex assigned at birth)
 - Genderfluid, gender non-conforming, or genderqueer
 - Girl/woman (**cisgender**, which means your gender identity matches your sex assigned at birth)
 - Girl/woman (**transgender**, which means your gender identity does **not** match your sex assigned at birth)
 - Nonbinary
 - Two spirit
 - Questioning/unsure
 - Identity not listed
11. **A person's appearance, style, dress, or the way they walk or talk may affect how people describe them. How do you think other people at school would describe you?**
- Very or mostly feminine
 - Somewhat feminine
 - Equally feminine and masculine
 - Somewhat masculine
 - Very or mostly masculine
12. **How do you describe your sexual orientation?**
- Straight (heterosexual)
 - Asexual
 - Bisexual
 - Gay or Lesbian
 - Questioning/Not sure
 - Pansexual
 - Queer
 - I don't describe myself in any of these ways
 - I am not sure what this question means
13. **What is the MAIN thing you plan to do RIGHT AFTER high school?**
- I don't plan to graduate from high school
 - Get my GED
 - Go to a two-year community or technical college
 - Go to a four-year college or university
 - Get a license or certificate in a career field
 - Attend an apprenticeship program
 - Join the military
 - Work at a job
 - Other

14. Has an adult in your school helped you...

Question	Yes	No
a. Think about education options for after high school (college or other training program)?		
b. Find career-focused field experiences (job shadowing, work-based learning, service learning, career camps, apprenticeships)?		

15. Do you receive special education services as part of an IEP (individualized education program)?

- a. Yes
- b. No
- c. Not sure

16. About how many books are there in your home?

- a. Few (0-10)
- b. Enough to fill one shelf (11-25)
- c. Enough to fill one bookcase (26-100)
- d. Enough to fill several bookcases (more than 100)

17. Do you have any of the following in your home?

Question	Yes	No
a. Access to the internet		
b. Your own bedroom		
c. A desktop or laptop computer (including Chromebooks) that you can use		
d. A tablet (for example, Surface Pro, iPad, Kindle Fire) that you can use		
e. A smartphone (for example, iPhone, Samsung Galaxy, HTC One) that you can use		

18. How would you describe your grades this school year?

- a. Mostly A's
- b. Mostly B's
- c. Mostly C's
- d. Mostly D's
- e. Mostly F's
- f. Mostly Incompletes
- g. None of these letter grades

19. When driving a car, truck or SUV, how often do you handle your phone to do things like send or read text messages, take pictures, use social media, stream videos, or videochat?

- a. I don't drive a car, truck or SUV
- b. I never do this
- c. Rarely
- d. Sometimes
- e. Often
- f. Always

20. How often do you wear a seat belt when you are driving or riding in a car, truck or SUV?

- a. I don't drive or ride in a car, truck or SUV
- b. I never do this
- c. Rarely
- d. Sometimes
- e. Often
- f. Always

21. During the last 30 days, how many times did you miss a full day of school? (Do not include school-sponsored activities like field trips, sports, academic or music events)*

- a. None
- b. Once or twice
- c. 3 to 5 times
- d. 6 to 9 times
- e. 10 or more times

(Online schools only) During the last 30 days, how many times did you miss scheduled classes?

- a. None
- b. Once or twice
- c. 3 to 5 times
- d. 6 to 9 times
- e. 10 or more times
- f. Do not attend scheduled classes

22. During the last 30 days, how many times did you miss part of a day of school such as coming late, leaving early or missing class time during the day? (Do not include school-sponsored activities like field trips, sports, academic or music events)*

- a. None
- b. Once or twice
- c. 3 to 5 times
- d. 6 to 9 times
- e. 10 or more times

(Online schools only) During the last 30 days, how many times did you miss assigned activities?

- a. None
- b. Once or twice
- c. 3 to 5 times
- d. 6 to 9 times
- e. 10 or more times

23. (If student missed full or part of a day of school in the last 30 days) What are the reasons you missed a full or part of a day of school in the last 30 days? (Mark ALL that apply)*

- a. Felt sick
- b. Had or exposed to COVID-19
- c. Medical, dental or other health-related appointment
- d. Vacation or trip
- e. Felt very sad, hopeless, anxious, stressed or angry
- f. Didn't get enough sleep
- g. Didn't feel safe at school
- h. Missed your ride or didn't have a way to get to school
- i. Had to work (for pay or to help with a family business or chores)
- j. Had to take care of or help a family member, sibling or friend
- k. Behind in schoolwork or not prepared for a test or class assignment
- l. Bored with or not interested in school
- m. Suspended from school
- n. Other reason

(Online schools only and if student missed scheduled classes or assigned activities) What are the reasons you missed scheduled classes or assigned activities in the last 30 days? (Mark ALL that apply)

- a. Felt sick
- b. Had or exposed to COVID-19
- c. Medical, dental or other health-related appointment
- d. Vacation or trip
- e. Felt very sad, hopeless, anxious, stressed or angry
- f. Didn't get enough sleep
- g. Had to work (for pay or to help with a family business or chores)
- h. Had to take care of or help a family member, sibling or friend
- i. Behind in schoolwork or not prepared for a test or class assignment
- j. Bored with or not interested in school
- k. Other reason

24. During the last 30 days, how many times did you get sent out of the classroom for discipline?*

- a. None
- b. Once or twice
- c. 3 to 5 times
- d. 6 to 9 times
- e. 10 or more times

25. How often do you...

Question	All of the time	Most of the time	Some of the time	None of the time	(Online schools) Do not attend scheduled classes
a. Care about doing well in school?					Not applicable
b. Pay attention in class?					
c. Go to class unprepared?					

* Indicates the question was **not** asked to students in online schools

26. How much do you agree or disagree with each of the following statements?

Question	Strongly agree	Agree	Disagree	Strongly disagree
a. If something interests me, I try to learn more about it.				
b. I think things I learn at school are useful.				
c. Being a student is one of the most important parts of who I am.				
d. Overall, adults at my school treat students fairly.				
e. Adults at my school listen to the students.				
f. The school rules are fair.				
g. At my school, teachers care about students.				
h. Most teachers at my school are interested in me as a person.				

27. How much do you agree or disagree with each of the following statements?

Question	Strongly agree	Agree	Disagree	Strongly disagree
a. I feel safe going to and from school.*				
b. I feel safe at school.*				
c. I feel safe in my neighborhood.				
d. I feel safe at home.				

28. Is there a police officer or School Resource Officer (SRO) at your school?*

- a. Yes
- b. No
- c. I don't know

29. (If there is a police officer or SRO at the school) How much do you agree or disagree with each of the following statements?*

Question	Strongly agree	Agree	Disagree	Strongly disagree
a. If I knew about something unsafe or illegal at my school, I would tell the SRO or police officer.				
b. I would feel comfortable going to my school's police officer or SRO if I was having problems or needed help.				
c. I think it is a good idea to have an SRO or police officer at our school.				

* Indicates the question was **not** asked to students in online schools

30. During the last 30 days, how often have other students harassed or bullied you for any of the following reasons?

Question	Never	Once or twice	About once a week	Several times a week	Every day
a. Your race, ethnicity or national origin					
b. Your religion					
c. Your sex or gender (being male, female, transgender, genderqueer, genderfluid.)					
d. Your gender expression (your style, dress, or the way you walk or talk)					
e. Because you are bisexual, gay, lesbian, asexual, pansexual, queer, or because someone thought you were					
f. A physical or mental disability					
g. Your size or weight					
h. Your physical appearance					

31. During the last 30 days, how often have you been cyberbullied? (Count being bullied through texting, Instagram, Snapchat, TikTok or other social media)

- a. Never
- b. Once or twice
- c. About once a week
- d. Several times a week
- e. Every day

32. During the last 30 days, how often have other students at school...

Question	Never	Once or twice	About once a week	Several times a week	Every day
a. Pushed, shoved, slapped, hit or kicked you when they weren't kidding around?*					
b. Threatened to beat you up?					
c. Spread mean rumors or lies about you?					
d. Made sexual jokes, comments or gestures towards you?					
e. Excluded you from friends, other students or activities?					

* Indicates the question was **not** asked to students in online schools

33. During the last 30 days, how many times at school have YOU...

Question	Never	Once or twice	About once a week	Several times a week	Every day
a. Pushed, shoved, slapped, hit or kicked someone when you weren't kidding around?*					
b. Threatened to beat someone up?					
c. Spread mean rumors or lies about someone else?					
d. Made sexual jokes, comments or gestures towards someone else?					
e. Excluded someone from friends, other students or activities?					

34. During a typical week, how often do you go to the following places after school?

Question	0 days	1 day	2 days	3 to 4 days	5 days
a. I stay at my school or go to another school*					
b. My home or another home such as a friend's, relative's or neighbor's					
c. A rec, community or other youth center					
d. A park or other outdoor space					
e. A library					
f. A church, synagogue, mosque, or other spiritual/religious place					

35. Does your school or community offer a variety of programs for people your age to participate in outside of the regular school day?

- a. Yes
- b. No
- c. I don't know what programs are available in my community

* Indicates the question was **not** asked to students in online schools

36. During a typical week, how often do you participate in the following activities outside of the regular school day?

Question	0 days	1 day	2 days	3 to 4 days	5 or more days
a. Sports teams, such as park and rec teams, school teams, in-house teams or traveling teams					
b. School sponsored activities or clubs that are not sports, such as drama, music, chess or science club					
c. Tutoring, homework help or academic programs					
d. Leadership activities such as student government, youth councils or committees					
e. Artistic activities, such as music, dance, drawing, photography, or pottery					
f. Cultural heritage programs					
g. Physical activity lessons, such as tennis or karate					
h. Other community clubs and programs such as 4-H, Scouts, Y-clubs or Community Ed					
i. Religious activities such as religious services, education or youth group					

37. (If students marked 0 days on ALL of the items on Question 36) What are the reasons you don't participate in any activities, programs or clubs outside of the regular school day? (Mark ALL that apply.)

- a. I do not know what is available in my community
- b. Activities are not available in my community
- c. Activities cost too much
- d. My parents (or guardians) won't let me
- e. My friends are not there
- f. I am not interested
- g. I am too busy with other things, such as a job or homework
- h. I don't have a way to get there or home
- i. I have to take care of other family members
- j. It is not a safe place
- k. Other

38. When you spend time doing activities outside of the regular school day, how often do you...

Question	Rarely or never	Sometimes	Often	Very often
a. Feel safe?				
b. Learn skills like teamwork or leadership?				
c. Develop trusting relationships with peers your age?				
d. Develop trusting relationships with adults?				
e. Help make decisions?				
f. Do something that gives you joy and energy?				
g. Learn skills that you can use in a future job?				

39. How would you describe your health in general?

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor

40. Have you had any of the following dental problems during the past 12 months? (Mark ALL that apply)

- a. Toothaches or pain
- b. Decayed teeth or cavities
- c. Swollen, painful or bleeding gums
- d. Could not eat certain foods because of a dental problem
- e. Missed one or more school days because of a dental problem
- f. I have not had any of these dental health problems

41. (If student had a dental problem in past 12 months) Have you had this dental problem treated by a dentist?

- a. Yes
- b. No, but I will see a dentist
- c. No, I am not able to get dental treatment

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

- a. During the last year
- b. Between 1 and 2 years ago
- c. More than 2 years ago
- d. Never

43. How tall are you? (For example, if you are 5 feet 3 inches tall, enter 5 in feet and 3 in inches)

- a. Feet: _____
- b. Inches: _____

44. About how much do you weigh in pounds? (Enter whole numbers; no decimals or fractions)

Pounds: _____

* Indicates the question was **not** asked to students in online schools

45. Do you have any physical disabilities, or long-term health problems (such as asthma, cancer, diabetes, epilepsy or something else)? Long-term means lasting 6 months or more.
- Yes
 - No
46. Do you have any long-term mental health, behavioral or emotional problems? Long-term means lasting 6 months or more.
- Yes
 - No
47. Have you ever been treated for a mental health, emotional or behavioral problem? *(Mark ALL that apply)*
- No
 - Yes, during the last year
 - Yes, more than a year ago
48. Have you ever been treated for an alcohol or drug problem? *(Mark ALL that apply)*
- No
 - Yes, during the last year
 - Yes, more than a year ago
49. During the last 7 days, on how many days were you physically active for a total of AT LEAST 60 MINUTES PER DAY? *(Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time)*
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
50. During the last 30 days, have you had to skip meals because your family did not have enough money to buy food?
- Yes
 - No
51. During a typical school week, where do you usually get your lunch? *(Mark ALL that apply)**
- I usually don't eat lunch
 - Regular school lunch from the cafeteria
 - The a la carte line (buy individual items)
 - School store or vending machine
 - Fast food restaurant, gas station or somewhere else outside of school
 - I bring lunch from home

52. During the last 7 days, how many times did you...

Question	I did NOT eat or drink this	1 to 3 times in the last 7 days	4 to 6 times in the last 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
a. Drink 100% fruit juices such as orange, apple or grape juice? (Do not count punch, Kool-Aid, sports drinks or other fruit-flavored drinks)							
b. Eat fruit? (Do not count fruit juice)							
c. Eat green salad, potatoes, carrots or other vegetables? (Do not count French fries, fried potatoes, or potato chips)							
d. Eat from a fast food restaurant, including carry-out or delivery?							

53. During the last 7 days, how many times did you drink...

Question	I did NOT eat or drink this	1 to 3 times in the last 7 days	4 to 6 times in the last 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
a. A glass of milk? (Count the milk you drank in a cup, from a carton, or with cereal.)							
b. A can, bottle or glass of pop or soda, such as Coke, Pepsi or Sprite? (Do not count diet pop or diet soda)							
c. A can, bottle or glass of a sports drink, such as Gatorade or Powerade? (Do not count low-calorie sports drinks such as Propel or G2)							
d. A can, bottle or glass of an energy drink, such as Rockstar, Red Bull, Monster or Full Throttle?							
e. A can, bottle or glass of coffee or tea that had sugar, syrups, or honey added to it? (Count coffee and tea you added a sweetener to or already had sweetener, such as Arizona Iced Tea and Frappuccinos. Do not count artificial sweeteners like Splenda, or diet drinks.)							
f. A can, bottle or glass of a sweetened fruit drink, such as Kool-Aid, Capri Sun and lemonade? (Do not include 100% fruit juice, such as 100% pure orange juice.)							
g. A glass or drink of tap water from a drinking fountain, faucet or sink?							
h. A bottle of water (plain water that is not flavored or carbonated)?							

54. Has a doctor or nurse ever told you that you have...

Question	Yes	No
a. Diabetes?		
b. Pre-diabetes?		
c. Asthma?		
d. An allergy that requires you to carry an epi-pen?		

55. During a typical school night, how many hours of sleep do you get?

- a. 4 hours or less
- b. 5 hours
- c. 6 hours
- d. 7 hours
- e. 8 hours
- f. 9 hours
- g. 10 or more hours

56. How much do you feel...

Question	Not at all	A little	Some	Quite a bit	Very much
a. Your parents care about you?					
b. Other adult relatives care about you?					
c. Friends care about you?					
d. Teachers-at school care about you?					
e. Other adults at school care about you?					
f. Adults in your community care about you?					

57. Which of these adults can you talk to about problems you are having? (Mark ALL that apply)

- a. Parent or guardian
- b. Adult at school
- c. Some other adult
- d. I don't have any adults that I can talk to about problems I am having

58. In general, how does each of the following statements describe you?

Question	Not at all or rarely	Somewhat or sometimes	Very or often	Extremely or almost always
a. I feel in control of my life and future.				
b. I feel good about myself.				
c. I say no to things that are dangerous or unhealthy.				
d. I build friendships with other people.				
e. I express my feelings in proper ways.				
f. I feel good about my future.				
g. I deal with disappointment without getting too upset.				
h. I find good ways to deal with things that are hard in my life.				
i. I plan ahead and make good choices.				
j. I stay away from bad influences.				
k. I resolve conflicts without anyone getting hurt.				
l. I feel valued and appreciated by others.				
m. I accept people who are different from me.				
n. I am thinking about what my purpose is in life.				
o. I am included in family tasks and decisions.				
p. I am given useful roles and responsibilities.				
q. I am sensitive to the needs and feelings of others.				

59. Over the past 2 weeks, how often have you been bothered by...

Question	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things?				
b. Feeling down, depressed or hopeless?				
c. Feeling nervous, anxious or on edge?				
d. Not being able to stop or control worrying?				

60. During the last 12 months, how many times did you do something to purposely hurt or injure yourself without wanting to die, such as cutting, burning, scratching or bruising yourself on purpose?

- a. 0 times
- b. 1 or 2 times
- c. 3 to 5 times
- d. 6 to 9 times
- e. 10 to 19 times
- f. 20 or more times

61. Have you ever seriously considered attempting suicide? (Mark ALL that apply)

- a. No
- b. Yes, during the last year
- c. Yes, more than a year ago

62. Have you ever actually attempted suicide? (Mark ALL that apply)

- a. No
- b. Yes, during the last year
- c. Yes, more than a year ago

63. Have you been in a casual or serious relationship where your partner ever...

Question	Yes	No
a. Physically hurt you on purpose (shoved, kicked, slapped, punched, pulled hair, strangled, injured you with an object or weapon, etc.)?		
b. Verbally hurt or controlled you (called you names, told you what you could wear or eat, told you who you could see or talk to, threatened you, blamed you for their behavior, etc.)?		
c. Pressured, tricked, or forced you to do something sexual, or did something sexual to you against your wishes?		

64. Have YOU ever pressured, tricked, or forced someone to do something sexual, or have you done something sexual to someone against their wishes?

- a. Yes
- b. No
- c. Not sure

65. Have you ever been in foster care? (Mark ALL that apply)

- a. No
- b. Yes, during the last year
- c. Yes, more than a year ago

66. During the past 12 months, have you stayed in a shelter, somewhere not intended as a place to live, or someone else's home because you had no other place to stay? (Mark ALL that apply)

- a. No
- b. Yes, I was with my parents or an adult family member
- c. Yes, I was on my own without any adult family members

67. Have any of your parents or guardians ever been in jail or prison? (Mark ALL that apply)

- a. None of my parents or guardians has ever been in jail or prison
- b. Yes, I have a parent or guardian in jail or prison right now
- c. Yes, I have had a parent or guardian in jail or prison in the past

68. (If parent or guardian is or ever was in jail or prison) Did you live with a parent or guardian at the time they went to jail or prison?

- a. Yes
- b. No

- 69. Do you live with anyone who drinks too much alcohol?**
- a. Yes
 - b. No
- 70. Do you live with anyone who uses illegal drugs or abuses prescription drugs?**
- a. Yes
 - b. No
- 71. Do you live with anyone who is depressed or has any other mental health issues?**
- a. Yes
 - b. No
- 72. Does a parent or other adult in your home regularly swear at you, insult you or put you down?**
- a. Yes
 - b. No
- 73. Has a parent or other adult in your home ever hit, beat, kicked or physically hurt you in any way?**
- a. Yes
 - b. No
- 74. Have your parents or other adults in your home ever slapped, hit, kicked, punched or beat each other up?**
- a. Yes
 - b. No
- 75. Has anyone who was not a relative/family member ever pressured, tricked, or forced you to do something sexual or done something sexual to you against your wishes?**
- a. Yes
 - b. No
- 76. Has any relative/family member ever pressured, tricked, or forced you to do something sexual or done something sexual to you?**
- a. Yes
 - b. No
- 77. Have you ever traded sex or sexual activity to receive money, food, drugs, alcohol, a place to stay, or anything else?**
- a. Yes
 - b. No

The next questions are about gambling. By gambling, we mean when you bet money or something else of value so that you can win money or something else.

78. During the last 12 months, how often have you done the following gambling/betting activities?

Question	Not at all	Less than once a month	About once a month	About once a week	2 to 6 times a week	Daily
a. Bet on informal games of personal skill such as playing cards, video games, pool, golf, etc.						
b. Bet on formal sports events or games including esports						
c. Bought lottery tickets or scratch offs						
d. Gambled in a casino						
e. Gambled for money online including loot boxes						

79. (If student gambled in the last 12 months) During the last 12 months, how often have you...

Question	Never	Sometimes	Many times	All of the time
a. Hidden your gambling/betting from your parents, other family members or teachers?				
b. Felt that you might have a problem with gambling/betting?				
c. Skipped hanging out with friends who do not gamble/bet to hang out with friends who do gamble/bet?				

80. During the last 12 months, how often have you...

Question	Never	Once or twice	3 to 5 times	6 to 9 times	10 or more times
a. Run away from home?					
b. Damaged or destroyed property?					
c. Hit or beat up another person?					
d. Taken something from a store without paying for it?					

81. During the last 30 days, on how many days did you...

Question	0 days	1 to 2 days	3 to 9 days	10 to 19 days	20 to 29 days	All 30 days
a. Smoke a cigarette?						
b. Smoke cigars, cigarillos or little cigars?						
c. Use chewing tobacco, snuff or dip?						
d. Vape or use an e-cigarette that contains nicotine, such as JUUL, VUSE, NJOY, Puff Bar, Blu, or Bidi Stick?						
e. Use a hookah or a water pipe to smoke tobacco?						

82. (If student vaped or used e-cigarette in last 30 days) When you vaped or used an e-cigarette during the last 30 days, how did you get it? (Mark ALL that apply)

- a. I bought it at gas stations or convenience stores
- b. I bought it at grocery, discount or drug stores
- c. I bought it on the internet
- d. I bought it at vape shops or other stores that sell only e-cigarettes
- e. I got it from friends
- f. I got it from my parents
- g. I got it from other family members
- h. I got it from someone I didn't know
- i. I got it by getting someone else to buy it for me
- j. I took it from my home
- k. I took it from a friend's home
- l. I took it from stores
- m. I got it some other way

83. (If student vaped or used e-cigarette in last 30 days) Which flavors of e-cigarettes (or e-juice) have you used in the past 30 days? (Mark ALL that apply)

- a. Tobacco-flavored
- b. Menthol or mint
- c. Clove or spice
- d. Fruit
- e. Chocolate
- f. An alcoholic drink (such as wine, cognac, margarita or other cocktails)
- g. A non-alcoholic drink (such as coffee, soda, energy drinks, or other beverages)
- h. Candy, desserts, or other sweets
- i. Some other flavor
- j. No flavor (unflavored)

- 84. (If student used cigarettes, cigar, chewing tobacco or hookah in last 30 days) Which of the following tobacco products that you used in the past 30 days were flavored to taste like mint, menthol or some other flavor (such as candy, fruit, chocolate, spice, or alcohol)? (Mark ALL that apply)**
- Cigarettes
 - Cigars, cigarillos, or little cigars
 - Chewing tobacco, snuff or dip
 - Tobacco in a hookah or waterpipe
 - I did not use a flavored version of the tobacco products listed above in the past 30 days
- 85. During the last 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?**
- 0 days
 - 1 to 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days
- 86. (If student used alcohol in last 30 days) When you used alcohol during the last 30 days, how did you get it? (Mark ALL that apply)**
- I bought alcohol at gas stations or convenience stores
 - I bought alcohol at bars or restaurants
 - I bought alcohol at stores
 - I bought alcohol on the Internet
 - I got alcohol from friends
 - I got alcohol from my parents
 - I got alcohol from other family members
 - I got alcohol by getting someone else to buy for me
 - I got alcohol at parties
 - I took alcohol from my home
 - I took alcohol from a friend's home
 - I took alcohol from stores
 - I got alcohol some other way
- 87. During the last 12 months, on how many occasions (if any) have you had alcoholic beverages to drink?**
- 0
 - 1 to 2
 - 3 to 5
 - 6 to 9
 - 10 to 19
 - 20 to 39
 - 40 or more

- 88. (If student drank alcohol in last 12 months) If you drink beer/wine/wine coolers/liquor, generally how much do you drink at one time?**
- a. 1 glass/can/drink
 - b. 2 glasses/cans/drinks
 - c. 3 glasses/cans/drinks
 - d. 4 glasses/cans/drinks
 - e. 5 or more glasses/cans/drinks
- 89. (If student's sex assigned at birth is female and drank alcohol in the last 30 days) During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row, that is, within a couple of hours?**
- a. 0 days
 - b. 1 day
 - c. 2 days
 - d. 3 to 5 days
 - e. 6 to 9 days
 - f. 10 to 19 days
 - g. 20 or more days
- 90. (If student's sex assigned at birth is male and drank alcohol in the last 30 days) During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?**
- a. 0 days
 - b. 1 day
 - c. 2 days
 - d. 3 to 5 days
 - e. 6 to 9 days
 - f. 10 to 19 days
 - g. 20 or more days

The next three questions will ask about marijuana (pot, weed, cannabis) and hashish (hash, hash oil). For these questions, do NOT count medical marijuana prescribed for you by a doctor. Do NOT count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone. DO include high-THC and low-THC products, such as Shatter and Delta 8.

- 91. During the last 30 days, on how many days did you use marijuana?**
- a. 0 days
 - b. 1 to 2 days
 - c. 3 to 5 days
 - d. 6 to 9 days
 - e. 10 to 19 days
 - f. 20 to 29 days
 - g. All 30 days

92. During the last 12 months, on how many occasions have you used marijuana?

- a. 0
- b. 1 to 2
- c. 3 to 5
- d. 6 to 9
- e. 10 to 19
- f. 20 to 39
- g. 40 or more

93. During the last 12 months, on how many occasions (if any) have you...

Question	0	1 to 2	3 to 5	6 to 9	10 to 19	20 or more
a. Sniffed glue or huffed or inhaled the contents of aerosol spray cans or other gases to get high?						
b. Used LSD (acid), PCP (wet sticks or dipped joints), or other psychedelics (mushrooms, angel dust)?						
c. Used MDMA (E, X, ecstasy, Molly), GHB (G, Liquid E, Liquid X, roofies) or Ketamine (Special K)?						
d. Used crack, coke or cocaine in any form?						
e. Used heroin (smack, junk, China White)?						
f. Used methamphetamine (meth, glass, crank, crystal meth, ice)?						
g. Used over-the-counter drugs such as cough syrup, cold medicine or diet pills that you took only to get high?						
h. Used synthetic marijuana (K2, Gold) that you took only to get high?						
i. Used any other synthetic drugs such as bath salts (Ivory Wave, White Lightning) that you took only to get high?						

94. During the last 30 days, on how many days did you use prescription drugs without a doctor's prescription or differently than how a doctor told you to use it?

- a. 0 days
- b. 1 to 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

95. During the last 12 months, on how many occasions (if any) have you used any of the following prescription drugs without a doctor's prescription or differently than how a doctor told you to use it?

Question	0	1 to 2	3 to 5	6 to 9	10 to 19	20 or more
a. Stimulants such as Amphetamines (bennies, speed, uppers) or diet pills?						
b. ADHD or ADD drugs (Ritalin, Adderall, hyper pills)?						
c. Pain relievers such as OxyContin, Percocet, Vicodin or others?						
d. Tranquilizers such as Valium, Xanax, Klonopin, Ativan, anxiety pills, sedatives or benzos (downers)?						

96. *(If student used alcohol or other drugs in the last 12 months)* During the last 12 months, have you...

Question	Yes	No
a. Found that you had to use a lot more alcohol or drugs than before to get the same effect?		
b. Tried to cut down on your use of alcohol or drugs but couldn't?		
c. Continued to use alcohol or drugs even though you knew it was hurting your relationships with friends or family?		

97. *(If student used alcohol or drugs in the last 12 months)* During the last 12 months, how many times have you...

Question	0 times	1 time	2 times	3 or more times
a. Spent all or most of the day using alcohol or drugs, or getting over their effects?				
b. Given up important social or recreational activities like sports or being with friends or relatives to use alcohol or drugs or to get over their effects?				
c. Missed work or school, or neglected other major responsibilities because of alcohol or drug use?				
d. Driven a motor vehicle after using alcohol or drugs?				
e. Hit someone or become violent while using alcohol or drugs?				
f. Used so much alcohol or drugs that the next day you could not remember what you had said or done?				
g. Used more alcohol or drugs than you intended to?				

98. *(If student used alcohol or drugs in the last 12 months)* During the last 12 months, were there any times when you felt such a strong desire or urge to drink alcohol or to use a drug that you couldn't resist or could not think of anything else?

- Yes
- No

99. (If student used alcohol or drugs in the last 12 months) During the last 12 months, how many times has alcohol or drug use left you feeling depressed, agitated, paranoid, or unable to concentrate?
- 0 times
 - 1 time
 - 2 times
 - 3 or more times

100. How much do you think people risk harming themselves physically or in other ways if they...

Question	No risk	Slight risk	Moderate risk	Great risk
a. Smoke one or more packs of cigarettes per day?				
b. Have five or more drinks of an alcoholic beverage once or twice per week?				
c. Use marijuana once or twice per week?				
d. Use prescription drugs not prescribed for them?				
e. Vape or use e-cigarettes?				

101. How wrong do your parents feel it would be for you to...

Question	Not at all wrong	A little bit wrong	Wrong	Very wrong
a. Smoke cigarettes?				
b. Have one or more drinks of an alcoholic beverage nearly every day?				
c. Use marijuana?				
d. Use prescription drugs not prescribed for you?				
e. Vape or use e-cigarettes?				

102. How wrong do your friends feel it would be for you to...

Question	Not at all wrong	A little bit wrong	Wrong	Very wrong
a. Smoke cigarettes?				
b. Have one or more drinks of an alcoholic beverage nearly every day?				
c. Use marijuana?				
d. Use prescription drugs not prescribed for you?				
e. Vape or use e-cigarettes?				

103. How do you feel about each of the following statements?

Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. Parents and other adults should clearly communicate with their children about the importance of not using alcohol.					
b. Drinking alcohol is never a good thing for anyone my age to do.					

104. In your opinion, how do you think MOST STUDENTS in your school feel about each of the following statements?

Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. Parents and other adults should clearly communicate with their children about the importance of not using alcohol.					
b. Drinking alcohol is never a good thing for anyone my age to do.					

105. How often do you use each of the following?

Question	Never	Tried once or twice	Once or twice a year	Once a month	Twice a month	Once a week	Daily
a. Tobacco (cigarettes, chew)							
b. Alcohol (beer, wine, liquor)							
c. Marijuana (pot, hash, hash oil)							
d. Vaping device or e-cigarette with nicotine							
e. Vaping device or e-cigarette with marijuana, THC or hash oil, or THC wax							

106. In your opinion, how often do you think MOST STUDENTS in your school use each of the following?

Question	Never	Tried once or twice	Once or twice a year	Once a month	Twice a month	Once a week	Daily
a. Tobacco (cigarettes, chew)							
b. Alcohol (beer, wine, liquor)							
c. Marijuana (pot, hash, hash oil)							
d. Vaping device or e-cigarette with nicotine							
e. Vaping device or e-cigarette with marijuana, THC or hash oil, or THC wax							

107. Have you ever had sex?

- a. Yes
- b. No

108. (If student ever had sex) During the last 12 months, how many different partners have you had sex with?

- a. None
- b. 1 person
- c. 2 persons
- d. 3 persons
- e. 4 persons
- f. 5 persons
- g. 6 or more persons

109. (If student ever had sex) Did you drink alcohol or use drugs before you had sex the LAST time?

- a. Yes
- b. No

110. (If student ever had sex) Have you talked with your partner(s) about...

Question	Never	Not with every partner	At least once with every partner
a. Protecting yourselves from getting sexually transmitted infections/HIV/AIDS?			
b. Preventing pregnancy?			

111. (If student ever had sex) The LAST time you had sex, did you or your partner use a condom?

- a. Yes
- b. No
- c. Not applicable

112. (If student ever had sex) The LAST time you had sex, what method or methods did you or your partner use to prevent pregnancy? (Mark ALL that apply)

- a. No method was used to prevent pregnancy
- b. Birth control pills
- c. Condoms
- d. Depo-Provera shot (or any birth control shot) or Nuva Ring (or any birth control ring)
- e. Nexplanon (or any implant) or Mirena (or any IUD)
- f. Withdrawal (pull-out)
- g. Some other method
- h. Not sure
- i. Not applicable

(Online schools only) Why did you choose to attend an online school? (Mark ALL that apply)*

- a. Avoid COVID-19
- b. Provides stability
- c. Offers courses I couldn't get at my previous school.
- d. Provides flexibility I need to pursue my interests (sports, work, hobbies)
- e. Allows me to avoid difficult or uncomfortable social settings (bullying, drama)
- f. Provides flexibility I need to manage my physical or mental health.
- g. Allows me to avoid teachers or administrators I don't like.
- h. Is a better fit for how I learn.
- i. Allows me to stay home to take care of family members.

There are no more questions. You may go back and change your answers or hit "Submit" to end the survey. This completes the survey. Thank you for your participation.

* Indicates the question was **not** asked to students in online schools