

Thank you for accepting the invitation to participate in this study for youth in Illinois schools. The questions ask you about your health behaviors, your community, your friends, your school, and your family. This is your chance to let state and community leaders know how many young people are concerned with and affected by each of the topics covered.

This study is completely voluntary, so you may skip any questions you do not wish to answer or stop the survey at any time.

If this study is to be helpful and if you choose to begin the survey, it is important that you answer each question as thoughtfully and honestly as possible. Your answers will be kept strictly confidential. No one at school will see your answers. We ask that you do not write your name anywhere on the survey so your answers cannot be connected with your name. We also ask that you respect the privacy of others and look only at your own survey.

Other students have said that these questionnaires are interesting, and they enjoy filling them out. We hope you will, too. Please be patient if some questions don't apply to you: we need to ask everyone the same questions. Be sure to read the instructions below before you begin to answer. Thank you very much for being an important part of this project.

2016 ILLINOIS YOUTH SURVEY 8TH GRADE FORM

INSTRUCTIONS

1. This is not a test, so there are no right or wrong answers; we would like you to work fairly quickly, so that you can finish.
2. All of the answers should be answered by marking one of the answer spaces. If you don't always find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure of what it means, just leave it blank.
3. Your answers will be read automatically by a machine called an optical mark reader. Please follow these instructions carefully:
 - Use only the black lead pencil you have been given.
 - Make heavy black marks inside the circles.
 - Erase evenly any answer you wish to change.
 - Make no other markings or comments on the answer pages, since they interfere with the automatic reading.

This kind of mark will work:
Correct Mark



These kinds of marks will NOT work:
Incorrect Marks



D1. How old are you?

- 9 10 11 12 13 14 or older

D2. What grade are you in?

- 6th 7th 8th

D3. Are you:

- Female Male

D4. What is your race?

- White Native American/American Indian
 Black/African American Multi-racial
 Latino/Latina Other
 Asian American

D5. Who do you live with MOST OF THE TIME? (select one)

- Both parents Foster parent (including relatives if they are your foster parent)
 Parent and step parent Group home or residential care
 Mother only Grandparents only
 Father only Legal guardian
 Legal guardian

D6. What is your zip code?

6	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

D7. At school, are you eligible to receive: (select one)

- Free lunch
 Reduced price lunch
 Neither

D8. About how many days are you absent from school during an entire year?

- 0-9 days 20-30 days
 10-19 days More than 30 days

The following questions ask about your ACTIVITIES

A1. In which of the following activities do you participate?

- | Yes | No | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | School sports team |
| <input type="radio"/> | <input type="radio"/> | Other sports |
| <input type="radio"/> | <input type="radio"/> | Service clubs (e.g., scouting, 4H) |
| <input type="radio"/> | <input type="radio"/> | Other activity clubs (e.g., Boys & Girls, YMCA, etc.) |
| <input type="radio"/> | <input type="radio"/> | Service or volunteer projects |
| <input type="radio"/> | <input type="radio"/> | Church youth group or other faith-based youth group |
| <input type="radio"/> | <input type="radio"/> | Youth drug prevention leadership group |

The following questions ask about what you THINK or FEEL

P1. If you wanted to get some beer, wine, or hard liquor (e.g., vodka, whiskey, or gin) how easy would it be for you to get some?

- Very hard Sort of easy
 Sort of hard Very easy

P2. If you wanted to get some cigarettes, how easy would it be for you to get some?

- Very hard Sort of easy
 Sort of hard Very easy

P3. If you wanted to get some marijuana, how easy would it be for you to get some?

- Very hard Sort of easy
 Sort of hard Very easy

P4. If you wanted to get prescription drugs not prescribed to you, how easy would it be for you to get some?

- Very hard Sort of easy
 Sort of hard Very easy

P5. How wrong would most adults (over 21) in your neighborhood think it is for kids your age:

- a. to use marijuana?**
 Very wrong A little bit wrong
 Wrong Not wrong at all

- b. to drink alcohol?**
 Very wrong A little bit wrong
 Wrong Not wrong at all

- c. to smoke cigarettes?**
 Very wrong A little bit wrong
 Wrong Not wrong at all

P6. How safe do you feel in your neighborhood?

- Very safe Sort of unsafe
 Sort of safe Very unsafe

P7. How wrong do you think it is for someone your age to:

- a. drink beer, wine or hard liquor (e.g., vodka, whiskey or gin) regularly?**
 Very wrong A little bit wrong
 Wrong Not wrong at all

- b. smoke cigarettes?**
 Very wrong A little bit wrong
 Wrong Not wrong at all

- c. smoke marijuana?**
 Very wrong A little bit wrong
 Wrong Not wrong at all

- d. use prescription drugs not prescribed to them?**
 Very wrong A little bit wrong
 Wrong Not wrong at all

P8. How wrong do your parents feel it would be for you to:

a. drink beer, wine, or hard liquor (e.g., vodka, whiskey, or gin) regularly (at least once or twice a month)?

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

b. have one or two drinks of an alcoholic beverage nearly every day?

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

c. smoke cigarettes?

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

d. smoke marijuana?

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

e. use prescription drugs not prescribed to you?

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

P9. How wrong do your friends feel it would be for you to:

a. have one or two drinks of an alcoholic beverage nearly every day?

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

b. smoke tobacco?

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

c. smoke marijuana?

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

d. use prescription drugs not prescribed to you?

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

P10. How much do you think people risk harming themselves (physically or in other ways) if they:

a. smoke one or more packs of cigarettes per day?

- No risk Moderate risk
 Slight risk Great risk

b. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?

- No risk Moderate risk
 Slight risk Great risk

c. have five or more drinks of an alcoholic beverage once or twice a week?

- No risk Moderate risk
 Slight risk Great risk

d. smoke marijuana once or twice a week?

- No risk Moderate risk
 Slight risk Great risk

e. use prescription drugs that are not prescribed to them?

- No risk Moderate risk
 Slight risk Great risk

P11. What are the chances you would be seen as cool if you:

Very good chance
Pretty good chance
Some chance
Little chance
No or very little chance

a. smoked cigarettes?

b. began drinking alcohol regularly, that is, at least once or twice a month?

c. smoked marijuana?

P12. During the past 12 months did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

- Yes No

P13. Is there an adult you know (other than your parent) you could talk to about important things in your life?

- No Yes, one adult Yes, more than one adult

The next set of questions asks about DRUG USE

U1. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?

- None 3-5 times
 Once 6-9 times
 Twice 10 or more times

U2. When, if ever, did you FIRST:

	During the past 12 months	More than 12 months ago	Never have
a. drink more than a sip or two of beer, wine, or hard liquor (e.g., vodka, whiskey, or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke a cigarette, even just a puff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. use an electronic cigarette (e-cigarette)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Think about the PAST 30 DAYS

U3. How frequently have you smoked cigarettes during the past 30 days?

<input type="radio"/> Not at all	<input type="radio"/> About one-half pack per day
<input type="radio"/> Less than one cigarette per day	<input type="radio"/> About one pack per day
<input type="radio"/> 1 to 5 cigarettes per day	<input type="radio"/> More than 1 pack per day

U4. How frequently have you used smokeless tobacco such as chewing tobacco, snuff, dip, or snus during the past 30 days?

<input type="radio"/> Never	<input type="radio"/> About once a day
<input type="radio"/> Once or twice	<input type="radio"/> More than once a day
<input type="radio"/> Once or twice per week	

U5. How frequently have you smoked tobacco products other than cigarettes such as cigars, cigarillos, or little cigars during the past 30 days?

<input type="radio"/> Never	<input type="radio"/> About once a day
<input type="radio"/> Once or twice	<input type="radio"/> More than once a day
<input type="radio"/> Once or twice per week	

U6. How frequently have you used electronic cigarettes (e-cigarettes) during the past 30 days?

<input type="radio"/> Never	<input type="radio"/> About once a day
<input type="radio"/> Once or twice	<input type="radio"/> More than once a day
<input type="radio"/> Once or twice per week	

U7. How frequently have you used a hookah or water pipe during the past 30 days?

<input type="radio"/> Never	<input type="radio"/> About once a day
<input type="radio"/> Once or twice	<input type="radio"/> More than once a day
<input type="radio"/> Once or twice per week	

U8. On how many occasions (if any) have you had beer, wine, or hard liquor during the past 30 days?

<input type="radio"/> 0 occasions	<input type="radio"/> 6-9 occasions
<input type="radio"/> 1-2 occasions	<input type="radio"/> 10-19 occasions
<input type="radio"/> 3-5 occasions	<input type="radio"/> 20 or more occasions

U9. On how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high during the past 30 days?

<input type="radio"/> 0 occasions	<input type="radio"/> 6-9 occasions
<input type="radio"/> 1-2 occasions	<input type="radio"/> 10-19 occasions
<input type="radio"/> 3-5 occasions	<input type="radio"/> 20 or more occasions

U10. On how many occasions (if any) have you used marijuana during the past 30 days?

<input type="radio"/> 0 occasions	<input type="radio"/> 6-9 occasions
<input type="radio"/> 1-2 occasions	<input type="radio"/> 10-19 occasions
<input type="radio"/> 3-5 occasions	<input type="radio"/> 20 or more occasions

U11. During the past 30 days have you used prescription drugs not prescribed to you?

Yes No

U12. Did you drink any of the following types of alcohol in the past 30 days?

	Yes	No
a. Beer from bottles or cans	<input type="radio"/>	<input type="radio"/>
b. Beer from a keg	<input type="radio"/>	<input type="radio"/>
c. Wine	<input type="radio"/>	<input type="radio"/>
d. Liquor (vodka, whiskey, etc.)	<input type="radio"/>	<input type="radio"/>
e. Alcopops (wine coolers, hard lemonade, hard cider)	<input type="radio"/>	<input type="radio"/>
f. Liquor with energy drinks (e.g., Red Bull)	<input type="radio"/>	<input type="radio"/>

Now think about the PAST YEAR or 12 MONTHS

U13. During the past 12 months, how often have you used:

	6 or more times	3-5 times	1-2 times	Never
a. steroids without a doctor's prescription?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. something you bought in a store to get high? (e.g., cough syrup, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. prescription painkillers to get high? (e.g., Oxycontin, Vicodin, Lortab, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. other prescription drugs to get high? (e.g., Ritalin, Adderall, Xanax, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. any tobacco including smokeless tobacco, or tobacco smoked through cigarettes, cigars, or a hookah water pipe?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

U14. During the past year have you used prescription drugs NOT PRESCRIBED TO YOU?

Yes No

U15. In the past year, did you get prescription drugs NOT PRESCRIBED TO YOU from any of the following sources?

	Yes	No
a. I bought them from someone (friend, relative, stranger, etc.)	<input type="radio"/>	<input type="radio"/>
b. I took them from home without the knowledge of my parents/guardians	<input type="radio"/>	<input type="radio"/>
c. I took them from someone else's home	<input type="radio"/>	<input type="radio"/>
d. My parents gave them to me	<input type="radio"/>	<input type="radio"/>
e. Someone other than my parents gave them to me (friend, relative, friends' parent, etc.)	<input type="radio"/>	<input type="radio"/>

U16. In the past year, on how many occasions (if any) have you:

	20 or more occasions	10-19 occasions	6-9 occasions	3-5 occasions	1-2 occasions	0 occasions
a. had beer, wine or liquor?	<input type="radio"/>					
b. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high?	<input type="radio"/>					
c. used marijuana?	<input type="radio"/>					
d. used MDMA ("ecstasy")?	<input type="radio"/>					
e. used LSD or other psychedelics?	<input type="radio"/>					
f. used cocaine or crack?	<input type="radio"/>					
g. used nazuphan ("narz", "fan", "zee")?	<input type="radio"/>					
h. used meth (methamphetamine)?	<input type="radio"/>					
i. used heroin?	<input type="radio"/>					

U17. How frequently have you smoked cigarettes during the past year?

<input type="radio"/> Not at all	<input type="radio"/> About one-half pack per day
<input type="radio"/> Less than one cigarette per day	<input type="radio"/> About one pack per day
<input type="radio"/> 1 to 5 cigarettes per day	<input type="radio"/> More than 1 pack per day

U18. During the past year, how often did you get cigarettes or other tobacco products from the following sources?

	Often	Sometimes	Never
a. I bought them at a gas station or store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I bought them from a vending machine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I gave a stranger money to buy them for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A friend gave them to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. My older brother or sister gave them to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. My parent gave them to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I took them from a store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I took them from home without my parents knowing it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

U19. During the past year, how often did you usually get your own beer, wine or liquor from the following sources?

	Often	Sometimes	Never
a. I bought it at a gas station or store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I bought it at a bar or restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I gave a stranger money to buy it for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A friend gave it to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. My older brother or sister gave it to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. My parents WITH their permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. My parents WITHOUT their permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. An adult (other than my parents) WITH that adult's permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. An adult (other than my parents) WITHOUT that adult's permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I took it from a store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I got it at a party	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

U20. In the past year, did you get your own marijuana from any of the following source?

	Yes	No
a. A friend gave it to me	<input type="radio"/>	<input type="radio"/>
b. My parents WITH their permission	<input type="radio"/>	<input type="radio"/>
c. My parents WITHOUT their permission	<input type="radio"/>	<input type="radio"/>
d. My older brother or sister gave it to me	<input type="radio"/>	<input type="radio"/>
e. I bought it from someone who sells drugs	<input type="radio"/>	<input type="radio"/>
f. An adult (other than my parents) WITH that adult's permission	<input type="radio"/>	<input type="radio"/>
g. I took it from someone else's home	<input type="radio"/>	<input type="radio"/>
h. I gave a stranger money to buy it for me	<input type="radio"/>	<input type="radio"/>

Next, a few questions about your EXPERIENCES WITH FAMILY

H1. How many days each week do you take care of yourself after school without an adult being there?

<input type="radio"/> None	<input type="radio"/> 3 days
<input type="radio"/> 1 day	<input type="radio"/> 4+ days
<input type="radio"/> 2 days	

H2. Think of those days that you are home after school without an adult being there. How many hours a day do you usually take care of yourself after school?

<input type="radio"/> Does not apply to me	<input type="radio"/> 3-5 hours
<input type="radio"/> Less than one per day	<input type="radio"/> 5+ hours
<input type="radio"/> 1-2 hours	

H3. In the past year have your parents/guardians talked to you about not using the following:

a. Tobacco	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't remember
b. Alcohol	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't remember
c. Marijuana	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't remember

H4. If you drank some beer or wine or liquor (e.g., vodka, whiskey, or gin) without your parents' permission would you be caught by your parents?

<input type="radio"/> Never	<input type="radio"/> Most of the time
<input type="radio"/> Sometimes	<input type="radio"/> Always

H5. If you go to a party where alcohol is served, would you be caught by your parents?

<input type="radio"/> Never	<input type="radio"/> Most of the time
<input type="radio"/> Sometimes	<input type="radio"/> Always

H6. When I am not at home, one of my parents/guardians knows where I am and who I am with.

<input type="radio"/> Never	<input type="radio"/> Most of the time
<input type="radio"/> Sometimes	<input type="radio"/> Always

H7. My parents/guardians ask if I've gotten my homework done.

<input type="radio"/> Never	<input type="radio"/> Most of the time
<input type="radio"/> Sometimes	<input type="radio"/> Always

H8. Would your parents/guardians know if you did not come home on time?

- Never Most of the time
 Sometimes Always

H9. My family has clear rules about alcohol and drug use.

- Yes No

Now, some questions about your SCHOOL EXPERIENCES

S1. Putting them all together, what were your grades like for the last year?

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

S2. How true are the following statements?

At my school, there is a teacher or some other adult:

Very much true
Pretty much true
A little true
Not at all true

- a. who really cares about me.
- b. who notices when I'm not there.
- c. who listens to me when I have something to say.
- d. who notices if I have trouble learning something.
- e. who tells me when I do a good job.
- f. who always wants me to do my best.
- g. who believes I will be a success.
- h. who encourages me to work hard in school.

S3. How true are the following statements?

Very much true
Pretty much true
A little true
Not at all true

- a. At school, I do interesting activities.
- b. At school, I help decide things like class activities or rules.
- c. At school, I do things that make a difference.

S4. How strongly do you agree or disagree with the following statements about your school?

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

- a. I feel close to people at this school.
- b. I am happy to be at this school.
- c. I feel safe in my school.
- d. The teachers at this school treat students fairly.

The following questions are about SAFETY

V1. How many times in the past year (12 months) have you:

6 or more times
3-5 times
1-2 times
Never

- a. been in a physical fight?
- b. carried a weapon such as a handgun, knife or club?
- c. sold illegal drugs?
- d. been drunk or high at school?

V2. In the past 12 months at school, how often have you been bullied, harassed, or made fun of because of your appearance or a disability?

- Never 3-5 times
 1-2 times 6 or more times

V3. During the past 12 months, has another student at school:

- | | | |
|---|-----------------------|-----------------------|
| | <u>Yes</u> | <u>No</u> |
| a. bullied you by calling you names? | <input type="radio"/> | <input type="radio"/> |
| b. threatened to hurt you? | <input type="radio"/> | <input type="radio"/> |
| c. bullied you by hitting, punching, kicking, or pushing you? | <input type="radio"/> | <input type="radio"/> |
| d. bullied, harassed or spread rumors about you on the Internet or through text messages? | <input type="radio"/> | <input type="radio"/> |

V4. During the past 12 months, how many times on school property have you been in a physical fight?

- 0 times 2 or 3 times
 1 time 4 or more times

V5. During the past 30 days, how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?

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

V6. In the past 12 months, have you been slapped, kicked, punched, hit, or threatened in a dating relationship?

- I have not begun to date Yes No Not sure

The following questions are about WHAT YOU EAT and your PHYSICAL ACTIVITY

N1. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes.

Fill in the matching circle following each number.

Example

Feet	5'	(3) (4) ● (6) (7)
Inches	7"	(0) (1) (2) (3) (4) (5) (6) ● (8) (9) (10) (11)

Feet		(3) (4) (5) (6) (7)
Inches		(0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)

N2. How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes.

Fill in the matching circle below each number.

Example

Pounds			Pounds		
1	5	2			
(0)	(0)	(0)	(0)	(0)	(0)
●	(1)	(1)	(1)	(1)	(1)
(2)	(2)	●	(2)	(2)	(2)
(3)	(3)	(3)	(3)	(3)	(3)
(4)	(4)	(4)	(4)	(4)	(4)
(5)	●	(5)	(5)	(5)	(5)
(6)	(6)	(6)	(6)	(6)	(6)
(7)	(7)	(7)	(7)	(7)	(7)
(8)	(8)	(8)	(8)	(8)	(8)
(9)	(9)	(9)	(9)	(9)	(9)

N3. In a typical week how often do you and your parent(s) or guardian(s) eat dinner together?

- Never
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

N4. During the past 7 days, how many times did you eat fruit?

- I did not eat fruit during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

N5. During the past 7 days, how many times did you eat vegetables?

- I did not eat vegetables during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

N6. On an average school day, how many hours do you watch TV?

- I do not watch TV on an average school day
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

N7. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)

- I do not play video or computer games or use a computer for something that is not school work on an average school day
- 1 hour or less per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

N8. During the past 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 spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

How honest were you in filling out this survey?

- I was very honest
- I was honest pretty much of the time
- I was honest some of the time
- I was honest once in a while
- I was not honest at all

ADDITIONAL QUESTIONS (optional)

If your school gives you additional questions, please answer them using the spaces below.

- 1. A B C D E F G H
- 2. A B C D E F G H
- 3. A B C D E F G H
- 4. A B C D E F G H
- 5. A B C D E F G H
- 6. A B C D E F G H
- 7. A B C D E F G H
- 8. A B C D E F G H
- 9. A B C D E F G H
- 10. A B C D E F G H

- 11. A B C D E F G H
- 12. A B C D E F G H
- 13. A B C D E F G H
- 14. A B C D E F G H
- 15. A B C D E F G H
- 16. A B C D E F G H
- 17. A B C D E F G H
- 18. A B C D E F G H
- 19. A B C D E F G H
- 20. A B C D E F G H

- 21. A B C D E F G H
- 22. A B C D E F G H
- 23. A B C D E F G H
- 24. A B C D E F G H
- 25. A B C D E F G H
- 26. A B C D E F G H
- 27. A B C D E F G H
- 28. A B C D E F G H
- 29. A B C D E F G H
- 30. A B C D E F G H

Thank you for sharing your point of view. If any survey questions or your response to a survey question has caused you to feel uncomfortable or concerned and you would like to talk to someone about your feelings, you should talk to your school's counselor, talk to a teacher or talk to another adult you trust. If you would rather talk to someone who doesn't know you, go to the website on the pencil you were given to complete this survey (iys.cprd.illinois.edu/resources/hotlines). This website has phone numbers you can call to share your feelings with someone who can help.