

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 HIGH SCHOOL 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?**

- 13  14  15  16  17  18  19+

**D2. What grade are you in?**

- 9th  10th  11th  12th

**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  Living independently  
 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?**

- | <u>Yes</u>            | <u>No</u>             |   |
|-----------------------|-----------------------|---|
| <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                |

**A2. On the average over the school year, how many hours per week do you work in a paid or unpaid job?**

- None  16 to 20 hours  
 5 or less hours  21 to 25 hours  
 6 to 10 hours  26 to 30 hours  
 11 to 15 hours  More than 30 hours

**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. What percent of students at your school do you think have smoked cigarettes in the past 30 days?**

- 0%                       21-30%                       51-60%                       81-90%  
 1-10%                       31-40%                       61-70%                       91-100%  
 11-20%                       41-50%                       71-80%

**P11. What percent of students at your school do you think have had beer, wine, or hard liquor in the past 30 days?**

- 0%                       21-30%                       51-60%                       81-90%  
 1-10%                       31-40%                       61-70%                       91-100%  
 11-20%                       41-50%                       71-80%

**P12. What percent of students at your school do you think have used marijuana in the past 30 days?**

- 0%                       21-30%                       51-60%                       81-90%  
 1-10%                       31-40%                       61-70%                       91-100%  
 11-20%                       41-50%                       71-80%

**P13. 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

**P14. 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?**

**P15. 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?**

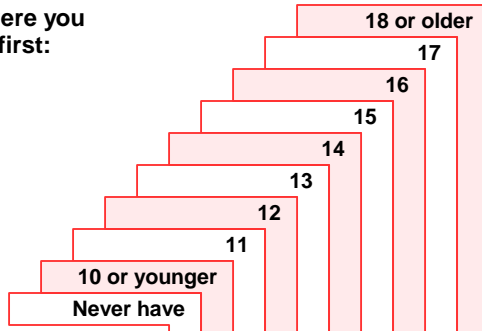
- Yes                                       No

**P16. 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

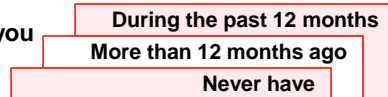
**The next set of questions asks about DRUG USE**

**U1. How old were you when you first:**



- a. smoked marijuana?
- b. smoked a cigarette, even just a puff?
- c. used any other tobacco product? (e.g. chewing tobacco or cigars)
- d. had more than a sip or two of beer, wine, or hard liquor? (e.g., vodka, whiskey or gin)
- e. began drinking alcoholic beverages regularly, that is, at least once or twice a month?

**U2. When, if ever, did you FIRST:**



- a. drink more than a sip or two of beer, wine, or hard liquor (e.g., vodka, whiskey, or gin)?
- b. smoke a cigarette, even just a puff?
- c. use an electronic cigarette (e-cigarette)?
- d. smoke marijuana?

**U3. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?**

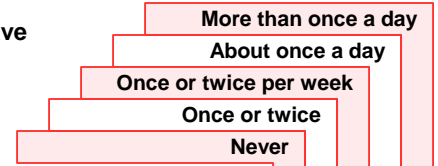
- None
- Once
- Twice
- 3-5 times
- 6-9 times
- 10 or more times

**Think about the PAST 30 DAYS**

**U4. How frequently have you smoked cigarettes during the past 30 days?**

- Not at all
- Less than one cigarette per day
- 1-5 cigarettes per day
- About one-half pack per day
- About one pack per day
- More than 1 pack per day

**U5. How frequently have you:**



- a. used smokeless tobacco such as chewing tobacco, snuff, dip, or snus during the past 30 days?
- b. smoked tobacco products other than cigarettes such as cigars, cigarillos, or little cigars during the past 30 days?
- c. used electronic cigarettes (e-cigarettes) during the past 30 days?
- d. used a hookah or water pipe during the past 30 days?

**U6. On how many occasions (if any) have you had beer, wine, or hard liquor during the past 30 days?**

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20 or more occasions

**U7. 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?**

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20 or more occasions

**U8. On how many occasions (if any) have you used marijuana during the past 30 days?**

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20 or more occasions

**U9. During the past 30 days have you used prescription drugs not prescribed to you?**

- Yes
- No

**U10. Did you drink any of the following types of alcohol in the past 30 days?**

- |   | <u>Yes</u>            | <u>No</u>             |
|---|-----------------------|-----------------------|
| 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**

**U11. 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"/>

**U12. During the past year have you used prescription drugs NOT PRESCRIBED TO YOU?**

Yes  No

**U13. 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"/>

**U14. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. used MDMA ("ecstasy")?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. used LSD or other psychedelics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. used cocaine or crack?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. used nazuphan ("narz", "fan", "zee")?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. used meth (methamphetamine)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. used heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**U15. How frequently have you smoked cigarettes during the past year?**

Not at all  About one-half pack per day

Less than one cigarette per day  About one pack per day

1 to 5 cigarettes per day  More than 1 pack per day

**U16. 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"/>

**U17. 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"/>

**U18. In the past year, did you get your own marijuana from any of the following sources?**

	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"/>

**U19. During the past 12 months, how often have you experienced the following WHILE or AFTER DRINKING ALCOHOL:**

	6 or more times	3-5 times	1-2 times	Never
a. Performed poorly on a test or important project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Been in trouble with the police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Damaged property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Got into an argument or fight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Been hurt or injured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Been a victim of a violent crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Been treated in a hospital Emergency Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**U20. During the past 12 months, did you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?**

- Yes  No

**U21. During the past 12 months, did you ever use alcohol or drugs while you were by yourself, ALONE?**

- Yes  No

**U22. During the past 12 months, did you ever FORGET things you did while using alcohol or drugs?**

- Yes  No

**U23. During the past 12 months, did your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?**

- Yes  No

**U24. During the past 12 months, have you gotten into TROUBLE while you were using alcohol or drugs?**

- Yes  No

**U25. During the past 12 months, have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?**

- Yes  No

**U26. During the past 12 months, how many times did you drive a car or other vehicle when you had been drinking alcohol?**

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

**U27. During the past 12 months, how many times did you drive a car or other vehicle when you had been using marijuana?**

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

**Next, a few questions about your EXPERIENCES WITH FAMILY**

**H1. In the past year have your parents/guardians talked to you about not using the following:**

- a. Tobacco  Yes  No  Don't remember  
 b. Alcohol  Yes  No  Don't remember  
 c. Marijuana  Yes  No  Don't remember

**H2. My family has clear rules about alcohol and drug use.**

- Yes  No

**H3. In the past year, have your parents/guardians talked with you about not drinking and driving or riding with a drunk driver?**

- Yes  No

Always

Most of the time

Sometimes

Never

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

- 

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

- 

**H6. If you drank and drove, would you be caught by your parents/guardians?**

- 

**H7. If you rode in a car driven by a teen driver who had been drinking, would you be caught by your parents/guardians?**

- 

**H8. When I am not at home, one of my parents/guardians knows where I am and who I am with.**

- 

**H9. My parents/guardians ask if I've gotten my homework done.**

- 

**H10. Would your parents/guardians know if you did not come home on time?**

- 

**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:**

6 or more times

3-5 times

1-2 times

Never

a. what someone assumed about your religion, sexual orientation, or race/ethnicity?

- 

b. your appearance or a disability?

- 

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

Yes No

a. bullied you by calling you names?

- 

b. threatened to hurt you?

- 

c. bullied you by hitting, punching, kicking, or pushing you?

- 

d. bullied, harassed or spread rumors about you on the Internet or through text messages?

-

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. During the past 12 months, did you ever seriously consider attempting suicide?

- Yes                                       No

V7. 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

V8. In the past 12 months, has someone put you down or tried to control you in a dating relationship?

- I have not begun to date     Yes     No     Not sure

**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 likely is it that you will complete a post high school program such as vocational training program, military service, community college, or 4-year college?

- Definitely will not                       Definitely will  
 Probably will not                         Not sure  
 Probably will

S3. How true are the following statements?

	Very much true
	Pretty much true
	A little true
	Not at all true
At my school, there is a teacher or some other adult:	
a. who really cares about me.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
b. who notices when I'm not there.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
c. who listens to me when I have something to say.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
d. who notices if I have trouble learning something.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
e. who tells me when I do a good job.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
f. who always wants me to do my best.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
g. who believes I will be a success.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
h. who encourages me to work hard in school.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

S4. 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.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
b. At school, I help decide things like class activities or rules.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
c. At school, I do things that make a difference.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

S5. 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.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
b. I am happy to be at this school.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
c. I feel safe in my school.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
d. The teachers at this school treat students fairly.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

**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'	<input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
Inches	7"	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input checked="" type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11

Feet		<input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
Inches		<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 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		
1	5	2
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input checked="" type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input checked="" type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

Pounds		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

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

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

- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H

- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H

- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- A  B  C  D  E  F  G  H
- 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](http://iys.cprd.illinois.edu/resources/hotlines)). This website has phone numbers you can call to share your feelings with someone who can help.