

You are being asked to participate in the Illinois Youth Survey, a study of middle and high school students conducted in Illinois every two years. The questions ask you about a number of different things, including health and social indicators such as substance use and perceptions, bullying, violence, and other information about your school and your family. This is a way for state and community leaders to learn about what young people are concerned about and how each of the topics affects them.

If this study is to be helpful, it is important that you answer each question as thoughtfully and honestly as possible. Your answers will be kept strictly confidential, which means that no one will know how you answered the questions, and no one at school will see your answers.

Your participation is completely voluntary. If you choose to begin the survey, you don't have to answer any questions you don't want to, and you can stop the survey at any time. It will take 40-45 minutes to complete.

Other students have said that the survey is interesting and they enjoy filling it 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.

2020 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 you can finish.
2. Answer each question by marking one of the answer spaces. If you don't find an answer that fits exactly, use the one that comes closest. If a question does not apply to you, or you are not sure 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.
4. Do not write your name anywhere on the survey.
5. Respect the privacy of others by looking only at your own survey.

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
 Transgender
 Do not identify as Female, Male or Transgender

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
 Mother only Group home or residential care
 Father only Grandparents only
 Split time between parents 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 Neither
 Reduced price lunch

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"/> | School clubs |
| <input type="radio"/> | <input type="radio"/> | Service clubs or volunteer projects (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"/> | Church or other faith-based youth 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 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 e-cigarettes or other vaping products, 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 cigarettes, 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 marijuana, how easy would it be for you to get some?

- Very hard Sort of easy
 Sort of hard Very easy

P5. 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

P6. If you wanted to get opioid medications from your home, how easy would it be for you to get some? Opioids include methadone, opium, morphine, fentanyl, Vicodin, MS Contin, codeine, Demerol, Roxycodone, hydrocodone (Lortab, Lorcet, Norco), Suboxone, OxyContin, Percocet, Tylox, Percodan, Ultram, and tramadol.

- Very hard Sort of easy
 Sort of hard Very easy

P7. How wrong would most adults (over 21) in your community think it is for kids your age:

Very wrong
Wrong
A little bit wrong
Not wrong at all

- a. to use marijuana?
 b. to drink alcohol?
 c. to use e-cigarettes or other vaping products?
 d. to smoke cigarettes?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P8. How wrong do you think it is for someone your age to:

Very wrong
Wrong
A little bit wrong
Not wrong at all

- a. drink beer, wine, or hard liquor (e.g., vodka, whiskey or gin) regularly?
 b. use e-cigarettes or other vaping products?
 c. smoke cigarettes?
 d. use marijuana?
 e. use prescription drugs not prescribed to them?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Very wrong				
Wrong				
A little bit wrong				
Not wrong at all				

- a. drink beer, wine, or hard liquor (e.g., vodka, whiskey, or gin) regularly (at least once or twice a month)?
- b. have one or two drinks of an alcoholic beverage nearly every day?
- c. use e-cigarettes or other vaping products?
- d. smoke tobacco?
- e. use marijuana?
- f. use prescription drugs not prescribed to you?

P10. How wrong do your friends feel it would be for you to:

Very wrong				
Wrong				
A little bit wrong				
Not wrong at all				

- a. have one or two drinks of an alcoholic beverage nearly every day?
- b. use e-cigarettes or other vaping products?
- c. smoke tobacco?
- d. use marijuana?
- e. use prescription drugs not prescribed to you?

P11. What percent of students at your school do you think have smoked cigarettes in the past 30 days?

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

P12. What percent of students at your school do you think have had beer, wine, or hard liquor in the past 30 days?

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

P13. What percent of students at your school do you think have used marijuana in the past 30 days?

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

P14. How much do you think people risk harming themselves (physically or in other ways) if they:

Great risk				
Moderate risk				
Slight risk				
No risk				

- a. smoke one or more packs of cigarettes per day?
- b. use e-cigarettes or other vaping products?
- c. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?
- d. have five or more drinks of an alcoholic beverage once or twice a week?
- e. use marijuana once or twice a week?
- f. use prescription drugs that are not prescribed to them?

P15. 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. used e-cigarettes or other vaping products?
- b. smoked cigarettes?
- c. began drinking alcohol regularly, that is, at least once or twice a month?
- d. used marijuana?

P16. How much do you think people YOUR AGE risk harming themselves (physically or in other ways) if they use alcohol once or twice per month?

- No risk
- Slight risk
- Moderate risk
- Great risk

P17. 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

P18. 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 question asks about DRUG USE

U1. 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)?
- b. smoke a cigarette, even just a puff?
- c. use an e-cigarette or other vaping product?
- d. use marijuana?

Think about the PAST 30 DAYS

U2. 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

CENTER PERP

U3. How frequently have you:

	More than once a day	About once a day	Once or twice per week	Once or twice	Never
a. used smokeless tobacco such as chewing tobacco, snuff, dip, or snus during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoked tobacco products other than cigarettes such as cigars, cigarillos, or little cigars during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. used e-cigarettes or other vaping products during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. used a hookah or water pipe during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

U4. 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

U5. 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

U6. 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

U7. In the past 30 days, have you used marijuana in any of the following ways?

- | | Yes | No |
|--|-----------------------|-----------------------|
| a. Smoked it (in a joint, bong, pipe, blunt) | <input type="radio"/> | <input type="radio"/> |
| b. Vaporized it (e.g., vapor pen) | <input type="radio"/> | <input type="radio"/> |
| c. Ate it (in brownies, cakes, candy, etc.) | <input type="radio"/> | <input type="radio"/> |
| d. Dabbed it | <input type="radio"/> | <input type="radio"/> |

U8. During the past 30 days have you used prescription drugs not prescribed to you?

- Yes
- No

Now think about the PAST YEAR or 12 MONTHS

U9. 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 any tobacco product including smokeless tobacco, tobacco smoked through cigarettes or cigars/cigarillos, or tobacco used in a hookah water pipe?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. used MDMA ("ecstasy")?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. used LSD or other psychedelics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. used cocaine or crack?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. used nazuphan ("narz", "fan", "zee")?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. used meth (methamphetamine)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. used heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. used e-cigarettes or other vaping products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. used synthetic marijuana (K2, spice, or fake weed)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. used marijuana and alcohol at the same time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. used alcohol and energy drinks at the same time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- a. had beer, wine, or liquor?
- b. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high?
- c. used any tobacco product including smokeless tobacco, tobacco smoked through cigarettes or cigars/cigarillos, or tobacco used in a hookah water pipe?
- d. used marijuana?
- e. used MDMA ("ecstasy")?
- f. used LSD or other psychedelics?
- g. used cocaine or crack?
- h. used nazuphan ("narz", "fan", "zee")?
- i. used meth (methamphetamine)?
- j. used heroin?
- k. used e-cigarettes or other vaping products?
- l. used synthetic marijuana (K2, spice, or fake weed)?
- m. used marijuana and alcohol at the same time?
- n. used alcohol and energy drinks at the same time?

U10. During the past year have you used prescription drugs NOT PRESCRIBED TO YOU?

- Yes
- No

U11. During the past 12 months, how often have you used:

	6 or more times	3-5 times	1-2 times	Never
a. prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine/"lean", Vicodin, OxyContin, hydrocodone, and Percocet.)	<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"/>

- a. prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine/"lean", Vicodin, OxyContin, hydrocodone, and Percocet.)
- b. something you bought in a store to get high? (e.g., cough syrup, etc.)
- c. prescription painkillers to get high? (e.g., OxyContin, Vicodin, Lortab, etc.)
- d. other prescription drugs to get high? (e.g., Ritalin, Adderall, Xanax, etc.)

U12. In the past year, did you get prescription drugs NOT PRESCRIBED TO YOU from any of the following sources?

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

U13. How frequently have you smoked cigarettes during the past year?

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

U14. During the past year, did you get any tobacco products from the following sources?

- | | <u>Yes</u> | <u>No</u> |
|---|-----------------------|-----------------------|
| a. I bought them at a gas station, store, or mall | <input type="radio"/> | <input type="radio"/> |
| b. A friend gave them to me | <input type="radio"/> | <input type="radio"/> |
| c. My older brother or sister gave them to me | <input type="radio"/> | <input type="radio"/> |
| d. Bought online | <input type="radio"/> | <input type="radio"/> |
| e. My parents WITH their permission | <input type="radio"/> | <input type="radio"/> |
| f. My parents WITHOUT their permission | <input type="radio"/> | <input type="radio"/> |

U15. During the past year, did you get any e-cigarettes or other vaping products from the following sources?

- | | <u>Yes</u> | <u>No</u> |
|---|-----------------------|-----------------------|
| a. I bought them at a gas station, store, or mall | <input type="radio"/> | <input type="radio"/> |
| b. A friend gave them to me | <input type="radio"/> | <input type="radio"/> |
| c. My older brother or sister gave them to me | <input type="radio"/> | <input type="radio"/> |
| d. Bought online | <input type="radio"/> | <input type="radio"/> |
| e. My parents WITH their permission | <input type="radio"/> | <input type="radio"/> |
| f. My parents WITHOUT their permission | <input type="radio"/> | <input type="radio"/> |

U16. In the past year, did you get your own marijuana from any of the following sources?

- | | <u>Yes</u> | <u>No</u> |
|--|-----------------------|-----------------------|
| 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. Someone else's medical marijuana prescription | <input type="radio"/> | <input type="radio"/> |
| h. My own medical marijuana prescription | <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 got it at a party | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

U18. 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"/> |
| h. A friend who is about your age said they were worried about your alcohol use | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

U19. During the past 12 months, did you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

- Yes No

U20. During the past 12 months, did you ever use alcohol or drugs while you were by yourself, ALONE?

- Yes No

U21. During the past 12 months, did you ever FORGET things you did while using alcohol or drugs?

- Yes No

U22. 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

U23. During the past 12 months, have you gotten into TROUBLE while you were using alcohol or drugs?

- Yes No

U24. 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

U25. During the past 12 months, how many times did you drive a car or other vehicle when you had been drinking alcohol?

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

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

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

U27. During the past 12 months, did you worry about any of your friends' substance use? (Only include concerns about alcohol and other drugs. Do not include tobacco, e-cigarettes, or other vaping products.)

- Yes No

The following questions are about RECOVERY FROM SUBSTANCE USE

U28. Besides nicotine, did you used to have a problem with drugs or alcohol, but no longer do?

- Yes No

U29. With which substance do you no longer have a problem? (select all that apply)

- Does not apply
 Alcohol
 Marijuana
 Opioids
 Other substance

U30. Do you consider yourself to be in recovery?

- Yes No

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
 d. Opioids for non-medical reasons 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

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?

Always
 Most of the time
 Sometimes
 Never

The following questions are about SAFETY

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

- 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:

- 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:

- 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, social media, or through text messages?

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

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

Yes No

V4. During the past 30 days, how many days did you not go to school because you felt you would be unsafe?

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

V5. During the past 12 months, did you ever seriously consider attempting suicide?

- Yes No

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 No
 Yes Not sure

V7. 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 No
 Yes Not sure

The next questions are about GAMBLING

G1. During the past 12 months, how often have you bet/gambled for money in the following ways?

Once a week or more
 1-3 times per month
 Less than once a month
 Never

- a. At a gambling machine in a bar, restaurant, gas station, or gambling establishment

 b. Online (internet) gambling

G2. In the past 12 months, have you ever felt bad about the amount of money you bet, or about what happens when you bet money?

- Yes No

G3. In the past 12 months, have you ever gambled more than you had planned to?

- 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 A and B
 Mostly B
 Mostly B and C
 Mostly C
 Mostly C and D
 Mostly D
 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
 Probably will not
 Probably will
 Definitely will
 Not sure

S3. 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.

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

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.
 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 **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

N3. During the past 7 days, on how many days did you eat dinner at home with at least one of your parents or guardians?

- 0 days
- 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. During the past 30 days, how often did you go hungry because there was not enough food in your home?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

N7. On an average school day, how many hours do you spend on NON-SCHOOL RELATED "screen time"? (e.g., TV, videos, streaming, gaming (Xbox, PlayStation, or internet-based games), smart phone use, texting, social media, or the Internet)

- No screen time on an average school day
- Less than 2 hours per day
- 2-3 hours per day
- 4-6 hours per day
- 7 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

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.