

Core Module

High School Questionnaire

2019-2020

This survey asks about your behavior, experiences, and attitudes related to your school, health, and well-being. It includes questions about use of alcohol, tobacco, and other drugs, and about bullying and violence.

You do not have to answer these questions, but your answers will be very helpful in improving school and health programs. **You will be able to answer** whether or not you have done or experienced any of these things.

Please do not write your name on this form or the answer sheet. Do not identify yourself in any other way.

Please mark all of your answers on the answer sheet. Fill in the bubbles neatly with a **#2 pencil**. Do not write on the questionnaire. Mark only one answer unless told to ***“Mark All That Apply.”***

This survey asks about things you may have done during different periods of time, such as during your **lifetime** (you ever did something), or the past **12 months**, or **30 days**. Each provides different information. Please pay careful attention to these time periods.

Thank you for taking this survey!

C A L I F O R N I A *healthy kids* S U R V E Y

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Begin by writing your school's name at the top of the answer sheet.

1. Fill in the bubble for the letter "H."
2. Fill in the bubble for the letter "A."

Next, we would like some background information about you.

3. What grade are you in?

A) 6th grade	F) 11th grade
B) 7th grade	G) 12th grade
C) 8th grade	H) Other grade
D) 9th grade	I) Ungraded
E) 10th grade	
4. What is your gender?

A) Male
B) Female
5. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?

A) No, I am not transgender
B) Yes, I am transgender
C) I am not sure if I am transgender
D) Decline to respond
6. Are you of Hispanic or Latino origin?

A) No
B) Yes
7. What is your race?

A) American Indian or Alaska Native	D) Native Hawaiian or Pacific Islander
B) Asian	E) White
C) Black or African American	F) Mixed (two or more) races

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8. If you are Asian or Pacific Islander, which groups best describe you? (*Mark All That Apply.*)
If you are **not** of Asian/Pacific Islander background, mark "A) Does not apply."
- | | |
|---|--|
| A) Does not apply; I am not Asian or Pacific Islander | H) Korean |
| B) Asian Indian | I) Laotian |
| C) Cambodian | J) Vietnamese |
| D) Chinese | K) Native Hawaiian, Guamanian, Samoan, Tahitian, or other Pacific Islander |
| E) Filipino | L) Other Asian |
| F) Hmong | |
| G) Japanese | |
9. What best describes where you live? A home includes a house, apartment, trailer, or mobile home.
- | | |
|---|---|
| A) A home with one or more parent or guardian | E) Foster home, group care, or waiting placement |
| B) Other relative's home | F) Hotel or motel |
| C) A home with more than one family | G) Shelter, car, campground, or other transitional or temporary housing |
| D) Friend's home | H) Other living arrangement |
10. What is the highest level of education your parents or guardians completed? (*Mark the educational level of the parent or guardian who went the furthest in school.*)
- A) Did not finish high school
 - B) Graduated from high school
 - C) Attended college but did not complete four-year degree
 - D) Graduated from college
 - E) Don't know
11. Is your father, mother, or guardian currently in the military (Army, Navy, Marines, Air Force, National Guard, or Reserves)?
- A) No
 - B) Yes
 - C) Don't know
12. Do you receive free or reduced-price lunches at school? (*Receiving free or reduced-price lunches means that lunch at school is provided to you for free or you pay less for it.*)
- A) No
 - B) Yes
 - C) Don't know

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13. What language is spoken most of the time in your home?

- | | |
|--------------|---------------|
| A) English | F) Tagalog |
| B) Spanish | G) Vietnamese |
| C) Mandarin | H) Korean |
| D) Cantonese | I) Arabic |
| E) Taiwanese | J) Other |

How well do you understand, speak, read, and write English?

	Very Well	Well	Not Well	Not At All
14. Understand English	A	B	C	D
15. Speak English	A	B	C	D
16. Read English	A	B	C	D
17. Write English	A	B	C	D

18. Which of the following best describes you?

- A) Straight (not gay)
 B) Gay or Lesbian
 C) Bisexual
 D) I am not sure yet
 E) Something else
 F) Decline to respond

19. How many days a week do you usually go to your school's afterschool program?

- | | |
|---|-----------|
| A) I do not attend my school's
afterschool program | D) 3 days |
| B) 1 day | E) 4 days |
| C) 2 days | F) 5 days |

20. During the past **12 months**, how would you describe the grades you mostly received in school?

- | | |
|----------------|----------------|
| A) Mostly A's | E) Mostly C's |
| B) A's and B's | F) C's and D's |
| C) Mostly B's | G) Mostly D's |
| D) B's and C's | H) Mostly F's |

21. In the past **30 days**, how often did you miss an entire day of school for any reason?

- | | |
|---|-------------------|
| A) I did not miss any days of school
in the past 30 days | C) 2 days |
| B) 1 day | D) 3 or more days |

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22. In the past **30 days**, did you miss a day of school for any of the following reasons? (*Mark All That Apply.*)

- | | |
|--|---|
| <p>A) Does not apply; I didn't miss any school</p> <p>B) Illness (feeling physically sick), including problems with breathing or your teeth</p> <p>C) Were being bullied or mistreated at school</p> <p>D) Felt very sad, hopeless, anxious, stressed, or angry</p> <p>E) Didn't get enough sleep</p> <p>F) Didn't feel safe at school or going to and from school</p> | <p>G) Had to take care of or help a family member or friend</p> <p>H) Wanted to spend time with friends</p> <p>I) Used alcohol or drugs</p> <p>J) Were behind in schoolwork or weren't prepared for a test or class assignment</p> <p>K) Were bored or uninterested in school</p> <p>L) Had no transportation to school</p> <p>M) Other reason</p> |
|--|---|

23. During the past **12 months**, about how many times did you skip school or cut classes?

- | | |
|--|--|
| <p>A) 0 times</p> <p>B) 1–2 times</p> <p>C) A few times</p> <p>D) Once a month</p> | <p>E) Twice a month</p> <p>F) Once a week</p> <p>G) More than once a week</p> |
|--|--|

How strongly do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
24. I feel close to people at this school.	A	B	C	D	E
25. I am happy to be at this school.	A	B	C	D	E
26. I feel like I am part of this school.	A	B	C	D	E
27. The teachers at this school treat students fairly.	A	B	C	D	E
28. I feel safe in my school.	A	B	C	D	E
29. My school is usually clean and tidy.	A	B	C	D	E
30. Teachers at this school communicate with parents about what students are expected to learn in class.	A	B	C	D	E
31. Parents feel welcome to participate at this school.	A	B	C	D	E
32. School staff take parent concerns seriously.	A	B	C	D	E
33. I try hard to make sure that I am good at my schoolwork.	A	B	C	D	E
34. I try hard at school because I am interested in my work.	A	B	C	D	E
35. I work hard to try to understand new things at school.	A	B	C	D	E
36. I am always trying to do better in my schoolwork.	A	B	C	D	E

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Please mark on your answer sheet how **TRUE** you feel each of the following statements is about your **SCHOOL** and things you might do there.

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

	Not At All True	A Little True	Pretty Much True	Very Much True
37. who really cares about me.	A	B	C	D
38. who tells me when I do a good job.	A	B	C	D
39. who notices when I'm not there.	A	B	C	D
40. who always wants me to do my best.	A	B	C	D
41. who listens to me when I have something to say.	A	B	C	D
42. who believes that I will be a success.	A	B	C	D

At school,...

	Not At All True	A Little True	Pretty Much True	Very Much True
43. I do interesting activities.	A	B	C	D
44. I help decide things like class activities or rules.	A	B	C	D
45. I do things that make a difference.	A	B	C	D
46. I have a say in how things work.	A	B	C	D
47. I help decide school activities or rules.	A	B	C	D

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The next questions ask about the use of alcohol, tobacco, marijuana, and other drugs, including pills or medications, to get “high” or for reasons other than medical, as ordered or prescribed by a doctor.

Keep the following definitions in mind:

- **One drink of ALCOHOL**, or alcoholic drink (beverage), means one regular size can/bottle of beer or wine cooler, one glass of wine, one mixed drink, or one shot glass of liquor.
- Questions about alcohol do **not** include drinking a few sips of wine for religious purposes.
- **DRUG** means any substance other than alcohol or tobacco, including pills and medications, used to get “high” (“loaded,” “stoned,” or “wasted”) or for purposes other than prescribed by a doctor.
- **VAPES or VAPE PRODUCTS**: Electronic devices like vape pens, e-cigarettes, e-hookah, hookah pens, e-vaporizers, tanks, pods, or mods used to inhale a vapor. Can be used to vape many things, including nicotine or just flavoring. Popular brands are JUUL, Suorin, SMOK, Zodiac Constellation, and Stiiizy.

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During your life, how many times have you used the following?

	Number of Times					
	0 Times	1 Time	2 Times	3 Times	4–6 Times	7 or More Times
48. A whole cigarette	A	B	C	D	E	F
49. Smokeless tobacco (dip, chew, or snuff)	A	B	C	D	E	F
50. Vape products	A	B	C	D	E	F
51. One full drink of alcohol (such as a can of beer, glass of wine, wine cooler, or shot of liquor)	A	B	C	D	E	F
52. Marijuana (smoke, vape, eat, or drink)	A	B	C	D	E	F
53. Inhalants (things you sniff, huff, or breathe to get “high” such as glue, paint, aerosol sprays, gasoline, poppers, gases)	A	B	C	D	E	F
54. Cocaine, methamphetamine, or any amphetamines (meth, speed, crystal, crank, ice)	A	B	C	D	E	F
55. Derbisol	A	B	C	D	E	F
56. Heroin	A	B	C	D	E	F
57. Ecstasy, LSD, or other psychedelics (acid, mescaline, peyote, mushrooms)	A	B	C	D	E	F
58. Prescription pain medication (Vicodin, OxyContin, Percodan, Fentanyl)	A	B	C	D	E	F
59. Tranquilizers or sedatives (Xanax, Klonopin, Ativan, Valium)	A	B	C	D	E	F
60. Diet pills (Didrex, Dexedrine, Xenadrine, Skittles, M&M’s)	A	B	C	D	E	F
61. Ritalin or Adderall or other prescription stimulant	A	B	C	D	E	F
62. Cold/cough medicines or other over-the-counter medicines to get “high”	A	B	C	D	E	F
63. Any other drug, pill, or medicine to get “high” or for reasons other than medical	A	B	C	D	E	F

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During your life, how many times have you been...

		<u>Number of Times</u>					
		<u>0</u> <u>Times</u>	<u>1</u> <u>Time</u>	<u>2</u> <u>Times</u>	<u>3</u> <u>Times</u>	<u>4-6</u> <u>Times</u>	<u>7 or</u> <u>More</u> <u>Times</u>
64.	very drunk or sick after drinking alcohol ?	A	B	C	D	E	F
65.	“high” (loaded, stoned, or wasted) from using drugs ?	A	B	C	D	E	F
66.	drunk on alcohol or “high” on drugs <u>on school property</u> ?	A	B	C	D	E	F

During your life, how many times have you used marijuana in any of the following ways:

		<u>Number of Times</u>					
		<u>0</u> <u>Times</u>	<u>1</u> <u>Time</u>	<u>2</u> <u>Times</u>	<u>3</u> <u>Times</u>	<u>4-6</u> <u>Times</u>	<u>7 or</u> <u>More</u> <u>Times</u>
67.	Smoke it?	A	B	C	D	E	F
68.	In a vaping device (vape pens, mods, portable vaporizers)?	A	B	C	D	E	F
69.	Eat or drink it in products made with marijuana ?	A	B	C	D	E	F

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During the past **30 days**, on how many **days** did you use...

	0 <u>Days</u>	1 <u>Day</u>	2 <u>Days</u>	3-9 <u>Days</u>	10-19 <u>Days</u>	20-30 <u>Days</u>
70. cigarettes?	A	B	C	D	E	F
71. smokeless tobacco (dip, chew, or snuff)?	A	B	C	D	E	F
72. vape products?	A	B	C	D	E	F
73. one or more drinks of alcohol?	A	B	C	D	E	F
74. five or more drinks of alcohol in a row, that is, within a couple of hours?	A	B	C	D	E	F
75. marijuana (smoke, vape, eat, or drink)?	A	B	C	D	E	F
76. inhalants (things you sniff, huff, or breathe to get “high”)?	A	B	C	D	E	F
77. prescription drugs to get “high” or for reasons other than prescribed?	A	B	C	D	E	F
78. any other drug, pill, or medicine to get “high” or for reasons other than medical?	A	B	C	D	E	F
79. two or more substances at the same time (for example, alcohol with marijuana, ecstasy with mushrooms)?	A	B	C	D	E	F

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*During the past 30 days, on how many days **on school property** did you...*

	0 Days	1 Day	2 Days	3-9 Days	10-19 Days	20-30 Days
80. smoke cigarettes?	A	B	C	D	E	F
81. use smokeless tobacco (dip, chew, or snuff)?	A	B	C	D	E	F
82. vape?	A	B	C	D	E	F
83. have at least one drink of alcohol?	A	B	C	D	E	F
84. use marijuana (smoke, vape, eat, or drink)?	A	B	C	D	E	F
85. use any other drug, pill, or medicine to get “high” or for reasons other than medical?	A	B	C	D	E	F
86. breathe the smoke or vapor from someone who was using cigarettes or e-cigarettes?	A	B	C	D	E	F

How much do people risk harming themselves physically and in other ways when they do the following?

	How Much Risk or Harm			
	Great	Moderate	Slight	None
87. Smoke cigarettes occasionally	A	B	C	D
88. Smoke 1 or more packs of cigarettes each day	A	B	C	D
89. Use vape products occasionally	A	B	C	D
90. Use vape products several times a day (100 puffs or more)	A	B	C	D
91. Drink alcohol (beer, wine, liquor) occasionally	A	B	C	D
92. Have five or more drinks of alcohol once or twice a week	A	B	C	D
93. Use marijuana occasionally (smoke, vape, eat, or drink)	A	B	C	D
94. Use marijuana daily	A	B	C	D

How difficult is it for students in your grade to get any of the following if they really want them?

	Very Difficult	Fairly Difficult	Fairly Easy	Very Easy	Don't Know
95. Cigarettes	A	B	C	D	E
96. Vape products	A	B	C	D	E
97. Alcohol	A	B	C	D	E
98. Marijuana	A	B	C	D	E

How many times have you tried to quit or stop using...

	Does Not Apply, Don't Use	0 Times	1 Time	2-3 Times	4 or More Times
99. cigarettes?	A	B	C	D	E
100. vapes?	A	B	C	D	E
101. alcohol?	A	B	C	D	E
102. marijuana?	A	B	C	D	E

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103. Does your school have a policy that bans tobacco use and vaping on school property and at school sponsored events?
- A) No
 - B) Yes
 - C) Don't know
104. During your life, how many times have you ever driven a car when you had been using alcohol or drugs, or been in a car driven by a friend when he or she had been using?
- A) Never
 - B) 1 time
 - C) 2 times
 - D) 3 to 6 times
 - E) 7 or more times

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**Next are questions about violence, safety, harassment, & bullying
on school property.**

105. How safe do you feel when you are at school?

- A) Very safe
- B) Safe
- C) Neither safe nor unsafe
- D) Unsafe
- E) Very unsafe

*During the past **12 months**, how many times on school property have you ...*

		<u>Happened on School Property</u>			
		<u>0 Times</u>	<u>1 Time</u>	<u>2 to 3 Times</u>	<u>4 or More Times</u>
106.	been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	B	C	D
107.	been afraid of being beaten up?	A	B	C	D
108.	been in a physical fight?	A	B	C	D
109.	had mean rumors or lies spread about you?	A	B	C	D
110.	had sexual jokes, comments, or gestures made to you?	A	B	C	D
111.	been made fun of because of your looks or the way you talk?	A	B	C	D
112.	had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
113.	been offered, sold, or given an illegal drug?	A	B	C	D
114.	damaged school property on purpose?	A	B	C	D
115.	carried a gun?	A	B	C	D
116.	carried any other weapon (such as a knife or club)?	A	B	C	D
117.	been threatened or injured with a weapon (gun, knife, club, etc.)?	A	B	C	D
118.	seen someone carrying a gun, knife, or other weapon?	A	B	C	D
119.	been threatened with harm or injury?	A	B	C	D
120.	been made fun of, insulted, or called names?	A	B	C	D

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*During the past **12 months**, how many times **on school property** were you harassed or bullied for any of the following reasons? [You were **bullied** if you were shoved, hit, threatened, called mean names, teased, or had other unpleasant physical or verbal things done to you repeatedly or in a severe way. It is **not bullying** when two students of about the same strength or power quarrel or fight.]*

		Happened on School Property			
		<u>0 Times</u>	<u>1 Time</u>	<u>2 to 3 Times</u>	<u>4 or More Times</u>
121.	Your race, ethnicity, or national origin	A	B	C	D
122.	Your religion	A	B	C	D
123.	Your gender	A	B	C	D
124.	Because you are gay, lesbian, or bisexual or someone thought you were	A	B	C	D
125.	A physical or mental disability	A	B	C	D
126.	You are an immigrant or someone thought you were	A	B	C	D
127.	Any other reason	A	B	C	D
128.	During the past 12 months , how many times did other students spread mean rumors or lies, or hurtful pictures, about you online, on social media, or on a cell phone?				
	A) 0 times (never)				
	B) 1 time				
	C) 2–3 times				
	D) 4 or more times				
129.	Do you consider yourself a member of a gang?				
	A) No				
	B) Yes				
130.	During the past 12 months , did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities?				
	A) No				
	B) Yes				
131.	During the past 12 months , did you ever seriously consider attempting suicide?				
	A) No				
	B) Yes				
132.	Did you eat breakfast today?				
	A) No				
	B) Yes				

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133. On an average school night, how many hours of sleep do you get?

- A) 4 or less hours
- B) 5 hours
- C) 6 hours
- D) 7 hours
- E) 8 hours
- F) 9 hours
- G) 10 or more hours

134. How many questions in this survey did you answer honestly?

- A) All of them
- B) Most of them
- C) Only some of them
- D) Hardly any

Alcohol & Other Drugs Module

SUPPLEMENT 1

About how old were you the first time you tried any of these things?

		<u>Years of Age</u>									
		<u>Never</u>	<u>10 or Under</u>	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18 or Over</u>
X1.	A drink of an alcoholic beverage (other than a sip or two)	A	B	C	D	E	F	G	H	I	J
X2.	Part or all of a cigarette	A	B	C	D	E	F	G	H	I	J
X3.	A vape product such as an e-cigarette (JUUL), vape pen, or mod	A	B	C	D	E	F	G	H	I	J
X4.	Marijuana (smoke, vape, eat, or drink)	A	B	C	D	E	F	G	H	I	J
X5.	Any other illegal drug or pill to get “high”	A	B	C	D	E	F	G	H	I	J
X6.	If you drink alcohol, how much do you usually drink?										
	A) I don’t drink alcohol										
	B) Just enough to feel it a little										
	C) Enough to feel it moderately										
	D) Until I feel it a lot or get really drunk										
X7.	If you use marijuana or other drugs, how “high” (stoned, faded, wasted, trashed) do you usually like to get?										
	A) I don’t use drugs										
	B) Just enough to feel a little high										
	C) Enough to feel it moderately										
	D) Until I feel it a lot or get really high										
X8.	Have you used <u>alcoholic beverages</u> , <u>marijuana</u> , or <u>other drugs</u> in the <u>past 12 months</u> for any of the following reasons? (Mark All That Apply.)										
	A) Does not apply, I haven’t used alcohol, marijuana, or other drugs in the past 12 months.										
	B) To experiment (try using)										
	C) To get high										
	D) To have a good time with friends										
	E) To fit in with a group you like										
	F) Because of boredom										
	G) To relax										
	H) To get away from problems										
	I) Because of anger or frustration										
	J) To get through the day										
	K) Because it made you feel better										
	L) To seek deeper insights and understanding										
	M) None of the above										

Alcohol & Other Drugs Module

SUPPLEMENT 1

X9. Has using alcohol, marijuana, or other drugs ever caused you to have any of the following problems? (Mark All That Apply.)

- | | |
|--|---|
| A) Does not apply; I've never used alcohol or drugs | G) Fight with others |
| B) Have problems with emotions, nerves, or mental health | H) Damage a friendship |
| C) Get into trouble or have problems with the police | I) Physically hurt or injure yourself |
| D) Have money problems | J) Have unwanted or unprotected sex |
| E) Miss school | K) Forget what happened or pass out |
| F) Have problems with schoolwork | L) Been suspended from school |
| | M) I've used alcohol or drugs but never had any of these problems |

X10. If you use alcohol, marijuana, or another drug, have you had any of the following experiences? (Mark All That Apply.)

- | | |
|--|--|
| A) Does not apply; I have not used alcohol or drugs | G) You didn't feel OK unless you had something to drink or used a drug |
| B) Found you had to increase how much you use to have the same effect as before | H) Thought about reducing (cutting down) or stopping use |
| C) Frequently spent a lot of time getting, using, or being hung over from using alcohol or other drugs | I) Told yourself you were not going to use but found yourself using anyway |
| D) Used alcohol or drugs a lot more than you intended | J) Spoke with someone about reducing or stopping use |
| E) Used alcohol or drugs when you were alone (by yourself) | K) Attended counseling, a program, or group to help you reduce or stop use |
| F) Your use of alcohol or drugs often kept you from doing a normal activity, like going to school, working, or doing recreational activities or hobbies (sports, music, art, etc.) | L) I use alcohol or drugs but have not experienced any of these things |

X11. Have you ever felt that you needed help (such as counseling or treatment) for your alcohol or other drug use?

- A) No, I never used alcohol or other drugs
- B) No, but I do use alcohol or other drugs
- C) Yes, I have felt that I needed help

X12. In your opinion, how likely is it that a student could find help at your school from a counselor, teacher, or other adult to stop or reduce using alcohol or other drugs?

- A) Very likely
- B) Likely
- C) Not likely
- D) Don't know

Alcohol & Other Drugs Module

SUPPLEMENT 1

X13. In your opinion, how likely is it that a student will be suspended, expelled, or transferred if caught on school property using or possessing alcohol or other drugs?

- A) Very likely
- B) Likely
- C) Not likely
- D) Don't know

X14. How do *most* students at your school who drink alcohol usually get it? (*Mark All That Apply.*)

- A) At school
- B) At parties
- C) At concerts or other social events
- D) At their own home
- E) From adults at friends' homes
- F) From friends or another teenager
- G) Get adults to buy it for them
- H) Buy it themselves from a store
- I) At bars, clubs, or gambling casinos
- J) Other
- K) Don't know

X15. How do *most* kids at your school who use marijuana usually get it? (*Mark All That Apply.*)

- A) At school
- B) At parties
- C) At concerts or other social events
- D) At their own home
- E) From an adult acquaintance
- F) From friends or another teenager
- G) Buy it at a marijuana dispensary
- H) At bars or clubs
- I) Other
- J) Don't know

How do you feel about someone your age doing the following?

	Neither Approve Nor Disapprove	Somewhat Disapprove	Strongly Disapprove
X16. Having one or two drinks of any alcoholic beverage nearly every day	A	B	C
X17. Trying marijuana once or twice	A	B	C
X18. Using marijuana <u>once a month or more regularly</u>	A	B	C
X19. During the past <u>12 months</u> , have you talked with at least one of your parents or guardians about the dangers of alcohol or drug use?			
A) No			
B) Yes			
X20. During the past <u>12 months</u> , have you heard, read, or watched any messages about not using alcohol or drugs?			
A) No			
B) Yes			

Alcohol & Other Drugs Module

SUPPLEMENT 1

How wrong do your parents or guardians feel it would be for you to do the following?

		Very Wrong	Wrong	A Little Wrong	Not at All Wrong
X21.	Take one or two drinks of alcohol nearly every day	A	B	C	D
X22.	Smoke tobacco	A	B	C	D
X23.	Use vape products such as e-cigarettes (JUUL), vape pens, or mods	A	B	C	D
X24.	Use marijuana (smoke, vape, eat, or drink)	A	B	C	D
X25.	Use prescription drugs to get high or for reasons other than prescribed	A	B	C	D

How wrong would your close friends feel it would be if you did the following?

		Very Wrong	Wrong	A Little Wrong	Not at All Wrong
X26.	Take one or two drinks of alcohol nearly every day	A	B	C	D
X27.	Smoke tobacco	A	B	C	D
X28.	Use vape products such as e-cigarettes (JUUL), vape pens, or mods	A	B	C	D
X29.	Use marijuana (smoke, vape, eat, or drink)	A	B	C	D
X30.	Use prescription drugs to get high or for reasons other than prescribed	A	B	C	D

X31. Have you ever used a vaping device or e-cigarette to consume any of the following? *(Mark All That Apply.)*

- A) I've never used a vaping device or e-cigarette
- B) Nicotine or tobacco substitute
- C) Marijuana or THC
- D) Amphetamines, cocaine, or heroin
- E) A flavored product without nicotine, alcohol, or other drug
- F) Any other product or substance
- G) I was not sure what was in the vaping device or e-cigarette

Gender Identity & Sexual Orientation-Based Harassment Module

SUPPLEMENT 1

My school is safe for...

		Strongly Disagree	Disagree	Agree	Strongly Agree
X1.	guys who are not as “masculine” as other guys.	A	B	C	D
X2.	girls who are not as “feminine” as other girls.	A	B	C	D
X3.	students who are lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ).	A	B	C	D
X4.	students with LGBTQ parents.	A	B	C	D
X5.	teachers and staff who are LGBTQ.	A	B	C	D
X6.	LGBTQ allies (people who are supportive of LGBTQ people).	A	B	C	D

*During the **past 12 months**, how many times on school property were you harassed or bullied for any of the following reasons?*

		0 Times	1 Time	2-3 Times	4 or More Times
X7.	Because you are lesbian, gay, bisexual, asexual, non-binary, or transgender or someone thought you were	A	B	C	D
X8.	Because you aren’t as “masculine” as other guys or because you aren’t as “feminine” as other girls	A	B	C	D
X9.	Because you have LGBTQ parents or family members or because someone thought they were	A	B	C	D
X10.	Because you have LGBTQ friends or because someone thought you did	A	B	C	D
X11.	Does your school have support groups or clubs for students who are LGBTQ and friends or allies of LGBTQ students (e.g., Gay-Straight Alliances)? A) Yes B) No C) Don’t know				
X12.	Do you learn about LGBTQ people or issues in your classes at school? A) Yes B) No C) Don’t know				
X13.	If you wanted information and support from your school about sexual orientation, gender identity, or LGBTQ issues, would you know where to go? A) Yes B) No C) Don’t know				

Gender Identity & Sexual Orientation-Based Harassment Module

SUPPLEMENT 1

If you wanted information and support about sexual orientation, gender identity, or LGBTQ issues, how likely is it that you would go to...

		Not at All Likely	A Little Likely	Very Likely
X14.	a school counselor or school psychologist?	A	B	C
X15.	a teacher?	A	B	C
X16.	a school principal or assistant principal?	A	B	C
X17.	other adults at school (e.g., the school custodian, hallway monitor, or parent volunteer)?	A	B	C
X18.	a friend at your school?	A	B	C
X19.	a sibling?	A	B	C
X20.	your parent or guardian?	A	B	C
X21.	a friend's parent or other adult not at school?	A	B	C

Does your school have a policy that prohibits students and staff from harassing someone based on...

		Yes	No	Don't Know
X22.	sexual orientation (lesbian, gay, bisexual, asexual, straight, etc.)?	A	B	C
X23.	gender identity or expression (transgender, non-binary, agender, not being "feminine" or "masculine" enough, etc.)?	A	B	C

How often do you hear other students make negative comments or use slurs about someone's...

		Never	Rarely	Sometimes	Often
X24.	sex (male or female)?	A	B	C	D
X25.	sexual orientation (lesbian, gay, bisexual, asexual, straight, etc.)?	A	B	C	D
X26.	gender identity or expression (transgender, non-binary, agender, not being "feminine" or "masculine" enough, etc.)?	A	B	C	D
X27.	having LGBTQ parents or family members?	A	B	C	D
X28.	having LGBTQ friends?	A	B	C	D

Gender Identity & Sexual Orientation-Based Harassment Module

SUPPLEMENT 1

How often do you see or hear other students STOP OR TRY TO STOP others from making negative comments or using slurs about someone's...

(Mark Not Applicable if you have never observed a situation where students had the opportunity to intervene.)

		Never Stop	Rarely Stop	Sometimes Stop	Often Stop	Not Applicable
X29.	sex (male or female)?	A	B	C	D	E
X30.	sexual orientation (lesbian, gay, bisexual, asexual, straight, etc.)?	A	B	C	D	E
X31.	gender identity or expression (transgender, non-binary, agender, not being "feminine" or "masculine" enough, etc.)?	A	B	C	D	E
X32.	having LGBTQ parents or family members?	A	B	C	D	E
X33.	having LGBTQ friends?	A	B	C	D	E

How often do you hear teachers or school staff make negative comments or use slurs about someone's...

		Never	Rarely	Sometimes	Often
X34.	sex (male or female)?	A	B	C	D
X35.	sexual orientation (lesbian, gay, bisexual, asexual, straight, etc.)?	A	B	C	D
X36.	gender identity or expression (transgender, non-binary, agender, not being "feminine" or "masculine" enough, etc.)?	A	B	C	D
X37.	having LGBTQ parents or family members?	A	B	C	D
X38.	having LGBTQ friends?	A	B	C	D

How often do you see or hear teachers or school staff STOP OR TRY TO STOP others from making negative comments or using slurs about someone's...

(Mark Not Applicable if you have never observed a situation where teachers or other school staff had the opportunity to intervene.)

		Never Stop	Rarely Stop	Sometimes Stop	Often Stop	Not Applicable
X39.	sex (male or female)?	A	B	C	D	E
X40.	sexual orientation (lesbian, gay, bisexual, asexual, straight, etc.)?	A	B	C	D	E
X41.	gender identity or expression (transgender, non-binary, agender, not being "feminine" or "masculine" enough, etc.)?	A	B	C	D	E
X42.	having LGBTQ parents or family members?	A	B	C	D	E
X43.	having LGBTQ friends?	A	B	C	D	E

Gender Identity & Sexual Orientation-Based Harassment Module

SUPPLEMENT 1

How much do you agree with the following statements?

		Strongly Disagree	Disagree	Agree	Strongly Agree
X44.	If another student was bullying me, I would tell the principal or assistant principal.	A	B	C	D
X45.	If another student was bullying me, I would tell one of the teachers or other staff at school.	A	B	C	D
X46.	If I tell a teacher that someone is bullying me, the teacher will do something to help.	A	B	C	D
X47.	There are adults at this school I could turn to if I had a personal problem.	A	B	C	D
X48.	What is your current gender identity, even if it is different than the gender you were assigned at birth?				
	A) Female				
	B) Male				
	C) I do not identify as either female or male				
	D) I'm not sure yet				
	E) Decline to respond				

CALIFORNIA *healthy kids* SURVEY

Safety & Violence Module

SUPPLEMENT 1

During the past 12 months, how many times have you...

	0 Times	1 Time	2–3 Times	4 Or More Times
X1. been in a physical fight?	A	B	C	D
X2. been in a physical fight between groups of kids?	A	B	C	D
X3. used any weapon to threaten or bully someone?	A	B	C	D
X4. been hit, slapped, or physically hurt on purpose by your boyfriend or girlfriend?	A	B	C	D

X5. How safe do you feel in the **neighborhood** where you live?

- A) Very safe
- B) Safe
- C) Neither safe nor unsafe
- D) Unsafe
- E) Very unsafe

X6. During the past 30 days, on how many days did you not go to school because you felt unsafe at school or on your way to or from school?

- A) 0 days
- B) 1 day
- C) 2 or 3 days
- D) 4 or more days

During the past 30 days, on how many **days** did you carry...

	0 Days	1 Day	2 Or More Days
X7. a gun?	A	B	C
X8. any other weapon (such as a knife or club)?	A	B	C
X9. any weapon (gun, knife, or club) on school property?	A	B	C

X10. During the past 12 months, did you ever seriously consider attempting suicide?

- A) No
- B) Yes

X11. During the past 12 months, did you make a plan about how you would attempt suicide?

- A) No
- B) Yes

Safety & Violence Module

SUPPLEMENT 1

- X12.** During the past 12 months, how many times did you actually attempt suicide?
- A) 0 times
 - B) 1 time
 - C) 2 or 3 times
 - D) 4 or more times
- X13.** If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
- A) I did not attempt suicide in the past 12 months
 - B) No
 - C) Yes
- X14.** Have you ever been forced to have sexual intercourse when you did not want to?
- A) No
 - B) Yes

CALIFORNIA *healthy kids* SURVEY

Social Emotional Health Module

SUPPLEMENT 1

Please tell us how true each statement is of you...

		Not At All True	A Little True	Pretty Much True	Very Much True
X1.	I can work out my problems.	A	B	C	D
X2.	I can do most things if I try.	A	B	C	D
X3.	There are many things that I do well.	A	B	C	D
X4.	There is a purpose to my life.	A	B	C	D
X5.	My intelligence is something I cannot change very much.	A	B	C	D
X6.	I understand my moods and feelings.	A	B	C	D
X7.	I understand why I do what I do.	A	B	C	D
X8.	I enjoy working together with other students on class activities.	A	B	C	D
X9.	When I do not understand something, I ask the teacher again and again until I understand.	A	B	C	D
X10.	I try to answer all the questions asked in class.	A	B	C	D
X11.	When I try to solve a math problem, I will not stop until I find a final solution.	A	B	C	D
X12.	I accept responsibility for my actions.	A	B	C	D
X13.	I am looking forward to a successful career.	A	B	C	D
X14.	When I make a mistake I admit it.	A	B	C	D
X15.	I can deal with being told no.	A	B	C	D
X16.	I feel bad when someone gets their feelings hurt.	A	B	C	D
X17.	When I need help I find someone to talk with.	A	B	C	D
X18.	I try to understand what other people go through.	A	B	C	D
X19.	I have high goals and expectations for myself.	A	B	C	D
X20.	I try to understand how other people feel and think.	A	B	C	D
X21.	I can wait for what I want.	A	B	C	D
X22.	Challenging myself will not make me any smarter.	A	B	C	D
X23.	I don't bother others when they are busy.	A	B	C	D
X24.	I think before I act.	A	B	C	D

CALIFORNIA *healthy kids* SURVEY

Social Emotional Health Module

SUPPLEMENT 1

Please tell us how true each statement is of you...

		Not At All True	A Little True	Pretty Much True	Very Much True
X25.	Each day I look forward to having a lot of fun.	A	B	C	D
X26.	When I work in school groups, I do my fair share.	A	B	C	D
X27.	I usually expect to have a good day.	A	B	C	D
X28.	Overall, I expect more good things to happen to me than bad things.	A	B	C	D
X29.	I try to work out my problems by talking or writing about them.	A	B	C	D
X30.	There are some things I am not capable of learning.	A	B	C	D
X31.	I like to listen to other students' ideas in class.	A	B	C	D
X32.	I don't expect very much of myself in the future.	A	B	C	D
X33.	I trust my ability to solve difficult problems.	A	B	C	D
X34.	If I am not naturally smart in a subject, I will never do well in it.	A	B	C	D
X35.	On most days I feel GRATEFUL.	A	B	C	D
X36.	On most days I feel THANKFUL.	A	B	C	D
X37.	On most days I feel APPRECIATIVE.	A	B	C	D
X38.	On most days I feel ENERGETIC.	A	B	C	D
X39.	On most days I feel ACTIVE.	A	B	C	D
X40.	On most days I feel ENTHUSIASTIC.	A	B	C	D

Over the past month, how true do you feel these statements are about you?

		Not At All True	A Little True	Pretty Much True	Very Much True
X41.	I had a hard time breathing because I was anxious.	A	B	C	D
X42.	I worried that I would embarrass myself in front of others.	A	B	C	D
X43.	I was tense and uptight.	A	B	C	D
X44.	I had a hard time relaxing.	A	B	C	D
X45.	I felt sad and down.	A	B	C	D

CALIFORNIA *healthy kids* SURVEY

Social Emotional Health Module

SUPPLEMENT 1

Over the past month, how true do you feel these statements are about you?

		Not At All True	A Little True	Pretty Much True	Very Much True
X46.	I was easily irritated.	A	B	C	D
X47.	It was hard for me to cope and I thought I would panic.	A	B	C	D
X48.	It was hard for me to get excited about anything.	A	B	C	D
X49.	I was easily annoyed and sensitive.	A	B	C	D
X50.	I was scared for no good reason.	A	B	C	D

How true do you feel these statements are about your family and friends?

		Not At All True	A Little True	Pretty Much True	Very Much True
X51.	My family members really help and support one another.	A	B	C	D
X52.	There is a feeling of togetherness in my family.	A	B	C	D
X53.	My family really gets along well with each other.	A	B	C	D
X54.	I have a friend my age who really cares about me.	A	B	C	D
X55.	I have a friend my age who talks with me about my problems.	A	B	C	D
X56.	I have a friend my age who helps me when I'm having a hard time.	A	B	C	D