



- Thank you for agreeing to participate in this survey. The purpose of this survey is to learn how students in our schools feel about their school, peers, community, and family.
- The survey is completely voluntary and anonymous. DO NOT put your name on the questionnaire.**
- This is not a test, so there are no right or wrong answers. We would like you to work quickly so you can finish, but it is still important that you answer each question as thoughtfully and honestly as possible.
- All of the questions should be answered by completely filling in one of the answer spaces. If you do not 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 what it means, just leave it blank. You can skip any question that you do not wish to answer.
- For questions that have the following answers: **NO! no yes YES!**
 Mark (the BIG) **NO!** if you think the statement is **DEFINITELY NOT TRUE** for you.
 Mark (the little) **no** if you think the statement is **MOSTLY NOT TRUE** for you.
 Mark (the little) **yes** if you think the statement is **MOSTLY TRUE** for you.
 Mark (the BIG) **YES!** if you think the statement is **DEFINITELY TRUE** for you.

Example: Chocolate is the best ice cream flavor.

NO! no yes YES!

In the example above, the student marked "yes" because he or she thinks the statement is mostly true.

- Please mark each question by completely filling in the oval or ovals. ONLY USE A #2 PENCIL.**

DEMOGRAPHICS AND SCHOOL CLIMATE

The following numbers will be provided to you by the person administering this survey. Please write the numbers in the space provided and then darken the ovals corresponding to those numbers. Enter the Zip code where you live.

SCHOOL DISTRICT	BUILDING	COUNTY (where student lives)	REGION	ZIP CODE (where student lives)
				6
<input type="radio"/> 0	<input type="radio"/> 0	<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"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<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"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<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"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input checked="" type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<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"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

- How old are you?
 10 11 12 13 14
 15 16 17 18 19 or older
- What grade are you in?
 6th 8th 10th 12th
- Are you:
 Female Male
- Are you of Hispanic/Latino/Spanish origin?
 No Yes
- What do you consider yourself to be? (Choose all that apply)
 White
 Black or African American
 Native Hawaiian/Other Pacific Islander
 Asian
 American Indian/Alaska Native
- Think of where you live most of the time. Which of the following people live there with you? (Choose all that apply)
 Mother Father Other adults
 Foster mother Foster father Sister(s)
 Stepmother Stepfather Stepsister(s)
 Grandmother Grandfather Brother(s)
 Aunt Uncle Stepbrother(s)
 Other children
- What is the language you use most often at home?
 English Spanish Another Language
- What is the highest level of schooling your father completed?
 Completed grade school or less Graduate or professional school after college
 Some high school
 Completed high school Do not know
 Some college Does not apply
 Completed college

9. What is the highest level of schooling your mother completed?
- Completed grade school or less Graduate or professional school after college
- Some high school
- Completed high school Do not know
- Some college Does not apply
- Completed college

10. Is anyone in your family (including parents, stepparents, brothers, sisters, stepbrothers, or stepsisters) currently serving in the United States military?
- Yes No

11. Where are you living now?
- On a farm
- In the country, not on a farm
- In a city, town, or suburb

12. Putting them all together, what were your grades like last year?
- Mostly F's Mostly D's Mostly C's Mostly B's Mostly A's

13. During the LAST FOUR WEEKS, how many whole days of school have you missed because you skipped or "cut"?
- None 2 days 4-5 days 11 or more days
- 1 day 3 days 6-10 days

- | | NO! | yes | YES! |
|---|-----------------------|-----------------------|-----------------------|
| 14. In my school, students have lots of chances to help decide things like class activities and rules. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Teachers ask me to work on special classroom projects. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. My teacher(s) notices when I am doing a good job and lets me know about it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. There are lots of chances for students in my school to talk with a teacher one-on-one. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. I feel safe at my school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. The school lets my parents know when I have done something well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. My teachers praise me when I work hard in school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. Are your school grades better than the grades of most students in your class? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. I have lots of chances to be part of class discussions or activities. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

24. How often do you feel that the school work you are assigned is meaningful and important?
- Never Sometimes Almost Always
- Seldom Often

25. How interesting are most of your courses to you?
- Very interesting and stimulating Slightly dull
- Quite interesting Very dull
- Fairly interesting

26. How important do you think the things you are learning in school are going to be for your later life?
- Very important Slightly important
- Quite important Not at all important
- Fairly important

27. Now thinking back over the past year in school, how often did you:
- | | Never | Seldom | Sometimes | Often | Almost always |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. enjoy being in school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. hate being in school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. try to do your best work in school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- | | Never | Sometimes (1 or 2 times a month) | Regularly (1 or 2 times a week) | Every day |
|--|-----------------------|----------------------------------|---------------------------------|-----------------------|
| 28. During this school year, how often have you seen someone being bullied? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29. During this school year, how often have you been bullied at school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30. During the past 12 months, have you ever been electronically bullied? (Include being bullied through e-mail, chat rooms, instant messaging, websites, or texting.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31. During the past year, how often did you miss school because you felt unsafe, uncomfortable, or nervous at school or on your way to or from school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32. During this past school year, how often have you had your property stolen or deliberately damaged, such as your car, clothing, or books? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
33. If you saw bullying at school, what would you do?
- I haven't seen any bullying
- Ignore it as none of my business
- Nothing, just watch
- Join in
- Report it to a teacher or other adult
- Intervene to stop the bullying
34. What do adults do at school when they see bullying?
- Nothing, they ignore it
- Stop it and tell everyone to leave
- Stop it and solve the problem
- I'm not certain

PEER INFLUENCES

35. Think of your **four best friends** (the friends you feel closest to). In the past year (12 months), how many of your best friends have:
- | | None | 1 | 2 | 3 | 4 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. participated in clubs, organizations or activities at school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. smoked cigarettes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. used electronic cigarettes (e-cigarettes)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |