

## ◆ Module A ◆

## Middle School Questionnaire

2007-08

This is a survey about school and health-related behaviors, experiences, and attitudes. It includes questions about use of alcohol, tobacco, and other drugs; bullying and violence; and what you do at school and how you feel about it. **You will be able to answer** whether or not you have done or experienced any of these things.

**You do not have to answer these questions**, but your answers will be very helpful in improving school and health programs.

**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. 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** (for example, did you ever do 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!**

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

- A1. Fill in the bubble for the letter "M."  
 A2. Fill in the bubble for the number "1."

**Next, we would like some background information about you.**

- A3. How old are you?  
 A) 10 years old or younger  
 B) 11 years old  
 C) 12 years old  
 D) 13 years old  
 E) 14 years old  
 F) 15 years old  
 G) 16 years old  
 H) 17 years old  
 I) 18 years old or older
- A4. What is your sex?  
 A) Male  
 B) Female
- A5. What grade are you in?  
 A) 6th grade  
 B) 7th grade  
 C) 8th grade  
 D) 9th grade  
 E) 10th grade  
 F) 11th grade  
 G) 12th grade  
 H) Other grade  
 I) Ungraded
- A6. How do you describe yourself? (*Mark All That Apply.*)  
 A) American Indian or Alaska Native  
 B) Native Hawaiian or Pacific Islander  
 C) Asian or Asian American  
 D) Black or African American (non-Hispanic)  
 E) Hispanic or Latino/Latina  
 F) White or Caucasian (non-Hispanic)  
 G) Other
- A7. 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  
 B) Asian Indian  
 C) Cambodian  
 D) Chinese  
 E) Filipino  
 F) Japanese  
 G) Korean  
 H) Laotian  
 I) Vietnamese  
 J) Native Hawaiian, Guamanian, Samoan, or other Pacific Islander  
 K) Other Asian

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A8. If you are Hispanic or Latino/Latina, which groups best describe you? (*Mark All That Apply*). If you are **not** of Hispanic background, mark “A. Does not apply.”

- |   |                   |
|---|-------------------|
| A) Does not apply; I am not Hispanic or Latino/Latina | D) Cuban          |
| B) Central American                                   | E) Mexican        |
| C) South American                                     | F) Puerto Rican   |
|   | G) Other Hispanic |

**Next, please mark on your answer sheet how TRUE you feel each of the following statements are about your SCHOOL and things you might do there.**

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

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neither Disagree Nor Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>
A9. I feel close to people at this school.	A	B	C	D	E
A10. I am happy to be at this school.	A	B	C	D	E
A11. I feel like I am part of this school.	A	B	C	D	E
A12. The teachers at this school treat students fairly.	A	B	C	D	E
A13. I feel safe in my school.	A	B	C	D	E

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

	<u>Not At All True</u>	<u>A Little True</u>	<u>Pretty Much True</u>	<u>Very Much True</u>
A14. who really cares about me.	A	B	C	D
A15. who tells me when I do a good job.	A	B	C	D
A16. who notices when I'm not there.	A	B	C	D
A17. who always wants me to do my best.	A	B	C	D
A18. who listens to me when I have something to say.	A	B	C	D
A19. who believes that I will be a success.	A	B	C	D

*At school, ...*

	<u>Not at All True</u>	<u>A Little True</u>	<u>Pretty Much True</u>	<u>Very Much True</u>
A20. I do interesting activities.	A	B	C	D
A21. I help decide things like class activities or rules.	A	B	C	D
A22. I do things that make a difference.	A	B	C	D

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**The next statements are about what might occur outside your school or home, such as in your NEIGHBORHOOD, COMMUNITY, or with an ADULT other than your parents or guardian.**

*Outside of my home and school, there is an adult ...*

	<u>Not At All True</u>	<u>A Little True</u>	<u>Pretty Much True</u>	<u>Very Much True</u>
A23. who really cares about me.	A	B	C	D
A24. who tells me when I do a good job.	A	B	C	D
A25. who notices when I am upset about something.	A	B	C	D
A26. who believes that I will be a success.	A	B	C	D
A27. who always wants me to do my best.	A	B	C	D
A28. whom I trust.	A	B	C	D

*Outside of my home and school, ...*

	<u>Not at All True</u>	<u>A Little True</u>	<u>Pretty Much True</u>	<u>Very Much True</u>
A29. I am part of clubs, sports teams, church/temple, or other group activities.	A	B	C	D
A30. I am involved in music, art, literature, sports, or a hobby.	A	B	C	D
A31. I help other people.	A	B	C	D
A32. Did you eat breakfast today?				
A) No				
B) Yes				

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The next questions ask about the use of alcohol, tobacco, marijuana, and other drugs *without a doctor’s order* (prescription for medical reasons).

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, including pills and medications, used to get “high” (“loaded”, “stoned”, or “wasted”) other than alcohol or tobacco.

During your *life*, how many times have you used or tried ...

		Number of Times					
		0 times	1 time	2 times	3 times	4-6 times	7 or more times
A33.	a cigarette, even one or two puffs?	A	B	C	D	E	F
A34.	a whole cigarette?	A	B	C	D	E	F
A35.	smokeless tobacco (dip, chew or snuff such as Redman, Skoal, or Beechnut)?	A	B	C	D	E	F
A36.	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
A37.	marijuana (pot, weed, grass, hash, bud)?	A	B	C	D	E	F
A38.	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
A39.	derbisol (DB, derbs, or dirt)?	A	B	C	D	E	F
A40.	any other illegal drug or pill to get “high”?	A	B	C	D	E	F

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

		Number of Times					
		0 times	1 time	2 times	3 times	4-6 times	7 or more times
A41.	very drunk or sick after drinking alcohol?	A	B	C	D	E	F
A42.	“high” (loaded, stoned, or wasted) from using drugs?	A	B	C	D	E	F
A43.	drunk on alcohol or “high” on drugs on school property?	A	B	C	D	E	F

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

	Never	Years of Age									
		10 or under	11	12	13	14	15	16	17	18 or over	
A44. Had a drink of an alcoholic beverage (other than a sip or two)	A	B	C	D	E	F	G	H	I	J	
A45. Smoked part or all of a cigarette	A	B	C	D	E	F	G	H	I	J	
A46. Used smokeless tobacco or other tobacco products	A	B	C	D	E	F	G	H	I	J	
A47. Used marijuana or hashish	A	B	C	D	E	F	G	H	I	J	
A48. Used any other illegal drug or pill to get "high"	A	B	C	D	E	F	G	H	I	J	

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

	0 days	1 day	2 days	3-9 days	10-19 days	20-30 days
A49. cigarettes?	A	B	C	D	E	F
A50. smokeless tobacco (dip, chew or snuff)?	A	B	C	D	E	F
A51. at least one drink of alcohol?	A	B	C	D	E	F
A52. five or more drinks of alcohol in a row, that is, within a couple of hours?	A	B	C	D	E	F
A53. marijuana (pot, weed, grass, hash, bud)?	A	B	C	D	E	F
A54. 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
A55. any other illegal drug or pill to get "high"?	A	B	C	D	E	F

*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
A56. smoke cigarettes?	A	B	C	D	E	F
A57. have at least one drink of alcohol?	A	B	C	D	E	F
A58. smoke marijuana?	A	B	C	D	E	F
A59. use any other illegal drug or pill to get "high"?	A	B	C	D	E	F

*During the past 12 months, ...*

	No	Yes
A60. have you talked with at least one of your parents [or guardians] about the dangers of tobacco, alcohol, or drug use?	A	B
A61. have you heard, read, or watched any messages about not using alcohol, tobacco, or drugs?	A	B

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A62. How do you like to drink alcohol?

- A) I don't drink alcohol
- B) Just a sip or two
- C) Enough to feel it a little
- D) Enough to feel it moderately
- E) Until I feel it a lot or get really drunk

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

	Great	How Much Risk or Harm		None
		Moderate	Slight	
A63. Smoke cigarettes occasionally	A	B	C	D
A64. Smoke 1-2 packs of cigarettes each day	A	B	C	D
A65. Drink alcohol occasionally	A	B	C	D
A66. Have five or more drinks of an alcoholic beverage once or twice a week	A	B	C	D
A67. Smoke marijuana occasionally	A	B	C	D
A68. Smoke marijuana once or twice a week	A	B	C	D

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

	Very Difficult	Fairly Difficult	Fairly Easy	Very Easy	Don't Know
A69. Cigarettes	A	B	C	D	E
A70. Alcohol	A	B	C	D	E
A71. Marijuana	A	B	C	D	E

*Think about a group of 100 students (about three classrooms) in your grade.*

*About how many students have done the following?*

	Number of Students										
	<u>0</u> (none)	<u>10</u>	<u>20</u>	<u>30</u>	<u>40</u> (half)	<u>50</u>	<u>60</u>	<u>70</u>	<u>80</u>	<u>90</u>	<u>100</u> (all)
A72. Smoke cigarettes at least once a month	A	B	C	D	E	F	G	H	I	J	K
A73. Ever tried marijuana	A	B	C	D	E	F	G	H	I	J	K

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

	Neither Approve Nor Disapprove	Somewhat Disapprove	Strongly Disapprove
A74. Smoking one or more packs of cigarettes a day	A	B	C
A75. Having one or two drinks of any alcoholic beverage nearly every day	A	B	C
A76. Trying marijuana or hashish once or twice	A	B	C
A77. Using marijuana once a month or more	A	B	C
A78. Carry a weapon to school	A	B	C

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- A79. How do you think your close friends would feel about your smoking one or more packs of cigarettes a day?
- A) Neither approve nor disapprove
  - B) Somewhat disapprove
  - C) Strongly disapprove
- A80. In your life, how many times have you ridden in a car driven by someone who had been drinking alcohol?
- A) Never
  - B) 1 time
  - C) 2 times
  - D) 3 to 6 times
  - E) 7 or more times

**Next are questions about violence, safety, harassment, and bullying.**

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

	0 times	1 time	2 to 3 times	4 or more
A81. been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	B	C	D
A82. been afraid of being beaten up?	A	B	C	D
A83. been in a physical fight?	A	B	C	D
A84. had mean rumors or lies spread about you?	A	B	C	D
A85. had sexual jokes, comments, or gestures made to you?	A	B	C	D
A86. been made fun of because of your looks or the way you talk?	A	B	C	D
A87. had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
A88. been offered, sold, or given an illegal drug?	A	B	C	D
A89. damaged school property on purpose?	A	B	C	D
A90. carried a gun?	A	B	C	D
A91. carried any other weapon (such as a knife or club)?	A	B	C	D
A92. been threatened or injured with a weapon (gun, knife, club, etc.)?	A	B	C	D
A93. seen someone carrying a gun, knife, or other weapon?	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 repeatedly shoved, hit, threatened, called mean names, teased in a way you didn't like, or had other unpleasant things done to you. It is **not bullying** when two students of about the same strength quarrel or fight.]

	0 times	1 time	2 to 3 times	4 or more
A94. Your race, ethnicity, or national origin	A	B	C	D
A95. Your religion	A	B	C	D
A96. Your gender (being male or female)	A	B	C	D
A97. Because you are gay or lesbian or someone thought you were	A	B	C	D
A98. A physical or mental disability	A	B	C	D
A99. Any other reason	A	B	C	D

A100. How safe do you feel when you are at school?

- A) Very safe
- B) Safe
- C) Neither safe or unsafe
- D) Unsafe
- E) Very unsafe

A101. In a normal week, how many days are you home after school for at least one hour without an adult there?

- A) Never
- B) 1 day
- C) 2 days
- D) 3 days
- E) 4 days
- F) 5 days

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- A102. Do you consider yourself a member of a gang?
- A) No
  - B) Yes
- A103. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- A) Does not apply; I didn't have a boyfriend or girlfriend during the past 12 months
  - B) No
  - C) Yes
- A104. During the past 12 months, did you ever feel so sad or hopeless almost everyday for two weeks or more that you stopped doing some usual activities?
- A) No
  - B) Yes
- A105. During the past 12 months, how would you describe the grades you mostly received in school?
- A) Mostly A's
  - B) A's and B's
  - C) Mostly B's
  - D) B's and C's
  - E) Mostly C's
  - F) C's and D's
  - G) Mostly D's
  - H) Mostly F's
- A106. During the past 12 months, about how many times did you skip school or cut classes?
- A) 0 times
  - B) 1-2 times
  - C) A few times
  - D) Once a month
  - E) Once a week
  - F) More than once a week
- A107. 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