

+ Module G +

Please turn to Section G of your answer sheet

The following questions are about ‘Closing the Achievement Gap’

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

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
G1 Teachers and other adults encourage me to work hard in school so I can be successful in college or at the job I choose.	A	B	C	D	E
G2 I have been disrespected or mistreated by an adult at this school because of my race, ethnicity, or nationality.	A	B	C	D	E

The following questions are about Resiliency and Youth Development

How true do you feel these statements are about you personally?

	Not At All True	A Little True	Pretty Much True	Very Much True
Outside of my home and school, there is an adult:				
G3 Who really cares about me.	A	B	C	D
G4 Who tells me when I do a good job.	A	B	C	D
G5 Who notices when I am upset about something.	A	B	C	D
G6 Who believes that I will be a success.	A	B	C	D
G7 Who always wants me to do my best.	A	B	C	D
G8 Whom I can trust.	A	B	C	D
G9 I know where to go for help with a problem and I can find someone to talk with.	A	B	C	D
G10 I have a friend about my own age that really cares for me.	A	B	C	D
G11 In my home there is a parent or some other adult who believes that I will be a success.	A	B	C	D
G12 In my home there is a parent or some other adult who listens to me when I have something to say.	A	B	C	D
G13 I am involved in music, art, literature, sports or a hobby.	A	B	C	D
G14 I have goals and plans for the future.	A	B	C	D
G15 I believe I will be a success.	A	B	C	D
G16 I know I will graduate from high school.	A	B	C	D
G17 I plan to go to college or some other school after high school.	A	B	C	D
G18 I know I will find a good job after I graduate.	A	B	C	D

A) Yes

B) No

Please imagine a ladder with steps numbered from zero at the bottom to 10 at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you. On which step of the ladder would you say you personally feel you stand at this time.

0 1 2 3 4 5 6 7 8 9 10

G19 Were you treated with respect all day yesterday? A B C D E F G H I J K

G20 Do you have health problems that keep you from doing any of the things other people your age can normally do? A B C D E F G H I J K

The following questions are about Physical Activity, Diet and General Health

On how many of the past 7 days did you . . .

0 1 2 3 4 5 6 7
Number of Days

G21 Participate in a physical activity for at least 30 minutes? A B C D E F G H

G22 How many days in the past week did you walk, bicycle, or skateboard home from school? A B C D E F G H

G23 During the past seven days on how many days were you physically active for a total of at least 60 minutes per day? Do not include school P.E. (*Add up all the time you spent in any kind of physical activity other than in school P.E. that increased your heart rate and made you breathe hard some of the time.*)

- | | |
|-----------|-----------|
| A) 0 days | E) 4 days |
| B) 1 day | F) 5 days |
| C) 2 days | G) 6 days |
| D) 3 days | H) 7 days |

G24 During the past 24 hours (yesterday), how many times did you eat fruits and vegetables, including salads or nonfried potatoes? (*Do not count fruit juice.*)

- | | | |
|------|------|------|
| A) 0 | D) 3 | G) 6 |
| B) 1 | E) 4 | H) 7 |
| C) 2 | F) 5 | |

G25 Yesterday, how many times did you drink a bottle or glass of plain water? Count tap, bottled and unflavored sparkling water.

- | | |
|------|--------------|
| A) 0 | F) 5 |
| B) 1 | G) 6 |
| C) 2 | H) 7 |
| D) 3 | I) 8 or more |
| E) 4 | |

G26 Yesterday, how many glasses or cans of soda (such as Coke) or other sweetened drinks (such as fruit punch or sports drinks) did you drink? (*Do not count diet and sugar-free drinks.*)

- | | |
|------|--------------|
| A) 0 | F) 5 |
| B) 1 | G) 6 |
| C) 2 | H) 7 |
| D) 3 | I) 8 or more |
| E) 4 | |

G27 Which of the following are you trying to do about your weight?

- A) Lose weight
- B) Gain weight
- C) Stay the same weight
- D) I am not trying to do anything about my weight

During the past 30 days, did you do any of the following things to lose weight or to keep from gaining weight?

	<u>No</u>	<u>Yes</u>
G28 Go without eating (fasting), eat less food, fewer calories, or foods low in fat	A	B
G29 Take any diet pills, powders, or liquids without a doctor's advice (does not include meal replacement products, such as Slim Fast)	A	B
G30 Vomit or take laxatives	A	B
G31 How do you describe your weight?		
A) Very underweight		D) Slightly overweight
B) Slightly underweight		E) Very overweight
C) About the right weight		

In your lifetime have you ever intentionally, or on purpose, done any of the following?

	<u>No</u>	<u>Yes</u>
G32 Cut, burned, or scratched yourself on purpose?	A	B
G33 Attempted suicide?	A	B

The following questions are about Bullying

- G34 If you saw another student being bullied, what would you do? *(Select the main one)*
- A) Tell an adult at school
 B) Laugh and join in
 C) Nothing
- G35 Have you ever threatened or bullied anyone at school?
- A) No
 B) Yes

The following questions are about Alcohol and Other Drug Use

During your lifetime, how many times have you used or tried the following substances?

	<u>0</u>	<u>1-3</u>	<u>4-5</u>	<u>6-9</u>	<u>10 or more</u>
G36 LSD, Ecstasy or other psychedelics (acid, mescaline, peyote, mushrooms)	A	B	C	D	E
G37 Heroin (smack, junk, China White, black tar)	A	B	C	D	E

During your life, how many times have you used or tried the following pills or medications without a doctor's order to get "high" or "stoned"?

	<u>0</u>	<u>1-3</u>	<u>4-5</u>	<u>6-9</u>	<u>10 or more</u>
G38 Prescription pain killers (Vicodin, OxyContin, Percodan, Lortab)	A	B	C	D	E
G39 Barbiturates (Seconol, Nembutol, Amital, red, yellow jackets)	A	B	C	D	E
G40 Tranquilizers, or sedatives, (tranks, libs, Xanax, Valium, Ativan, Librium, Klonopin, benzodiazepine (benzos))	A	B	C	D	E
G41 Cold/Cough Medicines (Triple-C's Coricidin Cough, Sudafed, TheraFlu, Tylenol Cough)	A	B	C	D	E
G42 Diet Pills (Didrex, Dexedrine, Zinadrine)	A	B	C	D	E
G43 Ritalin or Adderall	A	B	C	D	E

- | <i>During the past 30 days, on how many days did you use:</i> | 0 | 1 | 2 | 3-9 | 10-19 | 20-30 |
|--|------|------|------|------|-------|-------|
| | Days | Days | Days | Days | Days | Days |
| G44 Cocaine (any form, coke, crack, rock, base, snort)? | A | B | C | D | E | F |
| G45 Methamphetamine or amphetamines (meth, speed, crystal, crank, ice)? | A | B | C | D | E | F |
| G46 Ecstasy, LSD or other psychedelics (acid, mescaline, peyote, mushrooms)? | A | B | C | D | E | F |
- G47 Has using alcohol, marijuana or other drugs ever caused **you** to have any of the following problems? (*Mark All That Apply.*)
- | | |
|---|--|
| A) Doesn't apply; I have never used alcohol or drugs | G) Fight with other kids |
| 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) Have other problems |
| | M) I've used alcohol or drugs but never had any problems |
- G48 Have you ever felt that you needed help (such as counseling or treatment) for your alcohol or other drug use?
- A) I don't use alcohol or other drugs
B) No, but I do use
C) Yes, I felt like I needed help
- G49 If you drink alcohol or use drugs how do you most frequently get it? (*Select the main one*)
- | | |
|---|--|
| A) At school or school events | G) Take it without paying for it from a store |
| B) At parties or events outside school | H) At bars, restaurants, clubs or gambling casinos |
| C) At your own home | I) Other |
| D) From friends or another teenager at their home | J) I don't drink alcohol |
| E) From adults who give it or buy it for me | |
| F) Buy it themselves from a store | |
- G50 In your opinion, how likely is it that a student would find help at your school from a counselor, teacher, other adult or a restorative program to stop or reduce using alcohol or other drugs?
- A) Very likely
B) Likely
C) Not Likely
D) Don't Know

We want to understand why people use prescription medication that was not prescribed to them.

- G51 The last time you used prescription medication that was not prescribed to you, what were the reasons?
- A) I did not take prescription medication that was not prescribed to me
B) To relieve pain
C) To relieve other physical symptoms
D) To relieve anxiety or depression
E) For fun, getting high, peer pressure (friends were doing it)
F) To prevent or relieve withdrawal symptoms

G52 From whom did you obtain the prescription medication?

- A) I did not take prescription medication that was not prescribed to me
- B) From a friend OR relative
- C) From an acquaintance
- D) From a street dealer or other person I didn't know
- E) Online
- F) Other

The following questions are about Parental Disapproval

<i>How wrong do your parents feel it would be for you to:</i>	Very	A Little	Wrong	Not At
	Wrong	Bit Wrong		All Wrong
G53 Drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?	A	B	C	D
G54 Smoke cigarettes?	A	B	C	D
G55 Smoke marijuana?	A	B	C	D
G56 Use prescription drugs that were not your own or for non-medical reasons?	A	B	C	D

G57 During the past 12 months, have you talked with at least one of your parents or guardians about the dangers of tobacco, alcohol, or other drugs. A) Yes B) No

The following questions are about Peer Disapproval

<i>How wrong do your friends feel it would be for you to:</i>	Very	A Little	Wrong	Not At
	Wrong	Bit Wrong		All Wrong
G58 Smoke one or two packs of cigarettes a day?	A	B	C	D
G59 Have one or two alcoholic drinks regularly?	A	B	C	D
G60 Smoke marijuana?	A	B	C	D

The following questions are about Tobacco Use

- G61 During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?
- A) I did not smoke cigarettes during the past 30 days
 - B) Less than 1 cigarette per day
 - C) 1 cigarette per day
 - D) 2-5 cigarettes per day
 - E) 6 to 10 cigarettes per day
 - F) 11 to 20 cigarettes per day
 - G) More than 20 cigarettes per day
- G62 If you now smoke cigarettes, would you like to quit smoking?
- A) I don't smoke cigarettes; does not apply
 - B) No
 - C) Yes
- G63 How hard would it be for you to refuse or say "no" to a friend who offered you a cigarette to smoke?
- A) Very hard
 - B) Hard
 - C) Easy
 - D) Very Easy
- G64 During the past 12 months, did you have lessons about tobacco and its effects on the body?
- A) Yes

- B) No
- C) Not sure

The following questions are about Dating Violence

G65 Have you ever been slapped, kicked or physically hurt by a boyfriend or girlfriend, not just a friend?

- A) Yes
- B) No

G66 Has this happened in the past 12 months?

- A) Yes
- B) No

G67 The last time this happened, did you talk to anyone about it?

- A) Yes
- B) No

G68 During the past 12 months has your boyfriend or girlfriend pressured or forced you into having sex or going farther sexually than you wanted to?

- A) Yes
- B) No

G69 During the past 12 months has your boyfriend or girlfriend controlled your life in a way that you didn't want them to?

- A) Yes
- B) No

G70 During the past 12 months did one of your parents have injuries or live in fear of being hurt by your other parent or someone they were dating?

- A) Yes
- B) No