



Utah Student Health and Risk Prevention (SHARP) Prevention Needs Assessment Survey (PNA)

1. Thank you for taking this survey. We want to understand how you feel about your community, family, peers, school, health behaviors, and the types of challenges you face. Information from this survey has been used to help students for more than 20 years.
2. You don't have to take the survey if you don't want to. The survey is voluntary and anonymous. DO NOT put your name on the questionnaire.
3. Choose the answer that is closest to how you feel if there isn't an answer that fits exactly. Leave any questions blank that don't apply to you or if you don't know what they mean. You can skip any questions you don't want to answer.
4. This is not a test. There are no right or wrong answers. Try to work as quickly as you can, so you can finish.
5. **Only use a #2 PENCIL.** Ask for a #2 pencil if you don't have one. Fill in the whole circle (or circles) on each question you answer.

6. Please fill in the following information with the help of your teacher/survey assistant.

<p>School District:</p> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td></tr> </table>				0	0	0	1	1	1	2	2	2	3	3	3	4	4	4	5	5	5	6	6	6	7	7	7	8	8	8	9	9	9	<p>Charter School Letter:</p> <p style="text-align: center;"> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K </p>	<p>School Number:</p> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td></tr> </table>				0	0	0	1	1	1	2	2	2	3	3	3	4	4	4	5	5	5	6	6	6	7	7	7	8	8	8	9	9	9	<p>What is the ZIP code where you live?</p> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table>						0	0	0	0	0	1	1	1	1	1	2	2	2	2	2	3	3	3	3	3	4	4	4	4	4	5	5	5	5	5	6	6	6	6	6	7	7	7	7	7	8	8	8	8	8	9	9	9	9	9
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1. How old are you?
- 13 or younger 15 17
 14 16 18 or older

2. What grade are you in?
- 8th 9th 10th 11th 12th

3. What is your race? (Mark ALL that apply.)
- American Indian or Alaska Native
 Asian
 Black or African American
 Hispanic or Latino
 Native Hawaiian or Other Pacific Islander
 White

4. Are you: Male 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?
- No, I am not transgender
 Yes, I am transgender
 I am not sure if I am transgender
 I do not know what this question is asking

6. Which of the following best describe you?
- Heterosexual (straight) Bisexual
 Gay or lesbian Not sure/Other

7. Think of where you live most of the time. Which of the following people live there with you? (Mark ALL that apply.)
- Mother Grandparent(s) Stepbrother(s)
 Stepmother Aunt Sister(s)
 Father Uncle Stepsister(s)
 Stepfather Other Adult(s) Other
 Foster Parent(s) Brother(s) Children

8. Think of the adults you live with. What is the highest level of schooling any of them completed?
- Completed grade school or less Completed college
 Some high school Graduate or professional school after college
 Completed high school Don't know
 Some college Does not apply

9. Think back over the last two weeks. If any, how many times have you had five or more alcoholic drinks in a row?
- None 3-5 times
 Once 6-9 times
 Twice 10 or more times

10. How frequently (if ever) have you smoked cigarettes during the past 30 days?
- Not at all
 Less than one cigarette per day
 One to five cigarettes per day
 About one-half pack per day
 About one pack per day
 About one and one-half packs per day
 Two packs or more per day

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PLEASE NOTE: School Districts had the option to include questions 5 and 6 above for the 8th/10th/12th grades only. Not all districts are including these questions in their SHARP Survey Administration. If you have any questions about whether your district is including or excluding these questions, please reach out to your school district or to SHARPSupport@bach-harrison.com



Answer questions 22 to 27 for both alcohol and drugs.

	Alcohol			Drugs		
	Don't use	Yes	No	Don't use	Yes	No
77						
75						
73						
70						
67						
64						
61						
59						
57						
53						

	Very easy			
	Sort of easy	Sort of hard	Very hard	
46				
43				
41				
34				
32				

32. Has anyone in your family ever had severe alcohol or drug problems?

No Yes

	Yes	
	No	Yes
27		
25		
23		
21		
20		
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4		

	All 30 days					
	20 to 29 days	10 to 19 days	6 to 9 days	3 to 5 days	1 or 2 days	0 days
34. During the past 30 days, on how many days did you:						
a. smoke cigarettes?						
b. smoke cigars, cigarillos, or little cigars?						
c. smoke tobacco in a hookah or waterpipe?						
d. use vape products containing nicotine (such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars)?						
e. use vape products containing marijuana?						
f. use chewing tobacco, snuff, dip, or snus (moist smokeless tobacco usually sold in small pouches)?						
g. use nicotine pouches like Zyn, On, and Velo?						
h. use nicotine lozenges (small hard or soft tablets containing nicotine that slowly dissolve in the mouth such as Velo or Rogue)?						

	Definitely Yes			
	Somewhat Yes	Somewhat No	Definitely No	
35. If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?				
36. If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or tequila) in your neighborhood, would he or she be caught by the police?				
37. If a kid carried a handgun in your neighborhood, would he or she be caught by the police?				

38. Putting them all together, what were your grades like last year?

Mostly F's Mostly B's
 Mostly D's Mostly A's
 Mostly C's

39. 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

40. How interesting are most of your courses to you?

Very interesting and stimulating Slightly interesting
 Quite interesting Not at all interesting
 Fairly interesting



	Definitely Yes	Somewhat Yes	Somewhat No	Definitely No
41. 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"/>	<input type="radio"/>
42. Teachers ask me to work on special classroom projects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. My teachers notice when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. 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"/>	<input type="radio"/>
45. 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"/>	<input type="radio"/>
46. I feel safe at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. The school lets my parents/caregivers know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Are your school grades better than the grades of most students in your class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. I have lots of chances to be part of class discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Definitely Yes	Somewhat Yes	Somewhat No	Definitely No
52. How often do you feel that the school work you are assigned is meaningful and important?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53. During the past 12 months, how often (if at all) have you been picked on or bullied by a student ON SCHOOL PROPERTY?

- | | |
|-----------------------------------|--------------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 4 or 5 days |
| <input type="radio"/> 1 day | <input type="radio"/> 6 or more days |
| <input type="radio"/> 2 or 3 days | |

54. During the LAST FOUR WEEKS, how many (if any) whole days of school have you missed because you skipped or "cut"?

- | | |
|------------------------------|---------------------------------------|
| <input type="radio"/> None | <input type="radio"/> 4-5 days |
| <input type="radio"/> 1 day | <input type="radio"/> 6-10 days |
| <input type="radio"/> 2 days | <input type="radio"/> 11 or more days |
| <input type="radio"/> 3 days | |

55. During the past 30 days, on how many days (if any) would you NOT go to school because you felt you would be unsafe at school or on your way to or from school?

- | | |
|-----------------------------------|--------------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 4 or 5 days |
| <input type="radio"/> 1 day | <input type="radio"/> 6 or more days |
| <input type="radio"/> 2 or 3 days | |

56. How safe do you feel in each of the following areas at your school (before and after school)?

	Very safe	Somewhat safe	Somewhat unsafe	Very unsafe
a. Playgrounds or fields	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Lunchroom/Cafeteria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Classrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Bathrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Parking lots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Stairs and hallways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. On the school bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

57. How worried, if at all, are you about the possibility of each of the following things happening at your school?

	Very worried	Somewhat worried	Not too worried	Not at all worried
a. Getting bullied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Gun violence or active shooter situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Suicide by a student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Gang activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Students using alcohol or drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Earthquake/Fire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

58. My parents/caregivers expect me to eat dinner at home with my family.

	Definitely Yes	Somewhat Yes	Somewhat No	Definitely No
58. My parents/caregivers expect me to eat dinner at home with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

59. People in my family often insult or yell at each other.

	Definitely Yes	Somewhat Yes	Somewhat No	Definitely No
59. People in my family often insult or yell at each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

60. We argue about the same things in my family over and over.

	Definitely Yes	Somewhat Yes	Somewhat No	Definitely No
60. We argue about the same things in my family over and over.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

61. People in my family have serious arguments.

	Definitely Yes	Somewhat Yes	Somewhat No	Definitely No
61. People in my family have serious arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

62. My parents/caregivers have set clear rules and expectations with me about NOT drinking ANY alcohol.

	Definitely Yes	Somewhat Yes	Somewhat No	Definitely No
62. My parents/caregivers have set clear rules and expectations with me about NOT drinking ANY alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63. During a typical week, how many days do all or most of your family eat at least one meal together?

- | | |
|------------------------------|----------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 4 days |
| <input type="radio"/> 1 day | <input type="radio"/> 5 days |
| <input type="radio"/> 2 days | <input type="radio"/> 6 days |
| <input type="radio"/> 3 days | <input type="radio"/> All 7 days |



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64. This past year, did you experience any of the following? (Mark ALL that apply.)

- One or more people living in my home lost their job
- I moved or changed homes
- Skipped one or more meals because my family didn't have enough money to buy food
- I had difficulty keeping up with schoolwork because I didn't have access to a reliable computer or internet service
- I did not have a quiet place at home to study
- None of these

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65. During the past 30 days, how often did you:

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. feel nervous?	<input type="checkbox"/>				
b. feel hopeless?	<input type="checkbox"/>				
c. feel restless or fidgety?	<input type="checkbox"/>				
d. feel so depressed that nothing could cheer you up?	<input type="checkbox"/>				
e. feel that everything was an effort?	<input type="checkbox"/>				
f. feel worthless?	<input type="checkbox"/>				

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66. In the past seven days, I have felt:

	Never	Rarely	Sometimes	Often	Always
a. left out.	<input type="checkbox"/>				
b. that people barely know me.	<input type="checkbox"/>				
c. isolated from others.	<input type="checkbox"/>				
d. that people are around me but not with me.	<input type="checkbox"/>				

	Definitely No	Somewhat No	Somewhat Yes	Definitely Yes
67. Sometimes, I think that life is not worth it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. At times, I think I am no good at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. All in all, I am inclined to think that I am a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

71. In the past 12 months, have you ever done something to purposefully hurt yourself without wanting to die, such as cutting or burning yourself on purpose? If so, how many times did you do so?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

72. 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?

- No
- Yes

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

- No
- Yes

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

- No
- Yes

75. During the past 12 months, how many times (if any) did you actually attempt suicide?

- 0 times
- 1 time
- 2 to 3 times
- 4 to 5 times
- 6 or more times

76. If you have ever tried a tobacco product, which one did you try first?

- I have never tried any tobacco product
- Cigarettes
- Cigars, cigarillos, or little cigars
- Tobacco in a hookah or waterpipe
- Vape products such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars
- Chewing tobacco, snuff, or dip
- Nicotine pouches like Zyn, On, or Velo
- Other
- Nicotine lozenges such as Velo or Rogue

	Definitely No	Somewhat No	Somewhat Yes	Definitely Yes
77. Do you think you will smoke a cigarette at any time during the next year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. If one of your best friends offered you a cigarette, would you smoke it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Do you think people can get addicted to nicotine just like they can get addicted to using cocaine or heroin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Do you think the smoke from other people's cigarettes is harmful to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Do you think that people can get addicted to vape products (e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Do you think you will use a vape product such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars at any time during the next year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. If one of your best friends offered you a vape product such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars, would you use it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



84. If you smoked cigarettes or used vape products in the past 30 days, how did you usually get your own cigarettes or vape products? (CHOOSE ONLY ONE ANSWER FOR EACH TOBACCO TYPE.)

	Regular cigarettes	Vape products
I did not use cigarettes or vape products (e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars) in the past 30 days.	<input type="radio"/>	<input type="radio"/>
I bought them in a convenience store, supermarket, discount store, or gas station.	<input type="radio"/>	<input type="radio"/>
I bought them at a smoke or vape shop.	<input type="radio"/>	<input type="radio"/>
I bought them on the Internet or social media (such as Facebook, Instagram, or SnapChat).	<input type="radio"/>	<input type="radio"/>
I gave someone else money to buy them for me.	<input type="radio"/>	<input type="radio"/>
I borrowed (or bummed) them from somebody else.	<input type="radio"/>	<input type="radio"/>
A person 18 years old or older gave them to me.	<input type="radio"/>	<input type="radio"/>
I took them from a store or family member.	<input type="radio"/>	<input type="radio"/>
I got them some other way.	<input type="radio"/>	<input type="radio"/>

85. During this school year, were you taught in any of your classes about the dangers of tobacco use?

- No Yes Not sure

86. Do you think that you will try a cigarette soon?

- I have already tried smoking cigarettes.
 No Yes

87. If you used vape products in the past 30 days, such as e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars, what flavor did you use most often?

- I have never used a vape product.
 Tobacco flavor
 Mint flavor
 Menthol flavor
 Sweet, alcohol, or other flavor

88. If you smoked during the past 12 months, did you ever stop smoking for one day or longer because you were trying to quit smoking?

- I have not smoked in the past 12 months.
 Yes
 No

89. Do you usually vape with nicotine, without nicotine, or both?

- I have never vaped
 With nicotine
 Without nicotine
 Both with and without nicotine
 Not sure

90. How much do you want to stop vaping?

- I do not vape now Somewhat
 Not at all A lot
 A little

91. During the past 30 days, how did you use marijuana? (Mark ALL that apply.)

- I did not use marijuana during the past 30 days
 I smoked it
 I ate it (in an edible, candy, tincture or other food)
 I used a vaporizer
 I dabbed it
 I used it in some other way

92. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?

- 0 days 5 or 6 days
 1 or 2 days 7 days
 3 or 4 days

93. During the past 7 days, on how many days did you ride in a car with someone who was smoking cigarettes?

- 0 days 5 or 6 days
 1 or 2 days 7 days
 3 or 4 days

94. Does anyone who lives with you now: (Mark ALL that apply.)

- Smoke cigarettes
 Use vape products (e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars)
 Use other tobacco products
 No one lives with me now who uses any form of tobacco

95. In the past 30 days, how often have you seen or heard any advertising or campaigns against smoking?

- Never Often
 Rarely Very often
 Sometimes

96. During the past 12 months, have you talked with at least one of your parents/caregivers about the dangers of tobacco, alcohol, or drug use? (Mark ALL that apply.)

- No Yes, alcohol use
 Yes, tobacco use Yes, drug use

97. During the past year (12 months), how often have you talked with at least one of your parents/caregivers about the rules and expectations of NO alcohol use?

- At least once a month
 Every 2 to 3 months
 Every 4 to 6 months
 A few times in the past year
 Talked, but not in the past year
 Never

98. In a typical week, how many days do you walk, ride your bike or scooter (non-motorized), or skateboard to and from school?

- No days 1 2 3 4 5

99. 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 spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

- 0 days 4 days
 1 day 5 days
 2 days 6 days
 3 days 7 days



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	No	Yes
100. Has a doctor or nurse ever told you that you have asthma?	<input type="radio"/>	<input type="radio"/>
101. Do you still have asthma?	<input type="radio"/>	<input type="radio"/>
102. During the past 12 months, did you have an episode of asthma or an asthma attack?	<input type="radio"/>	<input type="radio"/>

103. An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor or other health professional EVER given you a written asthma action plan?

I do not have asthma No
 Yes Not sure

58

104. During the past 12 months, about how many days of school did you miss because of your asthma?

I do not have asthma 4 to 9 days
 0 days 10 to 12 days
 1 to 3 days 13 or more days

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105. Do you have diabetes?

No Yes

106. Has a doctor or other health professional EVER given you a written diabetes care plan to help manage your diabetes in school?

I do not have diabetes No
 Yes Not Sure

39

107. During the past 12 months, about how many days of school did you miss because of your diabetes?

I do not have diabetes 4 to 9 days
 0 days 10 to 12 days
 1 to 3 days 13 or more days

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For questions 108 and 109, write your height and weight in the blank boxes and fill in the matching circle below each number.

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29
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26
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108. How tall are you without your shoes on? **109. How much do you weigh without your shoes on?**

feet	inches
3	1
4	2
5	3
6	4
7	5
	6
	7
	8
	9
	10
	11

pounds		
0	1	1
1	2	2
2	3	3
3	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

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110. How often do you wear a seat belt when riding in a car driven by someone else?

Never Most of the time
 Rarely Always
 Sometimes

111. During the past 30 days, did you drive a car or other vehicle when you were talking on a cell phone? If so, on how many days?

I did not drive a car or other vehicle during the past 30 days 6 to 9 days
 0 days 10 to 19 days
 1 or 2 days 20 to 29 days
 3 to 5 days All 30 days

112. During the past 30 days, did you drive a car or other vehicle when you had been drinking alcohol? If so, how many times?

I do not drive. 2 or 3 times
 0 times 4 or 5 times
 1 time 6 or more times

113. During the past 30 days, did you text or e-mail while driving a car or other vehicle? If so, on how many days?

I did not drive a car or other vehicle during the past 30 days 6 to 9 days
 0 days 10 to 19 days
 1 or 2 days 20 to 29 days
 3 to 5 days All 30 days

114. How are guns and bullets stored in your home?

We don't have any guns or bullets
 Unlocked and in plain sight
 Locked or hidden, but I know how to access them
 Locked or hidden, and I DON'T know how to access them
 Don't know

115. Which is your religious preference? (Choose the ONE religion with which you identify the most.)

Catholic Protestant (such as Baptists, Presbyterians, or Lutherans)
 Jewish Another religion
 LDS (Mormon) No religious preference

This section asks questions about screen time not related to school or homework. These questions ask about the time you spend on a cell or smartphone, video games, computers, handheld video game players, TV/video, or tablets/iPads not for school or homework.

116. Which of the these have you used in the past month? You can choose more than one.

Cell phone or smart phone
 TV
 Laptop or desktop
 Video game console
 Tablet
 Smartwatch
 VR

117. How often do you check your phone when you're not asleep or in school?

Every 5 minutes or less
 Every 6-15 minutes
 Every half hour to hour
 Every 2-4 hours
 Every 4+ hours



118. What rules does your family have about screen time?

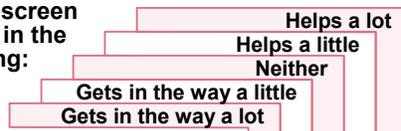
You can choose more than one.

- Content you can't look at (like websites or videos)
- Places you can't use it
- Apps you can't use
- Times you can't use it
- Total time limits
- None of these, but we have other rules
- No rules about screen time

119. How often do your parents/caregivers enforce or make you follow rules about screen time?

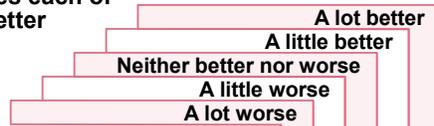
- Always
- Often
- Sometimes
- Rarely
- Never

120. Do you think your screen time helps or gets in the way of the following:



a. Sleep	<input type="radio"/>				
b. Time spent with family	<input type="radio"/>				
c. Schoolwork and homework	<input type="radio"/>				
d. Physical exercise	<input type="radio"/>				
e. Time spent with friends	<input type="radio"/>				

121. Do you think social media (examples include YouTube, Instagram, Snapchat, or TikTok) makes each of the following better or worse?



a. How you feel about your body	<input type="radio"/>				
b. Grades in school	<input type="radio"/>				
c. Family relationships	<input type="radio"/>				
d. Friend relationships	<input type="radio"/>				

122. On an average school day, how many hours do you use an electronic device for something that is not school work? (Count time spent on things such as Xbox, PlayStation, texting, watching TV or a steaming service, YouTube, Instagram, Snapchat, TikTok or other social media.)

- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

123. During the past 12 months, how often (if at all) have you been threatened or harassed over the internet, by email, or by someone using a cell phone?

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

124. How honest were you in filling out this survey?

- I was very honest.
- I was honest most 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 completing the survey

**Extra Questions
Start with 201**

	Responses								
	a	b	c	d	e	f	g	h	i
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