

**In-School Core Survey**  
**Middle School Questionnaire**  
**2026–2027**

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

The survey is **anonymous** and **confidential**. No one will ever be able to connect you with your answers. Your answers are private.

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

This survey asks about things you may have done during different periods of time: in your **lifetime**, in the past **12 months**, or in the past **30 days**. Each question will tell you which time period to think about. Please read carefully before you answer.

**Thank you for taking this survey!**

**Your School Schedule**

1. Which of the following best describes your school schedule during the past 30 days?
  - A) I went to school in person at my school building for the entire day, Monday through Friday. [**In-School Model**]
  - B) I participated in school from home for the entire day on most or all weekdays and did not go to school in person. [**Remote Learning Model**]

## Core Survey

Next, we would like some background information about you.

2. 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

3. What is your gender?

- A) Male
- B) Female
- C) Nonbinary
- D) Something else

4. Some people describe themselves as transgender when how they think or feel about their gender is different from the sex they were assigned at birth. 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

5. Which of the following best describes you?

- A) Heterosexual (straight)
- B) Lesbian or Gay
- C) Bisexual
- D) Something else
- E) Not sure
- F) Decline to respond

6. What is your race or ethnicity? (Mark all that apply.)

- A) American Indian or Alaska Native
- B) Asian or Asian American
- C) Black or African American
- D) Hispanic or Latino/a
- E) Native Hawaiian or Pacific Islander
- F) White
- G) Something else

## Core Survey

7. If you are Asian or Pacific Islander, which groups best describe you? *(Mark all that apply.)* If you are not of Asian or 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) Hmong
  - G) Japanese
  - H) Korean
  - I) Laotian
  - J) Vietnamese
  - K) Native Hawaiian, Guamanian, Samoan, Tahitian, or other Pacific Islander
  - L) Other Asian
8. If you are Hispanic or Latino/a, which groups best describe you? *(Mark all that apply.)* If you are not of Hispanic or Latino/a background, mark “A) Does not apply.”
- A) Does not apply; I am not Hispanic or Latino/a
  - B) Colombian
  - C) Cuban
  - D) Dominican
  - E) Guatemalan
  - F) Honduran
  - G) Mexican
  - H) Puerto Rican
  - I) Salvadoran
  - J) Other Hispanic or Latino/a
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
  - B) Other relative’s home
  - C) A home with more than one family
  - D) Friend’s home
  - E) Foster home, group care, or waiting placement
  - F) Hotel or motel
  - G) Shelter, car, campground, or other transitional or temporary housing
  - H) Other living arrangement

## Core Survey

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

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

**APPLICABLE FOR NON-ENGLISH LANGUAGE AT HOME. [IF Q12 = B–J]**

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

|                                | Very<br>Well | Well | Not<br>Well | Not<br>At All |
|--------------------------------|--------------|------|-------------|---------------|
| <b>12A.</b> Understand English | A            | B    | C           | D             |
| <b>12B.</b> Speak English      | A            | B    | C           | D             |
| <b>12C.</b> Read English       | A            | B    | C           | D             |
| <b>12D.</b> Write English      | A            | B    | C           | D             |

## Core Survey

13. Are you in the English Learner Program at school?

- A) No
- B) Yes
- C) Don't know

**IF 13 = B, THEN 14; ELSE GO TO 15**

14. How many years have you been in the English Learner Program across all schools you've attended?

- A) Less than 3 years
- B) 3 to 4 years
- C) 5 to 6 years
- D) 7 or more years

15. Do you have an IEP (Individualized Education Plan) or get special education services?

- A) No
- B) Yes
- C) Don't know
- D) Prefer not to say

16. What time did you go to bed last night?

- A) Before 7:00 pm
- B) 7:00–7:59 pm
- C) 8:00–8:59 pm
- D) 9:00–9:59 pm
- E) 10:00–10:59 pm
- F) 11:00–11:59 pm
- G) 12:00–12:59 am
- H) After 1:00 am

17. Did you eat breakfast today?

- A) No
- B) Yes

18. 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
- B) 1 day
- C) 2 days
- D) 3 or more days

## Core Survey

**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
- B) 1 day
- C) 2 days
- D) 3 days
- E) 4 days
- F) 5 days

**The next questions ask about your experiences with school in general.**

**20. 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

**21. In the past 30 days, did you miss a day of school for any of the following reasons? (Mark all that apply.)**

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

## Core Survey

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

|                                                                                                          | Strongly<br>Disagree | Disagree | Neither<br>Disagree<br>Nor Agree | Agree | Strongly<br>Agree |
|----------------------------------------------------------------------------------------------------------|----------------------|----------|----------------------------------|-------|-------------------|
| 22. I feel close to people at this school.                                                               | A                    | B        | C                                | D     | E                 |
| 23. I am happy to be at this school.                                                                     | A                    | B        | C                                | D     | E                 |
| 24. I feel like I am part of this school.                                                                | A                    | B        | C                                | D     | E                 |
| 25. The teachers at this school treat students fairly.                                                   | A                    | B        | C                                | D     | E                 |
| 26. I feel safe in my school.                                                                            | A                    | B        | C                                | D     | E                 |
| 27. My school is usually clean and tidy.                                                                 | A                    | B        | C                                | D     | E                 |
| 28. Teachers at this school communicate with parents about what students are expected to learn in class. | A                    | B        | C                                | D     | E                 |
| 29. Parents feel welcome to participate at this school.                                                  | A                    | B        | C                                | D     | E                 |
| 30. School staff take parent concerns seriously.                                                         | A                    | B        | C                                | D     | E                 |
| 31. It is hard for me to stay focused when doing my schoolwork.                                          | A                    | B        | C                                | D     | E                 |
| 32. I try hard to make sure that I am good at my schoolwork.                                             | A                    | B        | C                                | D     | E                 |
| 33. I try hard on my schoolwork because I am interested in it.                                           | A                    | B        | C                                | D     | E                 |
| 34. I work hard to try to understand new things when doing my schoolwork.                                | A                    | B        | C                                | D     | E                 |
| 35. I am always trying to do better in my schoolwork.                                                    | A                    | B        | C                                | D     | E                 |

## Core Survey

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

|                                              | Strongly<br>Disagree |   |   |   |   |   |   |   |   |   |    | Strongly<br>Agree |
|----------------------------------------------|----------------------|---|---|---|---|---|---|---|---|---|----|-------------------|
|                                              | 0                    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                   |
| 36. School is really boring.                 | A                    | B | C | D | E | F | G | H | I | J | K  |                   |
| 37. School is worthless and a waste of time. | A                    | B | C | D | E | F | G | H | I | J | K  |                   |

Please mark how **TRUE** you feel each of the following statements is about your **SCHOOL**.

There is a teacher or some other adult from my school...

|                                                     | Not At<br>All True | A Little<br>True | Pretty Much<br>True | Very Much<br>True |
|-----------------------------------------------------|--------------------|------------------|---------------------|-------------------|
| 38. who really cares about me.                      | A                  | B                | C                   | D                 |
| 39. who tells me when I do a good job.              | A                  | B                | C                   | D                 |
| 40. who notices when I'm not there.                 | A                  | B                | C                   | D                 |
| 41. who always wants me to do my best.              | A                  | B                | C                   | D                 |
| 42. who checks on how I am feeling.                 | A                  | B                | C                   | D                 |
| 43. who listens to me when I have something to say. | A                  | B                | C                   | D                 |
| 44. who believes that I will be a success.          | A                  | B                | C                   | D                 |

At school, ...

|                                                                 | Not At<br>All True | A Little<br>True | Pretty Much<br>True | Very Much<br>True |
|-----------------------------------------------------------------|--------------------|------------------|---------------------|-------------------|
| 45. I do interesting activities.                                | A                  | B                | C                   | D                 |
| 46. I help decide things like <b>class</b> activities or rules. | A                  | B                | C                   | D                 |
| 47. I do things that make a difference.                         | A                  | B                | C                   | D                 |
| 48. I have a say in how things work.                            | A                  | B                | C                   | D                 |
| 49. I help decide <b>school</b> activities or rules.            | A                  | B                | C                   | D                 |

## Core Survey

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 hard seltzer, 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 Breeze, Elf Bar, Esco Bar, Lost Mary, Mr. Fog, and Vuse.

## Core Survey

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

|                                                                                                                                | Number of Times |           |            |            |              |                       |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------|------------|------------|--------------|-----------------------|
|                                                                                                                                | 0<br>Times      | 1<br>Time | 2<br>Times | 3<br>Times | 4-6<br>Times | 7 or<br>More<br>Times |
| 50. A cigarette, even one or two puffs                                                                                         | A               | B         | C          | D          | E            | F                     |
| 51. A whole cigarette                                                                                                          | A               | B         | C          | D          | E            | F                     |
| 52. Smokeless tobacco (dip, chew, snuff, snus, or nicotine pouches)                                                            | A               | B         | C          | D          | E            | F                     |
| 53. Nicotine pouches (Zyn, on!)                                                                                                | A               | B         | C          | D          | E            | F                     |
| 54. Vape products                                                                                                              | A               | B         | C          | D          | E            | F                     |
| [ASKED IF Q54 = B, C, D, E, or F]                                                                                              |                 |           |            |            |              |                       |
| 54A. Vaped tobacco or nicotine                                                                                                 | A               | B         | C          | D          | E            | F                     |
| 54B. Vaped marijuana or THC                                                                                                    | A               | B         | C          | D          | E            | F                     |
| 54C. Vaped other product                                                                                                       | A               | B         | C          | D          | E            | F                     |
| 55. One full drink of alcohol (such as a can of beer, glass of wine, hard seltzer, or shot of liquor)                          | A               | B         | C          | D          | E            | F                     |
| 56. Marijuana (smoke, vape, eat, or drink)                                                                                     | A               | B         | C          | D          | E            | F                     |
| 57. 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                     |
| 58. Relevant                                                                                                                   | A               | B         | C          | D          | E            | F                     |
| 59. Any other drug, pill, or medicine to get “high” or for reasons other than medical                                          | A               | B         | C          | D          | E            | F                     |

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

|                                                | Number of Times |           |            |            |              |                       |
|------------------------------------------------|-----------------|-----------|------------|------------|--------------|-----------------------|
|                                                | 0<br>Times      | 1<br>Time | 2<br>Times | 3<br>Times | 4-6<br>Times | 7 or<br>More<br>Times |
| 60. very drunk or sick after drinking alcohol? | A               | B         | C          | D          | E            | F                     |

## Core Survey

61. “high” (loaded, stoned, or wasted) from using drugs? A B C D E F

62. drunk on alcohol or “high” on drugs on school property? A B C D E F

**[APPLICABLE FOR LIFETIME MARIJUANA USERS ONLY – Ask of students who reported ever using marijuana [IF Q56 = B, C, D, E, or F]**

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

|                                                                          | Number of Times |           |            |            |              |                       |
|--------------------------------------------------------------------------|-----------------|-----------|------------|------------|--------------|-----------------------|
|                                                                          | 0<br>Times      | 1<br>Time | 2<br>Times | 3<br>Times | 4–6<br>Times | 7 or<br>More<br>Times |
| 63. Smoke it?                                                            | A               | B         | C          | D          | E            | F                     |
| 64. In a <b>vaping device</b> (vape pens, mods, or portable vaporizers)? | A               | B         | C          | D          | E            | F                     |
| 65. Eat or drink it in products made with marijuana?                     | A               | B         | C          | D          | E            | F                     |

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

|                                                                      | 0<br>Days | 1<br>Day | 2<br>Days | 3–9<br>Days | 10–19<br>Days | 20–30<br>Days |
|----------------------------------------------------------------------|-----------|----------|-----------|-------------|---------------|---------------|
| 66. cigarettes?                                                      | A         | B        | C         | D           | E             | F             |
| 67. smokeless tobacco (dip, chew, snuff, snus, or nicotine pouches)? | A         | B        | C         | D           | E             | F             |
| 68. nicotine pouches (Zyn, on!)?                                     | A         | B        | C         | D           | E             | F             |
| 69. vape products?                                                   | A         | B        | C         | D           | E             | F             |

**[ASKED IF Q69 = B, C, D, E, or F]**

|                                    |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|
| 69A. Vaped tobacco or nicotine     | A | B | C | D | E | F |
| 69B. Vaped marijuana or THC        | A | B | C | D | E | F |
| 69C. Vaped other product           | A | B | C | D | E | F |
| 70. one or more drinks of alcohol? | A | B | C | D | E | F |

## Core Survey

|                                                                                               | 0<br>Days | 1<br>Day | 2<br>Days | 3–9<br>Days | 10–19<br>Days | 20–30<br>Days |
|-----------------------------------------------------------------------------------------------|-----------|----------|-----------|-------------|---------------|---------------|
| 71. <b>five or more drinks of alcohol</b> in a row, that is, within a couple of hours?        | A         | B        | C         | D           | E             | F             |
| 72. <b>marijuana</b> (smoke, vape, eat, or drink)?                                            | A         | B        | C         | D           | E             | F             |
| 73. <b>inhalants</b> (things you sniff, huff, or breathe to get “high”)?                      | A         | B        | C         | D           | E             | F             |
| 74. <b>any other drug, pill, or medicine</b> to get “high” or for reasons other than medical? | A         | B        | C         | D           | E             | F             |

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

|                                                                                                   | 0<br>Days | 1<br>Day | 2<br>Days | 3–9<br>Days | 10–19<br>Days | 20–30<br>Days |
|---------------------------------------------------------------------------------------------------|-----------|----------|-----------|-------------|---------------|---------------|
| 75. <b>smoke cigarettes</b> ?                                                                     | A         | B        | C         | D           | E             | F             |
| 76. use <b>smokeless tobacco</b> (dip, chew, snuff, snus, or nicotine pouches)?                   | A         | B        | C         | D           | E             | F             |
| 77. use <b>nicotine pouches</b> (Zyn, on!)?                                                       | A         | B        | C         | D           | E             | F             |
| 78. use <b>vape</b> products?                                                                     | A         | B        | C         | D           | E             | F             |
| <b>[ASKED IF Q78 = B, C, D, E, or F]</b>                                                          |           |          |           |             |               |               |
| 78A. vape tobacco or nicotine                                                                     | A         | B        | C         | D           | E             | F             |
| 78B. vape marijuana or THC                                                                        | A         | B        | C         | D           | E             | F             |
| 78C. vape other product                                                                           | A         | B        | C         | D           | E             | F             |
| 79. have <b>at least one drink of alcohol</b> ?                                                   | A         | B        | C         | D           | E             | F             |
| 80. use <b>marijuana</b> (smoke, vape, eat, or drink)?                                            | A         | B        | C         | D           | E             | F             |
| 81. use <b>any other drug, pill, or medicine</b> to get “high” or for reasons other than medical? | A         | B        | C         | D           | E             | F             |
| 82. breathe <b>the smoke or vapor from someone who was using cigarettes or e-cigarettes</b> ?     | A         | B        | C         | D           | E             | F             |

## Core Survey

**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 |
| 83. | Smoke cigarettes occasionally                                    | A                     | B        | C      | D    |
| 84. | Smoke 1 or more packs of cigarettes each day                     | A                     | B        | C      | D    |
| 85. | Vape tobacco or nicotine occasionally                            | A                     | B        | C      | D    |
| 86. | Vape tobacco or nicotine several times a day (100 puffs or more) | A                     | B        | C      | D    |
| 87. | Drink alcohol (beer, wine, liquor) occasionally                  | A                     | B        | C      | D    |
| 88. | Have five or more drinks of alcohol once or twice a week         | A                     | B        | C      | D    |
| 89. | Use marijuana occasionally (smoke, vape, eat, or drink)          | A                     | B        | C      | D    |
| 90. | 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 |
|-----|-----------------------------------------------------------------------|----------------|------------------|-------------|-----------|------------|
| 91. | Cigarettes                                                            | A              | B                | C           | D         | E          |
| 92. | Vape products                                                         | A              | B                | C           | D         | E          |
| 93. | Alcohol                                                               | A              | B                | C           | D         | E          |
| 94. | Marijuana                                                             | A              | B                | C           | D         | E          |
| 95. | Prescription drugs to get “high” or for reasons other than prescribed | A              | B                | C           | D         | E          |

## Core Survey

96. 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

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

97. 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...

|      |                                                                                         | Happened on School Property |           |                 |                    |
|------|-----------------------------------------------------------------------------------------|-----------------------------|-----------|-----------------|--------------------|
|      |                                                                                         | 0<br>Times                  | 1<br>Time | 2 to 3<br>Times | 4 or More<br>Times |
| 98.  | been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around? | A                           | B         | C               | D                  |
| 99.  | been afraid of being beaten up?                                                         | A                           | B         | C               | D                  |
| 100. | been in a physical fight?                                                               | A                           | B         | C               | D                  |
| 101. | had mean rumors or lies spread about you?                                               | A                           | B         | C               | D                  |
| 102. | had sexual jokes, comments, or gestures made to you?                                    | A                           | B         | C               | D                  |
| 103. | been made fun of because of your looks or the way you talk?                             | A                           | B         | C               | D                  |
| 104. | had your property stolen or deliberately damaged, such as your car, clothing, or books? | A                           | B         | C               | D                  |
| 105. | been offered, sold, or given an illegal drug?                                           | A                           | B         | C               | D                  |

## Core Survey

|                                                                         | Happened on School Property |           |                 |                    |
|-------------------------------------------------------------------------|-----------------------------|-----------|-----------------|--------------------|
|                                                                         | 0<br>Times                  | 1<br>Time | 2 to 3<br>Times | 4 or More<br>Times |
| 106. damaged school property on purpose?                                | A                           | B         | C               | D                  |
| 107. carried a gun?                                                     | A                           | B         | C               | D                  |
| 108. carried any other weapon (such as a knife or club)?                | A                           | B         | C               | D                  |
| 109. been threatened or injured with a weapon (gun, knife, club, etc.)? | A                           | B         | C               | D                  |
| 110. seen someone carrying a gun, knife, or other weapon?               | A                           | B         | C               | D                  |
| 111. been threatened with harm or injury?                               | A                           | B         | C               | D                  |
| 112. been made fun of, insulted, or called names?                       | 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?** [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 |           |                 |                    |
|----------------------------------------------------------------------------|-----------------------------|-----------|-----------------|--------------------|
|                                                                            | 0<br>Times                  | 1<br>Time | 2 to 3<br>Times | 4 or More<br>Times |
| 113. Your race, ethnicity, or national origin                              | A                           | B         | C               | D                  |
| 114. Your religion                                                         | A                           | B         | C               | D                  |
| 115. Your gender                                                           | A                           | B         | C               | D                  |
| 116. Because you are gay, lesbian, or bisexual or someone thought you were | A                           | B         | C               | D                  |
| 117. A physical or mental disability                                       | A                           | B         | C               | D                  |
| 118. You are an immigrant or someone thought you were                      | A                           | B         | C               | D                  |
| 119. Any other reason                                                      | A                           | B         | C               | D                  |

## Core Survey

**120. 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

**121. Do you consider yourself a member of a gang?**

- A) No
- B) Yes

**122. 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

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

- A) No
- B) Yes

**Over the past 30 days, how true do you feel these statements are about you?**

|                                                                     | Not At<br>All True | A Little<br>True | Pretty<br>Much True | Very<br>Much True |
|---------------------------------------------------------------------|--------------------|------------------|---------------------|-------------------|
| <b>124.</b> I had a hard time relaxing.                             | A                  | B                | C                   | D                 |
| <b>125.</b> I felt sad and down.                                    | A                  | B                | C                   | D                 |
| <b>126.</b> I was easily irritated.                                 | A                  | B                | C                   | D                 |
| <b>127.</b> It was hard for me to cope and I thought I would panic. | A                  | B                | C                   | D                 |
| <b>128.</b> It was hard for me to get excited about anything.       | A                  | B                | C                   | D                 |

## Core Survey

Please tell us how true each statement is of you.

|                                                                          | Not At<br>All True | A Little<br>True | Pretty<br>Much True | Very<br>Much True |
|--------------------------------------------------------------------------|--------------------|------------------|---------------------|-------------------|
| 129. Each day I look forward to having a lot of fun.                     | A                  | B                | C                   | D                 |
| 130. I usually expect to have a good day.                                | A                  | B                | C                   | D                 |
| 131. Overall, I expect more good things to happen to me than bad things. | A                  | B                | C                   | D                 |

Please describe your level of satisfaction below

I would describe my satisfaction with...

|                                 | Very<br>Dissatisfied | Dissatisfied | A Little<br>Dissatisfied | A Little<br>Satisfied | Satisfied | Very<br>Satisfied |
|---------------------------------|----------------------|--------------|--------------------------|-----------------------|-----------|-------------------|
| 132. my family life as...       | A                    | B            | C                        | D                     | E         | F                 |
| 133. my friendships as...       | A                    | B            | C                        | D                     | E         | F                 |
| 134. my school experience as... | A                    | B            | C                        | D                     | E         | F                 |
| 135. myself as...               | A                    | B            | C                        | D                     | E         | F                 |
| 136. where I live as...         | A                    | B            | C                        | D                     | E         | F                 |

137. 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