

In School Core Survey
High 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 Well	Well	Not Well	Not At All
12A. Understand English	A	B	C	D
12B. Speak English	A	B	C	D
12C. Read English	A	B	C	D
12D. 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 Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly 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 Disagree											Strongly 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 All True	A Little True	Pretty Much True	Very Much 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 All True	A Little True	Pretty Much True	Very Much True
45. I do interesting activities.	A	B	C	D
46. I help decide things like class 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 school 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 Times	1 Time	2 Times	3 Times	4-6 Times	7 or More Times
50. A whole cigarette	A	B	C	D	E	F
51. Smokeless tobacco (dip, chew, snuff, snus, or nicotine pouches)	A	B	C	D	E	F
52. Nicotine pouches (Zyn, on!)	A	B	C	D	E	F
53. Vape products	A	B	C	D	E	F
[ASKED IF Q53 = B, C, D, E, or F]						
53A. Vaped tobacco or nicotine	A	B	C	D	E	F
53B. Vaped marijuana or THC	A	B	C	D	E	F
53C. Vaped other product	A	B	C	D	E	F
54. 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
55. Marijuana (smoke, vape, eat, or drink)	A	B	C	D	E	F
56. 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
57. Cocaine, methamphetamine, or any amphetamines (meth, speed, crystal, crank, ice)	A	B	C	D	E	F
58. Relevan	A	B	C	D	E	F
59. Ecstasy, LSD, or other psychedelics (acid, mescaline, peyote, mushrooms)	A	B	C	D	E	F
60. Prescription pain medication (Vicodin, OxyContin, Percodan, Fentanyl)	A	B	C	D	E	F
61. Cold/cough medicines or other over-the-counter medicines to get “high”	A	B	C	D	E	F

Core Survey

	<u>Number of Times</u>					
	<u>0 Times</u>	<u>1 Time</u>	<u>2 Times</u>	<u>3 Times</u>	<u>4–6 Times</u>	<u>7 or More Times</u>
62. 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...

	<u>Number of Times</u>					
	<u>0 Times</u>	<u>1 Time</u>	<u>2 Times</u>	<u>3 Times</u>	<u>4–6 Times</u>	<u>7 or More Times</u>
63. very drunk or sick after drinking alcohol?	A	B	C	D	E	F
64. “high” (loaded, stoned, or wasted) from using drugs?	A	B	C	D	E	F
65. drunk on alcohol or “high” on drugs <u>on school property</u> ?	A	B	C	D	E	F

[APPLICABLE FOR LIFETIME MARIJUANA USERS ONLY – Ask of students who reported ever using marijuana [IF Q55 = B, C, D, E, or F]

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

	<u>Number of Times</u>					
	<u>0 Times</u>	<u>1 Time</u>	<u>2 Times</u>	<u>3 Times</u>	<u>4–6 Times</u>	<u>7 or More Times</u>
66. Smoke it?	A	B	C	D	E	F
67. In a <u>vaping device</u> (vape pens, mods, or portable vaporizers)?	A	B	C	D	E	F
68. 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...

	<u>0 Days</u>	<u>1 Day</u>	<u>2 Days</u>	<u>3–9 Days</u>	<u>10–19 Days</u>	<u>20–30 Days</u>
	A	B	C	D	E	F
69. cigarettes?	A	B	C	D	E	F
70. smokeless tobacco (dip, chew, snuff, snus, or nicotine pouches)?	A	B	C	D	E	F

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	0 Days	1 Day	2 Days	3–9 Days	10–19 Days	20–30 Days
71. nicotine pouches (Zyn, on!)?	A	B	C	D	E	F
72. vape products?	A	B	C	D	E	F
[ASKED IF Q72 = B, C, D, E, or F]						
72A. Vaped tobacco or nicotine	A	B	C	D	E	F
72B. Vaped marijuana or THC	A	B	C	D	E	F
72C. Vaped other product	A	B	C	D	E	F
73. one or more drinks of alcohol?	A	B	C	D	E	F
74. five or more drinks of alcohol in a row, that is, within a couple of hours?	A	B	C	D	E	F
75. marijuana (smoke, vape, eat, or drink)?	A	B	C	D	E	F
76. inhalants (things you sniff, huff, or breathe to get “high”)?	A	B	C	D	E	F
77. prescription drugs to get “high” or for reasons other than prescribed?	A	B	C	D	E	F
78. any other drug, pill, or medicine to get “high” or for reasons other than medical?	A	B	C	D	E	F
79. two or more substances at the same time (for example, alcohol with marijuana, ecstasy with mushrooms)?	A	B	C	D	E	F

Core Survey

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
80. smoke cigarettes?	A	B	C	D	E	F
81. use smokeless tobacco (dip, chew, snuff, snus, or nicotine pouches)?	A	B	C	D	E	F
82. use nicotine pouches (Zyn, on!)?	A	B	C	D	E	F
83. use vape products?	A	B	C	D	E	F
[ASKED IF Q83 = B, C, D, E, or F]						
83A. vape tobacco or nicotine	A	B	C	D	E	F
83B. vape marijuana or THC	A	B	C	D	E	F
83C. vape other product	A	B	C	D	E	F
84. have at least one drink of alcohol?	A	B	C	D	E	F
85. use marijuana (smoke, vape, eat, or drink)?	A	B	C	D	E	F
86. use any other drug, pill, or medicine to get “high” or for reasons other than medical?	A	B	C	D	E	F
87. breathe the smoke or vapor from someone who was using cigarettes or e-cigarettes?	A	B	C	D	E	F

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

Core Survey

EACH ITEM APPLICABLE FOR LIFETIME USERS OF THAT SUBSTANCE ONLY**How many times have you tried to quit or stop using...**

	Does Not Apply, Don't Use	0 Times	1 Time	2-3 Times	4 or More Times
[IF Q50 = B, C, D, E, or F OR Q53 = B, C, D, E, or F]					
101. smoking or vaping tobacco or nicotine?	A	B	C	D	E
[IF Q54 = B, C, D, E, or F]					
102. alcohol?	A	B	C	D	E
[IF Q55 = B, C, D, E, or F]					
103. marijuana?	A	B	C	D	E

Next are questions about violence, safety, harassment, & bullying on school property.**104. 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 Times	1 Time	2 to 3 Times	4 or More Times
105. been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	A	B	C	D
106. been afraid of being beaten up?	A	B	C	D

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	Happened on School Property			
	0 Times	1 Time	2 to 3 Times	4 or More Times
107. been in a physical fight?	A	B	C	D
108. had mean rumors or lies spread about you?	A	B	C	D
109. had sexual jokes, comments, or gestures made to you?	A	B	C	D
110. been made fun of because of your looks or the way you talk?	A	B	C	D
111. had your property stolen or deliberately damaged, such as your car, clothing, or books?	A	B	C	D
112. been offered, sold, or given an illegal drug?	A	B	C	D
113. damaged school property on purpose?	A	B	C	D
114. carried a gun?	A	B	C	D
115. carried any other weapon (such as a knife or club)?	A	B	C	D
116. been threatened or injured with a weapon (gun, knife, club, etc.)?	A	B	C	D
117. seen someone carrying a gun, knife, or other weapon?	A	B	C	D
118. been threatened with harm or injury?	A	B	C	D
119. 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 Times	1 Time	2 to 3 Times	4 or More Times
120. Your race, ethnicity, or national origin	A	B	C	D
121. Your religion	A	B	C	D

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	Happened on School Property			
	0 Times	1 Time	2 to 3 Times	4 or More Times
122. Your gender	A	B	C	D
123. Because you are gay, lesbian, or bisexual or someone thought you were	A	B	C	D
124. A physical or mental disability	A	B	C	D
125. You are an immigrant or someone thought you were	A	B	C	D
126. Any other reason	A	B	C	D
127. During the past <u>12 months</u> , 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				
128. Do you consider yourself a member of a gang?				
A) No				
B) Yes				
129. During the past <u>12 months</u> , did you ever feel so sad or hopeless almost every day for <u>two weeks</u> or more that you stopped doing some usual activities?				
A) No				
B) Yes				
130. During the past <u>12 months</u> , did you ever seriously consider attempting suicide?				
A) No				
B) Yes				
Over the past <u>30 days</u> , how true do you feel these statements are about you?				
	Not At All True	A Little True	Pretty Much True	Very Much True
131. I had a hard time relaxing.	A	B	C	D
132. I felt sad and down.	A	B	C	D
133. I was easily irritated.	A	B	C	D

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	<u>Not At All True</u>	<u>A Little True</u>	<u>Pretty Much True</u>	<u>Very Much True</u>
134. It was hard for me to cope and I thought I would panic.	A	B	C	D

135. It was hard for me to get excited about anything.	A	B	C	D
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Please tell us how true each statement is of you.

	<u>Not At All True</u>	<u>A Little True</u>	<u>Pretty Much True</u>	<u>Very Much True</u>
136. Each day I look forward to having a lot of fun.	A	B	C	D

137. I usually expect to have a good day.	A	B	C	D
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138. Overall, I expect more good things to happen to me than bad things.	A	B	C	D
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Please describe your level of satisfaction below

I would describe my satisfaction with...

	<u>Very Dissatisfied</u>	<u>Dissatisfied</u>	<u>A Little Dissatisfied</u>	<u>A Little Satisfied</u>	<u>Satisfied</u>	<u>Very Satisfied</u>
139. my family life as...	A	B	C	D	E	F
140. my friendships as...	A	B	C	D	E	F
141. my school experience as...	A	B	C	D	E	F
142. myself as...	A	B	C	D	E	F
143. where I live as...	A	B	C	D	E	F

144. 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