

Community Outcome Measures (COMs) Survey Status Update
October 1, 2017 – September 30, 2018

Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (SAMHSA/CSAP) requires that sub-recipients report at least one consumption indicator, one consequence indicator, and one intervening variable for each goal (i.e., six measures per sub-recipient). *OhioMHAS will provide data to sub-recipient communities regarding consequence data.* Sub-recipients are required to collect consumption indicators and intervening variables on an annual basis. Community Outcome data should represent the areas served/reached by SPF-PFS implementation and interventions (i.e., priority population).

Community Outcomes Reporting Periods:

| | |
|---------------|---------------------------------------|
| Baseline Data | October 1, 2013 - September 30, 2014 |
| | October 1, 2014 - September 30, 2015 |
| | October 1, 2015 - September 30, 2016 |
| Year 1 COMs | October 1, 2016 – September 30, 2017 |
| Year 2 COMs | October 1, 2017 – September 30, 2018 |
| Year 3 COMs | October 1, 2018 – September 30, 2019* |

* SFY2019 end June 30, 2019

Please complete and return to Nicole Yandell (yandell@ohio.edu) by **COB March 2, 2018**. Please CC: Dawn Thomas (Dawn.Thomas@mha.ohio.gov) and your local OSET Evaluator on the message. **If you plan to collect data from a secondary/exploratory population, you must complete a separate form for that population.**

County Name: Holmes

Coalition Name: Spark Holmes County

Name of Person Completing Form: Suzanne Snyder

Name of Secondary Contact: J. Greg Morrison

Date: 4/17/18

Priority Population: 7th, 9th, and 11th Graders

Survey Name: OHYES! – Without sensitive items

You must submit a copy of the **final** survey instrument. The **final** survey instrument **must be approved by Holly Raffle, Lead Evaluator, Ohio's SPF-PFS Evaluation Team PRIOR to deployment.** Please highlight the COMs items on your survey instrument using the highlighter tool in Adobe (e.g. PDF) or MS Word. A short tutorial video on using the highlighter tool in Adobe can be found here <https://www.youtube.com/watch?v=73QnLU929d4>. If the final instrument is not

available at deadline, please provide a draft instrument and a timeline for finalizing the survey instrument.

1. Have you provided the final survey instrument or a draft instrument?

The final survey instrument is attached.

a. If you provided a draft of your instrument, what is your timeline for submitting a finalized survey instrument for approval?

2. Is this data collection for your primary Priority Population or for a secondary/exploratory priority population?

Priority

3. When does your coalition intend to administer the survey during this reporting period?

a. The coalition will begin survey administration on this date:

April 5, 2018 at high school

April 6, 2018 at middle school

April 10, 2018 at career center

b. The coalition will end survey administration on this date:

April 5, 2018 at high school

April 6, 2018 at middle school

April 10, 2018 at career center

4. What is your coalition's sampling strategy?

a. How are you sampling your Priority Population to ensure a representative sample?

We will be conducting a census of all 7th, 9th, and 11th graders at West Holmes Middle and High Schools. Students will be given an opt-out form to complete should they or their parents do not wish to be surveyed. Everyone who does not opt-out through this process will be included in the sample.

b. What is the target sample size?

450

- c. How did you determine your sample size to ensure that you have a sufficient number of participants for meaningful analysis?

We are using a census sample of all 7th, 9th and 11th graders

- d. What type of sampling are you using for the survey? (Select one by highlighting your answer.)
- **Census: All members of the population of focus are asked to participate.**
 - Convenience sample: The survey uses any members of the population of focus that are available or volunteer to participate (e.g., intercept surveys at malls or schools).
 - Random sample: A sample of the population of focus is randomly selected to complete the survey.
 - Stratified random sample: Members of the population of focus are divided into subgroups (strata); then random sampling is applied within each stratum.

5. Please describe your coalition's data collection methods.

- a. How will data collection occur? Online, in person, or via mail?

In person during the school day on the day of the survey. The counselor will attend each English class to explain the survey opportunity to all students prior to the survey date. The parent form will also go home at this time. Students will then take the survey during an assigned study hall or meeting with the counselor on April 5th or 6th. Career Center students will take the survey on April 10th.

- b. Where will collection occur?

The survey collection will be conducted at West Holmes Middle and High Schools.

- c. Who will be responsible for data collection?

The school counselor with support from study hall staff and Suzanne Snyder.

- d. Is there a sub-contract associated with data collection (i.e., do you intend to pay for data collection)?

No

6. Is your coalition utilizing incentives for respondents or participating schools?

Yes

- a. If yes, what incentives will be used? Please describe.

We will purchase a gift card to all participating student of \$5 to their local Dairy Queen. Students may only receive the gift card if they participate in the survey.

7. How does your coalition intend to analyze survey data?

a. Who is analyzing the survey data?

Our PDC

b. Is there a sub-contract associated with data analysis (i.e., do you intend to pay for data analysis)?

No

8. How does your coalition plan to report survey results?

a. Will there be a final report associated with the survey?

Yes

b. Is your coalition planning to disseminate a report associated with the survey to the community?

Yes

9. Please complete the following table regarding the COMs consumption and intervening variables included on your survey instrument.

| Goal | Type | Indicator | Survey Question <i>Please indicate the question number for each COMs indicator on the attached survey instrument. Respond "N/A" if indicator is not included on this survey.</i> |
|--|----------------------|--|---|
| Underage drinking for persons aged 12 to 20 | Consumption | Recent substance use (30-day use) | 41 |
| | | Recent substance use (30-day binge) | 43 |
| | Intervening Variable | Perception of parental disapproval or attitude | 64 |
| | | Perception of peer disapproval or attitude | 68 |
| | | Perceived risk/harm of use | 60 |
| Prescription drug misuse and abuse among persons aged 12 to 25 | Consumption | Recent substance use (30 day) | 52 |
| | | Recent substance use (12 months) | N/A |
| | Intervening Variable | Perception of parental disapproval or attitude | 67 |
| | | Perception of peer disapproval or attitude | 71 |
| | | Perceived risk/harm of use | 63 |
| Other Indicator | Intervening Variable | Family communication around drug use | 59 |

Ohio Healthy Youth Environments Survey

1. How old are you?
12 years old or younger..... A
13 years old..... B
14 years old..... C
15 years old..... D
16 years old..... E
17 years old..... F
18 years old or older G
2. What is your sex?
Female A
Male B
Transgender..... C
Gender nonconforming D
3. In what grade are you?
7th grade A
8th grade B
9th grade C
10th grade D
11th grade E
12th grade F
Ungraded or other grade..... G
4. Are you Hispanic or Latino?
Yes A
No B
5. How do you describe yourself? **(CIRCLE ALL THAT APPLY)**
American Indian or Alaska Native..... A
Asian B
Black or African American C
Native Hawaiian or Other Pacific Islander D
White E
6. How tall are you without your shoes on?
_____ Feet
_____ Inches
7. How much do you weigh without your shoes on?
_____ Pounds
8. What is your zip code? _____
9. Is your father, mother or caretaker currently in the military (Army, Navy, Marines, Air Force, National Guard, or Reserves)?
No A
Yes B
Don't know C

10. How many times have you ever moved to a new address?
0 times.....A
1 time.....B
2 times.....C
3 times.....D
4 or more timesE
11. During the past 12 months, how would you describe your grades in school?
Mostly A's.....A
Mostly B's.....B
Mostly C's.....C
Mostly D'sD
Mostly F'sE
None of these grades.....F
Not sureG

The next questions ask about safety and violence-related behaviors.

12. In the past year, how often did you feel safe and secure at school?
Never.....A
Rarely.....B
SometimesC
Most of the time.....D
All of the time.....E
13. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
0 days.....A
1 dayB
2 or 3 daysC
4 or 5 daysD
6 or more daysE
14. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?
0 times.....A
1 time.....B
2 or 3 times.....C
4 or 5 times.....D
6 or more timesE

The next questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

15. What types of bullying have you experienced in the past 12 months? **(CIRCLE ALL THAT APPLY)**
 - You were hit, kicked, punched, or people took your belongings A
 - Teased, taunted, or called harmful names..... B
 - Spread mean rumors about or kept out of a "group" C
 - Teased, taunted, or threatened by e-mail, cell phone, or other electronic methods D
 - Nude or semi-nude pictures used to pressure someone to have sex that does not want to, blackmail, intimidate, or exploit another person..... E
 - None of the above..... F – **SKIP TO #18**
16. During the past 12 months, have you ever been bullied on school property?
 - Yes A
 - No B
17. During the past 12 months, have you ever been electronically bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting?)
 - Yes A
 - No B
18. During the past 12 months, how many times were you in a physical fight?
 - 0 times..... A – **SKIP TO #20**
 - 1 time..... B
 - 2 to 5 times C
 - 6 or more times D
19. During the past 12 months, how many times were you in a physical fight on school property?
 - 0 times A
 - 1 time..... B
 - 2 to 5 times C
 - 6 or more times D
20. I feel safe in my neighborhood (town, community).
 - Yes A
 - No B

The next questions ask about vehicle safety.

21. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?
 - 0 times A
 - 1 time..... B
 - 2 or 3 times..... C
 - 4 or 5 times..... D
 - 6 or more times E

22. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?
 - I did not drive a car or other vehicle during the past 30 days..... A – **SKIP TO #24**
 - 0 times..... B
 - 1 time..... C
 - 2 or 3 times..... D
 - 4 or 5 times..... E
 - 6 or more times F
23. During the past 30 days, on how many days did you text or email while driving a car or other vehicle?
 - I did not drive a car or other vehicle during the past 30 days A
 - 0 days..... B
 - 1 or 2 days C
 - 3 to 5 days..... D
 - 6 to 9 days..... E
 - 10 to 19 days F
 - 20 to 29 days G
 - All 30 days H

The next questions ask about behavioral health.

24. On an average school night, how many hours of sleep do you get?
 - 4 hours or less..... A
 - 5 hours B
 - 6 hours C
 - 7 hours D
 - 8 hours E
 - 9 hours F
 - 10 or more hours..... G
25. Over the past 2 weeks, have you been bothered by feeling nervous, anxious, or on edge?
 - Not at all A
 - Several days B
 - More days than not..... C
 - Nearly every day D
26. Over the past 2 weeks, have you been bothered by not being able to stop or control worrying?
 - Not at all A
 - Several days B
 - More days than not C
 - Nearly every day D
27. Over the past 2 weeks, have you been bothered by feeling down, depressed, or hopeless?
 - Not at all A
 - Several days B
 - More days than not C
 - Nearly every day D

28. Over the past 2 weeks, have you been bothered by little interest or pleasure in doing things?

Not at all A
Several days B
More days than not C
Nearly every day D

29. When you are stressed out, how do you manage it?

(CIRCLE ALL THAT APPLY)

I do not have any stress A
Physical activity (exercise, sports, skateboarding, motocross, etc.) B
Meditate, pray, use relaxation techniques C
Participate in hobbies or community service ... D
Express myself through the arts and literature (dance, music, art, writing, etc.) E
Get support from others..... F
Avoid people who create “drama”..... G
Limit exposure to social media (facebook, Twitter, Instagram, etc.) H

30. When was the last time you saw a doctor, nurse, therapist, social worker, or counselor for a mental health problem?

During the past 12 months..... A
Between 12 and 24 months B
More than 24 months..... C
Never..... D
Not sure E

31. Have you ever experienced any of the following?

(CIRCLE ALL THAT APPLY)

Lived with someone who was depressed, mentally ill or suicidal..... A
Lived with someone who was a problem drinker or an alcoholic B
Lived with someone who used illegal street drugs, or who abused prescription medication..... C
Lived with someone who served time or was sentenced to serve time in a prison, jail, or other correctional facility D
None of the above has happened to me..... E

32. Have you ever experienced any of the following?

(CIRCLE ALL THAT APPLY)

Your parents became separated or were divorced. A
Your parents were not married..... B
Your parents or adults in your home slapped, hit, kicked, punched or beat each other up C
A parent or adult in your home hit, beat, kicked, or physically hurt you in any way (not including spanking) D
A parent or adult in your home swore at you, insulted you, or put you down E
None of the above has happened to me..... F

33. 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?

Yes A
No B

The next questions ask about tobacco use.

34. During the past 30 days, did you smoke part or all of a cigarette?

Yes A
No B – **SKIP TO #37**

35. During the past 30 days, on how many days did you smoke cigarettes?

0 days..... A
1 or 2 days B
3 to 5 days..... C
6 to 9 days..... D
10 to 19 days E
20 to 29 days F
All 30 days G

36. During the past 30 days, how did you usually get your own cigarettes? **(CIRCLE ALL THAT APPLY)**

I did not smoke cigarettes during the past 30 days A
I bought them in a store such as a convenience store, supermarket, discount store, or gas station..... B
I got them on the Internet..... C
I bought them from a vending machine D
I gave someone else money to buy them for me E
I borrowed (or bummed) them from someone else..... F
A person 18 years or older gave them to me G
I took them from a store H
I took them from a family member..... I
I got them some other way J

37. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal Bandits, or Copenhagen?

0 days..... A
1 or 2 days B
3 to 5 days..... C
6 to 9 days..... D
10 to 19 days E
20 to 29 days F
All 30 days G

38. During the past 30 days, on how many days did you smoke cigars, cigarillos or little cigars?
- | | |
|---------------------|---|
| 0 days..... | A |
| 1 or 2 days | B |
| 3 to 5 days..... | C |
| 6 to 9 days..... | D |
| 10 to 19 days | E |
| 20 to 29 days | F |
| All 30 days | G |

The next question asks about electronic vapor products, such as blu, NJOY, or Starbuzz. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

39. During the past 30 days, on how many days did you use an electronic vapor product?
- | | |
|---------------------|---|
| 0 days..... | A |
| 1 or 2 days | B |
| 3 to 5 days..... | C |
| 6 to 9 days..... | D |
| 10 to 19 days | E |
| 20 to 29 days | F |
| All 30 days | G |

The next questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

40. How old were you when you had your first drink of alcohol other than a few sips?
- I have never had a drink of alcohol other than a few sips..... A – **SKIP TO #46**
- | | |
|------------------------------|---|
| 8 years old or younger | B |
| 9 or 10 years old | C |
| 11 or 12 years old | D |
| 13 or 14 years old | E |
| 15 or 16 years old | F |
| 17 years old or older | G |

41. During the past 30 days did you drink one or more drinks of an alcoholic beverage?

Yes A

No..... B – **SKIP TO #46**

42. During the past 30 days, on how many days did you have as least one drink of alcohol?
- | | |
|---------------------|---|
| 0 days..... | A |
| 1 or 2 days | B |
| 3 to 5 days..... | C |
| 6 to 9 days..... | D |
| 10 to 19 days | E |
| 20 to 29 days | F |
| All 30 days | G |

43. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

| | |
|----------------------|---|
| 0 days..... | A |
| 1 days..... | B |
| 2 days..... | C |
| 3 to 5 days..... | D |
| 6 to 9 days..... | E |
| 10 to 19 days..... | F |
| 20 or more days..... | G |

44. During the past 30 days, how did you usually get your alcohol? (**CIRCLE ALL THAT APPLY**)

I did not drink alcohol during the past 30 days.....A

I bought it in the store such as liquor, convenience store, supermarket, discount store, or gas station.....B

I bought it a public event such as a concert or sporting event.....C

I gave someone else money to buy it for meD

Someone gave it to me.....E

I took it from a store or family member.....F

My parent gave it to meG

My friend's parent gave it to me.....H

I got it some other wayI

45. When do you usually drink alcohol?

| | |
|--------------------|---|
| Do not use..... | A |
| Before school..... | B |
| During school..... | C |
| After school | D |
| Week nights..... | E |
| Weekends | F |

The next questions ask about marijuana use. Marijuana also is called grass or pot.

46. How old were you when you tried marijuana for the first time?

I have never tried marijuana.....A – **SKIP TO #51**

| | |
|-----------------------------|---|
| 8 years old or younger..... | B |
| 9 or 10 years old | C |
| 11 or 12 years old..... | D |
| 13 or 14 years old..... | E |
| 15 or 16 years old..... | F |
| 17 years old or older | G |

47. During the past 30 days, have you used marijuana or hashish?

YesA

No.....B – **SKIP TO #51**

48. During the past 30 days, how many times did you use marijuana?
- 0 times A
 1 or 2 times..... B
 3 to 9 times..... C
 10 to 19 times..... D
 20 to 39 times..... E
 40 or more times F
49. During the past 30 days, how did you usually use marijuana?
- I did not use marijuana during the past 30 days..... A
 I smoked it in a joint, bong, pipe, or blunt..... B
 I ate it in food such as brownies, cakes, cookies, or candy C
 I drank it in tea, cola, alcohol, or other drinks D
 I vaporized it E
 I used it some other way F
50. When do you usually use marijuana?
- Do not use..... A
 Before school..... B
 During school C
 After school..... D
 Week nights..... E
 Weekends..... F

The next questions ask about other drugs.

51. During your life, how many times have you taken any prescription drugs (such as OxyContin, Percocet, Vicodin, and codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
- 0 times..... A – **SKIP TO #56**
 1 or 2 times..... B
 3 to 9 times..... C
 10 to 19 times..... D
 20 to 39 times..... E
 40 or more times F
52. During the past 30 days, have you used prescription drugs not prescribed to you?
- Yes A
 No..... B – **SKIP TO #56**
53. During the past 30 days, have you used prescription pain relievers or pain killers such as Vicodin, Percocet, OxyContin, Lortabs, or Codeine (also called Oxy, OxyContin, Os, Norco or Vikes) that were not prescribed to you?
- Yes A
 No..... B

54. What type of prescription drug **do you usually take** without a doctor's prescription?
- I do not take prescription drugs without a doctor's prescription..... A – **SKIP TO #56**
 Narcotic pain relievers, such as OxyContin, Percocet, Vicodin, or Lortabs..... B
 Tranquilizers or anti-anxiety drugs such as Xanax, or Valium C
 Sleeping pills, sedatives and other depressants such as Ambien, or phenobarbital D
 Stimulants or amphetamines such as Ritalin (also called Vitamin R or Study Drug) E
 I take multiple types of prescription drugs at the same time..... F
 Not sure G
55. When do you usually use prescription drugs not prescribed to you?
- Do not use..... A
 Before school..... B
 During school C
 After school D
 Week nights..... E
 Weekends F
56. During your life, how many times have you taken over-the-counter medications such as cold medicine, allergy medicine, or pain reliever to get high?
- 0 times..... A
 1 or 2 times..... B
 3 to 9 times..... C
 10 to 19 times D
 20 to 39 times E
 40 or more times F
57. During the past 12 months, has anyone offered, sold, or given you an illegal drug at any of the following places? **(CIRCLE ALL THAT APPLY)**
- On school property A
 On the school bus B
 At a friend's house C
 In my neighborhood..... D
 None of the above E
58. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use?
- Yes A
 No..... B
59. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you?
- Yes A
 No..... B

The next questions ask about how much risk is involved with using alcohol, tobacco or drugs.

60. How much do you think people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?
- No risk A
Slight risk B
Moderate risk C
Great risk D
61. How much do you think people risk harming themselves physically or in other ways if they smoke one or more packs of cigarettes per day?
- No risk A
Slight risk B
Moderate risk C
Great risk D
62. How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?
- No risk A
Slight risk B
Moderate risk C
Great risk D
63. How much do you think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them?
- No risk A
Slight risk B
Moderate risk C
Great risk D

The next questions ask about how your parents or parent figure would feel if you used alcohol, tobacco or drugs.

64. How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?
- Not at all wrong..... A
A little bit wrong B
Wrong..... C
Very wrong..... D
65. How wrong do your parents feel it would be for you to smoke tobacco?
- Not at all wrong..... A
A little bit wrong B
Wrong..... C
Very wrong..... D
66. How wrong do your parents feel it would be for you to smoke marijuana?
- Not at all wrong..... A
A little bit wrong B
Wrong..... C
Very wrong..... D

67. How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?

Not at all wrong A
A little bit wrong B
Wrong C
Very wrong..... D

The next questions ask about how your friends, not just acquaintances, would feel if you used alcohol, tobacco or drugs.

68. How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?

Not at all wrong A
A little bit wrong B
Wrong C
Very wrong..... D

69. How wrong do your friends feel it would be for you to smoke tobacco?

Not at all wrong A
A little bit wrong B
Wrong C
Very wrong..... D

70. How wrong do your friends feel it would be for you to smoke marijuana?

Not at all wrong A
A little bit wrong B
Wrong C
Very wrong..... D

71. How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?

Not at all wrong A
A little bit wrong B
Wrong C
Very wrong..... D

72. How do you feel about someone your age trying marijuana or hashish once or twice?

Neither approve nor disapprove A
Somewhat disapprove B
Strongly disapprove C

73. How do you feel about someone your age using marijuana once a month or more?

Neither approve nor disapprove A
Somewhat disapprove B
Strongly disapprove C

74. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?

Neither approve nor disapprove A
Somewhat disapprove B
Strongly disapprove C

The next questions ask about body weight and physical activity.

75. 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..... A
 1 day..... B
 2 days..... C
 3 days..... D
 4 days..... E
 5 days..... F
 6 days..... G
 7 days..... H
76. Which of the following are you trying to do about your weight?
- Lose weight A
 Gain weight B
 Stay the same weight..... C
 I am not trying to do anything about my weight D
77. On the average school day, how many hours do you watch TV?
- I do not watch TV on an average school day .. A
 Less than 1 hour per day..... B
 1 hour per day..... C
 2 hours per day..... D
 3 hours per day..... E
 4 hours per day..... F
 5 or more hours per day..... G
78. On the average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, Playstation, an iPod, an iPad, or other tablet, smartphone, Youtube, Facebook or other social networking tools, and the internet.)
- I do not play video or computer games or use a computer for something that is not school work..... A
 Less than 1 hour per day..... B
 1 hour per day..... C
 2 hours per day..... D
 3 hours per day..... E
 4 hours per day..... F
 5 or more hours per day..... G

The next questions ask about what you ate or drank during the past 7 days.

79. On average how many servings of fruits and vegetables do you have per day? (Do not include French fries, Kool-Aid, or fruit flavored drinks.)
- 1 to 4 servings per day.....A
 5 or more servings per dayB
 0 – I do not like fruits or vegetables.....C
 0 – I cannot afford fruits or vegetables.....D
 0 – I do not have access to fruits or vegetablesE
80. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop).
- I did not drink soda or pop during the past 7 daysA
 1 to 3 times during the past 7 daysB
 4 to 6 times during the past 7 daysC
 1 time per dayD
 2 times per day.....E
 3 times per day.....F
 4 or more times per day.....G
81. During the past 7 days, on how many days did you eat breakfast?
- 0 days.....A
 1 dayB
 2 days.....C
 3 days.....D
 4 days.....E
 5 days.....F
 6 days.....G
 7 days.....H

The next questions ask about other health-related topics.

82. When was the last time you saw a doctor or a nurse for a check-up when you were not sick or injured?
- During the past 12 monthsA
 Between 12 and 24 months.....B
 More than 24 months.....C
 Never.....D
 Not sure.....E
83. During the past 12 months, did you suffer a blow or jolt to your head while playing with a sports team (either during a game or during practice) which caused you to get “knocked out,” have memory problems, double or blurry vision, headaches or “pressure” in the head, or nausea or vomiting?
- YesA
 No.....B
 Don’t knowC

84. When was the last time you saw a dentist for a check-up exam, teeth cleaning, or other dental work?
- During the past 12 months..... A
- Between 12 and 24 months..... B
- More than 24 months..... C
- Never..... D
- Not sure E
85. During the past 12 months, how many times did you use an indoor tanning device such as sunlamp, sunbed or tanning booth? (Do not count getting a spray-on tan)
- 0 times A
- 1 time..... B
- 2 to 5 times C
- 6 or more times D

The next questions ask about school.

86. I enjoy coming to school.
- Strongly disagree..... A
- Disagree B
- Neutral C
- Agree D
- Strongly agree..... E
87. I feel like I belong at my school.
- Strongly disagree..... A
- Disagree B
- Neutral C
- Agree D
- Strongly agree..... E
88. I can go to adults at my school for help if I needed it.
- Strongly disagree..... A
- Disagree B
- Neutral C
- Agree D
- Strongly agree..... E
89. My school provides various opportunities to learn about and appreciate different cultures and ways of life.
- Strongly disagree..... A
- Disagree B
- Neutral C
- Agree D
- Strongly agree..... E
90. My parents talk to me about what I do in school.
- Strongly disagree..... A
- Disagree B
- Neutral C
- Agree D
- Strongly agree..... E

91. My parents push me to work hard at school.
- Strongly disagree A
- Disagree B
- Neutral C
- Agree D
- Strongly agree E
92. During the past 12 months, how often did your parents check on whether you had done your homework?
- Never or almost never A
- Sometimes B
- Often C
- All the time..... D

The next questions ask about gambling.

93. During the past 12 months, how often did you gamble money or personal items such as while playing cards, betting on personal skills or sports teams, buying lottery tickets or scratch-offs, or using the Internet?
- I did not gamble money or personal items during the past 12 months... A – **SKIP TO #98**
- Less than once a month..... B
- About once a month C
- About once a week D
- Daily E
94. During the last 12 months, have you ever gambled more than you planned to?
- Yes A
- No B
95. During the last 12 months, have you ever felt bad about the amount you bet, or about what happens when you bet money?
- Yes A
- No B
96. During the last 12 months, have you ever hidden from family or friends any betting slips, I.O.U.s, lottery tickets, money that you've won, or other signs of gambling?
- Yes A
- No B
97. Have you ever lied to people important to you about how much you gamble?
- Yes A
- No B
- I do not gamble C

The next questions ask about other home related topics.

98. On how many of the past 7 days did you take part in organized after school, evening or weekend activities (other than sports teams) such as school clubs, community center groups, music/art/dancing lessons, drama, church or other supervised activities?
- 0 days..... A
 - 1 day..... B
 - 2 days..... C
 - 3 days..... D
 - 4 days..... E
 - 5 days..... F
 - 6 days..... G
 - 7 days..... H
99. During the past 12 months, how often did your parents limit the amount of time you watched TV or time with your friends on school nights?
- Never or almost never..... A
 - Sometimes B
 - Often C
 - All the time..... D
100. What best describes your parents' rules about social media in your bedroom (T.V., internet, cell phone, computer, video games, iPod, etc...)?
- My parents don't have any rules..... A
 - My parents have rules of when I have to turn off media in my bedroom..... B
 - My parents don't let me have any media in my bedroom..... C
101. There are a lot of adults in my neighborhood (town, community) I could talk to about something important.
- Yes A
 - No B