

DO NOT write your name on this survey. Check all that apply.

1. How old are you?

- 6th Grade
- 7th - 8th Grade
- 9th - 12th Grade

2. Gender

- Male
- Female

3. Do you wear a seatbelt while driving / riding in a vehicle?

- Yes
- No

4. Have you been in a vehicle driven by someone that has been drinking alcohol?

- Yes
- No

5. Do you or your driver text / message while driving?

- Yes
- No

6. What type of weapon do you carry?

- Gun
- Knife
- Club
- Other _____
- None

7. Do you carry a weapon to school?

- Yes
- No

8. Do you feel safe at school?

- Yes
- No

9. Have you been in a physical fight in the last year?

- Yes
- No

10. Has your boyfriend / girlfriend ever forced you to do sexual things?

- Kiss
- Touch
- Sex
- Pictures
- Videos
- Other _____
- Never

11. Has your boyfriend / girlfriend physically hurt you?

- Yes, Hit
- Yes, Slammed
- Yes, Injured with weapon
- Yes, Other _____
- No

12. Have you ever been bullied?

- Yes
- No

13. Have you ever attempted suicide?

- Yes
- No
-

14. Do you use tobacco products?

- Cigarettes / Cigars
- Vape / E-Cigarette
- Dip / Snuff / Chew
- None

15. Do you drink alcohol?

- No
- Tried it
- Often

16. Do you use marijuana?

- No
- Tried it
- Often

17. Do you use Meth?

- No
- Tried it
- Often

18. Do you use pain medication without a prescription?

- No
- Tried it
- Often

19. Have you ever used?

- Cocaine
- Heroin
- Ecstasy
- Synthetic Marijuana
- Steroids
- Other _____
- None

20. Do you use condoms for birth control / STD prevention?

- Always
- Sometimes
- Never
- I have never had sex.

21. How many hours of sleep do you get on a school night?

- 4-6 hours
- 7-8 hours
- 9+ hours