

February 21, 2019

Dear Representative Concannon and Members of the Committee:

Thank you for the opportunity to provide testimony on HB 2361 in the House Children & Seniors Committee. During the hearing, there were several questions from members of the committee – including a request for a copy of the Kansas Communities That Care (KCTC) Survey and the Youth Risk Behavior Survey administered through KDHE. We have attached copies of those surveys, a parent consent form, and an information sheet about the validity and reliability of survey data to this letter. We have also included links to those and to other materials and resources that may be of interest to committee members.

Kansas Communities That Care Survey

The KCTC survey is administered in both online and paper formats. The survey can be viewed on KCTC website (<http://kctcdata.org/Documents/2018/2018%20KCTC%20Comprehensive.pdf>); it is also attached for your convenience. The survey is available in English and Spanish.

There are two versions of the survey:

- The **Comprehensive Version** contains questions pertaining to CTC Risk and Protective Factors, including sections on Demographics & School Climate; Peer Influences; Drug/Alcohol/Tobacco Usage; Community-Based Perceptions; and Family Domain.
- The **Alternate Version** contains all the same questions as the Comprehensive version but **excludes Family Domain questions**, which determine things like a student's view of parents' attitudes toward drugs/alcohol.

In 2016, an [optional module](#) on **Depression/Suicide** was added. The newest module was developed in response to growing concerns about the mental health of students. There are four (4) questions in this section and they can be added to either the comprehensive or alternate version of the survey.

Parent Notification

The Learning Tree Institute at Greenbush sends six (6) documents to school districts throughout the school year. These documents include the required parent consent forms and best practices for survey administration. Greenbush provides districts with a pre-written information and consent form to include in enrollment packets to ensure parents are notified that the survey will be administered by the school. The form clearly summarizes the contents of the survey and provides a link for parents to preview the survey online.

September

The following sample documents are sent to the district superintendent and the designated KCTC contacts for the district/building. These documents are available in both paper and online formats.

- [Parent Consent Letter](#) (includes the date the survey will be administered)
- [KCTC Information for Parents](#) and [Parent Postcard](#)
- [KCTC Overview and FAQs](#)
- [Active Consent Procedures](#)
- [Consent Tracking Form](#)

November

Superintendents and the designated KCTC contacts receive a letter reminding them of the process and protocols for administering the survey. The forms sent in September are redistributed as part of this communication.

February

A *Now is the Time* postcard is sent to school superintendents and the designated KCTC contacts to remind schools to include parent consent forms in their enrollment packet for the following school year.

March

Superintendents and the designated KCTC contacts are sent an email to remind schools to include the parent consent forms in their enrollment packets for the following school year.

School districts are not currently required to attest to whether the notification protocols have been followed. We do, however, understand the committee's concerns and would be happy to further discuss this protocol with the Kansas Department of Aging and Disability Services (KDADS).

If we can provide any additional information, please feel free to contact Stacie Clarkson, Associate Executive Director or Lisa Chaney, Director of Research and Evaluation.

Respectfully,

Lisa Chaney
Director of Research and Evaluation

Attachments:

- Kansas Communities That Care (KCTC) Survey – Comprehensive Version w/Optional Depression & Suicide Module (English version)
- Youth Risk Behavior Survey (YRBS)
- Parent Consent Letter
- KCTC Survey Validity and Reliability Information Sheet

Dear Parents:

Our school will soon be administering the *Kansas Communities That Care Student Survey**. This survey is taken by 6th, 8th, 10th and 12th grade students statewide. I believe this survey is a valuable tool to help us understand how students behave, think and feel about alcohol, marijuana and other drug use, bullying and school safety. The KCTC survey measures teen substance use, delinquency, and related problem behaviors in schools and communities. The survey gives us insight into the problems students face and shows what we can do to help them succeed. The information is important for planning effective prevention programs in our school and community and provides data to assist in applying for grant funding.

The survey can be viewed at www.kctcdata.org. Click *About, View the KCTC survey*. You may also be interested to know the following:

1. **It is completely anonymous.** Students will not be asked for their names on the questionnaire, nor will anyone be able to connect any individual student with his/her responses. School staff will not see any one student's responses, but only summaries of results.
2. **Participation is entirely voluntary.** Your child may decline to participate in the survey, or may simply skip any particular question they do not wish to answer.
3. **Annual participation is important.** Even if your child has participated in previous surveys, annual data is extremely helpful in determining the effectiveness of previous efforts and changes in program areas.

I hope you will allow your child to participate. Please check the appropriate box below. ***All parents must sign and return this form to school by <<insert date>>***. Thank you in advance for your cooperation.

Sincerely,

<<INSERT NAME>>

PRINCIPAL

Please check one:

- Yes, I give permission** for my child to participate in the *Kansas Communities That Care Student Survey*.
- No, I do not** give permission for my child to participate in the *Kansas Communities That Care Student Survey*.

Signature of Parent/Guardian

Printed Parent/Guardian Name

Printed Name of Child

Date

*The survey is provided by the Kansas Department for Aging and Disability Services, Behavioral Health Services Commission and administered by Greenbush – The Southeast Kansas Education Service Center, Research and Evaluation Department.



- Thank you for agreeing to participate in this survey. The purpose of this survey is to learn how students in our schools feel about their school, peers, community, and family.
- The survey is completely voluntary and anonymous. DO NOT put your name on the questionnaire.**
- This is not a test, so there are no right or wrong answers. We would like you to work quickly so you can finish, but it is still important that you answer each question as thoughtfully and honestly as possible.
- All of the questions should be answered by completely filling in one of the answer spaces. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank. You can skip any question that you do not wish to answer.
- For questions that have the following answers: **NO! no yes YES!**
 Mark (the BIG) **NO!** if you think the statement is **DEFINITELY NOT TRUE** for you.
 Mark (the little) **no** if you think the statement is **MOSTLY NOT TRUE** for you.
 Mark (the little) **yes** if you think the statement is **MOSTLY TRUE** for you.
 Mark (the BIG) **YES!** if you think the statement is **DEFINITELY TRUE** for you.

Example: Chocolate is the best ice cream flavor.

NO! no yes YES!

In the example above, the student marked "yes" because he or she thinks the statement is mostly true.

- Please mark each question by completely filling in the oval or ovals. ONLY USE A #2 PENCIL.**

DEMOGRAPHICS AND SCHOOL CLIMATE

The following numbers will be provided to you by the person administering this survey. Please write the numbers in the space provided and then darken the ovals corresponding to those numbers. Enter the Zip code where you live.

SCHOOL DISTRICT	BUILDING	COUNTY (where student lives)	REGION	ZIP CODE (where student lives)
				6
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input checked="" type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

- How old are you?
 10 11 12 13 14
 15 16 17 18 19 or older
- What grade are you in?
 6th 8th 10th 12th
- Are you:
 Female Male
- Are you of Hispanic/Latino/Spanish origin?
 No Yes
- What do you consider yourself to be? (Choose all that apply)
 White
 Black or African American
 Native Hawaiian/Other Pacific Islander
 Asian
 American Indian/Alaska Native
- Think of where you live most of the time. Which of the following people live there with you? (Choose all that apply)
 Mother Father Other adults
 Foster mother Foster father Sister(s)
 Stepmother Stepfather Stepsister(s)
 Grandmother Grandfather Brother(s)
 Aunt Uncle Stepbrother(s)
 Other children
- What is the language you use most often at home?
 English Spanish Another Language
- What is the highest level of schooling your father completed?
 Completed grade school or less Graduate or professional school after college
 Some high school
 Completed high school Do not know
 Some college Does not apply
 Completed college

9. What is the highest level of schooling your mother completed?
- Completed grade school or less Graduate or professional school after college
- Some high school
- Completed high school Do not know
- Some college Does not apply
- Completed college

10. Is anyone in your family (including parents, stepparents, brothers, sisters, stepbrothers, or stepsisters) currently serving in the United States military?
- Yes No

11. Where are you living now?
- On a farm
- In the country, not on a farm
- In a city, town, or suburb

12. Putting them all together, what were your grades like last year?
- Mostly F's Mostly D's Mostly C's Mostly B's Mostly A's

13. During the LAST FOUR WEEKS, how many whole days of school have you missed because you skipped or "cut"?
- None 2 days 4-5 days 11 or more days
- 1 day 3 days 6-10 days

	NO!	yes	YES!
14. In my school, students have lots of chances to help decide things like class activities and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Teachers ask me to work on special classroom projects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. My teacher(s) notices when I am doing a good job and lets me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. There are lots of chances for students in my school to talk with a teacher one-on-one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I feel safe at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. The school lets my parents know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Are your school grades better than the grades of most students in your class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I have lots of chances to be part of class discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. How often do you feel that the school work you are assigned is meaningful and important?
- Never Sometimes Almost Always
- Seldom Often

25. How interesting are most of your courses to you?
- Very interesting and stimulating Slightly dull
- Quite interesting Very dull
- Fairly interesting

26. How important do you think the things you are learning in school are going to be for your later life?
- Very important Slightly important
- Quite important Not at all important
- Fairly important

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

	Never	Sometimes (1 or 2 times a month)	Regularly (1 or 2 times a week)	Every day
28. During this school year, how often have you seen someone being bullied?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. During this school year, how often have you been bullied at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. During the past 12 months, have you ever been electronically bullied? (Include being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. During the past year, how often did you miss school because you felt unsafe, uncomfortable, or nervous at school or on your way to or from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. During this past school year, how often have you had your property stolen or deliberately damaged, such as your car, clothing, or books?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. If you saw bullying at school, what would you do?				
<input type="radio"/> I haven't seen any bullying				
<input type="radio"/> Ignore it as none of my business				
<input type="radio"/> Nothing, just watch				
<input type="radio"/> Join in				
<input type="radio"/> Report it to a teacher or other adult				
<input type="radio"/> Intervene to stop the bullying				
34. What do adults do at school when they see bullying?				
<input type="radio"/> Nothing, they ignore it				
<input type="radio"/> Stop it and tell everyone to leave				
<input type="radio"/> Stop it and solve the problem				
<input type="radio"/> I'm not certain				

PEER INFLUENCES

	None	1	2	3	4
35. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:					
a. participated in clubs, organizations or activities at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. used electronic cigarettes (e-cigarettes)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued . . .

35. Think of your **four best friends** (the friends you feel closest to). In the past year (12 months), how many of your best friends have:

	None	1	2	3	4
e. made a commitment to stay drug-free?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. tried to do well in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. liked school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. stolen or tried to steal a motor vehicle such as a car or a motorcycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. dropped out of school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. been members of a gang?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. How old were you when you first:

	Never Have	10 or Younger	11	12	13	14	15	16	17 or Older
a. smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoked a cigarette, even just a puff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. used an electronic cigarette (e-cigarette)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. got suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. got arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. attacked someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. belonged to a gang?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. How wrong do you think it is for someone your age to:

	Not Wrong At All	A Little Bit Wrong	Wrong	Very Wrong
a. take a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. steal anything worth more than \$5.00?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. attack someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. stay away from school all day when their parents think they are at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. use electronic cigarettes (e-cigarettes)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. use LSD, cocaine, amphetamines, or another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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39. It is all right to beat up people if they start the fight.
 NO! no yes YES!

40. It is important to be honest with your parents, even if they become upset or you get punished.
 NO! no yes YES!

41. I think it is okay to take something without asking if you can get away with it.
 NO! no yes YES!

42. Have you ever belonged to a gang?
 Yes No

43. If you have ever belonged to a gang, did the gang have a name?
 Yes No I never have belonged to a gang

44. In the past year, have you gambled for money or anything of value?
 Yes No

45. In the last 30 days, have you gambled for money or anything of value?
 Yes No

46. How many times in the past year (the last 12 months) have you:

	Never	1 to 2 Times	3 to 5 Times	6 to 9 Times	10 to 19 Times	20 to 29 Times	30 to 39 Times	40+ Times
a. been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. stolen or tried to steal a motor vehicle such as a car or a motorcycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued . . .

	Never	1 to 2 Times	3 to 5 Times	6 to 9 Times	10 to 19 Times	20 to 29 Times	30 to 39 Times	40+ Times
46. How many times in the past year (the last 12 months) have you:								
e. participated in clubs, organizations or activities at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. done extra work on your own for school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. attacked someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. been drunk or high at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. volunteered to do community service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. taken a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. been involved in a fight on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. been offered, sold, or given drugs on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47. 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 your biological parents, adoptive parents, stepparents or adult guardians - whether or not they live with you.

Yes No Don't know or can't say

48. During the past 12 months, do you recall hearing, reading, or watching an advertisement about prevention or substance abuse?

Yes No Don't know or can't say

49. In the past year, how many times (if any) have you:

	Never	Yes, but not in the past year	A few times in past year	Once or twice a month	Once or twice a week	Almost every day
a. played the lottery or scratch-off tickets?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. bet on team sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. participated in any type of fantasy sports betting, whether for money or for free?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. played cards for money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. played bingo for money or prizes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. bet on games of personal skill?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. spent any real money on games you can play on your phone or computer to buy credits, extra lives, or upgrades?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. felt like you would like to stop gambling, but didn't think you could?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. worried about the health and safety of anyone in your household because of gambling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. What are the chances you would be seen as cool if you:

	No or very little chance	Little chance	Some chance	Pretty good chance	Very good chance
a. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. worked hard at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. began drinking alcoholic beverages regularly, at least once or twice a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. defended someone who was being verbally abused at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. regularly volunteered to do community service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. made a commitment to stay drug-free?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. You are looking at DVDs in the store with a friend. You look up and you see her slip a DVD under her coat. She smiles and says, "Which one do you want? Go ahead, take it while nobody's around." There is no one in sight, no employees or other customers. What would you do now?

- Ignore her
- Grab a DVD and leave the store
- Tell her to put the DVD back
- Act like it is a joke, and ask her to put the DVD back

52. It is 8:00 on a weeknight and you are about to go over to a friend's house when your mother asks you where you are going. You say, "Oh, just going to go hang out with some friends." She says, "No, you'll just get into trouble if you go out. Stay home tonight." What would you do now?

- Leave the house anyway
- Explain what you are going to do with your friends, tell her when you will get home, and ask if you can go out
- Not say anything and start watching TV
- Get into an argument with her

53. You are visiting another part of town, and you do not know any of the people your age there. You are walking down the street, and some teenager you do not know is walking toward you. He is about your size, and as he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do?

- Push the person back
- Say, "Excuse me", and keep on walking
- Say, "Watch where you're going", and keep on walking
- Swear at the person and walk away

54. You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do?

- Drink it
- Tell your friend, "No thanks, I don't drink", and suggest that you and your friend go and do something else
- Just say, "No thanks", and walk away
- Make up a good excuse, tell your friend you had something else to do, and leave

55. I think sometimes it is okay to cheat at school.

- NO! no yes YES!

56. How much do you think people risk harming themselves (physically or in other ways) if they:
- | | Great risk | Moderate risk | Slight risk | No risk |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. smoke one or more packs of cigarettes per day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. use electronic cigarettes (e-cigarettes) some days or every day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. try marijuana once or twice? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. smoke marijuana regularly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. use prescription drugs that are not prescribed to them? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

DRUG/ALCOHOL LIFETIME USAGE

57. Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, or chewing tobacco)?
- Never Regularly in the past
 Once or twice Regularly now
 Once in a while but not regularly
58. Have you ever smoked cigarettes?
- Never Regularly in the past
 Once or twice Regularly now
 Once in a while but not regularly
59. Have you ever tried electronic cigarettes (e-cigarettes)?
- No Yes

On how many occasions (if any) have you:

- | | 40 or more occasions | 20 - 39 occasions | 10 - 19 occasions | 6 - 9 occasions | 3 - 5 occasions | 1 - 2 occasions | 0 occasions |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 60. had beer, wine, or hard liquor to drink in your lifetime? (more than just a few sips) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 61. used marijuana in your lifetime? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 62. used LSD or other psychedelics in your lifetime? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 63. used cocaine or crack in your lifetime? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 64. used heroin in your lifetime? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 65. used MDMA ("ecstasy") in your lifetime? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 66. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in your lifetime? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 67. taken methamphetamines in your lifetime? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 68. used phenoxydine (pox, px, breeze) in your lifetime? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 69. used prescription pain relievers, such as Vicodin, OxyContin, or Tylox, not prescribed for you by a doctor in your lifetime? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Continued . . .

On how many occasions (if any) have you:

- | | 40 or more occasions | 20 - 39 occasions | 10 - 19 occasions | 6 - 9 occasions | 3 - 5 occasions | 1 - 2 occasions | 0 occasions |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 70. used prescription tranquilizers, such as Xanax, Valium, or Ambien, not prescribed for you by a doctor in your lifetime? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 71. used prescription stimulants, such as Ritalin, Adderall, or Concerta, not prescribed for you by a doctor in your lifetime? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

DRUG/ALCOHOL 30-DAY USAGE

72. How frequently have you used smokeless tobacco during the past 30 days?
- Never
 Once or twice
 Once or twice a week
 About once a day
 More than once a day
73. How frequently have you smoked cigarettes during the past 30 days?
- Not at all
 Less than one cigarette per day
 One to five cigarettes per day
 About one-half pack per day
 About one pack per day
 About one and one-half packs per day
 Two packs or more per day
74. During the past 30 days, on how many days have you used electronic cigarettes (e-cigarettes)?
- 0 days
 1-2 days
 3-5 days
 6-9 days
 10-19 days
 20-30 days
75. During the past 30 days, how frequently did you smoke cigars, cigarillos, or little cigars?
- 0 days
 1-2 days
 3-5 days
 6-9 days
 10-19 days
 20-30 days
76. Think back over the **last two weeks**. How many times have you had five or more alcoholic drinks in a row?
- None
 1 time
 2 times
 3 - 5 times
 6 - 9 times
 10 or more times
77. During the **past 30 days**, on how many days did you have 5 or more drinks on the same occasion? (By 'occasion', we mean at the same time or within a couple of hours of each other.)
- None 5 - 9
 1 - 4 10 or more

On how many occasions (if any) have you:

40 or more occasions
20 - 39 occasions
10 - 19 occasions
6 - 9 occasions
3 - 5 occasions
1 - 2 occasions
0 occasions

78. had beer, wine, or hard liquor during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. used marijuana during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. used LSD or other psychedelics during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. used cocaine or crack during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. used heroin during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. used MDMA ("ecstasy") during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. taken methamphetamines during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. taken steroids without a doctor's order during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. used phenoxydine (pox, px, breeze) during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. used prescription pain relievers, such as Vicodin, OxyContin, or Tylox, not prescribed for you by a doctor during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. used prescription tranquilizers, such as Xanax, Valium, or Ambien, not prescribed for you by a doctor during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. used prescription stimulants, such as Ritalin, Adderall, or Concerta, not prescribed for you by a doctor during the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COMMUNITY-BASED PERCEPTIONS

If you wanted to get:

Very easy
Sort of easy
Sort of hard
Very hard

91. some beer, wine, or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. some cigarettes, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. drugs like cocaine, LSD, or amphetamines, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. a handgun, how easy would it be for you to get one?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. some marijuana, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. some prescription drugs not prescribed for you, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

97. During the past 30 days, how did you **usually** get prescription drugs not prescribed for you?
- I did not use prescription drugs not prescribed to me in the past 30 days
 - I got them from a stranger
 - A friend or relative gave them to me
 - I bought them from a friend or relative
 - I took them from a friend or relative
 - I got them from a drug dealer
 - I got them on the internet

YES!
yes
no
NO!

98. If a kid smokes marijuana in your neighborhood, or the area around where you live, would he or she be caught by the police?
99. If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, or the area around where you live, would he or she be caught by the police?
100. If a kid carried a handgun in your neighborhood, or the area around where you live, would he or she be caught by the police?
101. If a kid smoked cigarettes in your neighborhood, or the area around where you live, would he or she be caught by the police?
102. During the past 30 days, how did you **usually** get beer, wine, or hard liquor (for example, vodka, whiskey, or gin)? (CHOOSE ONLY ONE ANSWER)
- I did not drink beer, wine, or hard liquor during the past 30 days
 - I bought it in a store such as a convenience store, supermarket, discount store, or gas station
 - I gave someone else money to buy it for me
 - I borrowed it from someone else
 - A person 21 years old or older gave it to me
 - I took it from a store or family member
 - I got it some other way
103. During the past 30 days, when you drank beer, wine, or hard liquor (for example, vodka, whiskey, or gin) where did you drink it? (CHOOSE ALL THAT APPLY)
- I did not drink beer, wine, or hard liquor during the past 30 days
 - School
 - Car
 - My home
 - Friend's home
 - Bar
 - Park or outdoors
 - Other

104. During the past 30 days, how did you **usually** get cigarettes?
- I did not smoke cigarettes during the past 30 days
 - I bought them at a vape shop or tobacco/smoke shop
 - I bought them at a convenience store, drug store, or gas station
 - I bought them on the internet
 - I gave someone else money to buy them for me
 - I borrowed (or bummed) them from someone else
 - A person 18 years old or older gave them to me
 - I took them from a store or family member
 - I got them some other way
105. During the past 30 days, how did you **usually** get electronic cigarettes (e-cigarettes)?
- I did not use electronic cigarettes (e-cigarettes) during the past 30 days
 - I bought them at a vape shop or tobacco/smoke shop
 - I bought them at a convenience store, drug store, or gas station
 - I bought them on the internet
 - I gave someone else money to buy them for me
 - I borrowed (or bummed) them from someone else
 - A person 18 years old or older gave them to me
 - I took them from a store or family member
 - I got them some other way

106. How wrong would most adults in your neighborhood, or the area around where you live, think it is for kids your age:
- | | Not Wrong At All | A Little Bit Wrong | Wrong | Very Wrong |
|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. to use marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. to drink alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. to smoke cigarettes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
107. About how many adults have you known personally who in the past year have:
- a. used marijuana, crack, cocaine, or other drugs?
- None 2 adults 5 or more adults
 1 adult 3 or 4 adults
- b. sold or dealt drugs?
- None 2 adults 5 or more adults
 1 adult 3 or 4 adults
- c. done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?
- None 2 adults 5 or more adults
 1 adult 3 or 4 adults
- d. gotten drunk or high?
- None 2 adults 5 or more adults
 1 adult 3 or 4 adults

108. Sometimes we don't know what we will do as adults, but we may have an idea. Please answer how true these statements may be for you:
- When I am an adult...
- a. I will smoke cigarettes NO! no yes YES!
- b. I will drink beer, wine, or liquor NO! no yes YES!
- c. I will smoke marijuana NO! no yes YES!

109. If I had to move, I would miss the neighborhood I now live in.
- | | NO! | no | yes | YES! |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
110. My neighbors notice when I am doing a good job and let me know about it.
- | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
111. I like my neighborhood, or the area around where I live.
- | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|--|-----------------------|-----------------------|-----------------------|-----------------------|

112. How much do each of the following statements describe your neighborhood, or the area around where you live?
- | | NO! | no | yes | YES! |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. crime and/or drug selling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. fights | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. lots of empty or abandoned buildings | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. lots of graffiti | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

113. There are people in my neighborhood, or the area around where I live, who are proud of me when I do something well.
- | | NO! | no | yes | YES! |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
114. I feel safe in my neighborhood, or the area around where I live.
- | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
115. I would like to get out of my neighborhood, or the area around where I live.
- | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
116. There are people in my neighborhood, or the area around where I live, who encourage me to do my best.
- | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|--|-----------------------|-----------------------|-----------------------|-----------------------|

FAMILY DOMAIN

117. How wrong do your parents feel it would be for you to:
- | | Not Wrong At All | A Little Bit Wrong | Wrong | Very Wrong |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. smoke cigarettes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. use electronic cigarettes (e-cigarettes) some days or everyday? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. smoke marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. steal anything worth more than \$5.00? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. pick a fight with someone? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. use prescription drugs not prescribed to you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

118. Have any of your brothers or sisters ever:
- | | No | Yes |
|--|-----------------------|-----------------------|
| a. drunk beer, wine, or hard liquor (for example, vodka, whiskey, or gin)? | <input type="radio"/> | <input type="radio"/> |
| b. smoked marijuana? | <input type="radio"/> | <input type="radio"/> |
| c. smoked cigarettes? | <input type="radio"/> | <input type="radio"/> |
| d. taken a handgun to school? | <input type="radio"/> | <input type="radio"/> |
| e. been suspended or expelled from school? | <input type="radio"/> | <input type="radio"/> |

119. The rules in my family are clear.
- NO! no yes YES!
120. Has anyone in your family ever had a severe alcohol or drug problem?
- No Yes



	NO!	no	yes	YES!
121. People in my family often insult or yell at each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. When I am not at home, one of my parents knows where I am and who I am with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. We argue about the same things in my family over and over.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. If you drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. My family has clear rules about alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. If you carried a handgun without your parents' permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127. If you skipped school without your parents' permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

128. My parents notice when I am doing a good job and let me know about it.

- Never or almost never Often
 Sometimes All the time

129. Do you feel very close to your mother?
 NO! no yes YES!

130. Do you share your thoughts and feelings with your mother?
 NO! no yes YES!

131. My parents ask me what I think before most family decisions affecting me are made.
 NO! no yes YES!

132. How often do your parents tell you that they are proud of you for something you have done?
 Never or almost never Often
 Sometimes All the time

	NO!	no	yes	YES!
133. Do you share your thoughts and feelings with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
134. Do you enjoy spending time with your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
135. Do you enjoy spending time with your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
136. If I had a personal problem, I could ask my mom or dad for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137. Do you feel very close to your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
138. My parents give me lots of chances to do fun things with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
139. My parents ask if I have gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
140. People in my family have serious arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
141. Would your parents know if you did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

142. How important were these questions?

- Not too important
 Fairly important
 Important
 Very important

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

- I was very honest
 I was honest pretty much of the time
 I was honest some of the time
 I was honest once in a while
 I was not honest at all

If you were given an additional sheet of questions, please put your answers in the extra answer rows below. Make sure to put your answers on the row with the same number as the question on the additional sheet.

1. A B C D E F G H I
2. A B C D E F G H I
3. A B C D E F G H I
4. A B C D E F G H I
5. A B C D E F G H I
6. A B C D E F G H I
7. A B C D E F G H I
8. A B C D E F G H I
9. A B C D E F G H I
10. A B C D E F G H I
11. A B C D E F G H I
12. A B C D E F G H I
13. A B C D E F G H I
14. A B C D E F G H I
15. A B C D E F G H I
16. A B C D E F G H I
17. A B C D E F G H I
18. A B C D E F G H I
19. A B C D E F G H I
20. A B C D E F G H I

Provided by:
 Kansas Department for Aging and Disability Services/
 Behavioral Health Services
Administered by:
 Greenbush - The Southeast Kansas Education Service Center

2019 State and Local Youth Risk Behavior Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

Directions

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: A B ● D.
- If you change your answer, erase your old answer completely.

1. How old are you?
 - A. 12 years old or younger
 - B. 13 years old
 - C. 14 years old
 - D. 15 years old
 - E. 16 years old
 - F. 17 years old
 - G. 18 years old or older

2. What is your sex?
 - A. Female
 - B. Male

3. In what grade are you?
 - A. 9th grade
 - B. 10th grade
 - C. 11th grade
 - D. 12th grade
 - E. Ungraded or other grade

4. Are you Hispanic or Latino?
 - A. Yes
 - B. No

5. What is your race? (**Select one or more responses.**)
 - A. American Indian or Alaska Native
 - B. Asian
 - C. Black or African American
 - D. Native Hawaiian or Other Pacific Islander
 - E. White

6. How tall are you without your shoes on?
 Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Example

Height	
Feet	Inches
5	7
③	⑩
④	①
●	②
⑥	③
⑦	④
	⑤
	⑥
	●
	⑧
	⑨
	⑩
	⑪

Height	
Feet	Inches
③	⑩
④	①
⑤	②
⑥	③
⑦	④
	⑤
	⑥
	⑦
	⑧
	⑨
	⑩
	⑪

7. How much do you weigh without your shoes on?
 Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example

Weight		
Pounds		
1	5	2
①	①	①
●	②	②
②	③	●
③	④	④
	⑤	⑤
	●	⑥
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨

Weight		
Pounds		
①	①	①
②	②	②
③	③	③
	④	④
	⑤	⑤
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨

The next 4 questions ask about safety.

8. How often do you wear a seat belt when **riding** in a car driven by someone else?
 - A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

9. 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**?
 - A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

10. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
 - A. I did not drive a car or other vehicle during the past 30 days
 - B. 0 times
 - C. 1 time
 - D. 2 or 3 times
 - E. 4 or 5 times
 - F. 6 or more times

11. During the past 30 days, on how many days did you **text or e-mail** while **driving** a car or other vehicle?
 - A. I did not drive a car or other vehicle during the past 30 days
 - B. 0 days
 - C. 1 or 2 days
 - D. 3 to 5 days
 - E. 6 to 9 days
 - F. 10 to 19 days
 - G. 20 to 29 days
 - H. All 30 days

The next 11 questions ask about violence-related behaviors.

12. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
13. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club **on school property**?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
14. **During the past 12 months**, on how many days did you carry a **gun**? (Do **not** count the days when you carried a gun only for hunting or for a sport, such as target shooting.)
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
15. 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?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
16. 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**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times

17. During the past 12 months, how many times were you in a **physical fight**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
18. During the past 12 months, how many times were you in a **physical fight on school property**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
19. Have you ever been physically forced to have sexual intercourse when you did not want to?
- A. Yes
 - B. No
20. During the past 12 months, how many times did **anyone** force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

21. During the past 12 months, how many times did **someone you were dating or going out with** force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)
- A. I did not date or go out with anyone during the past 12 months
 - B. 0 times
 - C. 1 time
 - D. 2 or 3 times
 - E. 4 or 5 times
 - F. 6 or more times
22. During the past 12 months, how many times did **someone you were dating or going out with** physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)
- A. I did not date or go out with anyone during the past 12 months
 - B. 0 times
 - C. 1 time
 - D. 2 or 3 times
 - E. 4 or 5 times
 - F. 6 or more times

The next 2 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.

23. During the past 12 months, have you ever been bullied **on school property**?
- A. Yes
 - B. No
24. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
- A. Yes
 - B. No

The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

25. 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?
- A. Yes
 - B. No

26. During the past 12 months, did you ever **seriously** consider attempting suicide?
A. Yes
B. No
27. During the past 12 months, did you make a plan about how you would attempt suicide?
A. Yes
B. No
28. During the past 12 months, how many times did you actually attempt suicide?
A. 0 times
B. 1 time
C. 2 or 3 times
D. 4 or 5 times
E. 6 or more times
29. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
A. **I did not attempt suicide** during the past 12 months
B. Yes
C. No

The next 4 questions ask about cigarette smoking.

30. Have you ever tried cigarette smoking, even one or two puffs?
A. Yes
B. No
31. How old were you when you first tried cigarette smoking, even one or two puffs?
A. I have never tried cigarette smoking, not even one or two puffs
B. 8 years old or younger
C. 9 or 10 years old
D. 11 or 12 years old
E. 13 or 14 years old
F. 15 or 16 years old
G. 17 years old or older
32. During the past 30 days, on how many days did you smoke cigarettes?
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

33. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?
- A. I did not smoke cigarettes during the past 30 days
 - B. Less than 1 cigarette per day
 - C. 1 cigarette per day
 - D. 2 to 5 cigarettes per day
 - E. 6 to 10 cigarettes per day
 - F. 11 to 20 cigarettes per day
 - G. More than 20 cigarettes per day

The next 3 questions ask about electronic vapor products, such as JUUL, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.

34. Have you ever used an electronic vapor product?
- A. Yes
 - B. No
35. During the past 30 days, on how many days did you use an electronic vapor product?
- 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
36. During the past 30 days, how did you **usually** get your own electronic vapor products? (Select only **one** response.)
- A. I did not use any electronic vapor products during the past 30 days
 - B. I bought them in a store such as a convenience store, supermarket, discount store, gas station, or vape store
 - C. I got them on the Internet
 - D. I gave someone else money to buy them for me
 - E. I borrowed them from someone else
 - F. A person who can legally buy these products gave them to me
 - G. I took them from a store or another person
 - H. I got them some other way

The next 3 questions ask about other tobacco products.

37. During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, snus, or dissolvable tobacco products**, such as Copenhagen, Grizzly, Skoal, or Camel Snus? (Do not count any electronic vapor products.)
- 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
38. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
- 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
39. During the past 12 months, did you ever try **to quit** using **all** tobacco products, including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products?
- A. I did not use any tobacco products during the past 12 months
 - B. Yes
 - C. No

The next 5 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?
- A. I have never had a drink of alcohol other than a few sips
 - B. 8 years old or younger
 - C. 9 or 10 years old
 - D. 11 or 12 years old
 - E. 13 or 14 years old
 - F. 15 or 16 years old
 - G. 17 years old or older

41. During the past 30 days, on how many days did you have at least one drink of alcohol?
- 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
42. During the past 30 days, on how many days did you have **4** or more drinks of alcohol in a row, that is, within a couple of hours (if you are **female**) or **5** or more drinks of alcohol in a row, that is, within a couple of hours (if you are **male**)?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 to 5 days
 - E. 6 to 9 days
 - F. 10 to 19 days
 - G. 20 or more days
43. During the past 30 days, what is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?
- A. I did not drink alcohol during the past 30 days
 - B. 1 or 2 drinks
 - C. 3 drinks
 - D. 4 drinks
 - E. 5 drinks
 - F. 6 or 7 drinks
 - G. 8 or 9 drinks
 - H. 10 or more drinks
44. During the past 30 days, how did you **usually** get the alcohol you drank?
- A. I did not drink alcohol during the past 30 days
 - B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
 - C. I bought it at a restaurant, bar, or club
 - D. I bought it at a public event such as a concert or sporting event
 - E. I gave someone else money to buy it for me
 - F. Someone gave it to me
 - G. I took it from a store or family member
 - H. I got it some other way

The next 3 questions ask about marijuana use. Marijuana also is called pot, weed, or cannabis.

45. During your life, how many times have you used marijuana?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 to 99 times
 - G. 100 or more times
46. How old were you when you tried marijuana for the first time?
- A. I have never tried marijuana
 - B. 8 years old or younger
 - C. 9 or 10 years old
 - D. 11 or 12 years old
 - E. 13 or 14 years old
 - F. 15 or 16 years old
 - G. 17 years old or older
47. During the past 30 days, how many times did you use marijuana?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

The next question asks about synthetic marijuana use. Synthetic marijuana also is called Spice, fake weed, K2, King Kong, Yucatan Fire, or Skunk.

48. During your life, how many times have you used synthetic marijuana?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

The next question asks about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For this question, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

49. During your life, how many times have you taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

The next 8 questions ask about other drugs.

50. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
51. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
52. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

53. During your life, how many times have you used **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
54. During your life, how many times have you used **ecstasy** (also called MDMA)?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
55. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
56. During your life, how many times have you used a needle to inject any **illegal** drug into your body?
- A. 0 times
 - B. 1 time
 - C. 2 or more times
57. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- A. Yes
 - B. No

The next 9 questions ask about sexual behavior.

58. Have you ever had sexual intercourse?
- A. Yes
 - B. No

59. How old were you when you had sexual intercourse for the first time?
- A. I have never had sexual intercourse
 - B. 11 years old or younger
 - C. 12 years old
 - D. 13 years old
 - E. 14 years old
 - F. 15 years old
 - G. 16 years old
 - H. 17 years old or older
60. During your life, with how many people have you had sexual intercourse?
- A. I have never had sexual intercourse
 - B. 1 person
 - C. 2 people
 - D. 3 people
 - E. 4 people
 - F. 5 people
 - G. 6 or more people
61. During the past 3 months, with how many people did you have sexual intercourse?
- A. I have never had sexual intercourse
 - B. I have had sexual intercourse, but not during the past 3 months
 - C. 1 person
 - D. 2 people
 - E. 3 people
 - F. 4 people
 - G. 5 people
 - H. 6 or more people
62. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
- A. I have never had sexual intercourse
 - B. Yes
 - C. No
63. The **last time** you had sexual intercourse, did you or your partner use a condom?
- A. I have never had sexual intercourse
 - B. Yes
 - C. No

64. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
- A. I have never had sexual intercourse
 - B. No method was used to prevent pregnancy
 - C. Birth control pills
 - D. Condoms
 - E. An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
 - F. A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
 - G. Withdrawal or some other method
 - H. Not sure
65. During your life, with whom have you had sexual contact?
- A. I have never had sexual contact
 - B. Females
 - C. Males
 - D. Females and males
66. Which of the following best describes you?
- A. Heterosexual (straight)
 - B. Gay or lesbian
 - C. Bisexual
 - D. Not sure

The next 2 questions ask about body weight.

67. How do **you** describe your weight?
- A. Very underweight
 - B. Slightly underweight
 - C. About the right weight
 - D. Slightly overweight
 - E. Very overweight
68. Which of the following are you trying to do about your weight?
- A. **Lose** weight
 - B. **Gain** weight
 - C. **Stay** the same weight
 - D. I am **not trying to do anything** about my weight

The next 9 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

69. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
- A. I did not drink 100% fruit juice during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
70. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- A. I did not eat fruit during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
71. During the past 7 days, how many times did you eat **green salad**?
- A. I did not eat green salad during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
72. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)
- A. I did not eat potatoes during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day

73. During the past 7 days, how many times did you eat **carrots**?
- A. I did not eat carrots during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
74. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
- A. I did not eat other vegetables during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
75. 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.)
- A. I did not drink soda or pop during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
76. During the past 7 days, how many **glasses of milk** did you drink? (Count the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)
- A. I did not drink milk during the past 7 days
 - B. 1 to 3 glasses during the past 7 days
 - C. 4 to 6 glasses during the past 7 days
 - D. 1 glass per day
 - E. 2 glasses per day
 - F. 3 glasses per day
 - G. 4 or more glasses per day

77. During the past 7 days, on how many days did you eat **breakfast**?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

The next 5 questions ask about physical activity.

78. 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.)
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
79. On an average school day, how many hours do you watch TV?
- A. I do not watch TV on an average school day
 - B. Less than 1 hour per day
 - C. 1 hour per day
 - D. 2 hours per day
 - E. 3 hours per day
 - F. 4 hours per day
 - G. 5 or more hours per day
80. On an 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 playing games, watching videos, texting, or using social media on your smartphone, computer, Xbox, PlayStation, iPad, or other tablet.)
- A. I do not play video or computer games or use a computer for something that is not school work
 - B. Less than 1 hour per day
 - C. 1 hour per day
 - D. 2 hours per day
 - E. 3 hours per day
 - F. 4 hours per day
 - G. 5 or more hours per day

81. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
82. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)
- A. 0 teams
 - B. 1 team
 - C. 2 teams
 - D. 3 or more teams

The next question asks about concussions. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.

83. During the past 12 months, how many times did you have a concussion **from playing a sport or being physically active**?
- A. 0 times
 - B. 1 time
 - C. 2 times
 - D. 3 times
 - E. 4 or more times

The next 6 questions ask about other health-related topics.

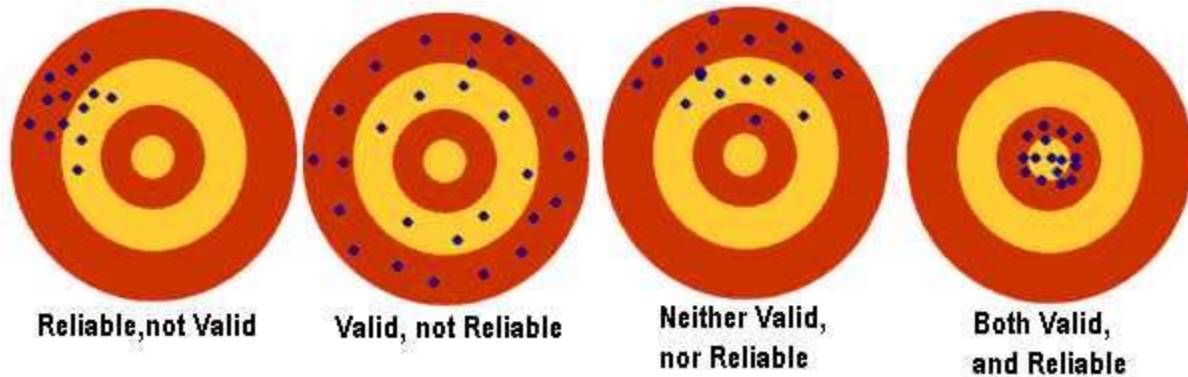
84. Have you ever been tested for HIV, the virus that causes AIDS? (Do **not** count tests done if you donated blood.)
- A. Yes
 - B. No
 - C. Not sure
85. During the past 12 months, have you been tested for a sexually transmitted disease (STD) other than HIV, such as chlamydia or gonorrhea?
- A. Yes
 - B. No
 - C. Not sure

86. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?
- A. During the past 12 months
 - B. Between 12 and 24 months ago
 - C. More than 24 months ago
 - D. Never
 - E. Not sure
87. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
 - B. No
 - C. Not sure
88. On an average school night, how many hours of sleep do you get?
- A. 4 or less hours
 - B. 5 hours
 - C. 6 hours
 - D. 7 hours
 - E. 8 hours
 - F. 9 hours
 - G. 10 or more hours
89. During the past 12 months, how would you describe your grades in school?
- A. Mostly A's
 - B. Mostly B's
 - C. Mostly C's
 - D. Mostly D's
 - E. Mostly F's
 - F. None of these grades
 - G. Not sure

**This is the end of the survey.
Thank you very much for your help.**

Survey Validity and Reliability

How do I know that my district's Kansas Communities That Care (KCTC) data is valid and reliable?



Validity is concerned with the accuracy of measurement. There are many types of validity. Three important types are internal, external and content.

Internal validity asks whether the survey questions measure what is intended to be measured and if results are accurate or can be evaluated against a desired outcome.

- ❖ Some people have suggested that the results of the KCTC survey can't be valid because "kids don't answer honestly" or they "mark answers without reading the questions". But, in reality, there are three validity checks built into the survey that can identify responses that are not honest or patterns that demonstrate lack of attention to the survey questions. Evidence of false reporting can include:
 - Students indicated that they were not honest at all in completing the survey;
 - Students indicated they had used a non-existent drug; or
 - Students reported unrealistically frequent use of substances.
- ❖ Each year, only 4-5% of surveys are found to be invalid and are not included in analyses.
- ❖ Accuracy can also be enhanced when districts stress the value and importance of the survey to administration and teachers and when teachers follow the administration script and protocol.
- ❖ Another way to ensure valid and accurate results is to assure students that the survey is voluntary, anonymous and confidential. Students need to know that no one will see their answers and that there is no way a survey can be traced back to any individual student.

External validity refers to the degree to which a sample is representative of or can be generalized to the larger population.

- ❖ The KCTC uses a census approach, meaning results reflect only those students who participate in the survey. Therefore, participation rates per grade, building, and district must be high in order for data to be reflective of the grouping it represents.

- ❖ The KCTC survey has been administered annually free of charge to Kansas school districts since 1994-95. One strength of this longevity is the ability to look at trends in youth behavior and attitudes over time.
- ❖ **Most fluctuations in data that bring about questions regarding validity are the result of inconsistent or low participation rates.**

Content validity refers to the appropriateness of the content of an instrument. In other words, do the questions accurately assess what you want to know?

- ❖ The Communities That Care survey was developed by prevention science researchers at the University of Washington. Content validity has been statistically proven through factor analysis of each question's contribution to the risk and protective factor scale it represents. Decades of research have reinforced the validity of the survey's measures.

Reliability is concerned with the consistency of the measurement over time; the degree to which the questions used in a survey elicit the same type of information each time they are used under the same conditions.

- ❖ The KCTC has proven to be very reliable over time. Results obtained by the KCTC are similar to results obtained when compared with other student surveys measuring substance use and mirror trends reported at the national level.
- ❖ Risk and protective factors are correlated with problem behaviors in the expected direction. For example, a study of Kansas youth showed KCTC risk factors were associated with increased use of alcohol and marijuana. Additionally, higher levels of risk factors reported by students in a school were associated with lower average reading and math achievement test scores.
- ❖ Longitudinal data show consistent responding among youth, which provides evidence of high reliability.

What if I have additional questions about the KCTC validity and reliability?

Please contact:

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