

Madison Chatham Student Survey 2019

General Information

1. Grade:

- 6
- 7
- 8
- 9
- 10
- 11
- 12

2. Do you identify yourself as:

- Male
- Female
- Transgender/Gender Variant

3. What Race/Ethnicity do you consider yourself to be? (Choose all that apply)

- White/Caucasian
- Hispanic
- Native American
- African American/Black
- Asian
- Mixed Race
- Other - Write In

30 Day Use

4. During the past 30 days, did you drink one or more drinks of an alcoholic (beer, wine, liquor) beverage?

- Yes
- No

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

- Yes
- No

6. During the past 30 days, did you use an e-cigarette/vape pen?

- Yes
- No

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

- Yes
- No

8. During the past 30 days, have you used prescription drugs not prescribed to you?

- Yes
- No

9. During the past 30 days, have you used heroin?

- Yes
- No

10. During the past 30 days, did you use prescription pain relievers, such as Vicodin, OxyContin or Percocet, without a prescription?

- Yes
- No

11. During the past 30 days, did you use prescription stimulants, such as Ritalin or Adderall, without a prescription?

- Yes
- No

12. During the past 30 days, did you use prescription tranquilizers, such as Xanax, Valium, or Ambien, without a prescription?

- Yes
- No

13. During the past 30 days, if any of the substances listed above were used, where did they come from?

- Peers in school
- Peers outside of school
- Home
- Other
- None of the substances listed above were used

14. During the past 30 days, if any of the substances listed above were used, were they stolen, purchased, or given to you by someone else?

- Stolen
- Purchased
- Given to you by someone else
- None of the substances listed above were used

Perception of Risk

15. How much do you think people risk harming themselves (physically or in other ways) if they:

	No Risk	Slight Risk	Moderate Risk	Great Risk
Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have five or more drinks of an alcoholic beverage once or twice a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use an e-cigarette/vape pen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Perception of Parental Disapproval

16. How wrong do your parents/guardians feel it would be for you to:

	Not at all wrong	A little bit wrong	Wrong	Very Wrong
Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
Use prescription drugs not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use an e-cigarette/vape pen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Perception of Peer Disapproval

17. How wrong do your friends feel it would be for you to:

	Not at all wrong	A little bit wrong	Wrong	Very wrong
Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
Use prescription drugs not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use an e-cigarette/vape pen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Attitude Toward Peer Use

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

- Neither Approve nor Disapprove
- Somewhat Disapprove
- Strongly Disapprove
- Don't know or can't say

19. How often have you witnessed another student vaping in the restroom of your school?

- Never
- Within the past year
- Within the past month
- Within the past week
- Within the past day
- More than twice in the past day

School

20. During this school year, how would you describe your grades in school?

- Mostly As
- Mostly Bs
- Mostly Cs
- Mostly Ds
- Mostly Fs

21. How many hours per night do you usually spend on homework?

- Less than 1 hour
- 1-2 hours
- 3-4 hours
- 5 or more hours

22. If you experience academic pressure, where does it come from?

- Self
- Peers
- Teachers
- Parents
- I never experience academic pressure

Health

23. How do you describe your overall health?

- Excellent
- Very Good
- Good
- Fair
- Poor

24. How many hours of sleep a night do you typically get:

	4 or fewer hours	5 hours	6 hours	7 hours	8 hours	9 or more hours
During the school week?	<input type="radio"/>					
During the weekend?	<input type="radio"/>					

Stress

25. How much stress do you experience in a typical week?

- No stress
- A little stress
- Moderate stress
- Great stress

26. How best do you describe your response to stress?

- Cool and calm under pressure
- Jittery and I cannot sit still
- Angry and have outbursts often
- I stay away from people

27. How often have you felt that you were unable to control important things in your life?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

28. How often have you found that you could NOT cope with all of the things you had to do?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

Wellness

29. How positively or negatively do you feel about yourself?

- Very negative
- Somewhat negative
- Neither negative nor positive
- Somewhat positive
- Very positive

30. How often do you take time to do something you enjoy?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

31. How do you feel when you sit in silence with no distractions?

- Jittery; I cannot sit still
- Tired; I would probably fall asleep
- Nervous and uncomfortable
- Calm and I appreciate the silence
- I never sit in silence

32. How many hours a day do you spend texting, emailing, video chatting, or socializing online?

- None
- Less than 1 hour
- 1-2 hours
- 3-4 hours
- 5 or more hours

33. Do you agree or disagree with the following statement? It is okay to send racy or sexual messages or pictures electronically as long as it is kept private.

- Agree
- Disagree

34. Have you ever sent a racy or sexual picture of yourself to someone? Remember, your responses will be kept anonymous.

- Yes
- No

35. Have you ever received a racy or sexual picture of someone? Remember, your responses will be kept anonymous.

- Yes
- No

Mental Health

36. During this school year, have you spent more than two weeks in a row feeling so sad and hopeless that you stopped doing your normal activities?

- Yes
- No

37. During this school year, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?

- 0 times
- 1 time
- 2-3 times
- 4-5 times
- 6 or more times

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

- Yes
- No

39. During the past 12 months, did you make a plan about how you would attempt suicide?

- Yes
- No

40. How safe do you feel in school?

- Not at all safe
- A little safe
- Moderately safe
- Very safe

41. How safe do you feel when a police officer is present in the school?

- Not at all safe
- A little safe
- Moderately safe
- Very safe

42. How often do you think about a potential school shooting taking place at your school?

- Not at all
- A little bit
- Somewhat
- A lot