



Sumner County Middle School Student Survey 2022-2023

Welcome to The Sumner County Middle School Student Survey

Thank you for agreeing to participate in this survey. This survey asks questions about your life experiences, your attitudes, and the attitudes of your parents and close friends.

Instructions:

- **Your answers to the questions on this survey are completely anonymous. That means no one will know how you answered.**
- **For the survey to be helpful, it is important that you answer each question honestly and truthfully.**
- **This survey is completely voluntary. If you prefer not to answer a question, or if you don't know the answer, just leave it blank.**
- **This is not a test, so there are no right or wrong answers. We would like you to work quickly, so that you can finish.**
- **All of the questions should be answered by choosing one of the available responses. If you do not find an answer that fits exactly, use the one that comes closest.**
- **Please answer by clicking on the box or circle of your choice. When you finish, please work on the activity your teacher provided until the whole class is finished.**



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* 1. Please select your school from the list below

After entering the code, click the **NEXT** button.



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About You

These questions ask for some general information about you. Please mark the response that best describes you.

2. How old are you?

3. What grade are you in?

4. How would you describe yourself? (Mark ALL that apply)

White

American Indian or Alaska Native

Black or African American

Other

Hispanic

Prefer not to answer

Asian/Pacific Islander

5. Are you:

Male

Female

Prefer not to answer



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The next set of questions asks about your use of different substances, including tobacco, vaping devices, alcohol, marijuana, prescription drugs, and other illegal drugs. This excludes substance use for religious purposes (e.g., drinking a sip of wine during a religious ceremony).

6. Have you ever had one or more drinks of an ALCOHOLIC BEVERAGE?

Alcoholic beverages include beer, wine, wine coolers, malt beverages, and liquor.

Yes No



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7. How old were you when you first had one or more drinks of an alcoholic beverage?

- 8 or under 9 10 11 12 13 14 15 16 17
 18+

8. During the past 30 days, on how many days did you have one or more drinks of an alcoholic beverage?

- 0 Days 1-2 Days 3-5 Days 6-9 Days 10-19 Days 20-29 Days
 All 30 Days

9. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30



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10. Have you ever had 5 or more drinks of an ALCOHOLIC BEVERAGE on the same occasion?

Alcoholic beverages include beer, wine, wine coolers, malt beverages, and liquor.

Yes No



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11. How old were you when you first had 5 or more drinks on the same occasion?

- 8 or under 9 10 11 12 13 14 15 16 17
 18+

12. During the past 30 days, on how many days did you have 5 or more drinks on the same occasion?

- 0 Days 1-2 Days 3-5 Days 6-9 Days 10-19 Days 20-29 Days
 All 30 Days

13. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30



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14. Have you ever used PRESCRIPTION DRUGS not prescribed to you or just to get high?

Prescription drugs include drugs that require a doctor's prescription to purchase or consume like OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, Xanax, Klonopin, Benzos, Valium, Ativan, and Gabapentin. These do not include over-the-counter medicines.

Yes No



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15. How old were you when you first used PRESCRIPTION DRUGS not prescribed to you?

- 8 or under 9 10 11 12 13 14 15 16 17
 18+

16. During the past 30 days, on how many days did you use PRESCRIPTION DRUGS not prescribed to you?

- 0 Days 1-2 Days 3-5 Days 6-9 Days 10-19 Days 20-29 Days
 All 30 Days

17. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30



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18. Have you ever used PRESCRIPTION STIMULANTS not prescribed to you or just to get high?

(e.g., Dexadrine, Adderall, Ritalin, or Concerta)

Yes

No



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19. During the past 30 days, on how many days did you use PRESCRIPTION STIMULANTS?

- 0 Days 1-2 Days 3-5 Days 6-9 Days 10-19 Days 20-29 Days
 All 30 Days

20. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30



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21. Have you ever used PRESCRIPTION PAIN MEDICATIONS not prescribed to you or just to get high?

(e.g., Vicodin, Oxycontin, Morphine, or Demerol)

Yes

No



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22. During the past 30 days, on how many days did you use PRESCRIPTION PAIN MEDICATIONS?

- 0 Days 1-2 Days 3-5 Days 6-9 Days 10-19 Days 20-29 Days
 All 30 Days

23. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30



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24. Have you ever used OVER-THE-COUNTER DRUGS to get high or in a way other than directed?

(e.g., cough/cold medicines, diet pills, stay-awake pills, or laxatives)

Yes

No



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25. How old were you when you first used OVER-THE-COUNTER DRUGS?

- 8 or under 9 10 11 12 13 14 15 16 17
 18+

26. During the past 30 days, on how many days did you use OVER-THE-COUNTER DRUGS?

- 0 Days 1-2 Days 3-5 Days 6-9 Days 10-19 Days 20-29 Days
 All 30 Days

27. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30



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28. Have you ever ever smoked part or all of a CIGARETTE?

Cigarettes include menthol cigarettes, regular cigarettes, and loose tobacco rolled in cigarettes. This does not include e-cigarettes.

Yes No



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29. How old were you when you first smoked part or all of a CIGARETTE?

- 8 or under 9 10 11 12 13 14 15 16 17
 18+

30. During the past 30 days, on how many days did you smoke part or all of a CIGARETTE?

- 0 Days 1-2 Days 3-5 Days 6-9 Days 10-19 Days 20-29 Days
 All 30 Days

31. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30



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32. Have you ever used a VAPING DEVICE with nicotine?

A vaping device includes electronic cigarettes also known as e-cigarettes, hookah pens, e-hookahs, or vape pipes.

- Yes No



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33. How old were you when you first used a VAPING DEVICE with nicotine?

- 8 or under 9 10 11 12 13 14 15 16 17
 18+

34. During the past 30 days, on how many days did you used a VAPING DEVICE with nicotine?

- 0 Days 1-2 Days 3-5 Days 6-9 Days 10-19 Days 20-29 Days
 All 30 Days

35. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30



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36. Have you ever used a VAPING DEVICE with flavoring only?

A vaping device includes electronic cigarettes also known as e-cigarettes, hookah pens, e-hookahs, or vape pipes.

- Yes No



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37. How old were you when you first used a VAPING DEVICE with flavoring only?

- 8 or under 9 10 11 12 13 14 15 16 17
 18+

38. During the past 30 days, on how many days did you used a VAPING DEVICE with flavoring only?

- 0 Days 1-2 Days 3-5 Days 6-9 Days 10-19 Days 20-29 Days
 All 30 Days

39. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30



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40. Have you ever used SMOKELESS TOBACCO?

Smokeless tobacco can be known as chewing tobacco, spit tobacco, chew, snuff, pinch, or dip.

Yes No



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41. How old were you when you first used SMOKELESS TOBACCO?

- 8 or under 9 10 11 12 13 14 15 16 17
 18+

42. During the past 30 days, on how many days did you use SMOKELESS TOBACCO?

- 0 Days 1-2 Days 3-5 Days 6-9 Days 10-19 Days 20-29 Days
 All 30 Days

43. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30



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44. Have you ever used MARIJUANA or hashish?

Marijuana or hashish can be known as grass, pot, weed, hash, or hash oil.

- Yes No



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45. How old were you when you first used MARIJUANA?

- 8 or under 9 10 11 12 13 14 15 16 17
 18+

46. During the past 30 days, on how many days did you use MARIJUANA?

- 0 Days 1-2 Days 3-5 Days 6-9 Days 10-19 Days 20-29 Days
 All 30 Days

47. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30



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48. Have you ever VAPED MARIJUANA?

A vaping device includes electronic cigarettes also known as e-cigarettes, hookah pens, e-hookahs, or vape pipes.

Yes No



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49. During the past 30 days, on how many days did you VAPE MARIJUANA?

- 0 Days 1-2 Days 3-5 Days 6-9 Days 10-19 Days 20-29 Days
 All 30 Days

50. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30



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51. Have you ever SMOKED MARIJUANA?

Yes

No



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52. During the past 30 days, on how many days did you SMOKE MARIJUANA?

- 0 Days
- 1-2 Days
- 3-5 Days
- 6-9 Days
- 10-19 Days
- 20-29 Days
- All 30 Days

53. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30



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54. Have you ever eaten MARIJUANA or THC edibles?

Marijuana and THC edibles include Delta-8 and other edible marijuana.

Yes

No



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55. During the past 30 days, on how many days did you use MARIJUANA or THC edibles?

- 0 Days
- 1-2 Days
- 3-5 Days
- 6-9 Days
- 10-19 Days
- 20-29 Days
- All 30 Days

56. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30



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57. Have you ever used METHAMPHETAMINES?

Methamphetamines can be known as crank, meth, blue, ice, or crystal.

Yes No



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58. How old were you when you first used METHAMPHETAMINES?

- 8 or under 9 10 11 12 13 14 15 16 17
 18+

59. During the past 30 days, on how many days did you use METHAMPHETAMINES?

- 0 Days 1-2 Days 3-5 Days 6-9 Days 10-19 Days 20-29 Days
 All 30 Days

60. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30



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61. Have you ever used any OTHER ILLEGAL DRUGS?

Other illegal drugs include substances like crack or powder cocaine, heroin, inhalants, barbiturates, steroids, etc.

Yes No



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62. How old were you when you first used OTHER ILLEGAL DRUGS?

- 8 or under 9 10 11 12 13 14 15 16 17
 18+



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63. During the past 30 days, on how many days did you use COCAINE (crack, etc.)?

- 0 Days 1-2 Days 3-5 Days 6-9 Days 10-19 Days 20-29 Days
 All 30 Days

64. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30



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65. During the past 30 days, on how many days did you use INHALANTS (glue, gas, etc.)?

- 0 Days 1-2 Days 3-5 Days 6-9 Days 10-19 Days 20-29 Days
 All 30 Days

66. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30



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67. During the past 30 days, on how many days did you use HALLUCINOGENS (PCP, LSD, etc.)?

- 0 Days 1-2 Days 3-5 Days 6-9 Days 10-19 Days 20-29 Days
 All 30 Days

68. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30



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69. During the past 30 days, on how many days did you use HEROIN (opiates, etc.)?

- 0 Days 1-2 Days 3-5 Days 6-9 Days 10-19 Days 20-29 Days
 All 30 Days

70. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30



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71. During the past 30 days, on how many days did you use STEROIDS?

- 0 Days 1-2 Days 3-5 Days 6-9 Days 10-19 Days 20-29 Days
 All 30 Days

72. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30



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73. During the past 30 days, on how many days did you use ECSTASY (MDMA, Molly)?

- 0 Days 1-2 Days 3-5 Days 6-9 Days 10-19 Days 20-29 Days
 All 30 Days

74. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30



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The next questions ask about how easy or difficult it is for you to access alcohol, prescription drugs, cigarettes, vaping devices, and marijuana. Remember, your answers are anonymous.

75. How easy is it to get...

	Very Difficult	Fairly Difficult	Fairly Easy	Very Easy	Don't Know
Alcohol (e.g., beer, coolers, liquor)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco products (e.g., cigarettes, dip)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaping devices (e.g., juuls, vape pens, e-cigarettes)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (e.g., pot, hash, edibles)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

76. During the past 30 days, if you used alcohol, in which ways (if any) did you get alcohol?
(Mark ALL that apply; please skip this question if you did not use alcohol.)

- | | |
|--|--|
| <input type="checkbox"/> I got it at a party | <input type="checkbox"/> I bought it (e.g., restaurant, bar, event, store) |
| <input type="checkbox"/> I got it from a sibling or friend (under 21) | <input type="checkbox"/> I bought it through the internet or social media |
| <input type="checkbox"/> I got it from a sibling or friend (over 21) | <input type="checkbox"/> I took it from someone without permission |
| <input type="checkbox"/> I got it from my parents <u>with</u> permission | <input type="checkbox"/> I stole it from a store |
| <input type="checkbox"/> I gave someone money to buy it for me | <input type="checkbox"/> I got it some other way |

77. If you bought or tried to buy alcohol yourself during the past 30 days, were you ever asked to show proof of age?

- I did not try to buy alcohol during the past 30 days
- No, I was not asked to show proof of age
- Yes, I was asked to show proof of age



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78. During the past 30 days, if you used prescription drugs to get high, how did you get the drugs? (Mark ALL that apply; please skip this question if you did not use prescription drugs.)

- | | |
|---|---|
| <input type="checkbox"/> I got them at a party | <input type="checkbox"/> I bought them from a friend, relative, or someone I know |
| <input type="checkbox"/> I got them from a friend, relative, or someone I know for free | <input type="checkbox"/> I bought them through the internet/social media |
| <input type="checkbox"/> I got a prescription from one doctor | <input type="checkbox"/> I took them from someone without asking |
| <input type="checkbox"/> I got a prescription from more than one doctor | <input type="checkbox"/> I got them some other way |



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79. During the past 30 days, if you used marijuana/THC (through smoking, vaping, edibles, Delta-8, or any other way), how did you get it? (Mark ALL that apply; please skip this question if you did not use marijuana.)

- | | |
|---|--|
| <input type="checkbox"/> I got it at a party | <input type="checkbox"/> I bought it through the internet/social media |
| <input type="checkbox"/> I got it from a sibling or friend | <input type="checkbox"/> I took it from someone without permission |
| <input type="checkbox"/> I gave someone money to buy it for me | <input type="checkbox"/> I stole it from a store/shop |
| <input type="checkbox"/> I bought it (e.g., in a store, shop, etc.) | <input type="checkbox"/> I got it some other way |



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80. During the past 30 days, if you vaped, how did you get your vaping device and substances? (Mark ALL that apply; please skip this question if you did not vape.)

- | | |
|--|--|
| <input type="checkbox"/> I got them at a party | <input type="checkbox"/> I bought them through the internet/social media |
| <input type="checkbox"/> I got them from a sibling or friend | <input type="checkbox"/> I stole them from a store/shop |
| <input type="checkbox"/> I gave someone money to buy them for me | <input type="checkbox"/> I got them some other way |
| <input type="checkbox"/> I bought them in a store (e.g., vape shop, kiosk, etc.) | |



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The next questions are about vehicle safety and driving while impaired.

81. Have you ever ridden in a car driven by someone who...

	No	Yes	Not sure
...was intoxicated by alcohol or drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...was taking or was under the influence of prescription drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

82. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who...

	0 times	1 time	2 or 3 times	4 or 5 times	6 or more times
Was intoxicated by alcohol or drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was taking or was under the influence of prescription drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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The next questions are about life experiences of your friends. In cases where they have NO experience at all, please mark "None."

83. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many, if any, of your friends have...

	None	One	Two	Three	Four or more
...had one or more drinks of an alcohol beverage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...had 5 or more drinks on the same occasion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...used prescription drugs not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...smoked part or all of a cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...used a vaping device with nicotine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...used a vaping device with marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...used marijuana or hashish some other way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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The next questions ask about your parents' and friends' attitudes toward certain behaviors. By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.

84. How wrong do your parents feel it would be for you to...

	Very wrong	Wrong	A little bit wrong	Not at all wrong
...drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...use a vaping device with nicotine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...use a vaping device with marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very wrong	Wrong	A little bit wrong	Not at all wrong
...drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...use a vaping device with nicotine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...use a vaping device with marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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The next questions ask about your feelings and attitudes toward tobacco, alcohol, and other drug use.

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

	Very wrong	Wrong	A little bit wrong	Not at all wrong
...drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...use a vaping device with nicotine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...use a vaping device with marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...use marijuana (some other way)?	<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"/>

87. How much do you think people risk harming themselves physically or in other ways if they..

	No Risk	Slight Risk	Moderate Risk	Great Risk
...drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...have five or more drinks of an alcoholic beverage (beer, wine, liquor) once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...smoke one or more packs of cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...use a vaping device with nicotine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...use a vaping device with marijuana?	<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 once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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The next questions asks about how you've been feeling the last 30 days and whether you've ever had thoughts about suicide.

88. Thinking about the past 30 days, about how often have you felt...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
so depressed that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
that everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

89. Have you ever hurt yourself on purpose?

- Yes
- No
- Prefer not to state

90. In the past 12 months, did you ever seriously consider attempting suicide?

- Yes
- No
- Prefer not to state

91. In that past 12 months, did you make a plan about how you would attempt suicide?

- Yes
- No
- Prefer not to state

If you are experiencing a mental health emergency, call now. **Help is available 24 hours a day, 7 days a week.**

Tennessee Crisis Services & Suicide Prevention HOTLINE
Call 855-CRISIS-1 (855-274-7471) or **Text "TN" to 741-741**

National Suicide Prevention LIFELINE
Call/Text 988 or www.suicidepreventionlifeline.org



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These questions ask about your communication with parents about the use of alcohol, tobacco, and other drugs and about information you may hear about the dangers of substance use. By parents, we mean your adult guardians - whether or not they live with you.

92. During the past 12 months, have you talked with at least one of your parents about the dangers of alcohol, tobacco, or drug use?

- No
- Yes
- Yes, more than once

93. During the past 12 months, have you talked with at least one of your parents about the dangers of vaping?

- No
- Yes
- Yes, more than once

94. During the past 12 months, have you talked with at least one of your parents about the dangers of using prescription drugs not prescribed to you?

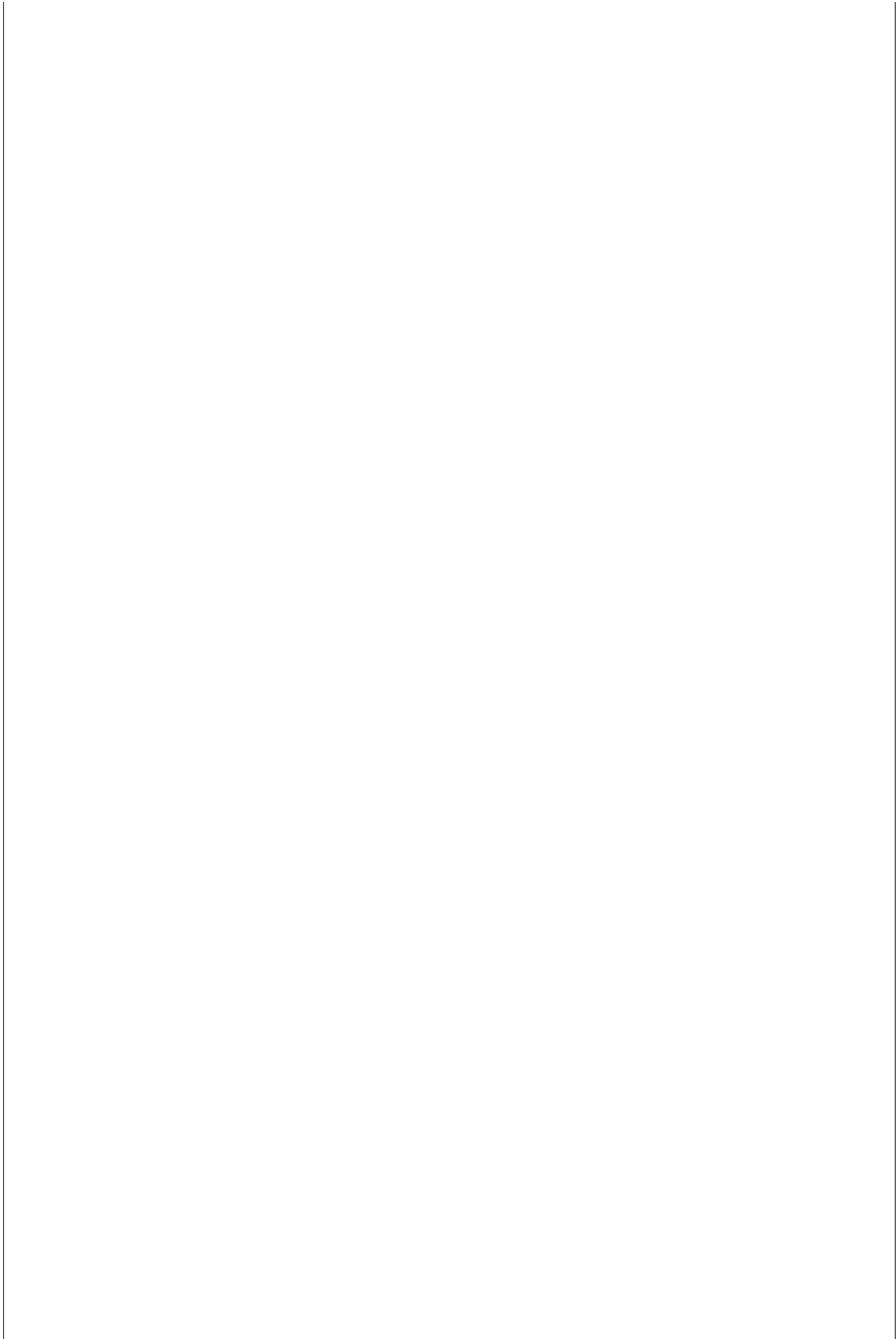
- No
- Yes
- Yes, more than once

95. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the dangers of using prescription drugs not prescribed to you?

- No
- Yes
- Yes, more than once

96. During the past 12 months, do you recall seeing anything online or on social media encouraging underage drinking, vaping, marijuana, or other drug use?

- No
- Yes
- Yes, more than once





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These questions ask about your school and your teachers and school staff. Please think about all your teachers and school staff when you answer these questions.

97. My school...

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
...is clean.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...is safe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...has different places where I can learn, like the library/media center.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...has up to date computers available to help me learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

98. In my school...

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
...students treat teachers with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...expectations are clearly explained to me and my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

99. My teachers and principal(s)...

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
...want all students to learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...treat me fairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...ask me what I think about school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...tell students when they do a good job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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100. My teachers...

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
...want me to do my best work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...grade and evaluate my work fairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...want me to learn new things and grow.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...adapt their teaching to my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...listen to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...care about students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...want students to be nice to each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...help me when I need their help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...use different activities and teaching methods in the classroom to help me understand what I am learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...collaborate to make learning more effective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...use different ways to check for my understanding of what I have learned.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...make learning fun.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...help me learn things that I will need for the next grade/future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...invite my family to school activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...share with my family how I am doing in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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These questions ask about your participation in school activities and your thoughts on how students are treated and how students act at your school.

101. During this school year I participated or will participate in extra-curricular activities offered through my school such as clubs or organizations, musical groups, sports teams, student government, dances, sporting events, or other extra-curricular activities.

- Yes, but I don't plan to participate again next year (in this or my next school).
- Yes, and I do plan on participating again next year (in this or my next school).
- No, I did not participate, and I have no plans of participating next year.
- No, I did not participate, but I would like to next year.

102. Students at my school are teased or picked on about...

	Never	Rarely	Sometimes	Usually	Always
...their race or ethnicity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...their cultural backgrounds or religion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...their physical or mental disability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

103. Students at my school...

	Never	Rarely	Sometimes	Usually	Always
...carry guns or knives to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...belong to gangs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...threaten to hurt other students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...steal money, electronics, or other valuable things while at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...damage or destroy other students' property.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...damage or destroy school property.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...fight a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...are physically hurt by their boyfriends or girlfriends while at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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104. During this school year, how often has someone from your school...

	Never	Rarely	Sometimes	Usually	Always
...made fun of you, called you names, or insulted you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...spread rumors about you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...threatened to hurt you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...pushed you, shoved you, tripped you or spit on you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...tried to make you do things you did not want to do, for example, give them money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...excluded you from activities on purpose?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...destroyed your property on purpose?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...posted hurtful information about you on the Internet, threatened or insulted you online (through direct messaging, text messaging, online gaming, Instagram, Snapchat, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...bullied you in any way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

105. I think that...

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

...if another student was bullying me, I would report it to an adult at my school.

...if I told an adult at my school I was being bullied, the adult would do something to help.

106. Have you told anyone that you have been bullied during this school year?

- Yes
- No

107. How often do the teachers or other adults at school try to put a stop to it when a student is being bullied at school?

- Never
- Rarely
- Sometimes
- Usually
- Always



Sumner County Middle School Student Survey
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108. If you were bullied at school, would you report it to...

	Definitely not	Probably not	Maybe	Probably	Definitely
...your classroom or homeroom teacher?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...another adult at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...your parent(s)/guardian(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...your brother(s) or sister(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...your friend(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...somebody else?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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The last set of questions asks some general questions about your knowledge and opinions.

109. I know what to do if there is an emergency, natural disaster (e.g., tornado, flood), or a dangerous situation (e.g., violent person on campus) during the school day.

- No, I don't know what to do in any of these situations.
- I know what to do in some of these situations.
- I know what to do in most of these situations.

110. If I heard about a threat to school or student safety, I would report it to someone in authority.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly agree

111. I think that...

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
...I will definitely graduate from high school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I plan to continue my education after high school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

112. I am happy to be at this school.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree



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113. Please tell us if there is anything else about your school experience that you would like to share with us.



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Submit Survey

You are almost done! If you would like to go back to change any of your answer choices, please do so now by clicking the **BACK** button below. If you are satisfied with your survey responses, please click **SUBMIT**.

Once your survey has been submitted please do not click the **Back** button in your browser to ensure that your survey responses are secure.