

Georgia Student Health Survey

(Grades 6-12)

Demographic Questions	
Grade	<input type="radio"/> 6 th <input type="radio"/> 7 th <input type="radio"/> 8 th <input type="radio"/> 9 th <input type="radio"/> 10 th <input type="radio"/> 11 th <input type="radio"/> 12 th
Gender	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> I prefer not to answer
Ethnicity	<input type="radio"/> Black or African American <input type="radio"/> Hispanic or Latino <input type="radio"/> White or Caucasian <input type="radio"/> Asian or Pacific Islander <input type="radio"/> Native American <input type="radio"/> Mixed Race <input type="radio"/> I prefer not to answer
Disability Status	Do you have an individualized education plan (IEP)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I do not know <input type="radio"/> I prefer not to answer
Disability Category	If you have an IEP, in what category is your disability? Check all that apply: <input type="checkbox"/> Learning disability <input type="checkbox"/> Emotional behavior disorder <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder <input type="checkbox"/> Physical Disability <input type="checkbox"/> Other <input type="checkbox"/> I prefer not to answer
Enrichment Programs	Are you enrolled in any of the following programs or classes? Check all that apply: <input type="checkbox"/> Gifted Placement <input type="checkbox"/> Advanced Placement/Honors Courses <input type="checkbox"/> Dual Enrollment

School Connectedness

1. Most days I look forward to going to school.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

2. I feel like I fit in at my school.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

3. *I feel successful at school.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

4. I feel connected to others at school.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

Peer Social Support

5. I get along with other students at school.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

6. I know a student at my school that I can talk to if I need help (e.g. homework, class assignments, projects).

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

7. Students in my school are welcoming to new students.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

Adult Social Support

8. *Teachers treat me with respect.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

9. Adults in this school treat all students with respect.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

10. Teachers treat all students fairly.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

Cultural Acceptance

11. Students at my school treat each other with respect.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

12. Students show respect to other students regardless of their academic ability.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

13. Students at this school are treated fairly by other students regardless of race, ethnicity, or culture.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

Social/Civic Learning

14. I treat other students fairly.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

15. I am open towards different opinions and perspectives.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

16. Honesty is an important trait to me.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

Physical Environment

17. My instructional materials are up to date and in good condition.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

18. Teachers in my school keep their classrooms clean and organized.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

19. Students in my school take pride in keeping our school building (e.g. bathrooms, classrooms, lockers) in good condition.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

School Safety

20. I have felt unsafe at school or on my way to or from school.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

21. I have worried about other students hurting me.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

22. Students at my school fight a lot.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

Peer Victimization

How often in the last 30 days have you experienced the following?

23. I have been picked on or teased at school.

- Never
- Once or twice
- A few times
- Many times
- Every day

24. I have been bullied or threatened by other students.

- Never
- Once or twice
- A few times
- Many times
- Every day

25. I feel safe in my school.

- Never
- Once or twice
- A few times
- Many times
- Every day

26. I have received threatening or harassing text messages from other students (IM).

- Never
- Once or twice
- A few times
- Many times
- Every day

27. I have been mocked or harassed on a social networking site (e.g. Facebook, Twitter, Snapchat, Instagram) by other students.

- Never
- Once or twice
- A few times
- Many times
- Every day

28. Someone has bullied me by pushing, hitting, or kicking me.

- Never
- Once or twice
- A few times
- Many times
- Every day

29. Someone has bullied me by making fun of me or spreading rumors about me.

- Never
- Once or twice
- A few times
- Many times
- Every day

Substance Use

30. During the past 30 days, on how many days did you have at least one drink of alcohol?

- 0 days
- 1-5 days
- 6-10 days
- 11-20 days
- More than 20 days

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

- 0 days
- 1-5 days
- 6-10 days
- 11-20 days
- More than 20 days

32. During the past 30 days, on how many days did you use any other tobacco products?

- 0 days
- 1-5 days
- 6-10 days
- 11-20 days
- More than 20 days

<p>33. During the past 30 days, on how many days did you smoke an electronic vapor product (such as Juul, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, or hookah pens)?</p>	<ul style="list-style-type: none"><input type="radio"/> 0 days<input type="radio"/> 1-5 days<input type="radio"/> 6-10 days<input type="radio"/> 11-20 days<input type="radio"/> More than 20 days
<p>34. During the past 30 days, on how many days did you use marijuana (also called pot, weed) or hashish?</p>	<ul style="list-style-type: none"><input type="radio"/> 0 days<input type="radio"/> 1-5 days<input type="radio"/> 6-10 days<input type="radio"/> 11-20 days<input type="radio"/> More than 20 days
<p>35. During the past 30 days, on how many days did you use methamphetamines (also called speed, crystal/crystal meth, crank, ice, or uppers)?</p>	<ul style="list-style-type: none"><input type="radio"/> 0 days<input type="radio"/> 1-5 days<input type="radio"/> 6-10 days<input type="radio"/> 11-20 days<input type="radio"/> More than 20 days
<p>36. During the past 30 days, on how many days did you use heroin (also called dope, smack, junk, or snow)?</p>	<ul style="list-style-type: none"><input type="radio"/> 0 days<input type="radio"/> 1-5 days<input type="radio"/> 6-10 days<input type="radio"/> 11-20 days<input type="radio"/> More than 20 days
<p>37. During the past 30 days, on how many days did you use a prescription drug painkiller (such as Hydrocodone/Hydros, Oxycodone/Oxy, Gabapentin/Gabbies or Tramadol/Trammies) that was not prescribed to you?</p>	<ul style="list-style-type: none"><input type="radio"/> 0 days<input type="radio"/> 1-5 days<input type="radio"/> 6-10 days<input type="radio"/> 11-20 days<input type="radio"/> More than 20 days

38. During the past 30 days, on how many days did you use a prescription drug tranquilizer or sedative (such as Benzos, Xanax/Xans, Klonopin, or Ativan) that was not prescribed to you?

- 0 days
- 1-5 days
- 6-10 days
- 11-20 days
- More than 20 days

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

- 0 days
- 1-5 days
- 6-10 days
- 11-20 days
- More than 20 days

40. During the past 30 days, on how many days did you use a prescription drug stimulant (such as Ritalin or Adderall) that was not prescribed to you?

- 0 days
- 1-5 days
- 6-10 days
- 11-20 days
- More than 20 days

41. During the past 30 days, on how many days did you use any other type of prescription drug that was not prescribed to you?

- 0 days
- 1-5 days
- 6-10 days
- 11-20 days
- More than 20 days

Student Information

42. In the past 7 days, how many days were you physically active for at least 60 minutes at school or home?

- Not at all
- One day per week
- 2-3 days per week
- 4-5 days per week

43. In the past 30 days, I have driven a car or other vehicle while I was drinking alcohol:

- Not at all
- On 1-2 occasions
- On 3-5 occasions
- On more than 5 occasions

44. Where do you or your friends usually use alcohol, tobacco, or drugs? **Check all that apply:**

- Do Not Use
- At Home
- At School
- In a Car
- Friend's House

45. During the past 12 months, on how many occasions have you brought a weapon to school?

- Not at all
- On 1-2 occasions
- On 3-5 occasions
- On more than 5 occasions

46. During the past 12 months, on how many occasions have you been offered, sold, or given illegal drugs on school property?

- Not at all
- On 1-2 occasions
- On 3-5 occasions
- On more than 5 occasions

47. How often do you feel stressed?

- Never
- Once in a while
- Sometimes
- Always

48. What causes you stress? **Check all that apply:**

- Demands of schoolwork
- Problems with peers or friends
- Social media
- Family reasons
- Being bullied
- School grades or performance
- Problems with partner/girlfriend/boyfriend
- COVID-19 (Coronavirus)
- Housing Concerns
- Other

49. During the past 12 months, on how many occasions have you seriously considered harming yourself on purpose?

- I have not seriously considered harming myself on purpose
- On 1-2 occasions
- On 3-5 occasions
- On more than 5 occasions

50. During the past 12 months, if you have seriously considering harming yourself on purpose, what was the most likely reason? **Check all that apply:**

- I have not seriously considered harming myself on purpose
- Demands of school work
- Problems with peers or friends
- Social Media
- Family reasons
- Being bullied
- School grades or performance
- School discipline or punishment
- Argument or breakup with a partner/girlfriend/boyfriend
- Dating violence
- Drugs or alcohol
- Other

51. During the past 12 months, on how many occasions have you harmed yourself on purpose?

- I have not harmed myself on purpose
- On 1-2 occasions
- On 3-5 occasions
- On more than 5 occasions

52. During the past 12 months, if you have harmed yourself on purpose, what was the most likely reason? **Check all that apply:**

- I have not harmed myself on purpose
- Demands and school work
- Problems with peers or friends
- Social Media
- Family reasons
- Being bullied
- School grades or performance
- School discipline or punishment
- Argument or breakup with a partner/girlfriend/boyfriend
- Dating violence
- Drugs or alcohol
- Other

53. During the past 12 months, on how many occasions have you seriously considered attempting suicide?

- I have not seriously considered attempting suicide
- On 1-2 occasions
- On 3-5 occasions
- On more than 5 occasions

54. During the past 12 months, if you have seriously considered attempting suicide, what was the most likely reason? **Check all that apply:**

- I have not seriously considered attempting suicide
- Demands and school work
- Problems with peers or friends
- Social Media
- Family reasons
- Being bullied
- School grades or performance
- School discipline or punishment
- Argument or breakup with a partner/boyfriend/girlfriend
- Dating violence
- Drugs or alcohol
- Other

55. During the past 12 months, on how many occasions have you attempted suicide?

- I have not attempted suicide
- On 1-2 occasions
- On 3-5 occasions
- On more than 5 occasions

56. During the past 12 months, if you have attempted suicide, what was the most likely reason?

Check all that apply:

- I have not attempted suicide
- Demands and school work
- Problems with peers or friends
- Social Media
- Family reasons
- Being bullied
- School grades or performance
- School discipline or punishment
- Argument or breakup with a partner/girlfriend/boyfriend
- Dating violence
- Drugs or alcohol
- Other

School Climate

57. I feel my school has high standards for achievement.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

58. The behaviors in my classroom allow the teacher to teach so I can learn.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

59. Students are frequently recognized for good behavior.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

60. I know an adult at school that I can talk with if I need help.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

61. I know what to do if there is an emergency at my school.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

Age of Onset

62. How old were you when you had your first drink of alcohol other than a few sips?

- Never used
- 8 years or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old

63. How old were you the first time you smoked part, or all, of a cigarette?

- Never used
- 8 years or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old

64. How old were you the first time you used any other tobacco products?

- Never used
- 8 years or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old

65. How old were you the first time you used marijuana (weed) or hashish?

- Never used
- 8 years or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old

66. How old were you the first time you used methamphetamines (e.g. speed, crystal, crank, or ice)?

- Never used
- 8 years or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old

67. How old were you the first time you used other illegal drugs?

- Never used
- 8 years or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old

68. How old were you the first time you used prescription drugs that were not prescribed to you?

- Never used
- 8 years or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old

Perceptions of Risk/Harm

69. How much do you think people risk harming themselves, physically and in other ways, if they have five or more drinks of an alcoholic beverage once or twice a week?

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

70. How much do you think people risk harming themselves, physically and in other ways, if they take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

71. How much do you think people risk harming themselves, physically and in other ways, if they use one or more packs of cigarettes a day?

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

72. How much do you think people risk harming themselves, physically and in other ways, if they smoke marijuana once or twice a week?

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

73. How much do you think people risk harming themselves, physically and in other ways, when they use prescription drugs that was not prescribed to you?

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

Mental Health

74. In the past 30 days, on how many days have you felt depressed, sad or withdrawn?

- None
- 1 or 2 days
- 3-5 days
- 6-9 days
- 10-19 days
- 20-29 days
- All 30 days

75. In the past 30 days, on how many days have you felt suddenly overwhelmed with fear for no reason, sometimes including a racing heart or fast breathing?

- None
- 1 or 2 days
- 3-5 days
- 6-9 days
- 10-19 days
- 20-29 days
- All 30 days

76. In the past 30 days, on how many days have you experienced severely out-of-control behavior that could hurt yourself or others?

- None
- 1 or 2 days
- 3-5 days
- 6-9 days
- 10-19 days
- 20-29 days
- All 30 days

77. In the past 30 days, on how many days have you avoided food, thrown up, or used laxatives to make yourself lose weight?

- None
- 1 or 2 days
- 3-5 days
- 6-9 days
- 10-19 days
- 20-29 days
- All 30 days

78. In the past 30 days, on how many days have you experienced intense anxiety, worries or fears that get in the way of your daily activities?

- None
- 1 or 2 days
- 3-5 days
- 6-9 days
- 10-19 days
- 20-29 days
- All 30 days

79. In the past 30 days, on how many days have you experienced extreme difficulty concentrating or staying still, which has put you in physical danger and/or caused school failure?

- None
- 1 or 2 days
- 3-5 days
- 6-9 days
- 10-19 days
- 20-29 days
- All 30 days

80. In the past 30 days, on how many days have you experienced severe mood swings that have caused problems in relationships?

- None
- 1 or 2 days
- 3-5 days
- 6-9 days
- 10-19 days
- 20-29 days
- All 30 days

81. In the past 30 days, on how many days have you experienced drastic changes in your behavior and/or personality?

- None
- 1 or 2 days
- 3-5 days
- 6-9 days
- 10-19 days
- 20-29 days
- All 30 days