PRIDE Surveys

• Use a No. 2 pencil only
CORRECT: ● INCORRECT: ✓ ✗ ◒ ◔

THE PRIDE QUESTIONNAIRE FOR GRADES 6-12

I. PERSONAL AND FAMILY INFORMATION

1. Ethnic Origin:
- ◯ White
- ◯ African American
- ◯ Hispanic/Latino
- ◯ Asian/Pacific
- ◯ Islander
- ◯ Native American
- ◯ Mixed Origin

2. Sex:
- ◯ Male
- ◯ Female

3. Age:
- ◯ 10 years old or less
- ◯ 11 years old
- ◯ 12 years old
- ◯ 13 years old
- ◯ 14 years old
- ◯ 15 years old
- ◯ 16 years old
- ◯ 17 years old
- ◯ 18 years old
- ◯ 19 years old or more

4. Grade:
- ◯ 6
- ◯ 7
- ◯ 8
- ◯ 9
- ◯ 10
- ◯ 11
- ◯ 12

5. Do you live with...
- ◯ both parents
- ◯ mother only
- ◯ father only
- ◯ mother & stepfather
- ◯ father & stepmother
- ◯ other

6. Do you have a job?
- ◯ Yes, full-time
- ◯ Yes, part-time
- ◯ No

7. Do your parents have a job?

father?		mother?
◯	Yes, full-time	◯
◯	Yes, part-time	◯
◯	No	◯

8. What is the educational level of your

father?		mother?
◯	some high school	◯
◯	high school graduate	◯
◯	some college	◯
◯	college graduate	◯

II. STUDENT INFORMATION

	NEVER	SELDOM	SOMETIMES	OFTEN	A LOT
1. Do you make good grades?	◯	◯	◯	◯	◯
2. Do you get into trouble at school?	◯	◯	◯	◯	◯
3. Do you take part in school sports teams?	◯	◯	◯	◯	◯
4. Do you take part in school activities such as band, clubs, etc?	◯	◯	◯	◯	◯
5. Do you take part in community activities such as scouts, rec. teams, youth clubs, etc.?	◯	◯	◯	◯	◯
6. Do you attend church, synagogue, etc.?	◯	◯	◯	◯	◯
7. Do your parents talk with you about the problems of tobacco, alcohol and drug use?	◯	◯	◯	◯	◯
8. Do your teachers talk with you about the problems of tobacco, alcohol and drug use?	◯	◯	◯	◯	◯
9. Have you skipped school without your parents' permission in the past year?	◯	◯	◯	◯	◯
10. Does your school set clear rules on using drugs at school?	◯	◯	◯	◯	◯
11. Does your school set clear rules on bullying or threatening other students at school?	◯	◯	◯	◯	◯
12. Do your parents set clear rules for you?	◯	◯	◯	◯	◯
13. Do your parents punish you when you break the rules?	◯	◯	◯	◯	◯
14. Have you been in trouble with the police?	◯	◯	◯	◯	◯
15. Do you take part in gang activities?	◯	◯	◯	◯	◯
16. Have you thought about committing suicide?	◯	◯	◯	◯	◯
17. Do your friends use tobacco (cigarettes, etc.)?	◯	◯	◯	◯	◯
18. Do your friends use alcohol (beer, liquor, etc.)?	◯	◯	◯	◯	◯
19. Do your friends use marijuana (pot, hash, etc.)?	◯	◯	◯	◯	◯
20. Do your friends use prescription drugs not prescribed to them?	◯	◯	◯	◯	◯
21. Have you had 5 or more glasses of beer, coolers, breezers or liquor within a few hours?	◯	◯	◯	◯	◯

	YES	NO
22. Does your school ask any students to take a drug test?	Ⓨ	Ⓝ
23. Do you think that you are overweight?	Ⓨ	Ⓝ
24. Has a doctor told you that you are overweight?	Ⓨ	Ⓝ
25. Have you bought or sold drugs AT school?	Ⓨ	Ⓝ
26. Have you bought or sold drugs when NOT at school?	Ⓨ	Ⓝ
27. Have you carried a gun for protection or as a weapon when NOT at school in the past year?	Ⓨ	Ⓝ

III. WITHIN THE PAST YEAR HOW OFTEN HAVE YOU...

	DID NOT USE	ONCE/YEAR	6 TIMES/YEAR	TWICE/MONTH	ONCE/MONTH	3 TIMES/WEEK	ONCE/WEEK	EVERY DAY
1. Used tobacco (cigarettes, cigars, dip, etc.)?	◯	◯	◯	◯	◯	◯	◯	◯
2. Drunk alcohol (beer, coolers, liquor, etc.)?	◯	◯	◯	◯	◯	◯	◯	◯
3. Smoked marijuana (pot, hash, etc.)?	◯	◯	◯	◯	◯	◯	◯	◯
4. Used cocaine (crack, etc.)?	◯	◯	◯	◯	◯	◯	◯	◯
5. Used inhalants (glue, gas, etc.)?	◯	◯	◯	◯	◯	◯	◯	◯
6. Used hallucinogens (PCP, LSD, etc.)?	◯	◯	◯	◯	◯	◯	◯	◯
7. Used heroin (opiates)?	◯	◯	◯	◯	◯	◯	◯	◯
8. Used steroids?	◯	◯	◯	◯	◯	◯	◯	◯
9. Used ecstasy (MDMA)?	◯	◯	◯	◯	◯	◯	◯	◯
10. Used meth (crystal, ice, crank, etc.)?	◯	◯	◯	◯	◯	◯	◯	◯
11. Used prescription drugs not prescribed to you (such as Ritalin, Xanex or OxyContin)?	◯	◯	◯	◯	◯	◯	◯	◯
12. Used over-the-counter drugs (to get high)?	◯	◯	◯	◯	◯	◯	◯	◯

IV. HOW EASY IS IT TO GET...

	DON'T KNOW/CAN'T GET	VERY DIFFICULT	FAIRLY DIFFICULT	FAIRLY EASY	VERY EASY
1. Tobacco (cigarettes, cigars, dip, etc.)?	◯	◯	◯	◯	◯
2. Alcohol (beer, coolers, liquor, etc.)?	◯	◯	◯	◯	◯
3. Marijuana (pot, hash, etc.)?	◯	◯	◯	◯	◯
4. Prescription drugs not prescribed to you?	◯	◯	◯	◯	◯

V. HOW MUCH DO YOU THINK PEOPLE RISK HARMING THEMSELVES PHYSICALLY OR IN OTHER WAYS IF THEY...

	NO RISK	SLIGHT RISK	MODERATE RISK	GREAT RISK
1. Smoke one or more pack of cigarettes per day?	◯	◯	◯	◯
2. Have five or more drinks of an alcoholic beverage (beer, coolers, liquor) once or twice a week?	◯	◯	◯	◯
3. Take one or two drinks of an alcoholic beverage (beer, coolers, liquor) nearly every day?	◯	◯	◯	◯
4. Smoke marijuana once or twice a week?	◯	◯	◯	◯
5. Use prescription drugs that are not prescribed to them?	◯	◯	◯	◯

VI. DURING THE PAST 30 DAYS:

	YES	NO
1. Did you smoke part or all of a cigarette?	◯	◯
2. Did you drink one or more drinks of an alcoholic beverage?	◯	◯
3. Have you used marijuana or hashish?	◯	◯
4. Have you used prescription drugs not prescribed to you?	◯	◯

VII. AT WHAT AGE DID YOU FIRST...

	NEVER USED	10 OR UNDER	11	12	13	14	15	16	17 OR OLDER
1. Use tobacco?	○	○	○	○	○	○	○	○	○
2. Drink alcohol?	○	○	○	○	○	○	○	○	○
3. Smoke marijuana (pot, hash, etc.)?	○	○	○	○	○	○	○	○	○
4. Use cocaine (crack, etc.)?	○	○	○	○	○	○	○	○	○
5. Use inhalants (glue, gas, etc.)?	○	○	○	○	○	○	○	○	○
6. Use hallucinogens (PCP, LSD, etc.)?	○	○	○	○	○	○	○	○	○
7. Use heroin (opiates)?	○	○	○	○	○	○	○	○	○
8. Use steroids?	○	○	○	○	○	○	○	○	○
9. Use ecstasy (MDMA)?	○	○	○	○	○	○	○	○	○
10. Use meth (crystal, ice, crank, etc.)?	○	○	○	○	○	○	○	○	○
11. Use prescription drugs not prescribed to you?	○	○	○	○	○	○	○	○	○
13. Use over-the-counter drugs (to get high)?	○	○	○	○	○	○	○	○	○

VIII. HOW WRONG DO YOUR PARENTS FEEL IT WOULD BE FOR YOU TO...

	NOT AT ALL WRONG	A LITTLE BIT WRONG	WRONG	VERY WRONG
1. Smoke tobacco?	○	○	○	○
2. Have one or two drinks of an alcoholic beverage nearly every day?	○	○	○	○
3. Smoke marijuana?	○	○	○	○
4. Use prescription drugs not prescribed to you?	○	○	○	○

IX. HOW WRONG DO YOUR FRIENDS FEEL IT WOULD BE FOR YOU TO...

	NOT AT ALL WRONG	A LITTLE BIT WRONG	WRONG	VERY WRONG
1. Smoke tobacco?	○	○	○	○
2. Have one or two drinks of an alcoholic beverage nearly every day?	○	○	○	○
3. Smoke marijuana?	○	○	○	○
4. Use prescription drugs not prescribed to you?	○	○	○	○

X. WHERE DO YOU USUALLY...

(You may mark more than 1 response for each question)

	DO NOT USE	AT HOME	AT SCHOOL	IN A CAR	FRIEND'S HOUSE	OTHER
1. Use tobacco?	○	○	○	○	○	○
2. Drink alcohol?	○	○	○	○	○	○
3. Smoke marijuana (pot, hash, etc.)?	○	○	○	○	○	○
4. Use prescription drugs not prescribed to you?	○	○	○	○	○	○

XI. WHEN DO YOU USUALLY...

(You may mark more than 1 response for each question)

	DO NOT USE	BEFORE SCHOOL	DURING SCHOOL	AFTER SCHOOL	WEEK NIGHTS	WEEKENDS
1. Use tobacco?	○	○	○	○	○	○
2. Drink alcohol?	○	○	○	○	○	○
3. Smoke marijuana (pot, hash, etc.)?	○	○	○	○	○	○
4. Use prescription drugs not prescribed to you?	○	○	○	○	○	○

XII. HOW DO YOU FEEL ABOUT SOMEONE YOUR AGE HAVING ONE OR TWO DRINKS OF AN ALCOHOLIC BEVERAGE NEARLY EVERY DAY?

○ Neither approve nor disapprove ○ Strongly disapprove
○ Somewhat disapprove ○ Don't know or can't say

XIII. WHAT EFFECT DO YOU MOST OFTEN GET WHEN YOU...

	DO NOT USE	NO HIGH	A LITTLE HIGH	VERY HIGH	BOMBED/STONED
1. Drink alcohol?	○	○	○	○	○
2. Smoke marijuana (pot, hash, etc.)?	○	○	○	○	○
3. Use prescription drugs not prescribed to you?	○	○	○	○	○

XIV. VEHICLE SAFETY

	0 times	1 time	2 or 3 times	4 or 5 times	6 or more times
1. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?	○	○	○	○	○
2. 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?	○	○	○	○	○

3. How often do you wear a seatbelt when driving a car?

○ Never ○ Sometimes ○ Always
○ Seldom ○ Most of the time ○ I don't drive

4. How often do you wear a seat belt when riding in a car driven by someone else?

○ Never ○ Sometimes ○ Always
○ Seldom ○ Most of the time

XV. WHILE AT SCHOOL HAVE YOU...(Past Year)

	NEVER	ONE TIME	2-5 TIMES	6 OR MORE TIMES
1. Carried a handgun?	○	○	○	○
2. Carried a knife, club or other weapon?	○	○	○	○
3. Threatened a student with a handgun, knife or club?	○	○	○	○
4. Threatened to hurt a student by hitting, slapping or kicking?	○	○	○	○
5. Hurt a student by using a handgun, knife or club?	○	○	○	○
6. Hurt a student by hitting, slapping or kicking?	○	○	○	○
7. Been threatened with a handgun, knife or club by a student?	○	○	○	○
8. Had a student threaten to hit, slap or kick you?	○	○	○	○
9. Been afraid a student may hurt you?	○	○	○	○
10. Been hurt by a student using a handgun, knife or club?	○	○	○	○
11. Been hurt by a student who hit, slapped or kicked you?	○	○	○	○

XVI. IN MY SCHOOL, I FEEL SAFE...

	NEVER	SELDOM	SOMETIMES	OFTEN	A LOT
1. In the classroom	○	○	○	○	○
2. In the cafeteria (lunchroom)	○	○	○	○	○
3. In the halls	○	○	○	○	○
4. In the bathroom	○	○	○	○	○
5. In the gym	○	○	○	○	○
6. On the school bus	○	○	○	○	○
7. At school events (ballgames, etc.)	○	○	○	○	○
8. On the playground	○	○	○	○	○
9. In the parking lot	○	○	○	○	○

XVII. ADDITIONAL QUESTIONS

1.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	Ⓕ	Ⓖ	Ⓗ
2.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	Ⓕ	Ⓖ	Ⓗ
3.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	Ⓕ	Ⓖ	Ⓗ
4.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	Ⓕ	Ⓖ	Ⓗ
5.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	Ⓕ	Ⓖ	Ⓗ
6.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	Ⓕ	Ⓖ	Ⓗ
7.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	Ⓕ	Ⓖ	Ⓗ
8.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	Ⓕ	Ⓖ	Ⓗ
9.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	Ⓕ	Ⓖ	Ⓗ
10.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	Ⓕ	Ⓖ	Ⓗ