

# NRPFSS

## Nebraska Risk & Protective Factor Student Survey

Year 2018

### Administrative Use Only

School Name:

School ID:

School District:

The purpose of this survey is to learn how students in our schools feel about their community, family, peers, and school. The survey also asks about health behaviors.

- 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.
- Mark only one answer to each question unless instructed otherwise.
- 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.

1. Are you:

- Male  
 Female

2. How old are you?

- 12 or younger     16  
 13                     17  
 14                     18  
 15                     19 or older

3. What grade are you in?

- 7th                     10th  
 8th                     11th  
 9th                     12th

4. Are you Hispanic or Latino?

- Yes (Hispanic or Latino)  
 No (Not Hispanic or Latino)

5. What is your race? (*Select one or more.*)

- Black or African American  
 Asian  
 American Indian  
 Native Hawaiian or other Pacific Islander  
 Alaska Native  
 White  
 Other

6. Putting them together, what were your grades like LAST YEAR? (*Mark the one best answer.*)

- Mostly F's  
 Mostly D's  
 Mostly C's  
 Mostly B's  
 Mostly A's

Please indicate how much you agree or disagree with the following statements.

7. I feel safe at my school.

- Strongly disagree  
 Disagree  
 Agree  
 Strongly agree

8. In my school, there is an adult (such as a counselor, teacher, or coach) who listens to me when I have something to say.

- Strongly disagree  
 Disagree  
 Agree  
 Strongly agree

**9. How old were you when you first:**

	Never have	10 or younger	11	12	13	14	15	16	17 or older
a. 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"/>
b. 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"/>
c. 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"/>

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

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. use smokeless tobacco (for example, chew, snuff, plug, dipping tobacco, or chewing tobacco)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly, that is, at least once or twice a month?	<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. use prescription drugs WITHOUT a doctor telling them to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. use LSD, cocaine, amphetamines, or another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**11. Now thinking about all the students in your grade at your school, how many do you think:**

	None (0%)	Few (1-10%)	Some (11-30%)	Some to half (31-50%)	Half to most (51-70%)	Most (71-90%)	Almost all (91-100%)
a. smoked cigarettes 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"/>
b. drank 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"/>
c. smoked 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"/>

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

	No risk	Slight risk	Moderate risk	Great risk
a. smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. take one or two drinks of an alcoholic beverage (beer, wine, or hard liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. 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"/>
d. smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**13. During the PAST 30 DAYS, on how many days did you TALK on a cell phone while driving a car or other vehicle?**

- Did not drive a car or other vehicle during the past 30 days
- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**14. During the PAST 30 DAYS, on how many days did you TEXT OR USE AN APP on a cell phone (such as YouTube, Facebook, or Snapchat) while driving a car or other vehicle?**

- Did not drive a car or other vehicle during the past 30 days
- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**Please indicate how much you agree or disagree with the following statement.**

**15. In the PAST WEEK, I have felt hopeful about the future.**

- Strongly disagree
- Disagree
- Agree
- Strongly agree

**16. During the PAST 12 MONTHS, how often have you been so worried about something that you could not sleep well at night?**

- Never
- Rarely
- Sometimes
- Most of the time
- Always

**17. 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?**

- Yes
- No

**18. During the PAST 12 MONTHS, did you ever seriously consider attempting suicide?**

- Yes
- No

**19. During the PAST 12 MONTHS, did you actually attempt suicide?**

- Yes
- No

**20. During the PAST 12 MONTHS, did you hurt or injure yourself on purpose without wanting to die (for example, by cutting, burning, or bruising yourself on purpose)?**

- Yes
- No

**21. During the PAST 12 MONTHS, how frequently have you been bullied by other students in the following ways?**

	Never	Once or twice	Monthly	Weekly	Daily
a. Physically (for example, being hit, pushed, shoved, slapped, kicked, or having property stolen)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Verbally (for example, being called names, teased, insulted, or threatened)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Socially (for example, being excluded from a group or having gossip or rumors spread about you)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Electronically (for example, being threatened or embarrassed through e-mail, text messages, or social media)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**22. During the PAST 12 MONTHS, how many times did someone you were dating or going out with physically hurt you on purpose?**

- Did not date or go out with anyone during the past 12 months
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

**23. Do you belong to a gang?**

- Yes
- No

**24. Have you ever used an electronic vapor product (for example, e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, or hookah pens)?**

- Yes
- No

**25. During the PAST 30 DAYS, on how many days did you use an electronic vapor product?**

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 30 days

**26. The last time you used an electronic vaporizer such as an e-cigarette, what was in the mist you inhaled?**

- Never used a vaping or e-cigarette device
- Nicotine or tobacco substitute
- Marijuana or hash oil
- Meth, cocaine, or heroin
- A product without nicotine or other drugs
- Don't know

**27. Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, or chewing tobacco)?**

- Yes
- No

**28. How frequently have you used smokeless tobacco during the PAST 30 DAYS?**

- Never
- Once or twice
- Once or twice per week
- 3 to 5 times a week
- About once a day
- More than once a day

**29. Have you ever smoked cigarettes?**

- Yes
- No

**30. How frequently have you smoked cigarettes during the PAST 30 DAYS?**

- Not at all
- Less than 1 cigarette per day
- 1 to 5 cigarettes per day
- About 1/2 pack per day
- About 1 pack per day
- About 1 1/2 packs per day
- 2 packs or more per day

**31. If you smoked cigarettes during the PAST 30 DAYS, where did you get them? (Mark "Yes" or "No" for each. If you did not smoke during the PAST 30 DAYS, mark "Did not smoke" for each.)**

	Did not smoke	Yes	No
a. I bought them myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I gave someone money to buy them for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I borrowed (or bummed) them from someone else.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My parents or caregivers gave them to me or bought them for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. A family member or relative other than my parents or caregivers gave them to me or bought them for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I took them from home without my parents' or caregivers' permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**32. In YOUR LIFETIME, how many times have you:**

	0 times	1-2 times	3-9 times	10 or more times
a. had alcoholic beverages (beer, wine, or hard liquor) to drink - more than a few sips?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. used LSD or other psychedelics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. used cocaine or crack?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. used methamphetamines (meth, speed, crank, crystal meth, or ice)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. used heroin (smack, junk, or China White)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. used synthetic drugs (man-made drugs such as K2, Bath Salts, Spice, fake weed, King Kong, Yucatan Fire, or Skunk)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. used dioxnyl (dio, doxy, Jet)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, OxyContin, Vicodin, or Percocet) WITHOUT a doctor telling you to take them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**33. During the PAST 30 DAYS, how many times have you:**

	0 times	1-2 times	3-9 times	10 or more times
a. had beer, wine, or hard liquor to drink?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, OxyContin, Vicodin, or Percocet) WITHOUT a doctor telling you to take them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**34. In the PAST 30 DAYS, if you used prescription drugs without a doctor telling you to, what is the usual way you got them?**

- I did not take prescription drugs without a doctor telling me to.
- I took them from home without the knowledge of my parents or caregivers.
- I bought them from someone (friend, relative, stranger, etc.).
- I took them from someone else without their knowledge.
- Someone gave them to me.
- I got them some other way.

**35. During the PAST 12 MONTHS, did you use pain medications that a doctor prescribed for you?**

- Yes
- No

**36. The last time a doctor prescribed a pain medication for you, did you use any of the pain medication more frequently or in higher doses than directed by a doctor?**

- Did not receive a prescription pain medication from a doctor
- Yes
- No

**37. The last time a doctor prescribed a pain medication for you, did anyone ask you about borrowing or buying some of your medication?**

- Did not receive a prescription pain medication from a doctor
- Yes
- No

38. During the PAST 30 DAYS, how many times did you drive a car or other vehicle when you had been drinking alcohol?

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

39. 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?

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

40. During the PAST 30 DAYS, what is the greatest number of alcoholic drinks you had in a row, that is, within a couple of hours?

- None
- 1-2 drinks
- 3 drinks
- 4 drinks
- 5 drinks
- 6-7 drinks
- 8-9 drinks
- 10 or more drinks

41. If you drank alcohol during the PAST 30 DAYS, how did you get it? (Mark "Yes" or "No" for each source. If you did not drink alcohol during the PAST 30 DAYS, mark "Did not drink" for each.)

	Did not drink	Yes	No
a. I bought it in a store such as a liquor store, gas station, or grocery store.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I got it at a party.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I gave someone money to buy it for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My parents or caregivers gave it to me or bought it for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. A family member or relative other than my parents or caregivers gave it to me or bought it for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I took it from home without my parents' or caregivers' permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I got it or took it from a friend's house.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. In the PAST 30 DAYS, how many times did you drink alcohol to increase the effect of some other drug or drugs?

- Did not drink alcohol during the past 30 days
- 0 times
- 1-2 times
- 3-9 times
- 10 or more times

43. If you had a drug or alcohol problem and needed help, who is the FIRST person you would go to? (Please select only one.)

- A counselor in school
- Another adult in school (such as a teacher or coach)
- Your parents or caregivers
- Your friends
- A counselor or program outside of school
- Another adult outside of school (such as a relative, clergy, or other family friend)
- Wouldn't go to anyone

44. 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.)

- Did not drink 100% fruit juice during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

45. During the PAST 7 DAYS, how many times did you eat fruit? (Do not count fruit juice.)

- Did not eat fruit during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

46. During the PAST 7 DAYS, how many times did you eat green salad?

- Did not eat green salad during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

47. During the PAST 7 DAYS, how many times did you eat potatoes? (Do not count french fries, fried potatoes, or potato chips.)

- Did not eat potatoes during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

48. During the PAST 7 DAYS, how many times did you eat carrots?

- Did not eat carrots during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

49. During the PAST 7 DAYS, how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.)

- Did not eat other vegetables during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

50. 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.)

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

51. On how many of the PAST 7 DAYS did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

52. How wrong do your parents or caregivers feel it would be for you to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. use smokeless tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. have one or two drinks of an alcoholic beverage nearly every day?	<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. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how much you agree or disagree with the following statements.

53. If I had a personal problem, I could ask my parents or caregivers for help.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

54. In my home, there is an adult who listens to me when I have something to say.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

55. During the PAST 12 MONTHS, have you talked with at least one of your parents or caregivers about the dangers of alcohol?

- Yes
- No

56. During any time in your life, have any of your parents or caregivers served in the military?

- Yes
- No
- Don't know

57. Do you live with: *(Please select only one)*

- Both parents
- One parent
- One parent and stepparent
- Other relative(s)
- Group home
- Foster family
- Friend(s)
- Other

58. If you wanted to, how easy would it be for you to get:

	Very hard	Sort of hard	Sort of easy	Very easy
a. some beer, wine, or hard liquor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. some marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. some prescription drugs for non-medical use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

59. How wrong would most adults (over 21) in your neighborhood or the area around where you live think it is for kids your age to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

61. In the PAST 12 MONTHS, have you seen or heard any anti-alcohol or anti-drug messages on TV, the internet, the radio, or in newspapers or magazines?

- Yes
- No

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

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