

MSS 2024

Start of Block: Default Question Block

Q29 INTRODUCTION

Thank you for agreeing to participate in this study. The following questions are about your thoughts and feelings on a number of subjects about which we would like to know your opinions. Completing this survey is completely voluntary, which means you can stop at any time and you don't have to answer any questions that you don't want to. There are no right or wrong answers and everything you say is completely anonymous. That means that no one will ever know your individual responses. Please answer the survey as thoughtfully and honestly as possible. Thank you very much for being an important part of this project!

Please answer all of the questions by marking one of the answer spaces. Select the answer that comes closest to how you feel. If you are not sure what a question means, please ask the survey administrator to explain. If any of the questions make you uncomfortable, you don't have to answer them; just leave them blank. Classrooms have been assigned an ID number. This does not identify you in any way; your answers are still anonymous.



Q30 After you have read this page, to begin the survey, please enter the code for your school here (your teacher will tell you what it is):



Q116 To help us with our sorting, please enter the first initial of the last name of your teacher here. So if you are in Mr. Smith's class, you would type an S. If you are in Ms. Depue's class, you would type a D. If you have a substitute teacher today, please use the initial of your regular teacher.

Page Break

Q1 First, we'd like to know a little about you.

Q2 How old are you?

- 10 or younger (1)
 - 11 (2)
 - 12 (3)
 - 13 (4)
 - 14 (5)
 - 15 (6)
 - 16 (7)
 - 17 (8)
 - 18 (9)
 - 19 or older (10)
-

Q3 What grade are you in?

6th (1)

7th (2)

8th (3)

9th (4)

10th (5)

11th (6)

12th (7)

Q4 Are you male or female?

Male (1)

Female (2)

Q5 Are you Hispanic or Latino?

Yes, I am Hispanic or Latino (1)

No, I am not Hispanic or Latino (2)

Q6 Which of the following best describes you? (check all that apply)

- African American or Black (1)
 - American Indian or Alaskan Native (2)
 - Asian (3)
 - Native Hawaiian or other Pacific Islander (4)
 - White (5)
 - Not listed here (please specify) (6)
-

Page Break

Q7 What is the language you speak most often at home?

- English (1)
 - Spanish (2)
 - Other (please specify) (3)
-

Q10 Have either of your parents served in the military (Army, Navy, Marines, Air Force, National Guard, or Reserves)?

- No (1)
 - Yes (2)
 - I'm not sure / don't know (6)
-

Display This Question:

*If Have either of your parents served in the military (Army, Navy, Marines, Air Force, National Guar...
= Yes*

Q167 You said at least one of your parents served in the military. What is their status? (check all that apply)

- My parent is CURRENTLY in the military (2)
 - My parent WAS in the military but is now a veteran (3)
 - I'm not sure / don't know (6)
-

Q11 Do you have your own cell phone?

- No (1)
- Yes but I do not use it to access the internet (2)
- Yes and I use it to access the internet (3)

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Q15 Your School

Q16 What were your average grades last school year?

- Mostly A's (1)
 - Mostly B's (2)
 - Mostly C's (3)
 - Mostly D's (4)
 - Mostly F's (5)
-

Q17 During the past 30 days, how many whole days have you missed school because you skipped or cut?

- 0 days (1)
 - 1 or 2 days (2)
 - 3 to 5 days (3)
 - 6 to 9 days (4)
 - 10 or more days (5)
-

Q18 During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?

- 0 days (1)
 - 1 day (2)
 - 2 or 3 days (3)
 - 4 or 5 days (4)
 - 6 or more days (5)
-

Q19 I feel safe at school.

- Strongly Disagree (1)
 - Disagree (2)
 - Agree (3)
 - Strongly Agree (4)
-

Q183 Drug Prevention Programs teach you about the harmful effects of drug use, teach you how to say no to drugs, and encourage healthy activities instead. These programs are taught by teachers , school counselors, peer leaders, social workers, etc. in a classroom or even after school.

Have you ever been a part of drug prevention program?

- No (1)
 - Yes (what did you learn?) (2)
-

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Q20 How many times in the past 3 months have you been suspended from school?

- Never (1)
- 1-2 (2)
- 3-5 (3)
- 6-9 (4)
- 10-19 (5)
- 20-29 (6)
- 30-39 (7)
- 40 or more (8)

Page Break

Q21 The following sentences ask about your feelings about school. Please answer strongly disagree if you really don't agree with the sentence, disagree if you sort of disagree, agree if you sort of agree, and strongly agree if you really agree with the sentence

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
My teacher(s) notice(s) when I am doing a good job and let me know about it. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The school lets my parents know when I have done something well. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rules are enforced fairly. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students of all races and ethnic groups are treated equally. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q27

Your Friends

During the past year (12 months), how many of the friends you feel closest to you have

	0 friends (1)	1 friend (2)	2 friends (3)	3 friends (4)	4 or more friends (5)
smoked cigarettes? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used vapes/vaping devices? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
drank any type of alcohol? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoked marijuana (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used marijuana (pot, weed, dab, wax, edible)? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used prescription drugs that were not prescribed to them? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used any other illegal drugs such as cocaine, LSD (acid), methamphetamine (meth.), or club drugs (molly, ecstasy, roofies)? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
carried a gun (not including use of a gun for hunting or sport)? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q28 How wrong do your friends feel it would be for you to

	Not wrong at all (1)	A little bit wrong (2)	Wrong (3)	Very wrong (4)
have one or two drinks of an alcoholic beverage nearly every day? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoke tobacco? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use a vape/vaping device? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoke marijuana (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use marijuana (pot, weed, dab, wax, edible)? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use prescription drugs not prescribed to you? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q30 Your Neighborhood

Please answer No! if you really don't agree with the sentence, no if you sort of disagree, yes if you sort of agree, and Yes! if you really agree with the sentence.

	No! (1)	no (2)	yes (3)	Yes! (4)
If a kid smoked cigarettes in your neighborhood, or the area around where you live, would he or she be caught by the police? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, or the area around where you live, would he or she be caught by the police? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a kid used marijuana (pot, weed, dab, wax, edible) in your neighborhood, or the area around where you live, would he or she be caught by the police? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a kid was found carrying a gun in your neighborhood, or the area around where you live, would he or she be caught by the police? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q33 Your Thoughts and Behaviors

The next set of questions asks about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

Q34 How many times in the past 3 months have YOU done the following action:

	Never (1)	1-2 (2)	3-5 (3)	6-9 (4)	10-19 (5)	20-29 (6)	30-39 (7)	40 or more (8)
Spread mean rumors or lies about other kids at school? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Posted something online or sent a text that might embarrass or hurt another student? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made fun of other people? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hit, shoved or pushed another student and was not just fooling around? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q32 How many times in the past 3 months has SOMEONE ELSE done the following action TO YOU:

	Never (1)	1-2 (2)	3-5 (3)	6-9 (4)	10-19 (5)	20-29 (6)	30-39 (7)	40 or more (8)
Spread mean rumors or lies about you at school? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Posted something online or sent a text that embarrassed or hurt you? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made fun of you? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hit, shoved or pushed you and was not just fooling around? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q34 During the past 12 months, how many times

	0 times (1)	1 time (2)	2 or 3 (3)	4 or 5 (4)	6 or 7 (5)	8 or 9 (6)	10 or 11 (7)	12 or more (8)
Were you in a physical fight? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you in a physical fight in which you were injured and had to be treated by a doctor or nurse? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has someone threatened or injured you with a weapon such as a gun, knife, or club on school property? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q35 The following sentences ask about your feelings about yourself. Please answer strongly disagree if you really don't agree with the sentence, disagree if you sort of disagree, agree if you sort of agree, and strongly agree if you really agree with the sentence.

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
I ignore rules that get in my way. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do the opposite of what people tell me, just to get them mad. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think sometimes it is okay to cheat at school. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know where to go in my community to get help. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel optimistic about my future. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I handle stress in a healthy way. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have adults in my life I turn to when things feel overwhelming. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q37 In the last 30 days how often:

	Never (1)	Not very often (2)	Sometimes (3)	Often (4)	Always (5)
were you very sad? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
were you grouchy or irritable, or in a bad mood? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
did you feel hopeless about the future? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
did you feel like not eating or eating more than usual? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
did you sleep a lot more or a lot less than usual? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
did you have difficulty concentrating on your school work? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q38 During the past 12 months, did you ever seriously consider attempting suicide?

- No (1)
- Yes (2)

Display This Question:

If During the past 12 months, did you ever seriously consider attempting suicide? = Yes

Q168 If you are thinking about suicide or are worried about a friend or loved one, please call the National Suicide Prevention Lifeline at 1-800-273-8255 or you can TEXT "MOSAFE" to 741-741 to chat with a trained Crisis Counselor 24/7.
For immediate help, call 911.

Q39 During the past 12 months, did you make a plan about how you would attempt suicide?

- No (1)
- Yes (2)

Q40 During the past 12 months, how many times did you actually attempt suicide?

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

Skip To: Q42 If During the past 12 months, how many times did you actually attempt suicide? = 0 times

Q41 If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

No (1)

Yes (2)

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Q42 Have you ever harmed yourself on purpose in a way that was deliberate but not intended as a way to take your life?

No (1)

Yes (2)

Skip To: Q45 If Have you ever harmed yourself on purpose in a way that was deliberate but not intended as a way t... = No

Q43 What did you do? (check all that apply)

Cut, bit, scratched or hit myself on purpose to hurt myself (1)

Swallowed more medicine than a doctor told me to take to hurt myself (2)

Used drugs or alcohol to hurt myself (3)

Swallowed something on purpose that was not food, drink or medicine in order to hurt myself (4)

Burned myself (5)

Pulled my hair or eyelashes (6)

Punched a hard object (like a wall or door) (8)

Other (please specify) (7)

Page Break

Q45 Your Beliefs about Cigarettes, Alcohol, and Other Drugs

Q44 These questions are about how available certain things are to you.

	Very easy (1)	Sort of easy (2)	Sort of hard (3)	Very hard (4)
If you wanted to get cigarettes, how easy would it be for you to get some? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you wanted to get a vape/vaping device, how easy would it be for you to get one? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you wanted to get alcohol (beer, wine, brandy, and mixed drinks), how easy would it be for you to get some? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you wanted to get some marijuana (pot, weed, dab, wax, edibles), how easy would it be for you to get some? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q171 These questions are also about how available certain things are to you, continuing the question above.

	Very easy (1)	Sort of easy (2)	Sort of hard (3)	Very hard (4)
If you wanted to get any other illegal drugs such as cocaine, LSD (acid), methamphetamine (meth.), or club drugs (molly, ecstasy, roofies), how easy would it be for you to get some? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you wanted to get over the counter drugs (Tylenol Cough, Dayquil, Benadryl, etc) when you were not sick, how easy would it be for you to get some? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you wanted to get prescription drugs that were not prescribed to you by a doctor, how easy would it be for you to get some? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you wanted to get synthetic drugs (such as K2, bath salts, plant food, Spice), how easy would it be for you to get some? (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q46 How "cool" do you think your peers believe someone your age would be if they

	Very cool (1)	Pretty cool (2)	A little cool (3)	Not at all cool (4)
smoked cigarettes? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used vapes/vaping devices? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drank alcohol? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used marijuana (pot, weed, dabs, wax, edibles)? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q47 How much do you think people risk harming themselves (physically or in other ways) if they

	No risk at all (1)	Slight risk (2)	Moderate risk (3)	Great risk (4)
drink alcohol? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
take one or two drinks of an alcoholic beverage nearly every day? (2)	<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? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoke one or more packs of tobacco cigarettes per day? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used a vape/vaping device? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used marijuana (pot, weed, dabs, wax, edibles) once or twice a week? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q172 This question is continued from above. How much do you think people risk harming themselves (physically or in other ways) if they

	No risk at all (1)	Slight risk (2)	Moderate risk (3)	Great risk (4)
use any other illegal drugs such as cocaine, LSD (acid), methamphetamine (meth.), or club drugs (molly, ecstasy, roofies)? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use synthetic drugs (K2, bath salts, plant food, Spice)? (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use cold/cough Medicines (Coricidin Cough, Sudafed, TheraFlu, Tylenol Cough) or other over-the-counter medicines to get high? (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use prescription drugs that are not prescribed to them? (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q48 How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?

Neither Approve Nor Disapprove (1)

Somewhat Disapprove (2)

Strongly Disapprove (3)

Don't Know/ Can't Say (4)

Q49 How wrong do you feel it would be for you to

	Not wrong at all (1)	A little bit wrong (2)	Wrong (3)	Very wrong (4)
smoke tobacco cigarettes? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use vapes/vaping devices? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
drink any type of alcohol? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
take one or two drinks of an alcoholic beverage nearly every day? (4)	<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? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoke marijuana (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use marijuana (pot, weed, dabs, wax, edibles)? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use marijuana (pot, weed, dabs, wax, edibles) once or twice a week? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q173 How wrong do you feel it would be for you to

	Not wrong at all (1)	A little bit wrong (2)	Wrong (3)	Very wrong (4)
use any other illegal drugs such as cocaine, LSD (acid), methamphetamine (meth.), or club drugs (molly, ecstasy, roofies)? (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use cold/cough Medicines (Coricidin Cough, Sudafed, TheraFlu, Tylenol Cough) or other over-the-counter medicines to get high? (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use prescription drugs that have not been prescribed to you by a doctor? (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q50 Cigarettes, Alcohol, and Other Drugs

These next questions are about your use of tobacco, alcohol, and other drugs. Remember your answers are completely anonymous.

Q51 CIGARETTES.

Q53 Have you ever smoked part or all of a cigarette?

- No (1)
- Yes (2)

Skip To: Q57 If Have you ever smoked part or all of a cigarette? = No

Q117 How do you get your cigarettes? (check all that apply)

- A family member gives or sells them to me (1)
 - A friend gives or sells them to me (2)
 - I buy them from the store (3)
 - I ask a stranger to buy them for me (4)
 - I take them without permission (5)
 - Buy them online (6)
 - Other (please specify) (7)
-

Q54 How old were you the first time you smoked part or all of a cigarette?

8 or younger (1)

9 (2)

10 (3)

11 (4)

12 (5)

13 (6)

14 (7)

15 (8)

16 (9)

17 (10)

18 (11)

19 or older (12)

Q55 What is your best estimate of the number of days you smoked part or all of a cigarette during the past 30 days?

- 0 days (1)
- 1 or 2 days (2)
- 3 to 5 days (3)
- 6 to 9 days (4)
- 10 to 19 days (5)
- 20 to 29 days (6)
- All 30 days (7)

Skip To: Q57 If What is your best estimate of the number of days you smoked part or all of a cigarette during the... = 0 days

Q54 Have you ever tried to quit smoking cigarettes?

- Yes and I quit (1)
 - Yes, but I still smoke (2)
 - No, I never tried (3)
-

Q55 On the day or days you smoked cigarettes during the past 30 days, how many cigarettes did you smoke per day, on average?

- Part of one cigarette per day (1)
 - 1 cigarette per day (2)
 - 2 to 5 cigarettes per day (3)
 - 6 to 15 cigarettes per day (about 1/2 pack) (4)
 - 16 to 25 cigarettes per day (about 1 pack) (5)
 - 26 to 35 cigarettes per day (about 1 1/2 packs) (6)
 - More than 35 cigarettes per day (about 2 packs or more) (7)
-

Q56 What is your best estimate of the number of days you smoked part or all of a cigarette on school property during the past 30 days?

- 0 days (1)
 - 1 or 2 days (2)
 - 3 to 5 days (3)
 - 6 to 9 days (4)
 - 10 to 19 days (5)
 - 20 to 29 days (6)
 - All 30 days (7)
-

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Q57 CHEWING TOBACCO. These next questions are about your use of chewing tobacco and snuff, sometimes called dip.

Q58 Have you ever used chewing tobacco such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen or snuff (dip), even once?

- No (1)
- Yes (2)

Skip To: Q60 If Have you ever used chewing tobacco such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits,... = No

Q59 What is your best estimate of the number of days you used chewing tobacco or snuff during the past 30 days?

- 0 days (1)
 - 1 or 2 days (2)
 - 3 to 5 days (3)
 - 6 to 9 days (4)
 - 10 to 19 days (5)
 - 20-29 days (6)
 - All 30 days (7)
-

Page Break

Q60 VAPES/VAPING DEVICES. These next questions are about your use of vapes/vaping devices.

Q61 Have you ever used a vape/vaping device even once?

- No (1)
- Yes (2)

Skip To: Q63 If Have you ever used a vape/vaping device even once? = No

Q181 How old were you the first time you used a vape/vaping device?

- 8 or younger (1)
 - 9 (2)
 - 10 (3)
 - 11 (4)
 - 12 (5)
 - 13 (6)
 - 14 (7)
 - 15 (8)
 - 16 (9)
 - 17 (10)
 - 18 (11)
 - 19 or older (12)
-

Q62 What is your best estimate of the number of days you used vape/vaping devices during the past 30 days?

- 0 days (1)
 - 1 or 2 days (2)
 - 3 to 5 days (3)
 - 6 to 9 days (4)
 - 10 to 19 days (5)
 - 20-29 days (6)
 - All 30 days (7)
-

Q118 How do you get the products to put in your vapes/vaping devices? (check all that apply)

- A family member gives or sells them to me (1)
 - A friend gives or sells them to me (2)
 - I buy them from the store (3)
 - I ask a stranger to buy them for me (4)
 - I take them without permission (5)
 - Buy them online (6)
 - Other (please specify) (7)
-
-

Q64 What do you use in your vapes/vaping devices? (Check all that apply)

- Nicotine (1)
 - Marijuana (pot, weed, dabs, wax) (2)
 - Flavor only (3)
 - Other (please specify) (4)
-

Page Break

Q63 **HOOKAH**. These next questions are about your use of hookahs or water pipes.

Q65 Have you ever used hookahs (water pipes), even once?

- No (1)
- Yes (2)

Skip To: Q67 If Have you ever used hookahs (water pipes), even once? = No

Q66 What is your best estimate of the number of days you used hookahs (water pipes) during the past 30 days?

- 0 days (1)
 - 1 or 2 days (2)
 - 3 to 5 days (3)
 - 6 to 9 days (4)
 - 10 to 19 days (5)
 - 20-29 days (6)
 - All 30 days (7)
-

Page Break

Q67 ALCOHOL. The next questions are about alcohol, such as beer, wine, brandy, and mixed drinks. We are not asking about times when you only had a sip or two from a drink or drank only for religious purposes.

Throughout these questions, by a "drink", we mean a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it.

Q69 During the past 30 days, on how many days did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

- 0 days (1)
 - 1 or 2 days (2)
 - 3 to 5 days (3)
 - 6 to 9 days (4)
 - 10 to 19 days (5)
 - 20-29 days (6)
 - All 30 days (7)
-

Q70 Have you ever, even once, had a drink of any type of alcohol? Please do not include times when you only had a sip or two from a drink or if you drank alcohol only for religious purposes.

- No (1)
- Yes (2)

Skip To: Q78 If Have you ever, even once, had a drink of any type of alcohol? Please do not include times when yo... = No

Q71 Think about the first time you had a drink of alcohol. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.

8 or younger (1)

9 (2)

10 (3)

11 (4)

12 (5)

13 (6)

14 (7)

15 (8)

16 (9)

17 (10)

18 (11)

19 or older (12)



Q72 During your life, how many times have you had at least one drink of alcohol?

- 0 times (1)
 - 1-2 times (2)
 - 3-5 times (3)
 - 6-9 times (4)
 - 10-19 times (5)
 - 20-39 times (6)
 - 40 or more times (7)
-

Q119 How do you get your alcohol? (check all that apply)

- A family member gives or sells it to me (1)
 - A friend gives or sells it to me (2)
 - I buy it from the store / bar / etc. (3)
 - I ask a stranger to buy it for me (4)
 - I take it without permission (5)
 - Buy it online (6)
 - Other (please specify) (7)
-

Q73 What is your best estimate of the number of days you drank alcohol during the past 30 days?

- 0 days (1)
- 1 or 2 days (2)
- 3 to 5 days (3)
- 6 to 9 days (4)
- 10 to 19 days (5)
- 20 to 29 days (6)
- All 30 days (7)

Skip To: Q78 If What is your best estimate of the number of days you drank alcohol during the past 30 days? = 0 days

Page Break

Q74 Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?

- None (1)
 - Once (2)
 - Twice (3)
 - 3-5 times (4)
 - 6-9 times (5)
 - 10 or more times (6)
-

Q75 On the days you drink alcohol, about how many drinks do you have on average?

- Less than one (1)
 - One (2)
 - Two (3)
 - Three (4)
 - Four (5)
 - Five (6)
 - Six or more (7)
-

Q76 What is your best estimate of the number of days you drank alcohol on school property during the past 30 days?

- 0 days (1)
 - 1 or 2 days (2)
 - 3 to 5 days (3)
 - 6 to 9 days (4)
 - 10 to 19 days (5)
 - 20 to 29 days (6)
 - All 30 days (7)
-

Q77 During the past 30 days, on how many days did you drive a car or other vehicle when you had been drinking alcohol?

- 0 days (1)
 - 1 or 2 days (2)
 - 3 to 5 days (3)
 - 6 to 9 days (4)
 - 10 to 19 days (5)
 - 20 to 29 days (6)
 - All 30 days (7)
-

Page Break

Q78 MARIJUANA. The next questions are about marijuana (weed, grass, pot, dabs, wax, or edibles).

Q80 Have you ever, even once, used a form of marijuana?

- No (1)
- Yes (2)

Skip To: Q85 If Have you ever, even once, used a form of marijuana? = No

Q81 How old were you the first time you used marijuana?

- 8 or younger (1)
 - 9 (2)
 - 10 (3)
 - 11 (4)
 - 12 (5)
 - 13 (6)
 - 14 (7)
 - 15 (8)
 - 16 (9)
 - 17 (10)
 - 18 (11)
 - 19 or older (12)
-

Q120 How do you get your marijuana? (check all that apply)

- A family member gives or sells it to me (1)
 - A friend gives or sells it to me (2)
 - I buy it from a dealer (3)
 - A stranger gives or sells it to me (4)
 - I take it without permission (5)
 - Buy it online (6)
 - Other (please specify) (7)
-

Q82 What is your best estimate of the number of days you used marijuana during the past 30 days?

- 0 days (1)
- 1 or 2 days (2)
- 3 to 5 days (3)
- 6 to 9 days (4)
- 10 to 19 days (5)
- 20 to 29 days (6)
- All 30 days (7)

Skip To: Q85 If What is your best estimate of the number of days you used marijuana during the past 30 days? = 0 days

Q83 What is your best estimate of the number of days you used marijuana on school property during the past 30 days?

- 0 days (1)
 - 1 or 2 days (2)
 - 3 to 5 days (3)
 - 6 to 9 days (4)
 - 10 to 19 days (5)
 - 20 to 29 days (6)
 - All 30 days (7)
-

Q84 How do you use marijuana? (check all that apply)

- Smoke it (blunt, pipe, joint, bong, water pipe, hookah, etc.) (1)
 - Vape it (dry plant material, THC oil, CBD oil, or other extracts, etc.) (2)
 - Eat it (Edibles) (3)
 - Dabbing (wax, butter, hash oil, etc.) (4)
 - Other (please specify) (5)
-

Page Break

Q85 INHALANTS. The next questions are about inhalants, which are liquids, sprays, and gases that some people sniff or inhale. Inhalants include things like gas in aerosol cans, whippets, gasoline, white out, glue, and marking pens.

Q86 Have you ever, even once, used inhalants?

- No (1)
- Yes (2)

Skip To: Q89 If Have you ever, even once, used inhalants? = No

Q87 How old were you the first time you used inhalants?

- 8 or younger (1)
 - 10 (2)
 - 11 (3)
 - 12 (4)
 - 13 (5)
 - 14 (6)
 - 15 (7)
 - 16 (8)
 - 17 (9)
 - 18 (10)
 - 19 or older (11)
-

Q88 What is your best estimate of the number of days you used inhalants during the past 30 days?

- 0 days (1)
- 1 or 2 days (2)
- 3 to 5 days (3)
- 6 to 9 days (4)
- 10 to 19 days (5)
- 20 to 29 days (6)
- All 30 days (7)

Page Break

Q89 PRESCRIPTION DRUGS. The next questions are about prescription drugs (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) taken without a doctor's prescription? (Do not consider marijuana while answering this question)

Q90 Have you ever, even once, used prescription medication that was not prescribed for you by a doctor? (not including "over-the-counter" medications)

No (1)

Yes (2)

Skip To: Q96 If Have you ever, even once, used prescription medication that was not prescribed for you by a docto... = No

Q91 In the past 12 months, which of the following prescription drugs have you used without a doctor's prescription for your use? (check all that apply)

Stimulants (e.g., Dexedrine, Adderall, Ritalin, Concerta) (1)

Pain medication (e.g., Vicodin, OxyContin, Tylenol 3 with Codeine, Demerol, morphine) (2)

Sedatives/anxiety medication (e.g., Barbiturates, Valium, Librium, Xanax, Ativan, Klonopin) (3)

Sleeping medication (e.g., Ambien, Halcion, Restoril) (4)

Other (please specify) (5)

Q95 What is your best estimate of the number of days in the past 30 days you used any prescription drugs that was not prescribed for you by a doctor

- 0 days (1)
- 1 or 2 days (2)
- 3 to 5 days (3)
- 6 to 9 days (4)
- 10 to 19 days (5)
- 20 to 29 days (6)
- All 30 days (7)

Skip To: Q96 If What is your best estimate of the number of days in the past 30 days you used any prescription dr... = 0 days

Q92 How do you access your prescription drugs without a doctor's prescription? (check all that apply)

- A family member gives or sells it to me (1)
 - A friend gives or sells it to me (2)
 - A stranger gives or sells it to me (3)
 - I take it without permission (4)
 - I buy it online (5)
 - Other (please specify) (6)
-

Q93 People use prescription drugs for various reasons, including the reasons displayed below. For any of the drugs you used without a doctor's prescription, check the reasons that were important to you for using them. (check all that apply)

- To help with stress reduction (1)
 - To help me sleep (2)
 - To help me feel better or happier (3)
 - To increase my energy (4)
 - To help with weight loss (5)
 - To fit in with friends (6)
 - To have a good time (7)
 - To reduce and/or manage physical pain (8)
 - To reduce and/or manage emotional pain (11)
 - To improve academic performance (9)
 - Curiosity (10)
 - Other (please specify) (12)
-

Q94 How old were you the first time you used prescription drugs that was not prescribed for you by a doctor? (not including “over-the-counter” medications)

- 8 or younger (1)
- 9 (2)
- 10 (3)
- 11 (4)
- 12 (5)
- 13 (6)
- 14 (7)
- 15 (8)
- 16 (9)
- 17 (10)
- 18 (11)
- 19 or older (12)

Page Break

Q96 OVER-THE-COUNTER MEDICATIONS.

Q97 Have you ever, even once, used cold/cough Medicines (Coricidin Cough, Sudafed, TheraFlu, Tylenol Cough) or other over-the-counter medicines to get high?

- No (1)
- Yes (2)

Skip To: Q99 If Have you ever, even once, used cold/cough Medicines (Coricidin Cough, Sudafed, TheraFlu, Tylenol... = No

Q98 What is your best estimate of the number of days in the past 30 days you used cold/cough Medicines (Coricidin Cough, Sudafed, TheraFlu, Tylenol Cough) or other over-the-counter medicines to get high?

- 0 days (1)
 - 1 or 2 days (2)
 - 3 to 5 days (3)
 - 6 to 9 days (4)
 - 10 to 19 days (5)
 - 20 to 29 days (6)
 - All 30 days (7)
-

Q115 How old were you the first time you used cold/cough Medicines (Coricidin Cough, Sudafed, TheraFlu, Tylenol Cough) or other over-the-counter medicines to get high?

- 8 or younger (1)
- 9 (2)
- 10 (3)
- 11 (4)
- 12 (5)
- 13 (6)
- 14 (7)
- 15 (8)
- 16 (9)
- 17 (10)
- 18 (11)
- 19 or older (12)

Page Break

Q99 SYNTHETIC DRUGS.

Q100 Have you ever, even once, used a synthetic drug (K2, bath salts, plant food, Spice)?

- No (1)
- Yes (2)

Skip To: Q102 If Have you ever, even once, used a synthetic drug (K2, bath salts, plant food, Spice)? = No

Q101 What is your best estimate of the number of days in the past 30 days you used synthetic drug?

- 0 days (1)
 - 1 or 2 days (2)
 - 3 to 5 days (3)
 - 6 to 9 days (4)
 - 10 to 19 days (5)
 - 20 to 29 days (6)
 - All 30 days (7)
-

Page Break

Q102 OTHER DRUGS.

Q103 Have you ever, even once, used any form of cocaine?

No (1)

Yes (2)

Q104 Have you ever, even once, used heroin (also called smack or H)?

No (1)

Yes (2)

Q105 Have you ever, even once, used hallucinogens such as LSD (acid), PCP (angel dust), Magic Mushrooms, Mescaline, Peyote, or Psilocybin?

No (1)

Yes (2)

Q106 Have you ever, even once, used methamphetamine (known as meth, crank, crystal, or ice)?

No (1)

Yes (2)

Q107 Have you ever, even once, used Dumolan (also known as "dums" or "dumbos")?

No (1)

Yes (2)

Q108 Have you ever, even once, used any type of club drug including MDMA (molly, ecstasy, X, E), GHB (G), Rohypnol (roofie), or Ketamine (Special K)?

No (1)

Yes (2)

Display This Question:

If Have you ever smoked part or all of a cigarette? = No

And Have you ever used chewing tobacco such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits,... = No

And Have you ever used a vape/vaping device even once? = No

And Have you ever used hookahs (water pipes), even once? = No

And Have you ever, even once, had a drink of any type of alcohol? Please do not include times when yo... = No

And Have you ever, even once, used a form of marijuana? = No

And Have you ever, even once, used inhalants? = No

And Have you ever, even once, used prescription medication that was not prescribed for you by a docto... = No

And Have you ever, even once, used cold/cough Medicines (Coricidin Cough, Sudafed, TheraFlu, Tylenol... = No

And Have you ever, even once, used a synthetic drug (K2, bath salts, plant food, Spice)? = No

And Have you ever, even once, used any form of cocaine? = No

And Have you ever, even once, used heroin (also called smack or H)? = No

And Have you ever, even once, used hallucinogens such as LSD (acid), PCP (angel dust), Magic Mushroom... = No

And Have you ever, even once, used methamphetamine (known as meth, crank, crystal, or ice)? = No

And Have you ever, even once, used Dumolan (also known as "dums" or "dumbos")? = No

And Have you ever, even once, used any type of club drug including MDMA (molly, ecstasy, X, E), GHB (... = No

Q179 Check the reason(s) that motivate you or can motivate you to not use alcohol or other drugs

- For health (1)
 - To perform best in sports, art, or school (2)
 - To be a positive role model (3)
 - To be there for my friends (4)
 - To make my parents/ guardians proud (5)
 - To make my teacher(s)/coach(es) proud (6)
 - To follow the law (7)
 - To protect my reputation (8)
 - Other (please specify) (9)
-

Display This Question:

If Have you ever smoked part or all of a cigarette? = Yes

Or Have you ever used chewing tobacco such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits,... = Yes

Or Have you ever used a vape/vaping device even once? = Yes

Or Have you ever used hookahs (water pipes), even once? = Yes

Or Have you ever, even once, had a drink of any type of alcohol? Please do not include times when yo... = Yes

Or Have you ever, even once, used a form of marijuana? = Yes

Or Have you ever, even once, used inhalants? = Yes

Or Have you ever, even once, used prescription medication that was not prescribed for you by a docto... = Yes

Or Have you ever, even once, used cold/cough Medicines (Coricidin Cough, Sudafed, TheraFlu, Tylenol... = Yes

Or Have you ever, even once, used a synthetic drug (K2, bath salts, plant food, Spice)? = Yes

Or Have you ever, even once, used any form of cocaine? = Yes

Or Have you ever, even once, used heroin (also called smack or H)? = Yes

Or Have you ever, even once, used hallucinogens such as LSD (acid), PCP (angel dust), Magic Mushroom... = Yes

Or Have you ever, even once, used methamphetamine (known as meth, crank, crystal, or ice)? = Yes

Or Have you ever, even once, used Dumolan (also known as "dums" or "dumbos")? = Yes

Or Have you ever, even once, used any type of club drug including MDMA (molly, ecstasy, X, E), GHB (... = Yes

Q180 People use drugs and alcohol for various reasons, including the reasons displayed below. For drug or alcohol use, check the reasons that were important to you for using them. (check all that apply)

- To help with stress reduction (1)
 - To help me sleep (2)
 - To help me feel better or happier (3)
 - To increase my energy (4)
 - To help with weight loss (5)
 - To fit in with friends (6)
 - To have a good time (7)
 - To reduce and/or manage physical pain (8)
 - To reduce and/or manage emotional pain (9)
 - To improve academic performance (10)
 - Curiosity (11)
 - Other (please specify) (12)
-

Page Break

Q109 Your Family

	Strongly disagree (1)	Disagree (2)	Agree (3)	Strongly agree (4)
My parents notice when I am doing a good job and let me know about it. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents ask me what I think before most family decisions affecting me are made. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents ask if I have gotten my homework done. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break _____

Q110

	Not wrong at all (1)	A little bit wrong (2)	Wrong (3)	Very wrong (4)
How wrong do your parents feel it would be for you to smoke tobacco? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How wrong do your parents feel it would be for you to use a vape/vaping device? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How wrong do your parents feel it would be for you to drink any type of alcohol? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How wrong do your parents feel it would be for you to take one or two drinks of an alcoholic beverage nearly every day? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How wrong do your parents feel it would be for you to use cold/cough Medicines (Coricidin Cough, Sudafed, TheraFlu, Tylenol Cough) or other over-the-counter medicines to get high? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q174

	Not wrong at all (1)	A little bit wrong (2)	Wrong (3)	Very wrong (4)
How wrong do your parents feel it would be for you to smoke marijuana (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How wrong do your parents feel it would be for you to use marijuana (pot, weed, dabs, wax, edibles)? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How wrong do your parents feel it would be for you to use any form of marijuana (pot, weed, dab wax, edibles) once or twice a week? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q111 How often do people in your family insult or yell at each other?

- Never (1)
- Not very often (2)
- Some of the time (3)
- Most of the time (4)
- All of the time (5)

Page Break

Q113 How honest were you in filling out this survey?

- I was not honest at all (1)
 - I was honest once in a while (2)
 - I was honest some of the time (3)
 - I was honest pretty much all of the time (4)
 - I was honest all of the time (5)
-

Q170 Thanks very much for completing this survey!!!

End of Block: Close out
