

OKLAHOMA PREVENTION NEEDS ASSESSMENT SURVEY

1. Thank you for agreeing to participate in this survey. 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.
2. **The survey is completely voluntary and anonymous.**
3. This is not a test, so there are no right or wrong answers. We would like you to work quickly so that you can finish.
4. 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.
5. For questions that have the following answers: **NO! no yes YES!**

- Mark (the BIG) **NO!** if you think the statement is **DEFINITELY NOT TRUE** for you.
- Mark (the little) **no** if you think the statement is **MOSTLY NOT TRUE** for you.
- Mark (the little) **yes** if you think the statement is **MOSTLY TRUE** for you.
- Mark (the big) **YES!** if you think the statement is **DEFINITELY TRUE** for you.

Example:

Chocolate is the best ice cream flavor.

NO! no yes YES!

In the example above, the student marked “yes” because he or she thinks the statement is mostly true.

Date				County		Type Code	District Code			School Code			What is the zip code where you live most of the time?						
Month	Day		Year																
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 2	<input type="radio"/> 0	<input type="radio"/> I	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> C	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> P	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3		<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4		<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5		<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6		<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7		<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8		<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9		<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

Where are you taking this survey?

- On school property Not on school property

Are you:

- Male Female

How old are you?

- | | |
|-------------------------------------|-----------------------------------|
| <input type="radio"/> 10 or younger | <input type="radio"/> 15 |
| <input type="radio"/> 11 | <input type="radio"/> 16 |
| <input type="radio"/> 12 | <input type="radio"/> 17 |
| <input type="radio"/> 13 | <input type="radio"/> 18 |
| <input type="radio"/> 14 | <input type="radio"/> 19 or older |

What grade are you in?

- 5th
- 6th
- 7th

Are you Hispanic or Latino?

- No
- Yes

What is your race? (Mark all that apply.)

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

Think of where you live most of the time. Which of the following people live there with you? (Mark all that apply.)

- Mother(s)
- Father(s)
- Foster Parent(s)
- Guardian(s)
- Grandparents
- Aunts(s) or Uncle(s)
- Step-parent(s)
- Brother(s) or Sister(s)
- Other

What Tribe (if any) are you enrolled in?

- I am not an enrolled member of a Tribe
- Absentee Shawnee Tribe of Indians of Oklahoma
- Alabama-Quassarte Tribal Town
- Alaska Native
- Apache Tribe of Oklahoma
- Caddo Nation of Oklahoma
- Cherokee Nation
- Cheyenne and Arapaho Tribes
- Chickasaw Nation
- Choctaw Nation of Oklahoma
- Citizen Potawatomi Nation
- Comanche Nation
- Delaware Nation
- Delaware Tribe of Indians
- Eastern Band of Cherokee Indians
- Eastern Shawnee Tribe of Oklahoma
- Fort Sill Apache Tribe of Oklahoma
- Iowa Tribe of Kansas and Nebraska
- Iowa Tribe of Oklahoma
- Kaw Nation
- Kialegee Tribal Town
- Kickapoo Tribe of Indians of the Kickapoo Reservation in Kansas
- Kickapoo Tribe of Oklahoma
- Kickapoo Tribe of Texas
- Kiowa Indian Tribe of Oklahoma
- Miami Tribe of Oklahoma
- Modoc Nation
- Muscogee (Creek) Nation
- Navajo
- Navajo Nation
- Osage Nation
- Otoe-Missouria Tribe of Indians
- Ottawa Tribe of Oklahoma
- Pawnee Nation of Oklahoma
- Peoria Tribe of Indians of Oklahoma
- Ponca Tribe of Indians of Oklahoma
- Prairie Band of Potawatomi Nation
- Quapaw Nation
- Sac and Fox Nation
- Sac and Fox Nation of Missouri in Kansas and Nebraska
- Sac and Fox Tribe of the Mississippi in Iowa
- Seminole Nation of Oklahoma
- Seneca-Cayuga Nation
- Shawnee Tribe
- Thlopthlocco Tribal Town of Oklahoma
- Tonkawa Tribe of Indians of Oklahoma
- United Keetoowah Band of Cherokee Indians in Oklahoma
- Wichita and Affiliated Tribes (Wichita, Keechi, Waco and Tawakonie)
- Wyandotte Nation
- Other tribe (without tribal headquarters in Oklahoma) _____

(cont. on next page)

The next section asks about your experiences at school.

	NO!	no	yes	YES!
In my school, students have lots of chances to engage in class discussions and help decide things like class activities and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers ask me to work on special classroom projects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teachers notice when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are lots of chances for students in my school to get involved in sports, clubs, and other school activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are lots of chances for students in my school to talk with a teacher one-on-one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The school lets my parents/guardians know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are your school grades better than the grades of most students in your class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have lots of chances to be part of class discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Putting them all together, what were your grades like last year?

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

How important do you think the things you are learning in school are going to be for your later life?

- Very Important Slightly Important
 Quite Important Not at all Important
 Fairly Important

How interesting are most of your courses to you?

- Very Interesting and Stimulating Slightly Interesting
 Quite Interesting Not at all Interesting
 Fairly Interesting

Now thinking back over the past year in school, how often did you:

	Never	Seldom	Sometimes	Often	Almost always
enjoy being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
hate being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
try to do your best work in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
feel like the work you are assigned is meaningful and important?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the last four weeks, how many whole days of school have you missed because you skipped or 'cut'?

- None 4 to 5 days
 1 day 6 to 10 days
 2 days 11 or more days
 3 days

(cont. on next page)

In the **last 30 days**, how often have you been bullied? Bullying is when one or more students threaten, spread rumors about, hit, shove, or otherwise hurt another student over and over again.

- I have not been bullied
- About once a week
- Once
- Several times a week
- 2-3 times

	NO!	no	yes	YES!
Do you think bullying is a problem in your school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel like student violence is a problem in your school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you believe cyber-bullying is a problem in your school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask about your feelings and experiences in other parts of your life.

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

	Number of friends				
	0	1	2	3	4
a. participated in clubs, organizations, or activities at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. used a vaping product (a vape) or e-cigarette (for tobacco or nicotine purposes)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. made a commitment to stay drug free?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. used marijuana? (This includes: smoking marijuana, using electronic vaping products for marijuana only (a dab pen), or eating or consuming marijuana through infused foods such as candy, cookies, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. tried to do well in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. liked school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. carried a handgun? (Not guns carried when hunting or while used in sport, such as target shooting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. regularly attended religious services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. dropped out of school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On how many occasions (if any) have you had alcoholic beverages (beer, wine, or hard liquor) to drink in your lifetime? Do not include parent/guardian approved use for religious purposes.

- 0 occasions
- 10 to 19
- 1 to 2
- 20 to 39
- 3 to 5
- 40+
- 6 to 9

How old were you when you first (even if only one time):

	Never	10 or younger	11	12	13	14	15	16	17 or older
a. used marijuana? (This includes: smoking marijuana, using electronic vaping products for marijuana only (a dab pen), or eating or consuming marijuana through infused foods such as candy, cookies, etc.)	<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. 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"/>
c. used a vaping product (a vape) or e-cigarette (for tobacco or nicotine purposes)?	<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"/>
d. had beer, wine, or hard liquor (for example, vodka, whiskey, or gin)? Do not include parent/guardian approved use for religious purposes.	<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"/>
e. began drinking alcoholic beverages regularly, that is, at least once or twice a month? Do not include parent/guardian approved use for religious purposes.	<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"/>
f. used prescription pain relievers (such as Vicodin, OxyContin, Percocet, or Codeine) without a doctor telling you to take them?	<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"/>
g. used prescription stimulants (such as Ritalin, Adderall, or Dexedrine) without a doctor telling you to take them?	<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"/>
h. used prescription sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them?	<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"/>
i. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. used phenoxydine? (pox, px, breeze)	<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"/>
k. Used some other drug not listed above to get high? _____	<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"/>
l. got suspended from school?	<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"/>
m. got arrested?	<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"/>
n. carried a handgun? (Not guns carried when hunting or while used in sport, such as target shooting)	<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"/>
o. attacked someone with the idea of seriously hurting them?	<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"/>

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

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. take a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. steal anything worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. attack someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. stay away from school all day when their parents think they are at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly? Do not include parent/guardian approved use for religious purposes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. use a vaping product (a vape) or e-cigarette (for tobacco or nicotine purposes)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(cont. on next page)

How wrong do you think it is for someone your age to: (cont.)

	Very wrong	Wrong	A little bit wrong	Not wrong at all
i. use marijuana? (This includes: smoking marijuana, using electronic vaping products for marijuana only (a dab pen), or eating or consuming marijuana through infused foods such as candy, cookies, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. use prescription drugs without a doctor telling you to take them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many times in the past year (12 months) have you:

	Never	1 to 2 times	3 to 5 times	6 to 9 times	10-19 times	20-29 times	30-39 times	40+ times
a. participated in clubs, organizations, or activities at school or in your community?	<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. done extra work on your own for school?	<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. volunteered to do community service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On how many occasions (if any) have you:

	Occasions						
	0	1-2	3-5	6-9	10-19	20-39	40+
had beer, wine, or hard liquor to drink during the past 30 days ? Do not include parent/guardian approved use for religious purposes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used marijuana during the past 30 days ? (This includes: smoking marijuana, using electronic vaping products for marijuana only (a dab pen), or eating or consuming marijuana through infused foods such as candy, cookies, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high 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"/>
used phenoxydine (pox, px, breeze) 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"/>
used prescription pain relievers (such as Vicodin, OxyContin, Percocet, or Codeine) without a doctor telling you to take them 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"/>
used prescription stimulants (such as Ritalin, Adderall, or Dexedrine) without a doctor telling you to take them 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"/>
used prescription sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them 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"/>

How frequently have you used smokeless tobacco (chewing tobacco, snuff, dip, lozenges, patches) 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

How frequently have you smoked cigarettes during the past 30 days?

- Not at all
- Less than one cigarette per day
- One to five cigarettes per day
- About one-half pack per day
- About one pack per day
- About one and one-half packs per day
- Two packs or more per day

How frequently have you used a vaping product (a vape) or e-cigarette (for tobacco or nicotine purposes) 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

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

- None
- Once
- Twice
- 3 to 5 times
- 6 to 9 times
- 10 or more times

During the past 12 months, how often (if ever) have you used ALCOHOL (beer, wine, or hard liquor) in the following places?

	Not at all	1-2 times	3-5 times	6 or more times
a. At a school dance, a game, or other event.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. At school during the day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

If you drank ALCOHOL (beer, wine, or hard liquor) in the past 12 months, how did you USUALLY get it? Do not include parent/guardian approved use for religious purposes. (Mark all that apply.)

- I did not use alcohol in the past 12 months
- I bought it myself **with** a fake ID
- I bought it myself **without** a fake ID
- I got it from someone I know age **21 or older**
- I got it from someone I know **under age 21**
- I got it from my brother or sister
- I got it from home **with** my parents'/guardians' permission
- I got it from home **without** my parents'/guardians' permission
- I got it from another relative
- I got it from my friend's parents/guardians
- A stranger bought it for me
- I stole it from a store or shop
- I stole it from somewhere other than a store or shop
- I got it a bar or restaurant

(cont. on next page)

If you used marijuana in the past 12 months, how did you usually get it? (Mark all that apply.)

- I did not use marijuana in the past 12 months
- Took it from a friend/relative without asking
- Given for free by a friend/relative or bought from a friend/relative
- Bought it with my own "medical marijuana" card
- Bought it with someone else's "medical marijuana" card
- Got it from someone who is not a friend or relative
- Other method _____

How have you usually used marijuana in the past 12 months? (Mark all that apply.)

- I did not use marijuana in the past 12 months
- Smoked it (for example, in a joint, bong, pipe, or blunt)
- Smoked using an Electronic Nicotine Device (for example vape, pen, Juul, or e-cig)
- Eaten it (for examples in brownies, cakes, cookies, or candy)
- Drank it (for example in tea, cola, or alcohol)
- Dabbed it (for example, using waxes or concentrates)
- Used it some other way _____

What have been the most important reasons for your using marijuana in the past 12 months? (Mark all that apply.)

- I did not use marijuana in the 12 months
- To see what it's like
- To relax or reduce stress
- To feel good or get high
- To fit in with a group I like
- To get away from my problems or troubles
- Because of anger or frustration
- To help manage pain or other issues
- To increase the effects of some other drug(s) or decrease the effect of some other drug(s)
- Because I am "hooked" - I have to have it
- To cope with problems with my emotions, anxiety, depression, or other mental health issues

If you smoked cigarettes in the past 12 months, how did you usually get them? (Mark all that apply.)

- I did not smoke cigarettes in the past year
- I bought them myself **with** a fake ID
- I bought them myself **without** a fake ID
- I stole them from a store or shop
- I got them from friends
- I got them from my parents/guardians **with** their permission
- I got them from my parents/guardians **without** their permission

ALCOHOL:

In the past 12 months:

	No	Yes	Don't use
a. have you spent more time using alcohol than you intended?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. have you neglected some of your usual responsibilities because of using alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. have you wanted to cut down on your alcohol use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. has anyone objected to your alcohol use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. did you frequently find yourself thinking about using alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. did you use alcohol to relieve feelings such as sadness, anger, or boredom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DRUGS:

In the past 12 months:

	No	Yes	Don't use
a. have you spent more time using drugs than you intended?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. have you neglected some of your usual responsibilities because of drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. have you wanted to cut down on your drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. has anyone objected to your drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. did you frequently find yourself thinking about using drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. did you use drugs to relieve feelings such as sadness, anger, or boredom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past 12 months have you seen or heard any prevention messages about the risks associated with alcohol use among youth from sources like TV, radio, the Internet, posters, billboards, brochures, school assemblies, school lessons, or discussions in school classrooms? (Select only one response.)

- No
- Yes, at school
- Yes, outside of school
- Yes, both inside and outside of school

During the past 12 months have you seen or heard any prevention messages about the risks associated with using prescription drugs not prescribed to you from sources like TV, radio, the Internet, posters, billboards, brochures, school assemblies, school lessons, or discussions in school classrooms? (Select only one response.)

- No
- Yes, at school
- Yes, outside of school
- Yes, both inside and outside of school

During the past 12 months have you seen or heard any prevention messages about the risks associated with marijuana use among youth from sources like TV, radio, the Internet, posters, billboards, brochures, school assemblies, school lessons, or discussions in school classrooms? (Select only one response.)

- No
- Yes, at school
- Yes, outside of school
- Yes, both inside and outside of school

During the past 12 months have you seen or heard any message about mental health, suicide prevention, or calling 988 from sources like TV, radio, the Internet, posters, billboards, brochures, school assemblies, lectures, school lessons, or discussions in school classrooms? (Select only one response.)

- No
- Yes, at school
- Yes, outside of school
- Yes, both inside and outside of school

During the **past 12 months**, have you talked with at least one of your parents or guardians about the dangers of tobacco, alcohol, or other drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians - whether or not they live with you. (Mark all that apply.)

- No, I did not talk with my parents/guardians about the dangers of tobacco, alcohol, or drug use.
- Yes, I talked with my parents/guardians about the dangers of tobacco use.
- Yes, I talked with my parents/guardians about the dangers of alcohol use.
- Yes, I talked with my parents/guardians about the dangers of drug use.

Is there an adult in your life, such as a parent, guardian, relative, teacher or neighbor, who you:

	NO!	No	yes	YES!
a. share your thoughts and feelings with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. could ask for help if you had a problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past 30 days, how often did you:

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

	No	Yes
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?	<input type="radio"/>	<input type="radio"/>
During the past 12 months , did you ever seriously consider attempting suicide?	<input type="radio"/>	<input type="radio"/>
During the past 12 months , did you make a plan about how you would attempt suicide?	<input type="radio"/>	<input type="radio"/>

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

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

	NO!	no	yes	YES!
I think sometimes it's okay to cheat at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes I think that life is not worth it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At times I think I am no good at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All in all, I am inclined to think that I am a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is all right to beat up people if they start the fight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think it is okay to take something without asking if you can get away with it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(cont. on next page)

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. use a vaping product (a vape) or e-cigarette (for tobacco or nicotine purposes) once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. try marijuana once or twice? (This includes: smoking marijuana, using electronic vaping products for marijuana only (a dab pen), or eating or consuming marijuana through infused foods such as candy, cookies, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. use marijuana once or twice a week? (This includes: smoking marijuana, using electronic vaping products for marijuana only (a dab pen), or eating or consuming marijuana through infused foods such as candy, cookies, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. have five or more drinks of an alcoholic beverage in a row once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. use prescription drugs without a doctor telling them to take them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What are the chances you would be seen as “cool” if you:

	No or very little chance	Little chance	Some chance	Pretty good chance	Very good chance
a. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. used a vaping product (a vape) or e-cigarette (for tobacco or nicotine purposes)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. worked hard at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. began drinking alcoholic beverages regularly, that is, at least once or twice a month? Do not include parent/guardian approved use for religious purposes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. defended someone who was being verbally abused at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. used marijuana? (This includes: smoking marijuana, using electronic vaping products for marijuana only (a dab pen), or eating or consuming marijuana through infused foods such as candy, cookies, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. carried a handgun? (Not guns carried when hunting or while used in sport, such as target shooting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. regularly volunteered to do community service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sometimes we don’t know what we will do as adults, but we may have an idea. Please answer how true these statements may be for you.

WHEN I AM AN ADULT I WILL:

	NO!	no	yes	YES!
a. smoke cigarettes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. use vaping products (vapes) or e-cigarettes (for tobacco or nicotine purposes).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. drink beer, wine, or liquor. Do not include use for religious purposes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. use marijuana. (This includes: smoking marijuana, using electronic vaping products for marijuana only (a dab pen), or eating or consuming marijuana through infused foods such as candy, cookies, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very false	Somewhat false	Somewhat true	Very true
I do the opposite of what people tell me, just to get them mad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like to see how much I can get away with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I ignore rules that get in my way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(cont. on next page)

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

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. use marijuana? (This includes: smoking marijuana, using electronic vaping products for marijuana only (a dab pen), or eating or consuming marijuana through infused foods such as candy, cookies, etc.)	<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"/>

The next set of questions ask about social media, such as Instagram, Tik Tok, Snapchat, and Twitter.

	Never	Rarely	Sometimes	Often	Always
How often do you feel the urge to use social media?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel like you can't go a day without using social media?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you use social media as a way to escape from problems or stress?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel anxious or irritable when you can't access social media?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you neglect other responsibilities because of social media use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many hours a day, during free time, do you typically engage in social media?

- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours
- 7 hours or more

	Never	Rarely	Sometimes	Often	Always
How often do you use social media during school hours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you think about cutting down the time you spend on social media?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In general, does social media make you feel:

	No	Yes
a. More connected to information about what's going on in your friends' lives	<input type="radio"/>	<input type="radio"/>
b. Worse about your own life because of what you see from other friends on social media	<input type="radio"/>	<input type="radio"/>
c. Better connected to your friends' feelings	<input type="radio"/>	<input type="radio"/>
d. Pressure to post content that will be popular and get lots of likes or comments	<input type="radio"/>	<input type="radio"/>
e. Pressure to only post content that makes you look good to others	<input type="radio"/>	<input type="radio"/>

The next few questions ask about your family. When answering these questions please think about the people you consider to be your family, for example, parents, guardians, stepparents, grandparents, aunts, uncles, etc.

How often do your parents/guardians tell you they're proud of you for something you've done?

- Never or almost never
- Sometimes
- Often
- All the time

My parents/guardians notice when I am doing a good job and let me know about it.

- Never or almost never
- Sometimes
- Often
- All the time

	NO!	no	yes	YES!
People in my family often insult or yell at each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We argue about the same things in my family over and over.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you share your thoughts and feelings with at least one of your parents/guardians?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel very close to at least one of your parents/guardians?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents/guardians ask me what I think before most family decisions affecting me are made.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I had a personal problem, I could ask my mom, dad, or guardian for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents/guardians give me lots of chances to do fun things with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my family have serious arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important to be honest with your parents, even if they become upset or you get punished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How wrong do your parents/guardians feel it would be for YOU to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. have 1 to 2 drinks of beer, wine, or hard liquor (for example, vodka, whiskey, gin) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. use a vaping product (a vape) or e-cigarette (for tobacco or nicotine purposes)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. use marijuana? (This includes: smoking marijuana, using electronic vaping products for marijuana only (a dab pen), or eating or consuming marijuana through infused foods such as candy, cookies, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. steal something worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. use prescription drugs without a doctor telling you to take them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for your time spent taking this survey. If you would like to talk to a trusted adult or school counselor regarding anything that came up for you while taking this survey, please ask your survey proctor to connect you with someone you can speak with at your school. You may also call or text 988 for additional support and resources.